

RACHEL M. SADOFF
CLERK OF THE CIRCUIT COURT & COMPTROLLER
EIGHTEENTH JUDICIAL CIRCUIT
BREVARD COUNTY, FLORIDA

TAX DEED DEPARTMENT
POST OFFICE BOX 219
TITUSVILLE, FLORIDA 32781-0219



MAIN (321) 637-5413
DEPARTMENT (321) 637-2007
WWW.BREVARDCLERK.US

NOTICE OF TAX DEED SALE SURPLUS

Tax Deed File No: _____
Certificate No: _____

LEGAL DESCRIPTION

Pursuant to Chapter 197, Florida Statutes, the above property was sold at public sale on _____. After payment of all funds due to governmental units has been made, a surplus of _____ (subject to change) will remain and be held by this office for a period of ninety (90) days from the date of this notice for the benefit of persons having interest in and to this property as described in section 197.502(4), Florida Statutes, as their interests may appear.

These funds will be used to satisfy in full, to the extent possible, each senior mortgage or lien on the property before distribution of any funds to any junior mortgage or lien. **In order to be considered for distribution of any funds, you must submit a notarized statement of claim to this office, detailing the particulars of your lien, and the amounts currently due, within 90 days of the date of this notice.**

A copy of this notice must be attached to your statement of claim. After examination of the statements of claim filed, this office will notify you if you are entitled to any payment.

If your claim has been satisfied, released, or you are waiving your claim, **please check the "No claim will be filed" box on the claim form** and return it to our office so that any other liens can be considered.

Dated: _____

Rachel M. Sadoff
BREVARD COUNTY CLERK OF COURT

By: _____
Deputy Clerk (SEAL)

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to BREVARD COUNTY CLERK OF CIRCUIT COURTS
PO BOX 219
TITUSVILLE, FL 32781-0219

Note: The Clerk must pay all valid liens before distributing to a titleholder

Claimant's name _____
Contact name if claimant is not an individual _____
Address _____ City _____ Zip _____
Phone no. _____
Email address _____
Tax deed no. _____ 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 ____ Lienholder ____ Titleholder.

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

A. Type of Lien: ____ Mortgage; ____ Court Judgment; ____ Other-Describe in detail: _____

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

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

B. Original Amount of Lien \$ _____

C. Total amount due (as of date of sale) \$ _____

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

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

B. Was property homestead at the time of sale? ____ Yes ____ No

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

Date: _____ Signature: _____
Claimant

STATE OF _____

COUNTY _____

Sworn to or affirmed and signed before me on _____ by _____.

NOTARY PUBLIC or DEPUTY CLERK

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

____ Personally known

____ Produced identification; Type of identification produced _____