

CLAIM AFFIDAVIT FOR TAX DEED EXCESS PROCEEDS

Complete and return by Hillsborough County Clerk of Circuit
mail or in person to: Court Attn: Tax Deeds Legal
419 Pierce Street, Room 140
Tampa, FL 33602

You may claim surplus funds **free of charge**, paying a fee or percentage of the surplus for assistance from a third party is not required to submit this affidavit.

Note: Claims must be filed within 120 days of the date on the enclosed surplus notice or the claim is barred.

Claimant's name: _____
Contact name, if applicable: _____
Address: _____ City/State _____ Zip _____
Telephone number: _____
Email address: _____
File 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 claim surplus proceeds resulting from the above tax deed sale. I am a (check one) Lienholder ___; Titleholder ___.

1) LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property)
a) Type of Lien: Mortgage ___; Court Judgment ___; COA or HOA lien ___; Other-Describe in detail: _____

If your lien is recorded in the Hillsborough County Official Records, list the following, if known:
Recording date: _____; Instrument #: _____; Book/Page #: _____ / _____
b) Original Lien Amount: \$ _____
c) Total Amount Claimed Due: \$ _____ (describe amount due in detail below)
1. Principal remaining due: \$ _____
2. Interest due: \$ _____
3. Fees and costs due, including late fees: \$ _____ (describe costs in detail, include additional sheet if needed);
4. Attorney fees: \$ _____

2) TITLEHOLDER INFORMATION (Complete if claim is based on title formerly held on sold property)
a) Nature of title (check one): Deed ___; Court Judgment ___; Other (describe in detail): _____
_____. Individual claimant must provide a copy of their gov't issued photo ID.
b) If your former title is recorded in the Hillsborough County Official Records, list the following, if known:
Recording date: _____; Instrument #: _____; Book/Page #: _____ / _____
Amount of surplus tax deed sale proceeds claimed: \$ _____
c) Does the titleholder claim the subject property was homestead property? (check one) 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 _____ day of _____, 20___ by _____ (affiant)

NOTARY PUBLIC or DEPUTY CLERK

[Print, Type, or Stamp Commissioned Name of Notary]

_____ Personally known
_____ Produced identification; Type of identification produced _____