

**SEMINOLE COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER CLAIM
TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE**

Complete and return to:
Tax Deed/Official Records Center
PO Box 8099
Sanford, FL 32772
taxdeeds@seminoleclerk.org

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

TDA CTF: _____

Claimant's name: _____

Address: _____ Phone: _____

E-mail: _____

Date of sale: _____

___ 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 (check one) ___ Lienholder ___ Titleholder

- **Lienholder information (Complete if claim is based on a lien against the sold property.)**
- Type of Lien: ___ Mortgage, ___ Court Judgment, ___ Other (describe in detail): _____

- If your lien is recorded in the county's official records, list the following, if known:
- Recording date: _____, OR Book _____ Page _____
- Original amount of lien \$ _____
- Amount due \$ _____
- Principal remaining due \$ _____
- Interest due \$ _____
- Fees and costs due, including late fees \$ _____ (include additional detail sheet if needed.)
- Attorney fees \$ _____ (provide amount claimed \$ _____)

- **Titleholder Information (Complete if claim is based on title formerly held on sold property.)**
- Nature of title (check one): ___ Deed; ___ Court Judgment; ___ Other (describe in detail): _____

- If your *former title* is recorded in the county's official records, list the following, if known:
- Recording date: _____, OR Book _____ Page _____
- Amount of surplus tax deed sale proceeds claimed \$ _____
- Does the titleholder claim the subject property was homestead property? ___ Yes ___ No

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

Date: _____

Signature: _____

STATE OF FLORIDA
COUNTY OF SEMINOLE

The foregoing instrument was acknowledged before me by means of physical presence online notarization, this ___ day of _____, 20___, by _____ (Name of Person Acknowledging).

Signature of Notary Public or Deputy Clerk

Print, Type of Stamp Name

(SEAL)

Personally Known ___

OR Produced ID ___

Type of identification _____