

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

Brandon J. Patty, Clerk Of The Circuit Court And Comptroller
Tax Deeds Department
4010 Lewis Speedway
St. Augustine, FL 32084

Telephone: (904)-819-3632
Email: taxdeeds@stjohnsclerk.com

Tax Deed #: _____ Certificate #: _____ Date of Sale: _____

NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.

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: _____
Phone 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 Judgment; _____ Condo of Homeowner Association Lien; _____ Other - describe in detail: _____
If your lien is recorded in St. Johns County's Official Records, list the following, if known:
Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____
- B. Original Lien
Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____
Interest Due: \$ _____ 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 *and provide proof.*)

- A. Nature of Title: _____ Deed; _____ Court Judgment; _____ Other - describe in detail: _____
If your former title is recorded in St. Johns 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 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 _____, 20____ by _____, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC or DEPUTY CLERK My Commission Expires: _____

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