



ANGELA VICK

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

Clerk of the County Court
Recorder of Deeds
Clerk and Accountant of the Board of County Commissioners
Custodian of County Funds
County Auditor

110 North Apopka Ave
Inverness, FL 34450
Telephone: (352) 341-6478
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 4/19/2022

Tax Deed #: 2022-0005TD

Certificate #: 17-6666

DESCRIPTION OF PROPERTY:

INVERNESS HGLDS SOUTH LOTS 34 & 35 BLK 226 PB 3 PG 51 DESC IN OR BK 712 PG 648

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 4/13/2022 10:00:00AM, and a surplus of \$6,730.60 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

To the extent possible, these funds will be used to satisfy in full, each claimant with a senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien claimant or to the former property owner. To be considered for payment of any portion of the surplus funds, **you must file a notarized statement of claim with this office within 120 days of this notice.** If you are a lienholder, your claim must include the particulars of your lien and the amounts currently due.

A copy of this notice must be attached to your statement of claim. After examination of the statements of claim filed, this office will disburse according to priority. For your convenience, a claim form is included with this notice.

THE FAILURE OF A LIENHOLDER TO FILE A CLAIM FOR SURPLUS FUNDS WITHIN 120 DAYS OF THIS NOTICE CONSTITUTES A WAIVER OF THE LIENHOLDER'S INTEREST IN THE SURPLUS FUNDS AND ALL CLAIMS THERETO ARE FOREVER BARRED.

If your claim has been satisfied, released, or you are waiving your claim, please check the "No claim will be filed" box on the claim form and return it to our office so that any other liens can be considered.

ANGELA VICK
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FL

By: Tifani L. White

Tifani L. White, Deputy Clerk



AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

ANGELA VICK, Clerk Of The Circuit Court And Comptroller
Tax Deeds Department
110 North Apopka Ave
Inverness, FL 34450

Telephone: (352) 341-6478
Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2022-0005TD Certificate #: 17-6666 Date of Sale: 4/13/2022

NOTE: CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.

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: _____
Phone Number: _____
Email address: _____
Tax No.: _____ Date of Sale (if known): _____

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.

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

A. Type of Lien: _____ Mortgage; _____ Court Judgment; _____ Condo of Homeowner Association Lien;
_____ Other - describe in detail: _____

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

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

B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining 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 *and provide proof.*)

A. Nature of Title: _____ Deed; _____ Court Judgment; _____ Other - describe in detail: _____

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

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

B. Amount of surplus tax deed sale proceeds claimed: \$ _____

C. 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.

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____ _____ Physical Presence
COUNTY OF _____ _____ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20____ by _____, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC or DEPUTY CLERK My Commission Expires: _____

[Print, type, or stamp commissioned name of notary]



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ANGELA VICK
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FL

By: Tifani L. White

Tifani L. White, Deputy Clerk



AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

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Claimant's name: _____
Contact name, if applicable: _____
Address: _____
Phone Number: _____
Email address: _____
Tax No.: _____ Date of Sale (if known): _____

I am a (check one): Lienholder Titleholder

Select ONE:

_____ I claim surplus proceeds resulting from the above tax deed sale.
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_____ Other - describe in detail: _____

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

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

B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining 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 *and provide proof.*)

A. Nature of Title: _____ Deed; _____ Court Judgment; _____ Other - describe in detail: _____

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

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

B. Amount of surplus tax deed sale proceeds claimed: \$ _____

C. 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.**

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____ _____ Physical Presence
COUNTY OF _____ _____ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20____ by _____, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

NOTARY PUBLIC or DEPUTY CLERK My Commission Expires: _____

[Print, type, or stamp commissioned name of notary]



ANGELA VICK

CLERK OF THE CIRCUIT COURT & COMPTROLLER
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299



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2022-0005TD

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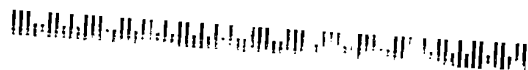
ALE

-R-T-S-

460015241-1N

05/10/22

RETURN TO SENDER
DECEASED
UNABLE TO FORWARD
RETURN TO SENDER



4600188940 R001

RECEIVED

By Tifani White at 2:20 pm, 6/21/22

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

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Claimant's name: SARAH CLINE

Contact name, if applicable: _____

Address: 3884 COLONIAL DR Anderson, In 46012

Phone Number: 765 620-4148 Cell 765 643 9440 home

Email address: _____

Tax No.: _____ Date of Sale (if known): _____

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.

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

A. Type of Lien: _____ Mortgage; _____ Court Judgment; _____ Condo of Homeowner Association Lien; _____ Other - describe in detail: _____

If your lien is recorded in CITRUS COUNTY's Official Records, list the following, if known:

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B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining 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 and provide proof.)

A. Nature of Title: _____ Deed; Court Judgment; _____ Other - describe in detail:

My father James Southwick deceased was owner of property

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

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

B. Amount of surplus tax deed sale proceeds claimed: \$ 1,730.60

C. 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: Sarah Cline

and such payment be mailed to either the address above or to: 3884 Colonial Dr. Anderson In.

