

# PLEASE NOTE

The following TAX DEED SALE- EXCESS PROCEEDS AFFIDAVIT/STATEMENT OF CLAIM form is provided for your convenience should you wish to submit a claim before notices have been prepared by our office or if you are not listed on our Title search. We will gladly accept any claim submissions; however, we are not responsible for invalid claims due to incomplete or incorrect information.

All fields should be considered required fields and be completed. Please reference [www.pinellasclerk.org/tributeweb](http://www.pinellasclerk.org/tributeweb) to obtain the necessary data to complete your form.

Mail your completed and notarized form to:

**CLERK OF CIRCUIT COURT  
TAX DEED/OFFICIAL RECORDS DEPT  
315 COURT STREET, ROOM 163  
CLEARWATER, FL 33756**

Call **727-464-3424** with questions or problems.

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

**TAX DEED SALE- EXCESS PROCEEDS AFFIDAVIT/STATEMENT OF CLAIM**

\_\_\_\_\_, being the first duly sworn, deposes and says:  
(Print/Type Name of Affiant and Title if applicable)

1. That as further stated herein, I am one of the persons described in F.S. 197.502(4), to wit:
- \_\_\_\_\_ a. Legal titleholder of record at the time of sale who acquired title to property described below by that conveyance recorded at OR Book \_\_\_\_\_ Page \_\_\_\_\_, in the Official Records of Pinellas County, Florida, and I/we have held the fee simple title to same continuously up to the time of issuance of the tax deed.
  - \_\_\_\_\_ b. Lien holder or Mortgagee of record pursuant to that document(s) recorded at: OR Book \_\_\_\_\_ Page \_\_\_\_\_, OR Book \_\_\_\_\_ Page \_\_\_\_\_, in the Official Records of Pinellas County, Florida. Affiant is a duly authorized officer or representative of lien holder or mortgagee. Affiant further states that its lien(s) remaining to date against the below-described property total(s) \$ \_\_\_\_\_ and such lien(s) have not been transferred, assigned or satisfied.
  - \_\_\_\_\_ c. Vendee of a recorded contract (recorded at OR Book \_\_\_\_\_, Page \_\_\_\_\_) or vendee who has applied to receive notice
  - \_\_\_\_\_ d. Other lien holder who has applied to receive notice
  - \_\_\_\_\_ e. Person to whom the property was last assessed on the tax roll for the year in which the property was last assessed
  - \_\_\_\_\_ f. OTHER: \_\_\_\_\_  
Describe how interest was acquired if by other than the above enumerated means (for example, Court Order, Probate, assignment), and attach appropriate copies of all pertinent documents.

2. Of certain real property legally described as:  
\* \_\_\_\_\_  
\_\_\_\_\_

3. That, because of delinquent real property taxes, the above described real property was sold under the administration of the Clerk of Circuit Court of Pinellas County, Florida, on \* \_\_\_\_\_ all in accordance with and pursuant to law.

4. That at the aforesaid time of sale of the above described real property, as connected with **Tax Certificate #: \* \_\_\_\_\_**  
**Sale of: \* \_\_\_\_\_**. I am one of those persons described in paragraph 1 above and entitled under Florida Statutes 197.582 to certain undistributed surplus funds as my interests appear. My maximum entitlement to such funds is \*\$ \_\_\_\_\_, which is subject to all other claims by such other persons as described in F.S. 197.502(4).

5. Attached, as required, is a copy of my Notice of Overbid Surplus Monies as well as other documents substantiating my claim and the amount of such claim, including a ledger or account record verifying the lien amount due as of the date of the tax deed sale and documentation verifying my authority to make such a claim (if applicable).

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

**Or (if applicable):**

7. **Any interest in the surplus funds from the above referenced Tax Deed file is hereby DISCLAIMED because**  
\_\_\_\_\_.

Signature of Affiant: \_\_\_\_\_  
Affiant Name and Title: \_\_\_\_\_  
Affiant Address: \_\_\_\_\_  
Affiant Telephone: \_\_\_\_\_ Affiant Email: \_\_\_\_\_

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

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_  
by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_, as  
identification and who did/did not take an oath.

\_\_\_\_\_  
Notary Public  
My Commission Expires: