

SURPLUS FUNDS CLAIM INFORMATION SHEET

Please read this information sheet carefully before submitting your claim for surplus funds. If you have any questions, please contact our office at (904)255-1916. The attached form can be used to claim the excess proceeds from a Tax Deed sale by a former owner, heir, Governmental lienholder, non-governmental lienholder, mortgage holder, or other party who has a legal interest in a property.

TO BE CONSIDERED FOR PAYMENT OF ANY PORTION OF THE SURPLUS FUNDS, YOU MUST FILE A NOTARIZED, COMPLETE AND PROPERLY SIGNED STATEMENT OF CLAIM WITH THIS OFFICE WITHIN 120 DAYS OF THE MAILING OF THE NOTICE OF SURPLUS FUNDS. Fla. Statute 197.582 (3)

Other than the property owner or a Federal Lienholder, if you fail to file a claim for surplus funds **within the 120 days** from the date of the notice of surplus funds, you waive all of your rights to the surplus funds, and filing any claim thereto are forever barred, pursuant Fla. Statute 197.582 (5).

In order for your claim to be complete, you must provide a copy of your State issued photo ID, Business ID, or the equivalent. We must have copies of the documents that show that you are entitled to the surplus funds, such as Probate Records, your recorded deed, lien, or mortgage. Incomplete claims will be returned so please ensure you have included all the necessary documents.

Please return your completed **ORIGINAL** claim form to the Tax Deeds office either in person or by mail. Our office is located in the Duval County Courthouse. Our office hours are 8:00am – 5:00pm, Monday through Friday. Our address is as follows:

**Duval County Clerk of Courts
Tax Deeds Department
501 West Adams Street, Room 1046
Jacksonville, Florida 32202**

Please note you may claim these funds yourself. You are not required to have a Lawyer or any other representation. You are not required to assign your interest to any other party in order to claim any money to which you are entitled.

If you decide to seek the assistance of an asset collection agency or other entity to aid in preparation of the claim for surplus funds, please **VERY CAREFULLY READ** all documents presented to you for signature. Seek advice from a third party such as an Attorney who is not affiliated to the agency or entity offering to aid in the collection of the surplus funds. This will ensure that you understand the surplus process and that you are not unknowingly transferring your interest in the property without complete information. If you cannot afford an attorney, Jacksonville Area Legal Aid, Inc., may be of assistance. JALA is located at 126 West Adams Street, Jacksonville, Florida 32202. Their phone number is (904)356-8371. If JALA cannot assist you, they may be able to refer you to a local Bar Referral Agency or suggest other options.

If you have questions regarding the surplus claim process please contact the Clerk of Court, Tax Deeds Department by email at: Ask.Taxdeeds@DuvalClerk.com, or in person at: **501 West Adams Street, Room 1046, Jacksonville, Florida 32202**, or by phone at: **(904)255-1916**. Please be aware we are not legal counsel and cannot provide legal assistance or advice. However, our office will gladly assist in answering your questions within the confines of our statutory duties.

To view or print documents from the Tax Deed File pertaining to the sale of this specific property, please visit our Tax Deed Public File Viewer at <https://www2.duvalclerk.com/departments/tax-deeds/>

The authority of the Duval County Clerk of Court in relation to Surplus Distribution from the proceeds of a Tax Deed sale is referenced in the subsection of Fla. Statutes 197.582.

CLAIM TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to: Duval County Clerk of Courts
Tax Deeds Department
501 W. Adams Street, Room 1046
Jacksonville, Florida 32202

You may claim surplus funds **free of charge**, paying a fee or percentage of surplus for assistance from a third party is not required to submit this affidavit.

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

By Mail: By Hand Delivery:

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

Claimant's Name: _____

If a business, surplus funds payment is to be made payable to: _____

Contact Name, if applicable: _____

Address: _____

Mailing Address for surplus funds payment: _____

Telephone Number: _____ Email Address: _____

Tax Deed File #: _____ Real Estate #: _____

Date of Sale (if known): _____

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

NO claim will be filed. I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

I am a (check one) 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'S OFFICIAL RECORDS, LIST THE FOLLOWING, IF KNOWN:

Recording Date: _____; Instrument #: _____; Book #: _____; Page #: _____

(b) Original Amount of Lien: \$ _____

(c) Amount Due: \$ _____

1. Principal Remaining Due: \$ _____
2. Interest Due: \$ _____
3. Fees and Costs Due, Including Late Fees: \$ _____ (describe costs in detail. Include additional sheet if needed).
4. Attorney Fees: \$ _____ (provide amount claimed): \$ _____

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

(a) Nature of title (check one): Deed; Court Judgment; Other

Describe in Detail: _____

(b) If your former title is recorded in the county's official records, list the following, if known:

Recording Date: _____; Instrument #: _____; Book #: _____; Page #: _____

(c) Amount of surplus tax deed sale proceeds claimed: \$ _____

(d) Does the titleholder claim the subject property was homestead property? Yes No

I acknowledge that I am making the above representations under oath in order to receive payment of such funds, and understand that, if it is later discovered or determined that payment of such surplus funds to me was in error, I am personally liable for the repayment of such surplus funds to the Clerk of the Circuit Court.

I HEREBY SWEAR OR AFFIRM THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT.

Date: _____

Signature: _____

Print Name: _____

STATE OF FLORIDA

DUVAL COUNTY

Sworn to or affirmed and signed before me on _____ by _____
(Date) (Name of Affiant)

NOTARY PUBLIC

(Name of Notary)

(Stamp Commissioned Name of Notary)

Personally Known, or: _____

Produced Identification: _____

Identification Produced: _____