

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:
By Mail:

Okaloosa County Clerk of the Courts
Clerk of Circuit Courts and Comptroller
101 E James Lee Blvd
Rm 108
Crestview FL 32536

Claims must be filed within 120 days of the date the surplus notice was mailed or they are barred.

Tax Deed #: _____ Certificate # 2 _____ Sale Date of _____
Note: The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.
Claimant's Name: _____
Contact Name, if applicable: _____
Address: _____
Telephone Number: _____
Email Address: _____
Tax No.: _____
Date of Sale (if known): _____

I am a (check one): Lienholder Titleholder

Select ONE:

_____ I claim surplus proceeds resulting from the above tax deed sale.

_____ I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

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

(a) Type of Lien: Mortgage Court Judgement Condo or Homewoners Association Lien Other
Describe in Detail: _____

If your lien is recorded in _____ County's Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____
(b) Original Lien Amount \$ _____ Amount Due: \$ _____ Principal Remaining Due: \$ _____
Interest \$ _____ Fees & Costs*: \$ _____ Attorney fees claimed: \$ _____

*Including late fees. Describe costs in detail, including additional sheet if needed: _____

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

(a) Nature of Title: Deed Court Judgement Other : _____

If your former title is recorded in _____ County's Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____
Amount of surplus tax deed sale proceeds claimed: \$ _____

Does the titleholder claim the subject property was homestead property? Yes No

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

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

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____
COUNTY OF _____

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, by _____, who is personally known to me or has produced _____, as identification and who did take an oath.

Notary Public

My Commission Expires: