

Complete and return to:  
Clerk of the Circuit Court and Comptroller  
Attn: Tax Deed Dept.  
P.O. Box 1030  
Ocala, FL 34478-1030



Claims **submitted by Mortgage and Lien Holders** must be filed within 120 days of the date the surplus notice was mailed or they are barred.

**PLEASE PRINT INFORMATION**

**CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE**

Tax Deed #: \_\_\_\_\_ Cert#/year: \_\_\_\_\_ Parcel #: \_\_\_\_\_ Sale Date: \_\_\_\_\_

Note: The Clerk of the Court must pay all valid liens before distributing funds to a titleholder.

Claimant's Name:	_____
Contact Name, if applicable:	_____
Address:	_____
Telephone Number:	_____
Email Address:	_____

I am a (check one):  Lienholder  Titleholder

Select One:  I claim surplus proceeds resulting from the above tax deed sale.

I am **NOT** making a claim and **waive** any claim I might have to the surplus funds on this tax deed sale.

1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)

(a) Type of Lien:  Mortgage  Court Judgment  Condo or Homeowner Association Lien  Other

Describe in Detail: \_\_\_\_\_

If your lien is recorded in Marion County's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_

(b) Original Lien Amount: \_\_\_\_\_ Amount Due: \_\_\_\_\_ Principal Remaining Due: \_\_\_\_\_

Interest Due: \_\_\_\_\_ Fees & Costs\*: \_\_\_\_\_ Attorney Fees Claimed: \_\_\_\_\_

\*Including late fees. Describe costs in detail, including additional sheet if needed: \_\_\_\_\_

2. TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property.)

(a) Nature of Title:  Deed  Court Judgment  Other: \_\_\_\_\_

If your former title is recorded in Marion County's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Book/Page #: \_\_\_\_\_

Amount of surplus tax deed sale proceeds claimed: \_\_\_\_\_

Does the titleholder claim the subject property was homestead property?  Yes  No

3. I request that payment of any surplus funds due me be made payable to: \_\_\_\_\_

and such payment be mailed to either the address above or to:

\_\_\_\_\_

4. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_

Notary Public

My Commission Expires

5. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: \_\_\_\_\_

Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification and who did take an oath.

\_\_\_\_\_

Notary Public

My Commission Expires

Please list legal description of property here or add as attachment: