



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

156381

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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.

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Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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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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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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: \_\_\_\_\_

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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: \_\_\_\_\_ 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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N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 known 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)



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

156504

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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

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Complete and return to:

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Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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: \_\_\_\_\_ 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)



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

156431

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ Physical Presence  
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\_\_\_\_\_  
(Print, type, or stamp commissioned name of notary)



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

156432

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

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

APPLICATION NO: 2025-0199TD

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

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156505

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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 LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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)



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

156433

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

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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.

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Complete and return to:

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Tax Deeds Department

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

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156434

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Complete and return to:

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Tax Deeds Department

Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_  
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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.

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NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
(Print, type, or stamp commissioned name of notary)



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

156435

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156436

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Telephone: (352) 341-6424  
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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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

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**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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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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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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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: \_\_\_\_\_

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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)



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

156437

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

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

APPLICATION NO: 2025-0199TD

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

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Claimant's name: \_\_\_\_\_  
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C. Does the titleholder claim the subject property was homestead property? \_\_\_\_\_ Yes \_\_\_\_\_ No

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Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

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COUNTY OF \_\_\_\_\_ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ 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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156438

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Telephone: (352) 341-6424  
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APPLICATION NO: 2025-0199TD

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

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Certificate #: 23-0399

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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**TRACI PERRY, CPM**  
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CITRUS COUNTY, FLORIDA

156439

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Telephone: (352) 341-6424  
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APPLICATION NO: 2025-0199TD

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156506

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156440

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Telephone: (352) 341-6478  
Email: TaxDeeds@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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 known 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)



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

156441

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156495

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

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

APPLICATION NO: 2025-0199TD

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

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**DESCRIPTION OF PROPERTY:**

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156442

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156443

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156507

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156444

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156445

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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)



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

156508

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

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

APPLICATION NO: 2025-0199TD

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

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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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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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

156446

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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**TRACI PERRY, CPM**  
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CITRUS COUNTY, FLORIDA

156447

110 North Apopka Avenue, Inverness, Florida 34450  
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Telephone: (352) 341-6424  
Fax: (352) 341-6477

APPLICATION NO: 2025-0199TD

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156509

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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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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: \_\_\_\_\_

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

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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)



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

156448

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

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

APPLICATION NO: 2025-0199TD

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

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Claimant's name: \_\_\_\_\_  
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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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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

156449

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

156510

110 North Apopka Avenue, Inverness, Florida 34450  
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Telephone: (352) 341-6424  
Fax: (352) 341-6477

APPLICATION NO: 2025-0199TD

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156451

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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B. Original Lien

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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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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)



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

156511

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156452

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

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

APPLICATION NO: 2025-0199TD

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

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156453

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156512

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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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.

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Complete and return to:

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Tax Deeds Department

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

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156454

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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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.

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NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
(Print, type, or stamp commissioned name of notary)



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

156455

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156513

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156456

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

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

APPLICATION NO: 2025-0199TD

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

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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B. Original Lien

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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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COUNTY OF \_\_\_\_\_ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known 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)



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

156457

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156514

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

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

APPLICATION NO: 2025-0199TD

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

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**DESCRIPTION OF PROPERTY:**

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156458

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156459

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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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.

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156515

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
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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.

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NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
(Print, type, or stamp commissioned name of notary)



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

156460

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156461

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156516

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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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.

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Tax Deeds Department

Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156462

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

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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.

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Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Complete and return to:

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Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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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 known 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)



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

156463

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156496

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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)



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

156464

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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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.

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156465

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known 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)



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

156497

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced  
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156466

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156467

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156517

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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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.

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156468

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156469

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156498

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

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

APPLICATION NO: 2025-0199TD

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

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Certificate #: 23-0399

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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B. Original Lien

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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)



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

156470

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156471

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

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

APPLICATION NO: 2025-0199TD

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

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**DESCRIPTION OF PROPERTY:**

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156499

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 known 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)



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

156472

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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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.

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156473

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_  
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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.

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NOTARY PUBLIC or DEPUTY CLERK

\_\_\_\_\_  
(Print, type, or stamp commissioned name of notary)



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

156500

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156474

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156475

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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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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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)



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

156501

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156476

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

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

APPLICATION NO: 2025-0199TD

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

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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,

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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: \_\_\_\_\_

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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: \_\_\_\_\_ 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)



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

156502

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

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

APPLICATION NO: 2025-0199TD

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

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COUNTY OF \_\_\_\_\_ Online Notarization

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\_\_\_\_\_  
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156478

110 North Apopka Avenue, Inverness, Florida 34450  
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Telephone: (352) 341-6424  
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APPLICATION NO: 2025-0199TD

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

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Certificate #: 23-0399

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by  
\_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced  
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**TRACI PERRY, CPM**  
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CITRUS COUNTY, FLORIDA

156479

110 North Apopka Avenue, Inverness, Florida 34450  
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Telephone: (352) 341-6424  
Fax: (352) 341-6477

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156480

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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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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)



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

156481

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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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.

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

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Deputy Clerk  
Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Tax Deeds Department

Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156518

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ 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)



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

156482

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156483

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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;

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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: \_\_\_\_\_

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

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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)



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

156519

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

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

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Tax Deed Department | Citrus County Clerk of the Circuit Court and Comptroller  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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B. Original Lien

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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)



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

156484

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Contact name, if applicable: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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**TRACI PERRY, CPM**  
CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

156485

110 North Apopka Avenue, Inverness, Florida 34450  
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Telephone: (352) 341-6424  
Fax: (352) 341-6477

APPLICATION NO: 2025-0199TD

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

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156520

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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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 known 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)



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

156486

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

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

APPLICATION NO: 2025-0199TD

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

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Certificate #: 23-0399

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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B. Original Lien

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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

156487

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

Telephone: (352) 341-6424  
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APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156521

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

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

APPLICATION NO: 2025-0199TD

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DESCRIPTION OF PROPERTY:

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156488

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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 known 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)



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

156489

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

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

APPLICATION NO: 2025-0199TD

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

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Certificate #: 23-0399

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

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Deputy Clerk  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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B. Original Lien

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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)



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

156522

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_  
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Signature of Claimant: \_\_\_\_\_ Print Name & Title: \_\_\_\_\_

STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156490

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156491

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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

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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)



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

156503

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

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

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
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B. Original Lien

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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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COUNTY OF \_\_\_\_\_ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally known 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

156492

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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Phone Number: \_\_\_\_\_  
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STATE OF \_\_\_\_\_ Physical Presence  
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The foregoing instrument was sworn to or affirmed and signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, who is personally know to me \_\_\_\_\_ or has produced \_\_\_\_\_ as identification and who did take an oath.

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

156493

110 North Apopka Avenue, Inverness, Florida 34450  
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Telephone: (352) 341-6424  
Fax: (352) 341-6477

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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156525

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Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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 LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT [WWW.IRS.GOV](http://WWW.IRS.GOV) FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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)



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

156494

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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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.

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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

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**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@citruscourt.org

Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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\_\_\_\_\_ Other - describe in detail: \_\_\_\_\_

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Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

B. Original Lien

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

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

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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: \_\_\_\_\_ 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 known 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)



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

156523

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

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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.

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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

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**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: \_\_\_\_\_

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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: \_\_\_\_\_ 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)



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

156524

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

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

APPLICATION NO: 2025-0199TD

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

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DESCRIPTION OF PROPERTY:

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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  
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Tax Deeds Department

Telephone: (352) 341-6478  
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Tax Deed #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
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Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_ / \_\_\_\_\_

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

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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)

**RECEIVED**

By Tifani White at 4:39 pm, 11/20/25

**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  
110 North Apopka Ave  
Inverness, FL 34450

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

Tax Deed #: 2025-0199TD

Certificate #: 23-0399

Date of Sale: 11/5/2025

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Claimant's name: Citrus County Code Compliance

Contact name, if applicable: Laurie M. Speros

Address: 3600 W. Sovereign Path, #147, Lecanto, Florida 34461

Phone Number: (352) 527-5350

Email address: laurie.speros@citrusbocc.com

Tax No.: 59-6000548

Date of Sale (if known) \_\_\_\_\_

I am a (check one)     Lienholder     Titleholder

Select ONE:

\_\_\_\_ I claim surplus proceeds resulting from the above tax deed sale.

I am NOT making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

1. LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property.)

A. Type of Lien: \_\_\_\_\_ Mortgage: \_\_\_\_\_ Court Judgment: \_\_\_\_\_ Condo of Homeowner Association Lien: \_\_\_\_\_  
Other – describe in detail: \_\_\_\_\_

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

Recording Date: \_\_\_\_\_ Instrument #: \_\_\_\_\_ Book/Page #: \_\_\_\_\_

B. Original Lien

Amount: \$ \_\_\_\_\_ Amount due: \$ \_\_\_\_\_ Principal Remaining Due: \$ \_\_\_\_\_  
Interest Due: \$ \_\_\_\_\_ Fees & Costs \* \$ \_\_\_\_\_ Attorney fees claimed: \$ \_\_\_\_\_

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

2. TITLEHOLDER INFORMATION (complete if claim is based on title formerly held on sold property and provide proof.)

A. Nature of Title: \_\_\_\_\_ Deed: \_\_\_\_\_ Court Judgment: \_\_\_\_\_ Other – describe in detail: \_\_\_\_\_

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

Recording Date: \_\_\_\_\_ Instrument # \_\_\_\_\_ Book/Page # \_\_\_\_\_ / \_\_\_\_\_

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

C. Does the titleholder claim the subject property was homestead property: \_\_\_\_\_ Yes \_\_\_\_\_ No

3. I request that payment of any surplus funds due me be made payable to: Citrus County Code Compliance and such payment be mailed to either the address above or to:

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

Signature of Claimant Laurie M. Speros

Print Name & Title: Laurie M. Speros, Legal Secretary

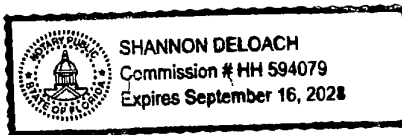
STATE OF FLORIDA  
COUNTY OF CITRUS

The foregoing instrument was sworn to or affirmed and signed before me this 20<sup>th</sup> day of November, 2025 by Laurie M. Speros, who is personally known to me XX or has produced \_\_\_\_\_ as identification and who did take an oath.

Shannon DeLoach  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: September 16, 2028

Shannon DeLoach  
Print, type, or stamp commissioned name of notary





## TRACI PERRY, CPM

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

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

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

APPLICATION NO: 2025-0199TD

### NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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.

**RECEIVED**

By Tifani White at 11:29 am, 11/24/25

**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: Audrey A PELT  
Contact name, if applicable: \_\_\_\_\_  
Address: 59 PARKWAY LANE, BLUFFTON, S.C. 29909  
Phone Number: 973-383-5111  
Email address: \_\_\_\_\_

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: Audrey A PELT Print Name & Title: Audrey A. PELT

STATE OF South Carolina  Physical Presence  
COUNTY OF Darlington  Online Notarization


The foregoing instrument was sworn to or affirmed and signed before me this 18 day of November, 2025 by Lillie Corbitt, who is personally know to me \_\_\_\_\_ or has produced Drivers License as identification and who did take an oath.

Lillie M. Corbitt  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: \_\_\_\_\_  
**Lillie M. Corbitt**  
**NOTARY PUBLIC**  
**State of South Carolina**  
My Commission Expires 11/30/2030

Lillie M. Corbitt  
[Print, type, or stamp commissioned name of notary]

SC USA  
**South Carolina** DRIVER'S LICENSE DL




11/15/1953

4<sup>a</sup> DL#: 104537875  
1 PELT  
2 AUDREY A  
8 59 PARKWAY LN  
BLUFFTON SC 299096528  
3 DOB: 11/15/1953  
4<sup>a</sup> Issued: 03/19/2020  
4<sup>b</sup> Expires: 03/19/2028

*Audrey A Pell*

15 Sex: F 16 Hgt: 5'-08"  
17 Wgt: 190 lb 18 Eyes: GRN  
9 Class: D 9<sup>a</sup> End: None  
12 Restrictions: A

5 DD 2702050102277068656



*Henry McMaster*  
Governor



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



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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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*

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: Bonnie Sears Malecki  
Contact name, if applicable: \_\_\_\_\_  
Address: 2144 Freshwater Lane, Okatie, SC 29709  
Phone Number: (352) 552-4419 cell  
Email address: \_\_\_\_\_

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: \$ 56,240.38

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: Bonnie L. Malecki Print Name & Title: Bonnie L. Malecki

STATE OF SC \_\_\_\_\_ Physical Presence  
COUNTY OF Beaufort \_\_\_\_\_ Online Notarization

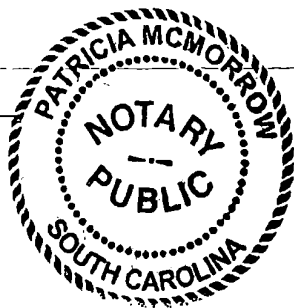
The foregoing instrument was sworn to or affirmed and signed before me this 18 day of Nov, 2025 by Bonnie Malecki, who is personally know to me \_\_\_\_\_ or has produced SC DL as identification and who did take an oath.

Patricia MCMorrow  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 9-24-2028

Patricia MCMorrow

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





**TRACI PERRY, CPM**

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

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

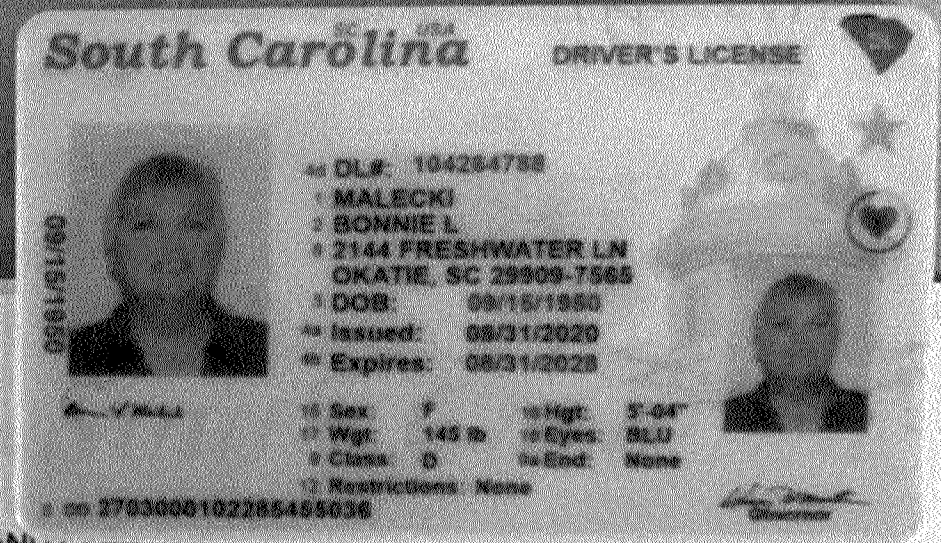
APPLICATION NO: 2025-0199TD

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

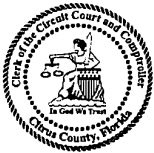
11/10/2025



Telephone: (352) 34

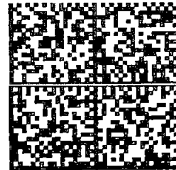
Fax: (352) 34

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



# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*CATR*

CATHY SEARS HOUGH  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

NOV 10 2025 11 08 AM '25  
34450-4299

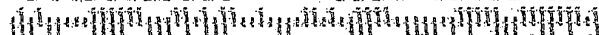
MEXIE

021 FE 1

0011/22/25

RETURN TO SENDER  
NO DELIVERABLE ADDRESS  
UNABLE TO FORWARD

NO POSTAGE  
NECESSARY  
IF MAILED  
IN THE  
UNITED STATES



**RECEIVED**

By Tifani White at 10:55 am, 11/25/25

**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: Clifford M. Hayes

Contact name, if applicable:

Address: 990 Hwy 287 N., Suite 106 # 258, Mansfield, TX 76063

Phone Number: 817-291-3886

Email address: Matt@HazyAcres.net

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: \$ \_\_\_\_\_ I'm not able to calculate

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: Clifford M. Hayes Print Name & Title: Clifford M. Hayes, self

STATE OF Texas  
COUNTY OF TARRANT

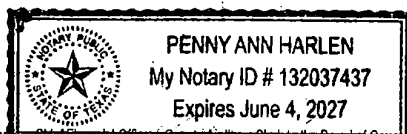
Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 18 day of November, 2025 by Clifford M. Hayes, who is personally know to me  or has produced \_\_\_\_\_ as identification and who did take an oath.

Penny Ann Harlen  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 6-4-27

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



CLASS: C-Single or comb.veh w/GVWR ≤ 26,000 lbs, which transports placarded HAZMAT or ≥ 16 pass, including driver; M-Motorcycle  
 REST: A - With corrective lenses

END: NONE      REV: 07/16/2021

DOB: 12/10/1956      Directive to physician has been filed at Tel #  
 Emergency Contact #  
 Allergic reaction to drugs:

TEXAS ROADSIDE ASSISTANCE: 1-800-525-5555

10029634647

**Texas** USA  
 DRIVER LICENSE

Director: *[Signature]*

**DRIVER LICENSE**

4d. DL: 07441790      9. Class: CM  
 3. DOB: 12/10/1956      4b. Exp: 12/10/2032  
 4a. Iss: 01/15/2025


1. HAYES  
 2. CLIFFORD MATTHEW

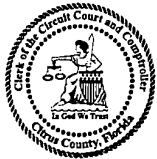
8. 370 EAGLE CROW RD  
 MANSFIELD, TX 76063

12. Rest: A      9a. End: NONE  
 16. Hgt: 6-01"      15. Sex: M      48. Eyes: BRO

5. DD: 27622500019145216771

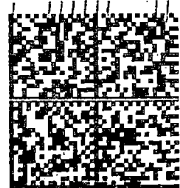
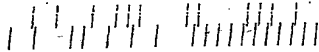
VETERAN





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL

IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*UPF*

ANN ELIZABETH BLACK STRANDBERG  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

3445042999

NIXIE

326 7E 1

7211/23/25

/25

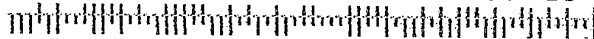
RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

3\*\*

BC: 34450429999

\*0532-09617-23-36

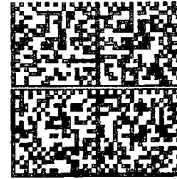
9-07





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMC*

ARTHUR SEARS  
580 S PONDER AVE  
LECANTO FL 34461

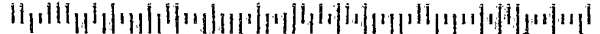
2025-0199TD

3445042999

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

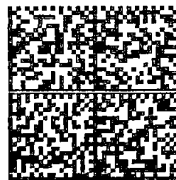
BC: 3445042999 \*0924-01761-12-35





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMP*

AUDREY SEARS-PELT  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

3445042999

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 3445042999 \*0924-01758-12-35





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMK*

BONNIE SEARS MALECKI  
580 S PONDER AVE  
LECANTO FL 34461

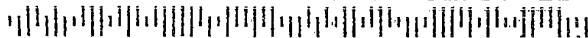
2025-0199TD

3445042999

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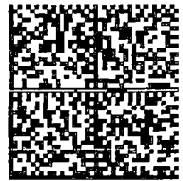
BC: 3445042999 \*0924-01755-12-35





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



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FIRST-CLASS MAIL  
IMI  
**\$000.74<sup>0</sup>**  
11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Handwritten signature/initials*

JOHN PAUL HUMPHREY  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

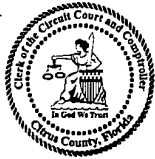
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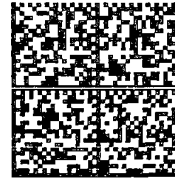
BC: 3445042999 \*0924-01727-12-35





# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NML*

VIRGINIA GORTYCH-BARNES  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

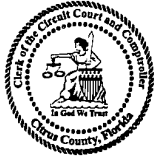
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UNABLE TO FORWARD

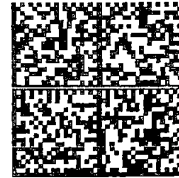
BC: 3445042999 \*0924-01722-12-35





# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMP*

MARGARET GORTYCH LANE  
580 S PONDER AVE  
LECANTO FL 34461

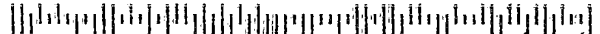
2025-0199TD

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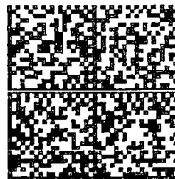
BC: 3445042999 \*0924-01719-12-35





# TRACI PERRY

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



quadiënt

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMK*

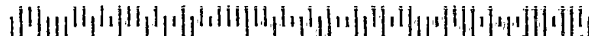
MICHELLE ANN RIKARD-PETRICINI  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

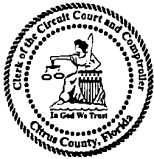
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BC: 34450429999 \*0924-01718-12-35

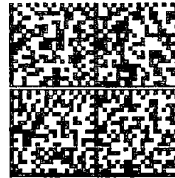


3445042999



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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMN*

GARY HUMPHREY  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

3445042999

NIXIE

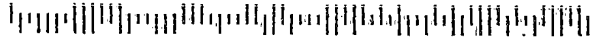
326 DE 1

0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999

\*0924-01715-12-35





# TRACI PERRY

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



quadiënt

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMN*

JOSEPH HUMPHREY  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

3445042999

NIXIE

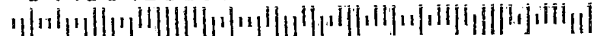
326 DE 1

0011/28/25

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BC: 34450429999

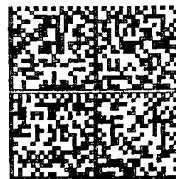
\*0924-01712-12-35





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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Joann*

JOANN MARY BLACK BUFFINGTON  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

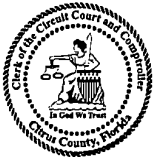
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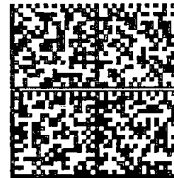
BC: 34450429999 \*0924-01711-12-35





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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
IMI  
**\$000.74<sup>0</sup>**  
11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Handwritten signature/initials*

SOPHIE M GORTYCH-CASEMENT  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

3445042999

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
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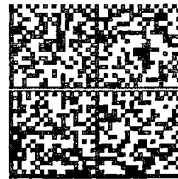
BC: 3445042999 \*0924-01708-12-35





# TRACI PERRY

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



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IMI

**\$000.74<sup>0</sup>**

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043M31240484

US POSTAGE

*NMF*

BARBARA JO RIKARD-COPES  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

~~34450-4299~~

NIXIE

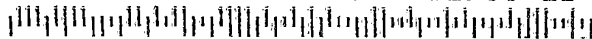
326 DE 1

0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999

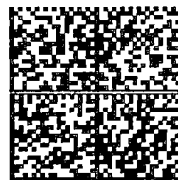
\*0924-01700-12-35





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



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMP*

BARBARA P GORTYCH  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999 \*0924-01705-12-35

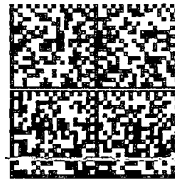


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# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

JAMES MICHAEL HAYES  
580 S PONDER AVE  
LECANTO FL 34461

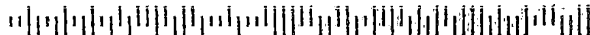
2025-0199TD

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NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
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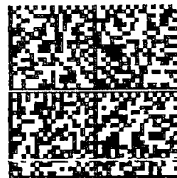
BC: 34450429999 \*0924-02474-12-35





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Handwritten:* JMN

PHILIP MCGRATH HAYES  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

3445042999

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
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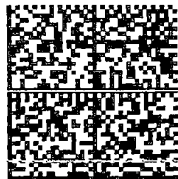
BC: 3445042999 \*0924-02471-12-35





# TRACI PERRY

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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

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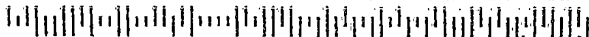
SHARI RIKARD-GILL  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

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NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999 \*0924-02468-12-35

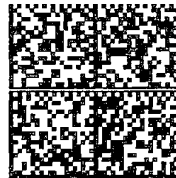


3445042999



# TRACI PERRY

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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Handwritten signature/initials*

JAMES GORTYCH  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

~~34450-4299~~

.NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
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UNABLE TO FORWARD

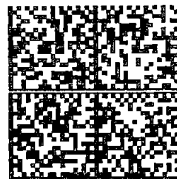
BC: 34450429999 \*0924-02464-12-35





# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMF*

FANCHON SEARS-LAMBERT  
580 S PONDER AVE  
LECANTO FL 34461

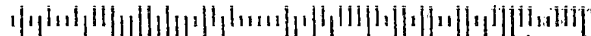
2025-0199TD

~~34450-4299~~

NIXIE 326 DE 1 0011/28/25

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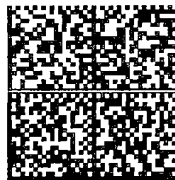
BC: 34450429999 \*0924-02460-12-35





# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Handwritten initials: JPH*

PETER JOHN HAYES  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

~~3445042999~~

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 3445042999 \*0924-02455-12-35





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

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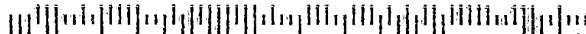
BETTE J FREDENBURGH-WALLER-MCGREGG  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999 \*0924-02451-12-35

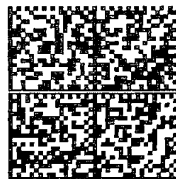


~~3445042999~~



**TRACI PERRY**

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



quadiënt

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMK*

DENNIS LYNN SOUTHARD  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

~~34-83450-4299~~

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

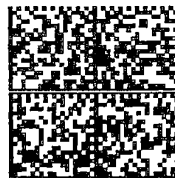
BC: 34450429999 \*0924-02440-12-35





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74**<sup>0</sup>

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NIN*

HAROLD E HAYES  
580 S PONDER AVE  
LECANTO FL 34461

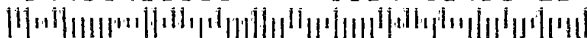
2025-0199TD

3445042999

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
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UNABLE TO FORWARD

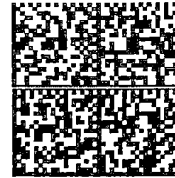
BC: 3445042999 \*0924-02438-12-35





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMR*

JEAN SOUTHARD BERTRAND  
580 S PONDER AVE  
LECANTO FL 34461

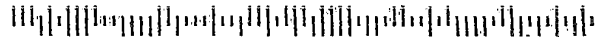
2025-0199TD

~~344504299~~

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
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UNABLE TO FORWARD

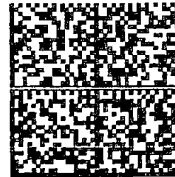
BC: 34450429999 \*0924-02436-12-35





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

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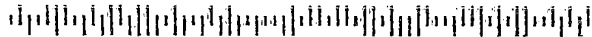
ROBERT HUMPHREY  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

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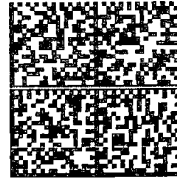


3445042999



# TRACI PERRY

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



quadiert

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

**NMK**

REGINA GORTYCH-MURANO  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

NIXIE

326 DE 1

0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999

\*0924-02427-12-35

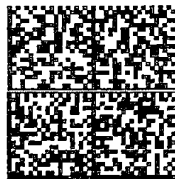
3445042999





# TRACI PERRY

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



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IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMP*

