SHANNON RAMSEY-CHESSMAN
CLERK AD INTERIM
CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY

Tax Deeds & Foreclosures Department
205 N. Dixie Hwy, Rm. 3.2400
West Palm Beach, FL 33401

PO Box 484
West Palm Beach, FL 33402

Foreclosures: (561) 355-2986
Tax Deeds: (561) 355-2962
Fax: (561) 355-7060

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE THE SURPLUS NOTICE WAS MAILED, OR THEY ARE BARRED!!

Complete and return to:

By mail: Palm Beach County Clerk of the Circuit Court & Comptroller
Tax Deeds Department
205 N. Dixie Hwy, Room 3.2400
West Palm Beach, FL 33401

By email: TaxDeeds@mypalmbeachclerk.com

Tax Deed Certificate #: _____ **Date of Sale** _____

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: _____

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 Palm Beach County's Official Records, list the following, if known:

Recording Date: _____ Book/Page #: _____ / _____

(b) Original Lien Amount $_____ Principal Remaining Amount 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.)

Nature of Title: ☐ Deed; ☐ Court Judgment;

☐ Other: _____

If your former title is recorded in Palm Beach County's Official Records, list the following, if known:

Recording Date: _____ 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.**

FURTHER, AFFIANT SAYETH NAUGHT.

STATE OF _____
COUNTY OF _____

(IF A CORPORATION, PLEASE ATTACH CORPORATE DOCUMENTS AUTHORIZING CLAIMANT TO ACT ON BEHALF OF THE CORPORATION)

_____
Signature of Claimant

The foregoing instrument was acknowledged before me by means of ☐ physical presence

Or ☐ online notarization, this (date) _____by:_____
(name /title of officer or agent) of _____
_____(name of corporation acknowledging), a _____ (state or place of incorporation) corporation, on behalf of the corporation, who is personally known to me or who has produced _____ (type of identification), as identification.

(NOTARY SEAL)

_____
Notary Public

_____
Name typed, printed or stamped
My Commission Expires:
_____

PLEASE MAIL PAYMENT TO:

_____

_____

CONTACT NAME AND PHONE NUMBER IN CASE OF ANY QUESTIONS:

_____