



TARA S. GREEN, CLAY COUNTY CLERK OF COURT AND COMPTROLLER

825 N. Orange Ave, PO Box 698, Green Cove Springs, FL 32043/ Attn: Recording / (904) 529-4221 / taxdeedinfo@clayclerk.com

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Claimant's Name: _____

Contact name if claimant is not an individual: _____

Address* _____ City _____ State _____ Zip Code _____

Phone Number: _____ Email Address: _____

Tax Deed Number: _____ 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 am claiming 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 _____ Condominium/Home Owner's Association
_____ Other, Describe in detail: _____

If your lien is recorded in the Clay County 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 \$ _____)

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

A. Nature of Title: _____ Deed; _____ Court Judgment; Other (describe in detail): _____

If your title is recorded in the Clay County Official Records, list the following, if known:

Recording date _____; Instrument # _____; Book # _____ Page # _____

B. Amount of surplus tax sale proceeds claimed \$ _____

C. Do you claim this property was your homestead at the time of the sale? _____ YES _____ NO

3. I request that payment of any surplus funds due to me be made payable to _____
and such payment be mailed to either the address above or to _____

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

Date: _____

Claimant

STATE OF _____

COUNTY OF _____

Sworn to and subscribed before me on this _____ day of _____, 20____ by

_____.

Date: _____

NOTARY PUBLIC or DEPUTY CLERK

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

_____ Personally Known

_____ Produced Identification

Type of Identification Produced _____

*This is where payment will be mailed

**CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF SURPLUS NOTICE WAS MAILED
OR THEY ARE BARRED**