



Clerk of the Circuit Courts Dixie County
Barbie Higginbotham

CLAIM TO SURPLUS PROCEEDS FROM A TAX DEED SALE

Case #: _____

Parcel Number: _____

Tax Certificate Number: _____

Auction Date: _____

**The Clerk of Court must pay all valid liens before distributing surplus fund to title holder.*

Claimant's Name _____

Address _____

Address _____

Phone _____

Email _____

Select one: _____ I am the Lien Holder

_____ I am the Title Holder

Select one: _____ I claim surplus proceeds resulting from this tax deed sale.

_____ I am NOT making a claim, and I waive any claim I might have to the surplus funds from this tax deed sale.

LIEN HOLDER INFORMATION:

Select: _____ Type of Lien _____ Mortgage _____ Court Judgment

_____ Condo or HOA _____ Other _____

If your Lien is recorded in Dixie County's Official Records, list the following if known:

Recording Date _____ Instrument# _____ Book/Page _____

Original Lien Amount \$ _____ Amount Due \$ _____

Interest Due \$ _____ Principal Remaining Due \$ _____

Fees and Costs \$ _____ Attorney Fees claimed \$ _____

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

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TITLE HOLDER INFORMATION:

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

Select: _____ Deed _____ Court Judgment

Nature of Title: _____ Other _____

If your former title is recorded in Dixie County's Official Records, list the following if known:

Recording Date _____ Instrument# _____ Book/Page _____

Amount of tax deed surplus proceeds claimed \$ _____

Does the title holder claim the subject property was Homestead property? _____ Yes _____ No

I request that payment of any surplus funds due me be made payable to:

_____ and such payment be mailed to the following address:
_____.

I hereby swear or affirm that all of the above information is true and correct.

Claimant Signature

Print Name and Title

STATE OF _____

COUNTY OF _____

On _____, 20____, _____, personally appeared before me, _____, known to me to be the person described in, and who executed the foregoing instrument, and acknowledged the execution of this instrument to be his own free act and deed for the use and purposes therein mentioned. Witness my hand and official seal date aforesaid.

Notary Public



Clerk of the Circuit Courts Dixie County
Barbie Higginbotham

GENERAL RELEASE

Case Number: _____
Parcel Number: _____
Tax Certificate Number: _____
Sale Date: _____

BE IT KNOWN, that claimant, in consideration of the sum of \$ _____, valuable consideration received from this tax deed file, from and on behalf of Barbie Higginbotham, Clerk of Court/Comptroller, the receipt of which is acknowledged, does hereby remise, release, acquit, satisfy, and forever discharge Barbie Higginbotham, Clerk of Court/Comptroller, from all manners of actions, cause of action, suits, debts, covenants, contracts, controversies, agreements, promises, claims, and demands whatsoever, which said claimant, ever had, now has, or which any, successor heir or assign of said claimant, hereafter can, shall or may have, against said Barbie Higginbotham, Clerk of Court/Comptroller, by reasons of any matter, cause or thing whatsoever, from the beginning of time to the date of this instrument.

In witness whereof, the said claimant, through its authorized representative has set hand and seal to this release on _____, 20____.

Claimant Signature

Witness Signature

Witness Print Name

Witness Signature

Witness Print Name

STATE OF _____
COUNTY OF _____

On _____, 20____, _____, personally appeared before me, _____, known to me to be the person described in, and who executed the foregoing instrument, and acknowledged the execution of this instrument to be his own free act and deed for the use and purposes therein mentioned. Witness my hand and official seal date aforesaid.

Notary Public



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Please be Advised.

We will also need the following information to process your Claim for Surplus Funds from a Tax Deed Sale:

- A. Claim Form Completed, Signed and Notarized. (Page 1 and 2)**
- B. General Release Form Completed, Signed and Notarized. (Page 3)**
- C. A copy of your Drivers License or other State or Federal Issued Photo Identification.**

***Authorization for acting on behalf of another person, Signed and Notarized.
(If Applicable)**

Please mail the completed forms and all supporting documentation to the following address:

Dixie County Clerk of Court
Attention: Tax Deed Department
PO Box 1206
Cross City, FL 32628

Additional Information may be requested by the Clerk's Office and/or Legal Department to process your claim.

There are statutory deadlines regarding filing a Surplus Funds claim, reviewing a Surplus Funds claim, and the disbursement of Surplus Funds for the claim.

If you have any questions or concerns, please feel free to contact the Tax Deed Department anytime at 352-498-1200. Thank you in advance for your time and immediate attention to this matter.