



**Clerk of the Circuit Court**

**Brevard County, Florida**

400 South Street, P.O. Box 219, Titusville, Florida

<http://www.brevardclerk.us>

**Scott Ellis, Clerk**

### **IMPORTANT INFORMATION PLEASE READ**

If you are submitting a claim, please make sure you have included the following documentation:

1. Notarized statement of claim
2. Completed W-9 form (PLEASE DO NOT FORGET TO SIGN AND DATE)
3. Photocopy of **TWO** forms of identification(state issued)
4. A phone number to reach you in case additional information is needed

If the property owner is deceased and you are submitting a claim as an heir, please submit the documentation above and **also** include one of the following:

1. Certified copy of Letters of Administration that are **current and in full force and effect**
2. Certified copy of a court order from a Florida court disbursing the funds to you

If you are submitting a claim as a lienholder, please **also** include the amount owed to you by the previous property owner. Please do not forget to submit the W-9.

**FAILURE TO INCLUDE ANY OF THE ABOVE DOCUMENTATION WILL DELAY YOUR CLAIM. YOU WILL NOT BE CONTACTED TO SUBMIT THE ABOVE DOCUMENTATION IF YOU DO NOT INCLUDE IT WHEN YOU SUBMIT YOUR ORIGINAL DOCUMENTATION. YOUR CLAIM WILL BE FILED AND DISBURSEMENT WILL NOT BE MADE.**

All claims will be held a minimum of ninety days after the Notice of Surplus has been mailed. Once a claim is verified disbursement may take up to two weeks. If a determination cannot be made as to whether you are entitled to the funds, additional documentation may be required. In some instances, review may be necessary by legal counsel prior to disbursement.

If you have any questions prior to submitting your claim, please contact the Tax Deed Department at (321)637-2007.

Thank you.



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**NOTICE OF TAX DEED SALE SURPLUS**

Tax Deed File No: \_\_\_\_\_

LEGAL DESCRIPTION

Certificate No: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

**SCOTT ELLIS**

**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 \_\_\_\_\_