CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:
By Mail: Santa Rosa County Clerk of the Courts
6495 Caroline Street
Ste. A
Milton FL 32570

Claims must be filed within 120 days of the date the surplus notice was mailed or they are barred.

Tax Deed #: **Certificate #** **Sale Date of**

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

Claimant's Name: _____

Contact Name, if applicable: _____

Address: _____

Telephone Number: _____

Email Address: _____

Tax No.: _____

Date of Sale (if known): _____

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 Judgement ☐ Condo or Homewoners Association Lien ☐ Other

Describe in Detail: _____

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

Recording Date: _____ Instrument #: _____ Book/Page #: _____/_____

(b) Original Lien Amount $_____ Amount Due: $_____ Principal Remaining Due: $_____

Interest $_____ 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 Judgement ☐ 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 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: