



JOSEPH ABRUZZO
CLERK OF THE CIRCUIT COURT & COMPTROLLER
PALM BEACH COUNTY

Tax Deeds & Foreclosures Department
205 N. Dixie Hwy, Rm. 3.2300
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 3.23
West Palm Beach, FL 33401

By email: TaxDeeds@mypalmbeachclerk.com

Tax Deed Certificate #: _____ Date of Sale _____

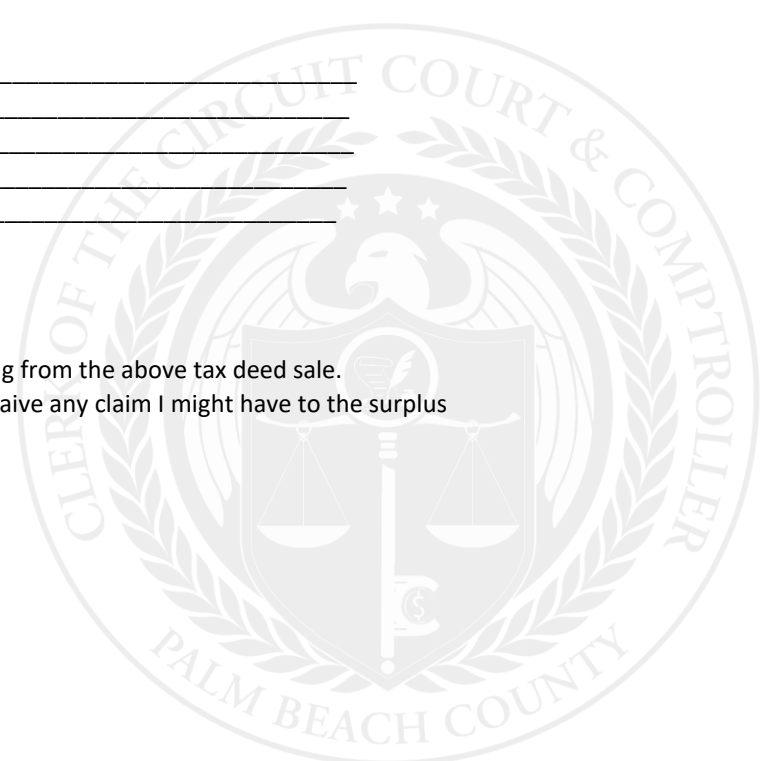
Note: The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

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.



Main Courthouse
205 N. Dixie Hwy.
West Palm Beach, FL

North County Courthouse
3188 PGA Blvd.
Palm Beach Gardens, FL

Midwestern Service Center
200 Civic Center Way, Suite 500
Royal Palm Beach, FL

West County Courthouse
2950 State Road 15, Room S-100
Belle Glade, FL

South County Courthouse
200 W. Atlantic Ave.
Delray Beach, FL

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:
