



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: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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.

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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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;

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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:

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



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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 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 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: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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: _____

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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 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]



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

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APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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.

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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



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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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.

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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: _____

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

B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____

Interest Due: \$ _____ Fees & Costs * \$ _____ Attorney fees claimed: \$ _____

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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 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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CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

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www.citrusclerk.org

APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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).

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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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: _____

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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:

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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: _____ Print Name & Title: _____

STATE OF _____ Physical Presence
COUNTY OF _____ Online Notarization

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_____, 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]



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

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Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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).

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

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



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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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: _____

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

B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____

Interest Due: \$ _____ Fees & Costs * \$ _____ Attorney fees claimed: \$ _____

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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:

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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: _____ 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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NOTARY PUBLIC or DEPUTY CLERK

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



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CITRUS COUNTY, FLORIDA

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APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

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Tax Deeds Department

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

Tax Deed #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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Claimant's name: _____

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Address: _____

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

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

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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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APPLICATION NO: 2024-0188TD

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CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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:

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 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]



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
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Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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).

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ANGELA VICK
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CITRUS COUNTY, FL

By: _____

Tifani L. White

Tifani L. White, Deputy Clerk



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3. 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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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.

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NOTARY PUBLIC or DEPUTY CLERK

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



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APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

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CITRUS COUNTY, FL

By: Tifani L. White

Tifani L. White, Deputy Clerk



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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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Claimant's name: _____

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Address: _____

Phone Number: _____

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

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3. 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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COUNTY OF _____ Online Notarization

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

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



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Fax: (352) 341-6477
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APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

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CITRUS COUNTY, FL

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



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Tax Deeds Department

Telephone: (352) 341-6478
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Tax Deed #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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Claimant's name: _____

Contact name, if applicable: _____

Address: _____

Phone Number: _____

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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;

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



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APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

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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 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]



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: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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:

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 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]



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

Clerk of the County Court
Recorder of Deeds
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Commissioners
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Telephone: (352) 341-6478
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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.

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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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.

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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: _____

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3. 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 AND COMPTROLLER
CITRUS COUNTY, FLORIDA

Clerk of the County Court
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Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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).

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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



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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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.

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

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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 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]



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
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Telephone: (352) 341-6478
Fax: (352) 341-6477
TaxDeeds@citrusclerk.org
www.citrusclerk.org

APPLICATION NO: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

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

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



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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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: _____

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:

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 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]



ANGELA VICK

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



quadiant

FIRST-CLASS MAIL
IMI

\$000.69⁰

07/24/2024 ZIP 34450
043M31240484

US POSTAGE

KEVIN BAINER
1339 LAVENDER COURT
LOVELAND CO 80537

2024-0188TD

~~04888-17337-15000~~

ANK

34450-4299
80537-2300 CO2

NEXTE EBB FE 1 0002/03/24

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

BC: 34450429999 *0538-07293-24-47



ANGELA VICK

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



quadiënt

FIRST-CLASS MAIL
IMI

\$000.69⁰

07/24/2024 ZIP 34450
043M31240484

US POSTAGE

CRAIG SHIDELER
51 GWEN ROAD
SENATOBIN MS 38668

2024-0188TD

NIXIE 381 FE 1 0008/02/24

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 34450429999 *0538-07297-24-47



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ANGELA VICK

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



quadiënt

FIRST-CLASS MAIL
IMI

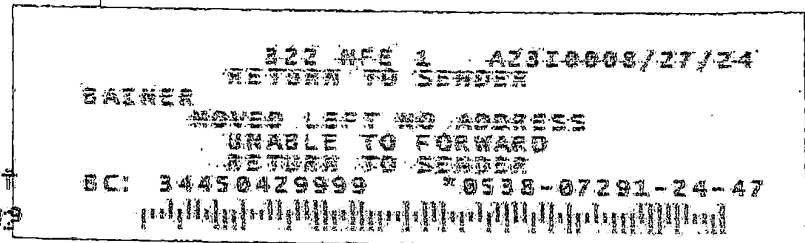
\$000.69⁰

07/24/2024 ZIP 34450
043M31240484

US POSTAGE

KEITH BAINER
408 HUDSON COURT
FORT COLLINS CO 80525

2024-0188TD



RECEIVED

By Tifani White at 11:36 am, 9/3/24

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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: Marni Shideler McKenzie

Contact name, if applicable: _____

Address: Mrs. Marni McKenzie

147 Faith Dr

Phone Number: Batesville, MS 38606 #662 561 2481

Email address: marnimcke.protonmail.com marnimck@protonmail.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 #: _____ / _____

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Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____

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* Including late fees. Describe costs in detail, including additional sheet if needed: _____

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

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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

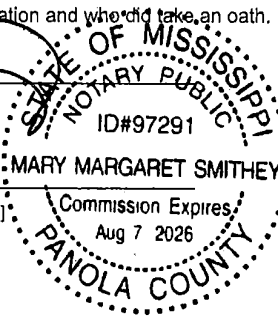
3. I hereby swear or affirm that all of the above information is true and correct.

Signature of Claimant: Marni McKenzie Print Name & Title: MARNI MCKENZIE Titleholder

STATE OF MS _____ Physical Presence.
COUNTY OF Panola _____ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 20th day of Aug, 2024 by Marni McKenzie, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

[Signature]
NOTARY PUBLIC or DEPUTY CLERK



My Commission Expires: _____

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

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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: Joan Wells

Contact name, if applicable:

Address: 3111 W. 6th Emporia KS 66801

Phone Number: (817) 682-3277

Email address: kwells@emporia.edu

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.

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

X Signature of Claimant: [Signature] Print Name & Title: Joan Wells

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]

RECEIVED

By Tifani White at 1:31 pm, 9/23/24

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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: Erin Shideler Nabors

Contact name, if applicable:

Address: 214 Pine Lane Drive Batesville, MS 38606

Phone Number: 662-609-0648

Email address: erinnabors57@gmail.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 [X] Titleholder (heir)

Select ONE:

[X] 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; [X] Other - describe in detail:

Sold for taxes

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

Signature of Claimant: Erin S Nabors Print Name & Title: Erin S. Nabors

STATE OF MS COUNTY OF panola [X] Physical Presence [] Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 18 day of September, 2024 by Erin S Nabors, who is personally know to me WN or has produced MS DL as identification and who did take an oath.

W Norwood NOTARY PUBLIC or DEPUTY CLERK

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

My Commission Expires: 4/21/27





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: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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.

RECEIVED

By Tifani White at 3:21 pm, 9/30/24

Jeffrey K. Bainer
470 CR 313
Taylor, MS 38673
662-934-6403

September 23, 2024

Angela Vick
Clerk of the Circuit Court and Comptroller
Tax Deeds Department
110 North Apopka Ave.
Inverness, FL 34450

Re: Tax Deed: 2024-0188TD
Certificate: 18-6512
Date of Sale: 7-17-2024

Dear Ms. Vick,

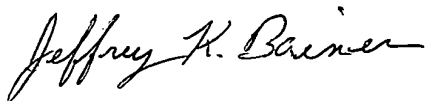
My deceased father, Harry M. Bainer, who was the son of Mabel Bainer, is listed as one of the owners for the above referenced property sold at public sale on July 17, 2024.

Harry M. Bainer did not have a will and at the time of his death did not have any assets which required probate. He is survived by me and my two siblings, Greg Bainer and Jill Bainer Rawie. Accordingly, I am requesting one-third of any surplus funds owed to Harry M. Bainer from the tax deed sale. In lieu of a will or probate decree, please see the enclosed supporting documents:

1. Harry M. Bainer's Certificate of Death
2. Jeffrey Kirk Bainer's Certificate of Birth listing father as Harry M. Bainer
3. Harry M. Bainer's Obituary listing Jeff Bainer as one of three surviving children
4. Notarized Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale
5. Form W-9 "Request for Taxpayer Identification Number and Certification"

Should you require anything further or have questions, please feel free to contact me at 662-934-6403 or jgtbainer@gmail.com.

Thank you,



Jeffrey K. Bainer

Enclosures



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: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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.

STATE OF COLORADO

BIRTH NO. 105-

DEPARTMENT OF HEALTH
EDUCATION AND WELFARE
PUBLIC HEALTH SERVICE
1968, U.S. 15

State of Colorado

CERTIFICATE OF LIVE BIRTH REGISTRAR'S NO. 15 DIST. 129

1. PLACE OF BIRTH COUNTY Larimer		2. USUAL RESIDENCE OF MOTHER (If other than mother listed) STATE: Colorado COUNTY: Larimer	
3. CITY, TOWN, OR LOCATION Fort Collins		4. CITY, TOWN, OR LOCATION Fort Collins	
5. NAME OF HOSPITAL (If not in hospital, give street address) Larimer County Hospital		6. STREET ADDRESS Rt. 1, Box 432	
7. IS PLACE OF BIRTH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		8. IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
9. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input type="checkbox"/>			
1. NAME Jeffrey	2. SEX Male	3. DATE OF BIRTH January 10, 1959	4. TIME OF BIRTH 2:05 P.M.
5. MOTHER'S NAME Harm	6. FATHER'S NAME Bairner	7. COLOR OR RACE White	8. USUAL OCCUPATION Rancher
9. AGE (At time of birth) 25 YEARS	10. BIRTHPLACE (State or foreign country) Moine, Kansas	11. KIND OF BUSINESS OR INDUSTRY Self	12. MAIDEN NAME Jane
13. AGE (At time of birth) 23 YEARS	14. BIRTHPLACE (State or foreign country) State Center, Iowa	15. PREVIOUS DELIVERIES TO MOTHER (Do NOT include this birth) 0	16. COLOR OR RACE White
17. MOTHER'S SIGNATURE Jane E. Bairner		18. MOTHER'S MAILING ADDRESS Route 1, Box 432, Fort Collins, Colorado	
19. SIGNATURE James E. Hoffman	20. ADDRESS Fort Collins, Colorado	21. ATTENDANT AT BIRTH M.D. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER (Specify)	22. DATE SIGNED 1-14-59
23. DATE RECD. BY LOCAL REG. 1-24-1959	24. REGISTRAR'S SIGNATURE Eli M. Kittle	25. DATE ON WHICH GIVEN NAME ADDED BY (Registrar)	

SI411250

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT COPY OF THE OFFICIAL RECORD WHICH IS IN MY CUSTODY.

DATE ISSUED AUG 08 1994

Joseph D. Garney
JOSEPH D. GARNEY
STATE REGISTRAR

Do not accept unless prepared on security paper with engraved border displaying the Colorado state seal and signature of the Registrar. PENALTY BY LAW, Section 25-2-118, Colorado Revised Statutes, 1982, if any person alters, uses, attempts to use or furnishes to another for deceptive use any vital statistics record. NOT VALID IF PHOTOCOPIED.

Wells Funeral Home
& Cremation Services
Forrest Memorial Park



1933 — *Harry* — 2021



SEND FLOWERS

PLANT A TREE

SEND A GIFT

Harry M. Bainer

September 4, 1933 — December 13, 2021

~~Mr. Harry M. Bainer, age 88, passed away Monday, December 13, 2021, at the Sardis Community Nursing Home in Sardis, MS.~~

A private family memorial service will be held at a later date.

Mr. Bainer was born in Moline, Kansas on September 4, 1933, to the late Mabel Bickel and Robert Eugene Bainer. After graduating from high school, he attended Colorado State University on a football scholarship. He later served in the U.S. Army, 95th Battalion Armored Division. He owned and operated several businesses during his lifetime before retiring from Bainer Seating in Como, MS in 2005.

In addition to his parents, Mr. Bainer was preceded in death by his wife, Jane E. Hunzelman Bainer; his sisters, Ruth Shideler, Shirely Deines, and Betty Matz, his brother, Bob Bainer and son, David Bainer.

~~Mr. Bainer is survived by his children,~~ Greg Bainer (Laurie) of Germantown, TN, Jill Rawie (Mark) of Piperton, TN, and ~~Jeff Bainer~~ (Julia) of Batesville, MS; his sister, Joanie Wells of Emporia, KS, seven grandchildren, eight great-grandchildren, and a host of nieces and nephews.

To order memorial trees or send flowers to the family in memory of Harry M. Bainer, please visit our flower store.

Guestbook

Be the first to share your favorite memories and offer words of sympathy

[Add Photos](#)

[Light Candle](#)

[Submit Post](#)

Visits: 12

This site is protected by reCAPTCHA and the Google Privacy Policy and Terms of Service apply.

Service map data © OpenStreetMap contributors

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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: Jeffrey Kirk Bainer

Contact name, if applicable: _____

Address: 470 CR 313 Taylor, MS 38673

Phone Number: 662-934-6403

Email address: jgtbainer@gmail.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: \$ _____

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: Jeffrey Kirk Bainer Print Name & Title: Jeffrey Kirk Bainer

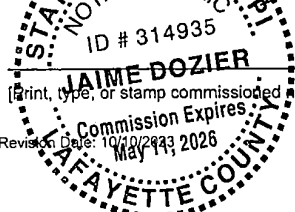
STATE OF Mississippi
COUNTY OF Leflore

Physical Presence
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 16th day of September 2024 by Jeffrey Bainer, who is personally know to me _____ or has produced MS Driver's License as identification and who did take an oath.

Notary Public for the State of Mississippi
Jame Dozier

My Commission Expires: May 11, 2026



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

Commission Expires: May 11, 2026
Revision Date: 10/10/2023

Tifani White

From: Joy Shideler <tatumshideler@gmail.com>
Sent: Tuesday, October 15, 2024 4:10 PM
To: WebTaxDeeds
Subject: Re: [EXTERNAL] Surplus Funds From Tax Deed Sale - Cert #18-6512
Attachments: Tax Deed 2024-0188TD Cert 18-6512 07172024 Steven K Shideler.pdf

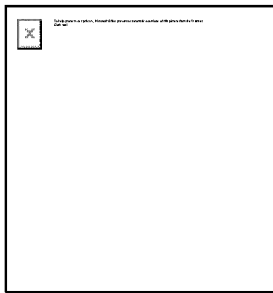
CAUTION: This email originated from outside of the Clerk's Office. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good afternoon Tifani,
Attached is the Affidavit & Form W-9 for Steven K. Shideler for Tax Deed 2024-0188TD / Certificate #18-6512 for Crystal Manor Unit 2 PB 8 PG 112 LT 5 BLK 57.
Thank you for your assistance in this matter. Can you advise if anything further is needed on your end?
-Joy
662-801-2795 (cell)

-On Wed, Oct 2, 2024 at 9:47 AM WebTaxDeeds <TaxDeeds@citrusclerk.org> wrote:

Email is perfectly fine! Thank you for checking.

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



Tifani White
Tax Deed Clerk

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



From: Joy Shideler <tatumshideler@gmail.com>
Sent: Wednesday, October 2, 2024 10:11 AM
To: WebTaxDeeds <TaxDeeds@citrusclerk.org>
Subject: Re: [EXTERNAL] Surplus Funds From Tax Deed Sale - Cert #18-6512

CAUTION: This email originated from outside of the Clerk's Office. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thank you Tifani for your email and letting me know. I will get the affidavit signed and notarized again as soon as possible. Will it be acceptable to email that to you as well?

-Joy

On Wed, Oct 2, 2024 at 8:35 AM WebTaxDeeds <TaxDeeds@citrusclerk.org> wrote:

Good morning,

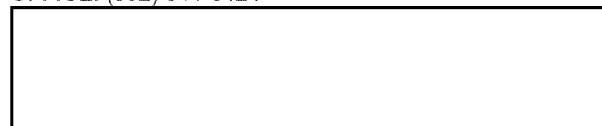
We have received your email attachments however we have not received the completed Affidavit of Claim for Steven K. Shideler.

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



Tifani White
Tax Deed Clerk

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



From: Joy Shideler <tatumshideler@gmail.com>

Sent: Wednesday, October 2, 2024 9:16 AM

To: WebTaxDeeds <TaxDeeds@citrusclerk.org>

Subject: [EXTERNAL] Surplus Funds From Tax Deed Sale - Cert #18-6512

CAUTION: This email originated from outside of the Clerk's Office. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Good morning,

Attached is a Form W-9 for Steven K. Shideler for Tax Deed 2024-0188TD / Certificate #18-6512 for Crystal Manor Unit 2 PB 8 PG 112 LT 5 BLK 57.

