

**CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE**

Complete and return to:

Hendry County Clerk of the Circuit Court  
Tax Deed Department  
P.O. Box 1760  
LaBelle, FL 33975

Claims must be filed within 120 days of the date the surplus notice was mailed or they are barred.

**Tax Deed #:** \_\_\_\_\_ **Certificate #:** \_\_\_\_\_ **Sale Date of** \_\_\_\_\_

**Note: The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.**

Claimant's Name: \_\_\_\_\_  
Contact Name, if applicable: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Tax No.: \_\_\_\_\_  
Date of Sale (if known): \_\_\_\_\_

I am a (check one):  Lienholder;  Titleholder

Select ONE:

\_\_\_\_\_ I claim surplus proceeds resulting from the above tax deed sale.

\_\_\_\_\_ I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

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

(a) Type of Lien:  Mortgage;  Court Judgment;  Condo or Homeowner Association Lien;  Other

Describe in Detail: \_\_\_\_\_

If your lien is recorded in \_\_\_\_\_ County's Official Records, list the following, if known:

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_  
(b) Original Lien Principal Remaining  
Amount: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_ Due: \$ \_\_\_\_\_  
Interest Due: \$ \_\_\_\_\_ Fees & Costs\* \$ \_\_\_\_\_ Attorney fees claimed: \$ \_\_\_\_\_

\*Including late fees. Describe costs in detail, including additional sheet if needed: \_\_\_\_\_

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

Deed;  Court Judgment;

(a) Nature of Title: Other: \_\_\_\_\_

If your former title is recorded in \_\_\_\_\_ 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?  Yes  No

3. I request that payment of any surplus funds due me be made payable to: \_\_\_\_\_ and such payment be mailed to either the address above or to: \_\_\_\_\_.

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

Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_, as identification and who did take an oath.

\_\_\_\_\_  
Notary Public

My Commission Expires: