



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: shennessy@pascoclerk.com; ddiaz@pascoclerk.com; enelson@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 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 determination of the priority of claims using the information provided by the claimants. Additional information can be accessed via the Clerk's website at <https://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:
 - 1. Principal remaining due: \$ _____
 - 2. Interest due: \$ _____
 - 3. Fees and costs due, including late fees: \$ _____
(describe costs in detail, include additional sheet if needed)
 - 4. Attorney fees: \$ _____ (provide agreement to show entitlement to attorney fees)
- d. Total amount claimed: \$ _____

(2) 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 titleholder claim the subject property was homestead? ___ Yes ___ No

(3) I hereby swear or affirm that all of 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: _____