



ANGELA VICK

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

Clerk of the County Court
Recorder of Deeds
Clerk and Accountant of the Board of County Commissioners
Custodian of County Funds
County Auditor

110 North Apopka Avenue
Inverness, Florida 34450
Telephone: (352) 341-6424
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to Citrus County Clerk of the Circuit Court and Taxdeed@citrusclerk.org
Comptroller (352) 341-6400
Attention: Tax Deeds
110 N Apopka Avenue
Inverness, FL 34450

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 _____ Zip _____
Phone no. _____
Email address _____
Tax deed no. _____ Date of sale (if known) _____

*This is where payment will be mailed.

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; ___ Other-Describe in detail:

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

Recording date _____; Instrument # _____; Book# _____ Page# _____

B. Original Amount of Lien \$ _____

C. Amount Remaining Due (include interest, if applicable) \$ _____

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

A. Nature of title: ___ Deed; ___ Court Judgment; ___ Other-describe in detail:

If your title is recorded in the Citrus County Official Records, list the following, if known:

Recording date _____; Instrument # _____; Book# _____ Page# _____

B. Amount of surplus tax sale proceeds claimed \$ _____

C. Do you claim this property was your homestead at the time of sale? ___ Yes ___ No

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3. I hereby swear that all of the above information is true and correct.

Date: _____ Signature: _____

Claimant

STATE OF _____ ****NOTARIZATION NOT REQUIRED IF CLAIM IS BEING WAIVED****

COUNTY _____

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 _____

Instructions for completing *Overbid Statement of Claim* form

1. Application number: Fill in the tax deed application number referenced on the Overbid Notice.
2. Amount of lien: Fill in the amount of overbid proceeds that you are requesting.
3. Explain why you are entitled to the overbid proceeds. Attach all documentation to your claim that you want reviewed.
4. Sign the form in front of a notary public. Please indicate if you are making this claim on behalf of an organization or agency.
5. Print your name beneath your signature.
6. If you are signing on behalf of an organization or agency, print the name or the organization or agency name. If you are making this claim as an individual, please fill in "N/A" on this line.
7. Print your mailing address, *including city, state and ZIP code*. If your claim is approved, this is the address that the check will be mailed to.
8. Print your telephone number.
9. The notary public must complete the notary acknowledgment. Make sure that the notary affixes the notary seal and includes their commission expiration date.