

STATEMENT OF CLAIM AFFIDAVIT

In Re: Tax Certificate Surplus – Sale Date: _____ Certificate Number: _____
Parcel ID Number: _____

Instructions: **Complete PART 1 or PART 2, the Notary Section and return this form to this office:**
Clerk of Court
Attn: Tax Deed Dept.
PO Box 6043
Deland, FL 32721

PART 1 – Complete this section if the Lien has been satisfied.

The lien I/we held against the above described property **has been satisfied.**

PART 2 (*Indicate all applicable items*)

- 1. I am/we are the holder of an unsatisfied lien in the amount of \$_____.
- 2. I am/we are entitled to the Tax Certificate surplus on the above described property.
- 3. I was/we were the owner(s) of the property at the time of the Tax Deed Sale and eligible to receive the surplus funds.

** I, the undersigned, acknowledge that the above sworn statements are true to the best of my knowledge, and understand that if it is later determined that I was not entitled to the surplus funds for any reason, I shall be personally liable for the repayment of such funds to the Clerk and/or Volusia County, Florida. If my claim to the funds is based on intentional misrepresentation of fact or false assertion of rights, I acknowledge I may be subject to criminal prosecution in addition to civil liability.

| | |
|--|-------------------------------------|
| _____ Signature | _____ Signature |
| _____ Print name | _____ Print name |
| _____ Address | _____ Address |
| _____ City/State/Zip | _____ City/State/Zip |
| _____ Phone Number | _____ Phone Number |
| STATE OF _____ | Email: _____ |
| COUNTY OF _____ | |
| Sworn to and subscribed before me this _____ day of _____, 20____, by _____ who is personally known to me or has produced _____ as identification and did take an oath. | |
| Print, type or stamp commissioned name of Notary Public | _____ Signature of Notary Public |