



# 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@SCGov.net](mailto:TaxDeedClerk@SCGov.net)

**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: \_\_\_\_\_