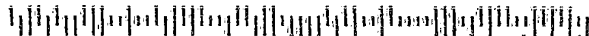
TRISTRA ASHLEY RIKARD  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999 \*0924-02424-12-35

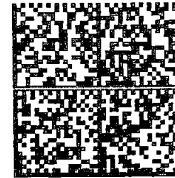


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# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMK*

BARBARA JEAN HAYES  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 34450429999 \*0924-01774-12-35

3445042999





# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMP*

CHRISTOPHER MARK HAYES  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

~~3445042999~~ 712 919

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

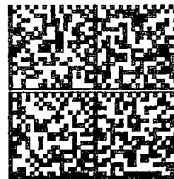
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# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*MWH*

CLIFFORD MATTHEW HAYES  
580 S PONDER AVE  
LECANTO FL 34461

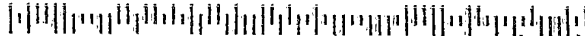
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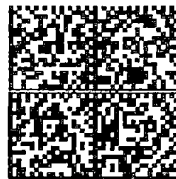
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# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI  
**\$000.74<sup>0</sup>**  
11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMF*

STANLEY J FREDENBURGH JR  
580 S PONDER AVE  
LECANTO FL 34461

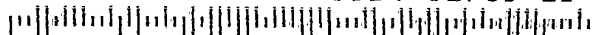
2025-0199TD

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NIXIE 326 DE 1 0011/28/25

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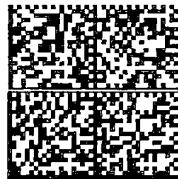
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# TRACI PERRY

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



quadiënt

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*NMK*

THOMAS J RIKARD  
580 S PONDER AVE  
LECANTO FL 34461

2025-0199TD

3445042999

NIXIE 326 DE 1 0011/28/25

RETURN TO SENDER  
NO MAIL RECEPTACLE  
UNABLE TO FORWARD

BC: 3445042999 \*0924-01763-12-35





# TRACI PERRY

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

BARBARA P GORTYCH  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

018019388WED

3445074299



quadiant

FIRST-CLASS MAIL  
IMI

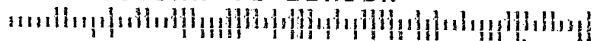
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11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

015 NFE 1 A24C0012/01/25  
FORWARD TIME EXP RTN TO SEND  
GORTYCH BARBARA  
17 KENT ST # 1  
BROOKLINE MA 02445-7901

RETURN TO SENDER





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



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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: Cathy Sears Hough

Contact name, if applicable:

Address: 3 Springdale Garden RD. Newton, N.J. 07860

Phone Number: (Hm) 973-383-1591 (cell) 973-534-9096

Email address: \_\_\_\_\_

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 or 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: \$ 56,240.38

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.**

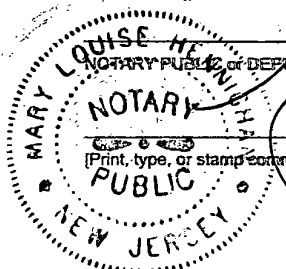
Signature of Claimant: Cathy Sears Hough Print Name & Title: Cathy Sears Hough

STATE OF New Jersey  
COUNTY OF Sussex

Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 1 day of December, 2025 by Cathy Sears Hough, who is personally know to me \_\_\_\_\_ or has produced NJ Drivers License H6797 11571 61514 as identification and who did take an oath.

My Commission Expires: 10-13-2030



MARY LOUISE HENNIGHAN  
Notary Public, State of New Jersey  
Comm. # 2401279  
My Commission Expires 10/13/2030

# NEW JERSEY DMVC

## AUTO DRIVER LICENSE

NOT FOR REAL ID PURPOSES

*Signature*  
NEW JERSEY

DL: H5797 11571 61511 CLASS D  
DOB 11-02-1957  
ISS 10-12-2022 EXP 11-02-2027



HOUGH  
CATHY J  
9 SEPTEMBER GARDENS RD  
NEWTON, NJ 07854-0000  
END HOME &  
RESTR USAGE

*Cathy J. Hough*  
GENDER F HT 5-11" CTR BLU  
SEX F HAIR BRN EYES BRN



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



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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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*

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: REGINA MARIE GORTYCH  
Contact name, if applicable:  
Address: 8 SUTTON POINT, PITTSFORD, NY 14534  
Phone Number: 585-737-2117  
Email address: RGORTYCH@AOL.COM

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: Regina Marie Gortych Print Name & Title: REGINA MARIE GORTYCH  
FIRST COUSIN

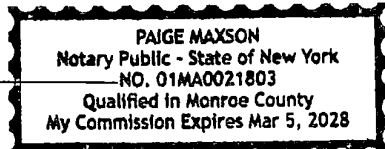
STATE OF NEW YORK  Physical Presence  
COUNTY OF MONROE  Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 26 day of NOVEMBER, 2025 by REGINA MARIE GORTYCH, who is personally know to me \_\_\_\_\_ or has produced DRIVERS LICENSE as identification and who did take an oath.

[Signature]  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 03/05/2028

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

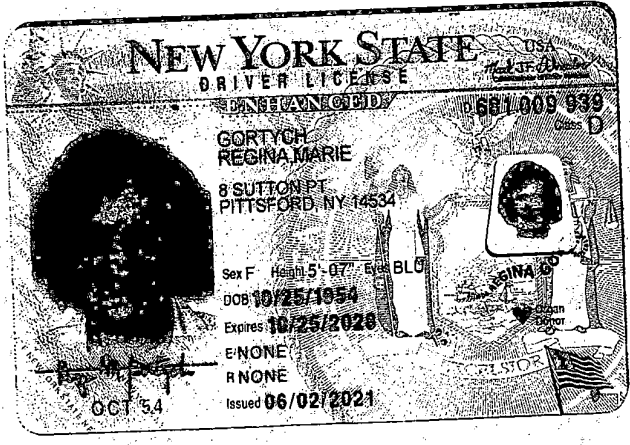


**NEW YORK STATE** USA  
DRIVER LICENSE  
UNRECORDED 0681009 939 D

**GORTYCH**  
**REGINA MARIE**  
8 SUTTON PT  
PITTSFORD, NY 14534

Sex F Height 5-07 Eyes BLO  
DOB 10/25/1954  
Expires 10/25/2020  
E: NONE  
R: NONE  
Issued 06/02/2021

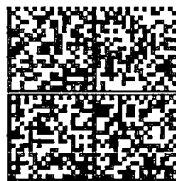
OCT 54

A New York State Driver License for Regina Marie Gortych. The license is rectangular with rounded corners and a decorative background. It features a large blacked-out photograph on the left side. The text on the license includes the state name 'NEW YORK STATE', 'DRIVER LICENSE', and 'UNRECORDED'. The license number is '0681009 939' and the class is 'D'. The holder's name is 'GORTYCH, REGINA MARIE' and her address is '8 SUTTON PT, PITTSFORD, NY 14534'. Personal information includes 'Sex F', 'Height 5-07', 'Eyes BLO', 'DOB 10/25/1954', 'Expires 10/25/2020', 'E: NONE', and 'R: NONE'. The license was issued on '06/02/2021'. There is a signature at the bottom left and the date 'OCT 54' at the bottom left corner.



# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

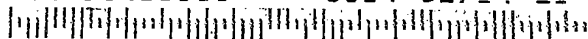
ROBERT HUMPHREY  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

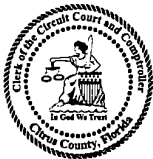
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RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

RC: 34450429999 \*0024-01724-12-25

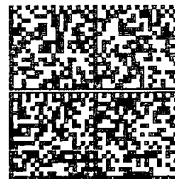


01801 MA 01801



# TRACI PERRY

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



quadiënt

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>00</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

VIRGINIA GORTYCH-BARNES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

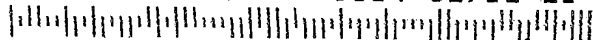
2025-0199TD

0784500099

NIXIE 015 FEB 1 0012/04/25

RETURN TO SENDER  
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UNABLE TO FORWARD

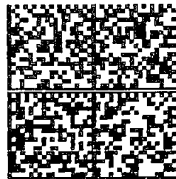
BC: 34450429999 \*0924-01721-12-35





# TRACI PERRY

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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

GARY HUMPHREY  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

01801-0000

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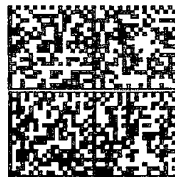
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INVERNESS, FLORIDA 34450-4299



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**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

JOANN MARY BLACK BUFFINGTON  
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WOBURN MA 01801

2025-0199TD

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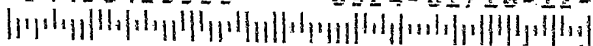
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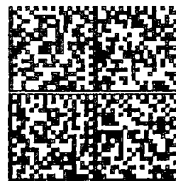
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INVERNESS, FLORIDA 34450-4299



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11/10/2025 ZIP 34450  
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US POSTAGE

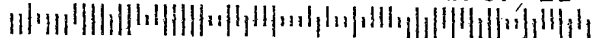
SOPHIE M GORTYCH-CASEMENT  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

NOV 11 09 15 AM '25 0912/04/25

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NO: 34450429999 \* 0924-01707-1E-01

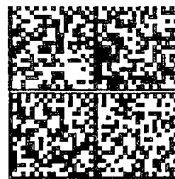


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110 NORTH APOPKA AVENUE  
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11/10/2025 ZIP 34450  
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US POSTAGE

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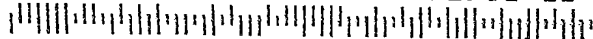
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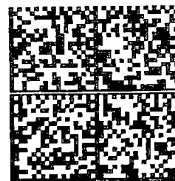
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US POSTAGE

ANN ELIZABETH BLACK STRANDBERG  
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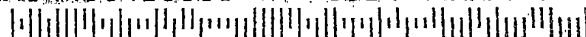
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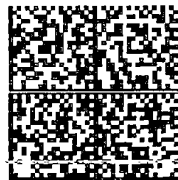
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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

JAMES MICHAEL HAYES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

NIXIE 015 FE 1 0012/04/25

RETURN TO SENDER  
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RC: 34450429999 \*0924-02473-12-35

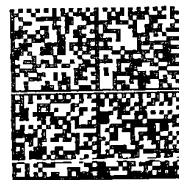


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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

PHILIP MCGRATH HAYES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

01801-01801-01801

015 FE 1 0012/04/25

RETURN TO SENDER  
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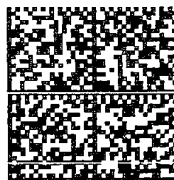
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**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
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US POSTAGE

SHARI RIKARD-GILL  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

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NIXIE 015 DE 1 0012/04/25

RETURN TO SENDER  
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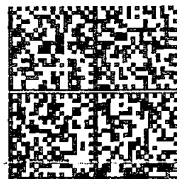
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11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

MARGARET GORTYCH LANE  
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WOBURN MA 01801

