

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to: Putnam County Clerk of Circuit Court/Comptroller
P.O. Box 758
Palatka, FL 32178
Taxdeeds@putnam-fl.com Phone (386) 326-7670

Certificate Number: _____

Parcel Number: _____

Sale Date: _____

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

Claimant's Name: _____

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.

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

Type of Lien/Describe in Detail: _____

Original Lien Amount: \$ _____ Amount Due: \$ _____ Remaining Principal Due: \$ _____

Interest Due: \$ _____ Fees & Costs* \$ _____ Attorney fees claimed: \$ _____

Including late fees. Describe costs in detail, include additional sheet if needed

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

Claimants Name and Current Address: _____

Amount or percentage of surplus tax deed sale proceeds claimed: _____

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.

Signature Notary Public Commission # & Expiration Date _____ (Notary Seal)