



Office of Nikki Alvarez-Sowles, Esq. Pasco County Clerk & Comptroller

INSTRUCTIONS FOR CLAIMING TAX DEED SURPLUS FUNDS

To request payment of Tax Deed Surplus Funds, the claimant shall submit a claim to the following address:

Office of Nikki Alvarez-Sowles, Esq.
Pasco County Clerk & Comptroller
Attn: Official Records Department
38053 Live Oak Avenue
Dade City, FL 33523

The claim must contain:

1. Signed notarized Surplus Claim Form for Tax Deed from the Claimant.
2. Copy of claimant photo identification (State Issued ID, Driver's License, or Passport).
3. If claiming on behalf of a claimant, a notarized Power of Attorney and W-9 must be included.
4. All documents must be original.

Please Note:

- Attached is the Surplus Claim Form for Tax Deed.
- Official Records Tax Deed can be contacted directly at 352-521-4408 or by email at taxdeedsurplus@pascoclerk.com with any questions.



Office of Nikki Alvarez-Sowles, Esq. Pasco County Clerk & Comptroller

Claim to Receive Surplus Proceeds of a Tax Deed Sale

Complete and return to Pasco County Clerk and Comptroller.

By mail: 38053 Live Oak Avenue, Dade City, FL, 33523

By email: taxdeedsurplus@pascoclerk.com

Note: The Clerk and Comptroller's Office must pay all valid liens before distributing to a titleholder. The Clerk's Office may request additional documentation to evaluate or verify claims. Pursuant to Florida Statutes, within 120 days after the claim period expires, the Clerk's Attorney may either file an interpleader action in circuit court, if potentially conflicting claims to the funds exist, or pay the surplus funds according to the Clerk's Attorney's determination of the priority of claims using the information provided by the claimants. Additional information can be accessed via the Clerk's website at www.pascoclerk.com.

Claimant's Name: _____

Contact name, if applicable: _____

Address: _____

Telephone No.: _____ E-mail address: _____

Tax Deed No.: _____ Date of Sale (if known): _____

____ 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):

____ Lien holder (*proceed to complete Section 1 below*)

____ Titleholder (*proceed to complete Section (2) below*)

1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property)

(a) Type of lien (check one): ____ 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: _____ Instrument #: _____

Book #: _____ Page #: _____

- (b) Original amount of lien \$ _____
- (c) Amounts Due:
 - (A) Principal remaining due: \$ _____
 - (B) Interest due: \$ _____
 - (C) Fees and costs due, including late fees: \$ _____ (describe costs in detail, include additional sheet if needed)
 - (D) Attorney fees: \$ _____ (provide agreement to show entitlement to attorney fees)
- (d) Total amount claimed: \$ _____

(1) TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property)

a. 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: _____; Instrument #: _____; Book #: _____
 _____; Page#: _____

- b. Amount of surplus tax deed sale proceeds claimed: \$ _____
- c. Does the titleholder claim the subject property was homestead? Yes No

(2) I hereby swear or affirm that all the above information is true and correct.

Date: _____

Signature: _____

**STATE OF FLORIDA
 PASCO COUNTY**

SWORN TO (or affirmed) and subscribed before me by means of physical presence or online notarization, this _____ day of _____, by _____.

Date

Name of Affiant

NOTARY PUBLIC OR DEPUTY CLERK

 (Print, type or stamp commissioned name of notary)

____ Personally known, or

____ Produced identification; type of identification produced: _____