



**TRACI PERRY, CPM**  
CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

151379

110 North Apopka Avenue, Inverness, Florida 34450  
www.citrusclerk.org | @CitrusFLClerk

Telephone: (352) 341-6424  
Fax: (352) 341-6477

APPLICATION NO: 2024-0614TD

**NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE**

Date: 2/20/2025

Certificate #: 22-3507

DESCRIPTION OF PROPERTY:

HICKORY HILL RETS UNIT 5 PB 3 PGS 106-108 LOT 28 BLK 26

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 02/12/2025, and a surplus of \$5,339.15 (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.

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

Tifani L. White  
Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
(352) 341-6478 | taxdeeds@citrusclerk.org

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:

TRACI PERRY, CPM, Clerk Of The Circuit Court And Comptroller  
Tax Deeds Department

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

Tax Deed #: 2024-0614TD Certificate #: 22-3507 Date of Sale: 2/12/2025

**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]



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Deputy Clerk  
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Contact name, if applicable: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email address: \_\_\_\_\_

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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:

\_\_\_\_\_ 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]

**RECEIVED**

By Tifani White at 3:47 pm, 3/27/25

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE



Complete and return to:

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Claimant's name: WALKER COCKE  
Contact name, if applicable: WALKER COCKE  
Address: 41 HICKORY WAY, MINERAL BLUFF, GA 30559  
Phone Number: 727-580-0945  
Email address: WNDCKOKE@GMAIL.COM

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I am a (check one):  Lienholder  Titleholder

Select ONE:

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

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

Recording Date: 2/12/25 Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

B. Amount of surplus tax deed sale proceeds claimed: \$ 5339.15

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: WALKER COCKE

STATE OF Florida  
COUNTY OF Levy  
 Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 13 day of March, 2025 by walker ATRY COCKE JR., who is personally know to me  or has produced GIA DL as identification and who did take an oath.

[Signature]  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 08/03/2026

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

