

Instructions for completing Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale

Please note: the Clerk of Courts cannot assist with the completion of the Affidavit of Claim.

1. **Tax Deed #, Certificate #, Date of Sale:** Enter the corresponding information referenced on the Notice of Surplus Funds from Tax Deed Sale.
2. Enter the claimant's name, address, phone number, and email address. If your claim is approved, this is the address that the check will be mailed to. If the claimant is a company, please enter the contact name.
3. Indicate whether the claimant is a Lienholder or Titleholder.
4. Indicate whether the claimant is claiming the surplus proceeds or NOT making a claim.
5. For lienholders, complete section 1. LIENHOLDER INFORMATION.
6. For titleholders, complete section 2. TITLEHOLDER INFORMATION.
7. You may obtain Recording Date, Instrument #, or Book/Page # information by searching the Official Records at www.citrusclerk.org.
8. Enter the name of who the funds should be payable to in section 3.
9. The form must be signed in the presence of a notary public. The notary public must complete the notary acknowledgment, affix their notary seal, and include the expiration date of their notary commission.
10. Explain why you are entitled to the overbid proceeds. Attach all documentation to your claim that you want reviewed. Please note, any documentation provided will not be returned. The documents will be included for review along with the Affidavit of Claim at the end of the statutory 120 day timeline. If additional information/documentation is needed you will be contacted.
11. Submit the completed Affidavit of Claim and IRS form W9 to the Clerk of Court by email, mail, or in person. **Claims cannot be processed without a completed W9. Form W-8BEN is needed for out of country claims.**

Email: TaxDeeds@citrusclerk.org

Mailing Address:

Citrus County Clerk of Courts
Attn: Tax Deeds
110 N. Apopka Avenue
Inverness, FL 34450

Physical Address:

Clerk Annex
120 N. Montgomery Avenue
Inverness, FL 34450

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

ANGELA VICK, Clerk of the Circuit Court and Comptroller
Tax Deeds Department
110 North Apopka Ave
Inverness, FL 34450

Telephone: (352) 341-6478
Email: TaxDeeds@citrusclerk.org

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

Note: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.

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: _____
Phone 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 Judgment: Condo of Homeowner Association Lien
Other-describe in detail: _____
If you lien is recorded in CITRUS 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 **and provide proof.**)

A. NATURE OF Title: Deed: Court Judgment: Other-describe in detail: _____

If your former title is recorded in CITRUS COUNTY'S Official Records, list the following if known:
Recording Date: _____ Instrument #: _____ Book/Page#: _____ / _____
B. Amount of surplus tax deed sale proceeds claimed: \$ _____
C. 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: _____

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

Signature of Claimant: _____ Print name & Title: _____

STATE OF _____ Physical Presence
COUNTY OF _____ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20__ by _____, who is personally known to me _____ or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC or DEPUTY CLERK My Commission Expires: _____

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