

CLAIM TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to
By Mail:

DeSoto County Clerk of Court
115 E Oak Street
Arcadia, FL 34266

By Email: jarrington@desotoclerk.com
(863)993-4876

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

Claimant's name _____
Contact name if claimant is not an individual _____
Address* _____ City _____ Zip _____
Phone no. _____
Email 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 _____ Lienholder _____ Titleholder.

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

A. 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 _____; Instrument # _____; Book# _____ Page# _____

B. Original Amount of Lien \$ _____

C. Amount Remaining Due (include interest, if applicable) \$ _____

D. Principal remaining due: \$ _____

E. Interest Due: \$ _____

F. Fees and costs due, including late fees: \$ _____ (described costs in detail, include additional sheet if needed).

G. Attorney fees: \$ _____ (provide amount claimed): \$ _____

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

A. Nature of title: _____ 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 sale proceeds claimed \$ _____

C. Does the titleholder claim the subject property was homestead property? _____ Yes _____ No

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

Date: _____ Signature: _____
Claimant

STATE OF _____
COUNTY _____

****NOTARIZATION NOT REQUIRED IF CLAIM IS BEING WAIVED****

Sworn to or affirmed and signed before me, by means of _____ physical presence or _____ online notarization, this on this _____ day of _____, _____ (year), by _____.

NOTARY PUBLIC or DEPUTY CLERK

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

_____ Personally known

_____ Produced identification; Type of identification produced _____

*This where payment will be mailed.