

Tammy Kirby

From: Tammy Kirby
Sent: Thursday, May 30, 2024 1:02 PM
To: 'rongiustino@outlook.com'
Subject: Tax Deed Surplus Claim 2023-0055TD
Attachments: 2024-0055TD.pdf; Blank W9.pdf

Good afternoon-

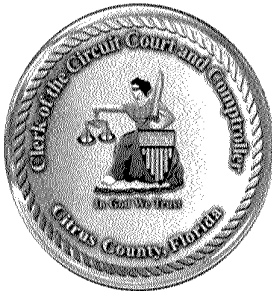
Per your request, please find a Notice of Surplus Funds from Tax Deed Sale, Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale and W9 for the file referenced above.

Please complete the Affidavit of Claim and W9 and return to our office. ***Each claimant must return a completed, signed w9 along with their claim form.***

You may return by email to TaxDeeds@citrusclerk.org or by US mail to:

Clerk of the Court
Attention: Tax Deeds
110 N Apopka Ave
Inverness FL 34450

On behalf of the Citrus County Clerk of the Circuit Court and Comptroller, I appreciate the opportunity to be of service to you.

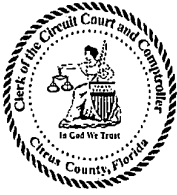


Tammy Kirby
Tax Deed Clerk

CITRUS COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER
110 N APOPKA AVE, INVERNESS, FL 34450
OFFICE: (352) 341-6424

CITRUSCLERK.ORG

f i X v ln i n G @CITRUSFLCLERK



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 Avenue
Inverness, Florida 34450
Telephone: (352) 341-6478
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

July 15, 2024

Ronald J. Giustino
1570 Raubsville Rd
Easton, PA 18042

Re: Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale - #2024-0055TD

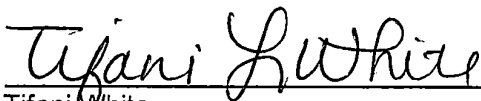
Dear Mr. Giustino:

Our office is in receipt of your Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale and complete W-9. I am returning all documentation as the Affidavit is incomplete. The bottom portion, which I have highlighted, needs to be completed by a Notary. Once this is complete, please return all forms to our office to process.

If you have any questions, you may contact me at (352) 341-6478 or by email at TaxDeeds@citrusclerk.org.

ANGELA VICK, CLERK OF THE CIRCUIT COURT
AND COMPTROLLER

By:



Tifani White
Tax Deed Clerk



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

142383

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: 2024-0055TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 5/14/2024

Certificate #: 19-3738

DESCRIPTION OF PROPERTY:

CITRUS SPGS UNIT 23 PB 7 PG 115 LOT 22 BLK 1662 DESC IN OR BK 873 PG 712

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 05/08/2024, and a surplus of \$10,437.67 (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: Tammy S. Kirby
 Tammy S. Kirby, 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 #: 2024-0055TD Certificate #: 19-3738 Date of Sale: 5/8/2024

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: RONALD J GUSTINO

Contact name, if applicable: _____

Address: 1576 RANBOUILLE RD EASTON PA 18042

Phone Number: 610-737-4357

Email address: RJGUSTINO@OUTLOOK.COM

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:

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: \$ 10,437.67

C. Does the titleholder claim the subject property was homestead property? Yes No

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

Signature of Claimant: [Signature] Print Name & Title: RONALD J GUSTINO

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.

My Commission Expires: _____

NOTARY PUBLIC or DEPUTY CLERK

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

Revision Date: 10/10/2023

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
RONALD J GUSTWO

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶ _____

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
1570 RAUBSVILLE RD

6 City, state, and ZIP code
GASTON PA. 18042

7 List account number(s) here (optional)

8 Requester's name and address (optional)

Print or type. See Specific instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

0	9	6	-	4	0	-	2	3	2	0
---	---	---	---	---	---	---	---	---	---	---

OR

Employer identification number

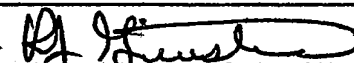
--	--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ **7/5/24**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is backup withholding*, later.

Retail



34450

U.S. POSTAGE PAID
FCM LETTER
RIEGELSVILLE, PA 18077
JUL 05, 2024

\$8.73

R2304M112364-06

RDC 99



TD

CERTIFIED MAIL



7022 2410 0000 1699 3655

Angela Vick

Clerk of THE Circuit & Comptroller

Citrus County Florida

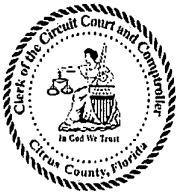
110 North Apopka Ave.

INVERNESS FLA 34450

LEHIGH VALLEY PA 180

R. Gustrin
1570 Raubsville Rd
GASTON PA 19422

RETURN RECEIPT
REQUESTED



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 Avenue
Inverness, Florida 34450
Telephone: (352) 341-6478
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

July 22, 2024

Ronald J. Giustino
1570 Raubsville Rd
Easton, PA 18042

Re: Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale - #2024-0055TD

Dear Mr. Giustino:

Our office is in receipt of your Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale and complete W-9. I am returning all documentation as the Affidavit is incomplete. The bottom portion which I have highlighted, needs to be completed by a Notary. Once this is complete, please return all forms to our office to process.

If you have any questions, you may contact me at (352) 341-6478 or by email at TaxDeeds@citrusclerk.org.

ANGELA VICK, CLERK OF THE CIRCUIT COURT
AND COMPTROLLER

By: Tifani L White
Tifani White
Tax Deed 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

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

Tax Deed #: 2024-0055TD Certificate #: 19-3738 Date of Sale: 5/8/2024

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: RONALD J GUSTINO

Contact name, if applicable: _____

Address: 1576 RANBUILLE RD EASTON PA 18042

Phone Number: 610-737-4357

Email address: RONGUSTINO@OUTLOOK.COM

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:

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: \$ 10,437.67

C. Does the titleholder claim the subject property was homestead property? Yes No

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

Signature of Claimant: [Signature] Print Name & Title: RONALD J GUSTINO

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]

NAME OF TAXPAYER (Last, First, Middle Initial)
M. J. ROSS, JR.

ADDRESS (Street, P.O. Box, Apt. No., City, State, Zip)
10000 Wilshire Blvd., Beverly Hills, CA 90210

STATE OF CALIFORNIA DEPARTMENT OF REVENUE

STATEMENT OF TAXPAYER'S INCOME AND DEDUCTIONS FOR 1987

Number of dependents: 2 (Include child of taxpayer who is under 18 years of age, or a child, stepchild, or dependent child of a divorced or separated spouse who has physical custody of the child for more than half the year.)

Adjusted gross income: \$100,000
Less: State and local taxes paid: 10,000
Less: Interest on state and local bonds: 5,000
Less: Charitable contributions: 2,000
Less: Other deductions: 0
Taxable income: \$73,000

ADDITIONAL INFORMATION

1. **AGRICULTURE**
a. Gross income from farming, fishing, or other agriculture: 0
b. Net income from farming, fishing, or other agriculture: 0
2. **RENTS**
a. Gross income from rents: 0
b. Net income from rents: 0
3. **BUSINESS AND PROFESSIONS**
a. Gross income from business or profession: 0
b. Net income from business or profession: 0
4. **DISBURSEMENTS**
a. Gross income from disbursements: 0
b. Net income from disbursements: 0
5. **INTEREST**
a. Gross income from interest: 0
b. Net income from interest: 0
6. **DIVIDENDS**
a. Gross income from dividends: 0
b. Net income from dividends: 0
7. **RETIREMENT**
a. Gross income from retirement: 0
b. Net income from retirement: 0
8. **UNEMPLOYMENT COMPENSATION**
a. Gross income from unemployment compensation: 0
b. Net income from unemployment compensation: 0
9. **WAGES**
a. Gross income from wages: 0
b. Net income from wages: 0
10. **SAVINGS**
a. Gross income from savings: 0
b. Net income from savings: 0
11. **OTHER**
a. Gross income from other: 0
b. Net income from other: 0

Signature of Taxpayer: M. J. ROSS, JR.

Date: 10/15/87

Signature of Preparer: [Signature]

Date: 10/15/87

Preparer's Name: [Name]

Signature of Preparer: [Signature]



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: 2024-0055TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 5/14/2024

Certificate #: 19-3738

DESCRIPTION OF PROPERTY:

CITRUS SPGS UNIT 23 PB 7 PG 115 LOT 22 BLK 1662 DESC IN OR BK 873 PG 712

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 05/08/2024, and a surplus of \$10,437.67 (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: Tammy S. Kirby
Tammy S. Kirby, 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.

