

Complete and return to:
Clerk of the Court & Comptroller
Attn: Tax Deed Dept.
PO Box 1030; Ocala, FL 34478-1030



Claims submitted by Mortgage and
Lien Holders must be filed within
120 days of the date the surplus
notice was mailed or they are
barred.

PLEASE PRINT INFORMATION

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Date:

Tax Deed #

Certificate #

Sale Date:

Parcel #

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: _____

Claimant Address: _____

Telephone Number: _____

Email Address: _____

I am a (check one): ☐ Lienholder; ☐ Titleholder

Select ONE:

☐ I claim surplus proceeds in the amount of \$_____ 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 or Homeowner Association Lien; ☐ Other

Describe in Detail: _____

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

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

*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 Judgment; ☐ Other: _____

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

Recording Date: _____ 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: _____.

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 _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online
notarization, this _____ day of _____, 20____, by _____, who is personally
known to me or has produced _____, as identification and
who did take an oath.

Notary Public

My Commission Expires

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 _____

Sworn to (or affirmed) and subscribed before me by means of ☐ physical presence or ☐ online
notarization, this _____ day of _____, 20____ by _____, who is personally
known to me or has produced _____, as identification and
who did take an oath.

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My Commission Expires