

Claim To Receive Surplus Proceeds of Tax Deed Sale

In Re: Tax Deed File No. _____

Date of Sale: _____

Folio No. _____

STATE OF _____

COUNTY OF _____

Description of Property:

Complete and return (by mail or in person) to:

RTT/Tax Deed Surplus Process
115 S Andrews Avenue Room A100
Fort Lauderdale, FL 33301
taxdeeds@broward.org

NOTE: The Records, Taxes and Treasury Division must pay all valid liens before distributing surplus funds to a titleholder.

CLAIMANT NAME _____

CONTACT NAME and PHONE No. (if applicable) _____

ADDRESS _____

PHONE No and E-MAIL ADDRESS _____

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

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

TYPE OF LIEN (check one): Mortgage Court Judgment Other

DESCRIBE TYPE OF LIEN IN DETAIL: _____

IF THE LIEN IS RECORDED IN THE COUNTY'S OFFICIAL RECORDS, LIST THE FOLLOWING IF KNOWN:

Recording Date: _____ Instrument# _____ Book _____ Page _____

Original Amount of Lien \$ _____ Amount Due \$ _____ Principal Remaining Due

\$ _____ Interest Due \$ _____ Fees and Costs Due Including late fees) \$ _____

Attorney Fees \$ _____ TOTAL AMOUNT CLAIMED \$ _____

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

NAME: _____

CURRENT ADDRESS _____

CURRENT PHONE No and E-MAIL ADDRESS _____

NATURE OF TITLE (check one): Deed Court Judgment Other (describe in detail)

IF YOUR FORMER TITLE IS RECORDED IN THE COUNTY'S OFFICIAL RECORDS, LIST THE FOLLOWING IF KNOWN:

Recording Date: _____ Instrument# _____ Book _____ Page _____

AMOUNT OF SURPLUS TAX DEED SALE PROCEEDS CLAIMED \$ _____

DOES THE TITLEHOLDER CLAIM THE SUBJECT PROPERTY WAS HOMESTEAD PROPERTY? (check one) YES NO.

Before me, the undersigned authority, personally appeared _____, who

first being duly sworn, depose and say:

My name is _____. I am over the age of eighteen (18) years.

Signature of Claimant

(IF A CORPORATION, PLEASE INCLUDE CORPORATE SEAL AND ATTACH DOCUMENTS SHOWING THAT PERSON SIGNING HAS THE AUTHORITY TO BIND THE CORPORATION)

Individual Acknowledgement:

State of FLORIDA

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____ by _____, who

Is personally known to me or _____ who produced a _____ as identification, regarding the attached instrument described as _____, and to whose signature(s) this notarization applies.

Notary public signature

Notary public printed name

Corporate Acknowledgement:

State of FLORIDA

County of _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization this _____ day of _____, 20_____ by _____, _____, of _____ Corporation, on behalf of the corporation state or place of incorporation, He/she,

Name of Officer

Title of Officer

Is personally known to me or _____ who produced a _____ as identification, regarding the attached instrument described as, _____, and to whose signature(s) this notarization applies.

Notary public signature

Notary public printed name

115 S. Andrews Ave., Rm. A-100, Fort Lauderdale, FL 33301
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