The signed and notarized "Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale" was previously mailed to your office.

Can you confirm receipt of this W-9 and the Affidavit and let me know if anything further is required for Steven K. Shideler?

Thank you,

Joy Shideler

662-801-2795

Please Note: Florida has a very broad Public Records Law. Most written communications to or from State and Local Officials regarding State or Local business are public records available to the public and media upon request. Your email communications, including your email address, may therefore be subject to public disclosure.

Confidentiality Notice: This message and any attachments are for the sole use of the intended recipient(s) and may contain confidential and privileged information that is exempt from public disclosure. Any unauthorized review, use, disclosure, or distribution is prohibited. If you have received this message in error please contact the sender (by phone or reply by electronic mail) and then destroy all copies of the original message.

Please Note: Florida has a very broad Public Records Law. Most written communications to or from State and Local Officials regarding State or Local business are public records available to the public and media upon request. Your email communications, including your email address, may therefore be subject to public disclosure.

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RECEIVED

By Tifani White at 9:55 am, 10/16/24

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 #: 2024-0188TD Certificate #: 19-6512 Date of Sale: 7/17/2024

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: Steven K. Shideler

Contact name, if applicable: _____

Address: 20156 Hwy 51 South; Sardis, MS 38666

Phone Number: 662-801-2795

Email address: tatumshideler@gmail.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: \$ _____

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: SK Shideler Print Name & Title: Steven K. Shideler

STATE OF Mississippi
COUNTY OF Panola

Physical Presence
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 14th day of October, 2024 by

STEVEN K. SHIDELER, who is personally know to me _____ or has produced
Driver's License as identification and who did take an oath.

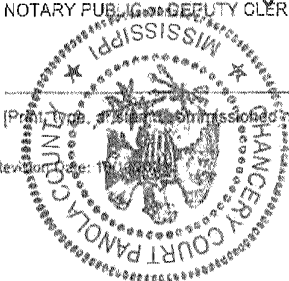
Catherine Ragau, Chancery clerk

My Commission Expires: 1-3-28

NOTARY PUBLIC & DEPUTY CLERK by: Shelby D.C.

[Print type, do not stamp, commission and name of notary]

Revision Date: 1





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: 2024-0188TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 7/22/2024

Certificate #: 18-6512

DESCRIPTION OF PROPERTY:

CRYSTAL MANOR UNIT 2 PB 8 PG 112 LT 5 BLK 57

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 07/17/2024, and a surplus of \$13,415.38 (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 #: 2024-0188TD Certificate #: 18-6512 Date of Sale: 7/17/2024

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: Gregory S. Bainer

Contact name, if applicable: _____

Address: 1981 Cordes Germantown TN 38139

Phone Number: 901-674-6096

Email address: greg.bainer@gmail.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: \$ _____

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: Gregory S Bainer Print Name & Title: Gregory S Bainer

STATE OF TENNESSEE
COUNTY OF SHELBY

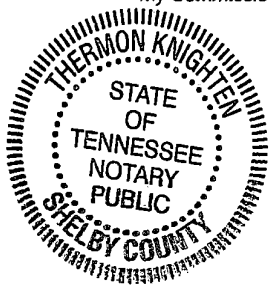
Physical Presence
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 30 day of OCTOBER, 2024 by GREGORY S BAINER, who is personally know to me _____ or has produced DRIVERS LICENSE as identification and who did take an oath.

Thermon Knighten
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 3/15/2028

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



Gregory S. Bainer
1981 Cordes
Germantown, TN 38139
901-674-6096

October 28, 2024

Angela Vick
Clerk of the Circuit Court and Controller
Tax Deeds Department
110 North Apopka Ave.

Re: Tax Deed: 2024-0118TD
Certificate: 18-6512
Date of Sale: 7-17-2024

Dear Ms. Vick,

My deceased father, Harry M Bainer, who was the son of Mabel Bainer, is listed as one of the owners for the above referenced property sold at public sale on July 17, 2024.

Harry M Bainer did not have a will and at the time of his death did not have any assets which required probate. He is survived by me and my two siblings, Jill Bainer Rawie, and Jeffrey K. Bainer. Accordingly, I am requesting a share of any surplus funds owed to Harry M Bainer from the tax deed sale. In lieu of a will or probate decree, please see the enclosed supporting documents

- Harry M Bainer's Certificate of DeSth
- Gregory S. Bainer's Certificate of Birth listing father as Harry M Bainer
- Notarized Affidavit of Claim to surplus Proceeds of a Tax Deed Sale
- Form W-9 Request for Taxpayer Identification Number and Certification

Should you require anything further or have questions, please feel free to contact me at: 901-674-6096 or greg.bainer@gmail.com

Thank you,

Greg Bainer
Enclosures

FEDERAL SECURITY AGENCY
PUBLIC HEALTH SERVICE

State of Colorado

BIRTH NO. 105-

CERTIFICATE OF LIVE BIRTH

REGISTRAR'S NO. 425 DIST. 129

1. PLACE OF BIRTH a. COUNTY Larimer		2. USUAL RESIDENCE OF MOTHER (Where does mother live?) a. STATE Colorado b. COUNTY Larimer	
b. CITY OR TOWN Fort Collins		c. CITY OR TOWN Fort Collins	
c. FULL NAME OF HOSPITAL OR INSTITUTION Larimer County Hospital		d. STREET ADDRESS 1319 South Shields	
3. CHILD'S NAME (TYPE OR PRINT) a. (First) Gregory		b. (Middle) Scott	c. (Last) Bainer
4. SEX male	5a. THIS BIRTH SINGLE <input checked="" type="checkbox"/> TWIN <input type="checkbox"/> TRIPLET <input type="checkbox"/>	5b. IF TWIN OR TRIPLET (This child born) 1ST <input type="checkbox"/> 2ND <input type="checkbox"/> 3RD <input type="checkbox"/>	6. DATE OF BIRTH (Month) (Day) (Year) July 21, 1955
FATHER OF CHILD			
7. FULL NAME a. (First) Harry		b. (Middle) M.	c. (Last) Bainer
8. COLOR OR RACE white			
9. AGE (At time of this birth) 21 YEARS	10. BIRTHPLACE (State or foreign country) Moline, Kansas	11a. USUAL OCCUPATION Rancher	11b. KIND OF BUSINESS OR INDUSTRY Ranching
MOTHER OF CHILD			
12. FULL MAIDEN NAME a. (First) Jane		b. (Middle) Ellen	c. (Last) Hunzelman
13. COLOR OR RACE white			
14. AGE (At time of this birth) 19 YEARS	15. BIRTHPLACE (State or foreign country) State Center, Iowa	16. CHILDREN PREVIOUSLY BORN TO THIS MOTHER (Do NOT include this child) a. How many OTHER children are now living? 0 b. How many OTHER children were born alive but are now dead? 0 c. How many children were stillborn (born dead after 20 weeks pregnancy)? 0	
17. MOTHER'S SIGNATURE Jane Bainer			
I hereby certify that this child was born alive on the date stated above at 5:10 P.M.		18a. SIGNATURE James F. Hoffman	18b. ATTENDANT AT BIRTH M. D. <input checked="" type="checkbox"/> D. O. <input type="checkbox"/> MIDWIFE <input type="checkbox"/> OTHER <input type="checkbox"/>
		18c. ADDRESS Fort Collins, Colorado	18d. DATE SIGNED 7-25-55
19. DATE REC'D BY LOCAL REG. 7-26-1955	20. REGISTRAR'S SIGNATURE Elicia M. Kattal	21. DATE ON WHICH GIVEN NAME ADDED BY BY Registrar	

STATE OF COLORADO)
COUNTY OF LARIMER) ss.

I hereby certify that the above is a full, true and correct copy of the record of birth which is in my custody, and now on file in my office.

Elicia M. Kattal
Local Registrar of Vital Statistics
Districts 129-132-Larimer County-Colorado

Subscribed and sworn to before me this 23rd day of August, A. D. 1960.

Greg J. Greison
Deputy County Clerk