



SHARON R. BOCK

Clerk & Comptroller
Palm Beach County

STATEMENT OF CLAIM

STATE OF _____

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____, who first being duly sworn, depose and say:

1. My name is _____. I am over the age of eighteen (18) years. If you represent a corporation, please fill in the following: I am the _____ (Title) of _____ (Name of Corporation) and authorized to act on its behalf.
2. I hereby submit this claim for tax deed surplus held by the Clerk & Comptroller from the sale of property arising out of tax certificate number _____, which was sold by the Clerk & Comptroller of Palm Beach County on _____.
3. I am making a claim in the amount of \$ _____
OR
___ (Check if apply) I decline to pursue a claim to the surplus and hereby waive any claim I may have in the surplus.
4. I am entitled to the surplus being held by the Clerk & Comptroller by virtue of my interest in the property as (check one):
__ Owner __ Lienholder __ Mortgage Holder _____ Other (describe).
Copies of documentation showing my interest in the property are attached and made a part hereof. **(If you are an owner, please enclose with your claim a proof of identification. If you are a lien holder, please attach documentation supporting your claim including a payoff statement which reflects the original amount owed, payments made, the amount still owed, and calculated interest on the amount still owed.)**
5. I hereby make a claim to the surplus proceeds generated from the sale in the amount set forth in paragraph 3 above. I understand that the Clerk & Comptroller will subtract their fees from the sale pursuant to the Florida Statutes. I also understand the Clerk & Comptroller may hold the funds for ninety (90) days before determining who is entitled to payment.
6. In cases where there are conflicting claims or a senior lienholder fails to come forward to make a claim, the Clerk & Comptroller may commence a court action to determine the surplus disbursement and will move the court for an award of reasonable fees and costs from the interpleaded funds.

**Tax Deeds &
Foreclosures Department**

205 N. Dixie Hwy., Rm. 3.2300
West Palm Beach, FL 33401

P.O. Box 484
West Palm Beach, FL 33402

Tax Deeds Phone: 561-355-2962
Foreclosures Phone: 561-355-2986

Fax: 561-355-7060

www.mypalmbeachclerk.com

7. I understand that if I am making a claim as the owner of the property, any valid liens and mortgage on the property will be paid before I am entitled to any of the surplus. If there are mortgages or liens shown on the Ownership & Encumbrance Report in the Clerk & Comptroller's file, I further understand that I will need to submit additional documentation to the Clerk & Comptroller, providing that my mortgages or liens reflected on the Ownership & Encumbrance Report have either been satisfied or prove by affidavit that they do not encumber the property sold by the Clerk & Comptroller.
8. If my interest in the property stems from an assignment of surplus interest, I will provide, along with a copy of the assignment, a proof of identification for the assignor. Sensitive information, including but not limited to driver's licenses and taxpayer identification numbers should be limited to the last four digits if submitted for identification.
9. If my claim is made on behalf of an estate, I will provide proof that I have the legal authority to take such action and provide a certificate of death for verification.
10. If I make a claim as an heir or beneficiary to an estate that had an interest in the property, I will produce, together with a certificate of death, an order signed by a court of competent jurisdiction granting me the interest to the surplus belonging to the estate.
11. I understand that all documentation submitted to the Clerk & Comptroller will be subject to the public records laws.

FURTHER, AFFIANT SAYETH NAUGHT.

(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 this ____ day of _____, 20____, by _____, who ____ is personally known to me or ____ who has produced _____, as identification, and who did/did not take an oath.

Notary Public

PLEASE MAIL PAYMENT TO:

CONTACT NAME AND PHONE NUMBER IN CASE OF ANY QUESTIONS:
