



TARA S. GREEN

Clerk of the Circuit Court, Clay County
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CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

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. Amount Remaining Due (include interest, if applicable \$ _____)

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

A. Nature of title: ___ Deed; ___ Court Judgment; ___ Other-describe in detail: _____

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

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

- B. Amount of surplus tax sale proceeds claimed \$ _____
- C. Do you claim this property was your 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 _____ ****NOTARIZATION NOT REQUIRED IF CLAIM IS BEING WAIVED****

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 _____

*This where payment will be mailed.