



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: 1/20/2023

Tax Deed #: 2022-0648TD

Certificate #: 20-6803

DESCRIPTION OF PROPERTY:

INVERNESS HGLDS SOUTH LOTS 18, 19 & 20 BLK 263 DESC IN OR BK 659 PG 1164

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 01/11/2023, and a surplus of \$4,782.13 (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
CITRUS COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FL

By: Tifani L. White

Tifani L. White, Deputy Clerk



YOU MAY APPLY TO CLAIM SURPLUS FUNDS YOURSELF. YOU DO NOT HAVE TO ASSIGN YOUR RIGHTS TO ANYONE ELSE IN ORDER FOR YOU TO CLAIM ANY MONEY TO WHICH YOU ARE ENTITLED.

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

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

Tax Deed #: 2022-0648TD Certificate #: 20-6803 Date of Sale: 1/11/2023

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.

My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

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



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Contact name, if applicable: _____

Address: _____

Phone Number: _____

Email address: _____

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

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A. Type of Lien: _____ Mortgage; _____ Court Judgment; _____ Condo of Homeowner Association Lien;

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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: \$ _____

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* 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: _____

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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: _____
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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.

My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

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



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Claimant's name: _____

Contact name, if applicable: _____

Address: _____

Phone Number: _____

Email address: _____

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

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Select ONE:

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B. Original Lien

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Signature of Claimant: _____ Print Name & Title: _____

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



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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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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.

My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

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



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Claimant's name: Michele Lopes

Contact name, if applicable: _____

Address: 600 Evergreen Parkway, Union, NJ 07083

Phone Number: 347-996-1084

Email address: michelelopes1012@gmail.com

Tax No.: 2022-0648TD Date of Sale (if known): 1/11/2023

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.

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A. Type of Lien: _____ Mortgage; _____ Court Judgment; _____ Condo of Homeowner Association Lien;

Other - describe in detail: Tax lien

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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:

The original deed is in my deceased grandparents names, my father who is also deceased was the executor of both of their estates and I am the Executor of my fathers estate.

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: \$ 4,782.13

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: Michele Lopes

and such payment be mailed to either the address above or to: the address above

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

Signature of Claimant: M. Lopes Print Name & Title: Michele Lopes

STATE OF New Jersey
COUNTY OF Essex

Physical Presence

Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 30th day of January, 2023 by

Michele Lopes, who is personally know to me _____ or has produced

_____ as identification and who did take an oath.

My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

Lawrence Friscia

Attorney at Law, State of New Jersey

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



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110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450-4299

NEW YORK NY 100

6 FEB 2023 PM 11



US POSTAGE™ PITNEY BOWES



ZIP 34450 \$ 000.60⁰
02 4W
0000353537 JAN 24 2023

RETURN TO
SENDER

UTF

2022-0648TD
MARGARET J HYLAND
11 ELLSWORTH AV
STATEN ISLAND, NY 10312-2501

DOES NOT LIVE @ THIS ADDRESS
NY NTF 100 FEB 1 2023 / 14 / 23

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

UTF
34450-4299

BC: 34450429999 *0538-00845-24-45



