



THE HONORABLE
GWEN MARSHALL

CLERK OF THE CIRCUIT COURT AND COMPTROLLER

CLERK OF COURTS • COUNTY COMPTROLLER • AUDITOR • TREASURER • RECORDER

FINANCE DEPARTMENT
FINANCE ADMINISTRATION DIVISION

Statement of Claim to Surplus Proceeds of Tax Deed Sale

DATE OF SALE:

CLAIMANT'S TAX ID #:

CERTIFICATE NO. :

PARCEL NUMBER:

Complete and return to: Leon County Clerk of Court
301 S. Monroe St. Suite #100 Attn: Tax Deed Tallahassee, FL 32301

Claimant's Name: _____

Address*: _____

Phone No: _____

Email address: _____

*This is the address payment will be mailed to.

Surplus Available: \$

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 tax deed sale. I am a lienholder owner.

Complete section 1 **OR** section 2:

1. Lienholder Information:

a. Type of lien: Mortgage; Court Judgment; Other (Describe: _____)

b. Original amount of lien: \$ _____

c. Amount remaining due (include interest if applicable): \$ _____

2. Owner Information:

a. Type of title: Deed; Court Judgment; Other (Describe: _____)

b. Amount of surplus claimed: \$ _____

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

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

Date: _____

Signature: _____

NOTARIZATION NOT REQUIRED IF CLAIM IS WAIVED

STATE OF FLORIDA

COUNTY OF LEON

SWORN AND SUBSCRIBED before me on _____ by _____.

Personally known

Produced Identification: Type produced _____

Notary Public/Deputy Clerk

My Commission Expires:

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