



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

APPLICATION NO: 2023-0062TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 5/22/2023

Certificate #: 19-8783

DESCRIPTION OF PROPERTY:

TOWN OF HOMOSASSA LOT 3 BLK 59 DESCR IN OR BK 11 PG 590, DC 583 PG 2031 & OR BK 635 PG 175

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 05/17/2023, and a surplus of \$3,470.19 (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 #: 2023-0062TD Certificate #: 19-8783 Date of Sale: 5/17/2023

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: _____

NOTE: ALL CLAIMANTS MUST SUBMIT A COMPLETED W-9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM.

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:

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

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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 _____
COUNTY OF _____

_____ Physical Presence
_____ 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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Tax Deeds Department

Telephone: (352) 341-6478
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Tax Deed #: 2023-0062TD **Certificate #:** 19-8783 **Date of Sale:** 5/17/2023

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Claimant's name: _____

Contact name, if applicable: _____

Address: _____

Phone Number: _____

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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: _____

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The foregoing instrument was sworn to or affirmed and signed before me this _____ day of _____, 20____ by

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



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STATE OF _____
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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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My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

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



ANGELA VICK

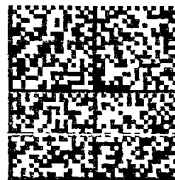
CLERK OF CIRCUIT COURT & COMPTROLLER

110 NORTH APOPKA AVENUE

INVERNESS, FLORIDA 34450-4299

JUANITA W BUCKNER
NO ADDRESS ON FILE

2023-0062TD



quadiant

FIRST-CLASS MAIL
IMI

\$000.60⁰

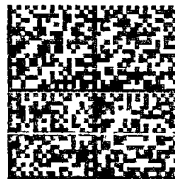
05/23/2023 ZIP 34450
043M31240484

US POSTAGE



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INVERNESS, FLORIDA 34450-4299



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IMI

\$000.60⁰⁰

05/23/2023 ZIP 34450
043M31240484

US POSTAGE

LAUREN D BUCKNER
NO ADDRESS ON FILE

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