



Clerk of the Circuit Court and County Comptroller

Sarasota County, FL

Statement of Claim to Surplus Funds from Tax Deed Sale (F.S. §197.582(3))

NOTES / INSTRUCTIONS:

- This Statement of Claim form must be notarized and returned within 120 days of the Notice of Surplus Funds date.
- The Clerk and Comptroller must pay all valid liens before distributing surplus funds to a titleholder / owner.
- Return your completed Claim form, along with a copy of the Notice of Surplus Funds, and any documentation supporting your claim, to the **Sarasota County Clerk and Comptroller, Tax Deed Division.**

FAX: 941-861-7738

EMAIL: TaxDeedClerk@SarasotaClerk.com

MAIL: P.O. Box 3079, Sarasota, FL 34230-3079

OVERNIGHT / IN PERSON: Historic Courthouse, 2000 Main Street, Room 103, Sarasota, FL 37237

1. CLAIMANT INFORMATION

Claimant's Name: _____ Address: _____
 Contact Name: _____ Suite / Apt: _____
 Claimant Tax No.: _____ City, State: _____
 Clerk Tax Deed File # _____ Zip: _____
 Tax Collector Application # _____ Email: _____
 Date of Sale (if known): _____ Phone: _____

I AM NOT MAKING A CLAIM and I waive any claim I might have to the surplus funds from the Tax Deed sale.

I AM CLAIMING surplus funds resulting from the above Tax Deed sale, AND

I am a (check one): Lienholder (Complete section 2.)

Titleholder / Property Owner (Complete section 3.)

2. LIENHOLDER INFORMATION

(Complete this section if your claim is based on a lien against the property sold.)

(a) Describe the type of your lien: Mortgage Court Judgment Condo or Homeowner Association Lien
 Other (describe in detail): _____

(b) If your lien is recorded in the Sarasota County Official Records, provide the following:

Recording Date: _____ Book / Page Number _____

Instrument Number: _____ (pre 1998): _____

(c) Amount of original lien: \$ _____.

(d) Amount currently due: \$ _____.

Principal Remaining: _____ Fees & Costs*: \$ _____

Interest: _____ Attorney Fees: \$ _____

* Including late fees. Describe costs in detail. Attach an additional sheet if needed.

3. TITLEHOLDER INFORMATION

(Complete this section if your claim is based on ownership of the property.)

(a) Describe the nature of your title / ownership: Deed Court Judgment Other: _____

(b) If your title is recorded in the Sarasota County Official Records, provide the following.

Recording Date: _____ Book / Page Number _____

Instrument Number: _____ (pre 1998): _____

(c) Amount of surplus funds claimed: \$ _____.

(d) As titleholder, do you claim that the subject property was homestead property? YES NO

4. SURPLUS FUNDS PAYMENT REQUEST

I request payment of any surplus funds due me to be made payable to: _____ and mailed to the address above, or to: _____.

5. AFFIRMATION

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

Claimant Signature: _____ Date: _____

Printed Name: _____ Title: _____

STATE OF _____, COUNTY OF _____

Sworn to or affirmed and signed before me on _____ day of _____, 20____, by _____

Personally known to me, OR Produced identification in the form of _____

Notary Public: _____ Seal: _____

My commission expires: _____