4. I hereby swear or affirm that all of the above information is true and correct. 46012

Signature of Claimant: Sarah Cline Print Name & Title: SARAH CLINE

STATE OF Indiana
COUNTY OF Madison

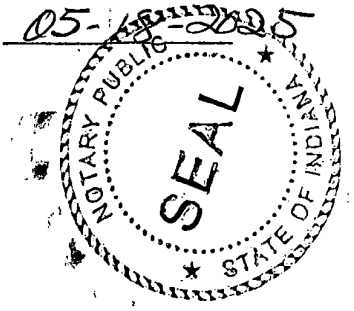
Physical Presence
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 3rd day of June, 2022 by SARAH CLINE, who is personally know to me _____ or has produced Indiana Drivers License as identification and who did take an oath.

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 05-18-2025

SHERLA MAGBY Commission # 704593
[Print, type, or stamp commissioned name of notary]



6/2/2022

To whom it may concern

My father James A Southwick owned this property in Inverness. Inverness HGLDS South Lots 34 7 35 BLK 226 PB 3 PG 51 DESCIN OR BK 712 PG 648.

My father is now deceased. That is why I am claiming the surplus funds from the tax sale.

In closed are the documents proving Mr. Southwick was my father.

Thank you for your help in this matter.

Sarah Cline

3883 Colonial Dr.

Anderson, In 46012

7656204148 cell

7656439440 home

Sarah Cline

State of Indiana, County of Madison

Subscribed and sworn before me this 3rd

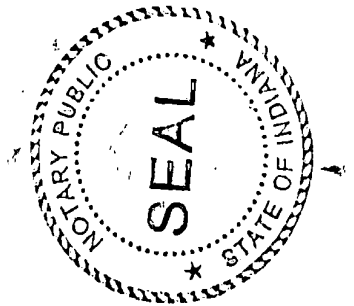
day of June, 2022

My Commission Expires 05-18-2025

Name of Notary SHEILA MASHBY

Signature of Notary [Handwritten Signature]

Commission # 760693





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ANGELA VICK
CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FL

By: Tifani L. White
Tifani L. White, Deputy Clerk



MADISON COUNTY DEPARTMENT OF HEALTH
ANDERSON, INDIANA

Certificate of Birth

THIS IS TO CERTIFY, That our records show:

Name Sarah Ellen Southwick
Was born in Madison County Indiana, on January 15 , 19 63
Child of James Albert & Lorie J. Southwick
Birthplace of father Indiana Birthplace of mother Indiana
Record was filed 1-18-63 Book No. H-30 Page No. 107
(Date)

(SEAL)

Donald B. ...
.....
(Health Officer)

Issued on November 29, 1967

Marriage License

STATE OF INDIANA,)

)ss:

MADISON COUNTY)

To All Who Shall See These Presents, Greetings:

KNOW YE, That any person legally authorized to solemnize matrimony is hereby licensed to join in marriage as Husband and Wife

DAVID SIMMONS D.O.B: 11/02/1953

and

SARAH SOUTHWICK D.O.B: 01/15/1963

and for doing so this shall be your sufficient authority.

IN TESTIMONY WHEREOF, I Olivia Pratt Clerk of the Madison Circuit and Superior Court,

hereunto subscribe my name and affix The Seal of said Court this date: 6/15/2021

Olivia Pratt Clerk

STATE OF INDIANA,)

)ss:

MADISON COUNTY)

THIS CERTIFIES That I Joined in Marriage as Husband and Wife

DAVID SIMMONS and SARAH SOUTHWICK 04/30/1981

PAUL. A. REMICK. CLERGYMAN Officiant

STATE OF INDIANA,)

)ss:

MADISON COUNTY)

I, Clerk of the Madison County Circuit Court of the State of Indiana,
do hereby certify the foregoing to be a full, true and correct copy of the license issued for the

marriage of DAVID SIMMONS and SARAH SOUTHWICK

and the certificate of said parties as returned and filed by
Clerk of the Madison County Circuit and Superior Court, Madison County, Indiana
as the appears of record in my office.

IN ATTESTATION WHEREOF I have hereunto subscribe my name and affixed the seal of said
Court, in the City of Anderson, Indiana this date 6/15/2021

Olivia Pratt

Olivia Pratt

Clerk of the Circuit Court and Superior Court of Madison County, Indiana



CERTIFICATION OF VITAL RECORD

CLARK COUNTY, NEVADA
CERTIFIED ABSTRACT OF MARRIAGE

GROOM: CLINE JACKIE LEE

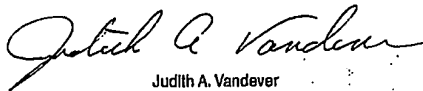
BRIDE: SIMMONS SARAH ELLEN

DATE OF MARRIAGE: DECEMBER 23, 2002

RECORDED: DECEMBER 27, 2002 BOOK: 20021227 INSTRUMENT: 77940

APPLICATION: D511199

This is to certify that this document is a true abstract of the
marriage record filed with the County Recorder of Clark County, Nevada.



Judith A. Vandever
Clark County Recorder

C1055770

This copy is not valid unless prepared on engraved form,
impressed with the raised seal of the Clark County Recorder.

ISSUED: 01-03-2003
SAO



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE