

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to Alachua County Clerk of Court
Attn: Tax Deeds
201 E University Avenue,
Gainesville FL 32601

Note: The Clerk must pay all valid liens before distributing to a titleholder

Claimant's name* _____
Contact name if claimant is not an individual _____
Address** _____ City _____ St _____ Zip _____
Phone no. _____
Email address _____
Tax deed no. _____ Date of sale (if known) _____

I am not making a claim and waive any claim I might have to the surplus funds on this tax deed sale.
 I claim surplus proceeds resulting from the above tax deed sale. I am a _____ Lienholder _____ Titleholder.

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 Alachua 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 _____ County's Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ 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 that all of the above information is true and correct.

Date: _____ Signature: _____

Claimant

STATE OF _____
COUNTY _____

****NOTARIZATION NOT REQUIRED IF CLAIM IS BEING WAIVED****

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

[Print, type, or stamp commissioned name of notary]

_____ Personally known

_____ Produced identification; Type of identification produced _____

*This is the payee

INDIVIDUAL CLAIMANTS MUST PROVIDE A COPY OF THEIR GOVERNMENT ISSUED PHOTO ID

**This where payment will be mailed.