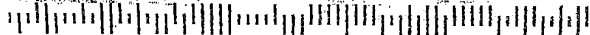
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RETURN TO SENDER  
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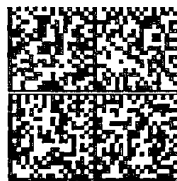
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11/10/2025 ZIP 34450  
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US POSTAGE

JAMES GORTYCH  
111 LOCUST ST 8 B1  
WOBURN MA 01801

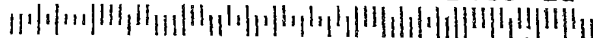
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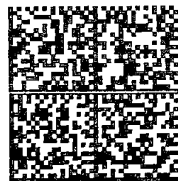
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INVERNESS, FLORIDA 34450-4299



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11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

REGINA GORTYCH-MURANO  
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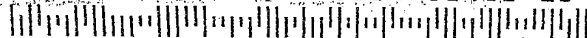
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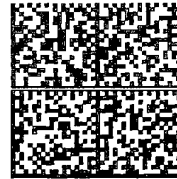
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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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11/10/2025 ZIP 34450  
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US POSTAGE

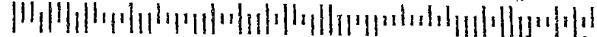
CATHY SEARS HOUGH  
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WOBURN MA 01801

2025-0199TD

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RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 34450429999 \*0924-02457-12-35



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**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

PETER JOHN HAYES  
111 LOCUST ST 8 B1  
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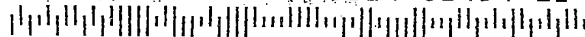
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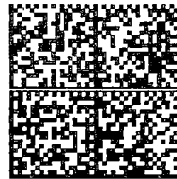
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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
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11/10/2025 ZIP 34450  
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US POSTAGE

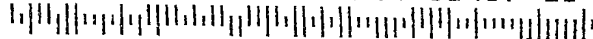
HAROLD E HAYES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

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BCI 34450429999 \*0924-02437-12-35

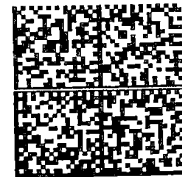


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11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

JEAN SOUTHARD BERTRAND  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

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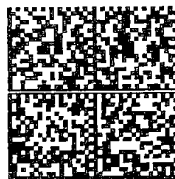
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US POSTAGE

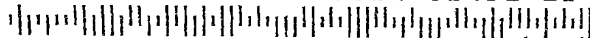
FANCHON SEARS-LAMBERT  
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WOBURN MA 01801

2025-0199TD

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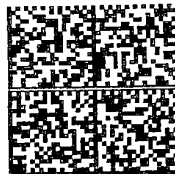


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**\$000.74<sup>0</sup>**

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043M31240484

US POSTAGE

STANLEY J FREDENBURGH JR  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

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UNABLE TO FORWARD

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US POSTAGE

BARBARA JO RIKARD-COPES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

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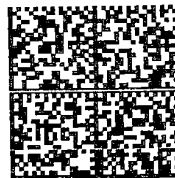
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US POSTAGE

TRISTRA ASHLEY RIKARD  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

LEXIE 015 FE 1 0012/04/25

RETURN TO SENDER  
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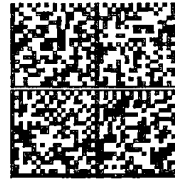
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US POSTAGE

BARBARA JEAN HAYES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

NIXIE 015 FE 1 0012/04/25

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UNABLE TO FORWARD

BC: 34450429999 \*0024-01772-12-25



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US POSTAGE

CHRISTOPHER MARK HAYES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

015 FEB 1 0012/04/25

RETURN TO SENDER  
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RC: 34450429999 \*0024-01770-12-25



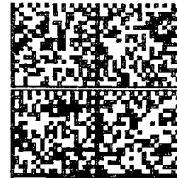
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INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
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**\$000.74<sup>0</sup>**

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US POSTAGE

CLIFFORD MATTHEW HAYES  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

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NIXIE 015 FE 1 0012/04/25

RETURN TO SENDER  
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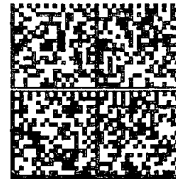
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CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
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INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
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**\$000.74<sup>0</sup>**  
11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

THOMAS J RIKARD  
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WOBURN MA 01801

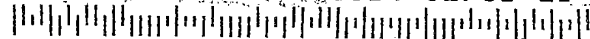
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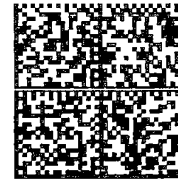
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110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 34450-4299



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FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

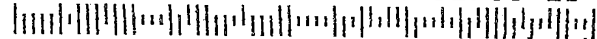
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111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

NIXIE 015 FE 1 0012/04/25

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 34450429999 \*0924-01760-12-35

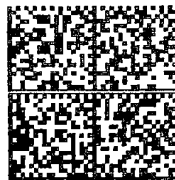


015045042999



# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

AUDREY SEARS-PELT  
111 LOCUST ST 8 B1  
WOBURN MA 01801

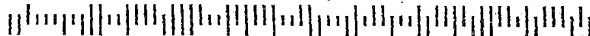
2025-0199TD

44 KIE 015 FE 1 0012/04/25

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 34450429999 \*0924-01757-12-35

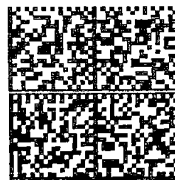
0150429999





# TRACI PERRY

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



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IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

BONNIE SEARS MALECKI  
111 LOCUST ST 8 B1  
WOBURN MA 01801

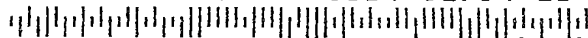
2025-0199TD

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UNABLE TO FORWARD

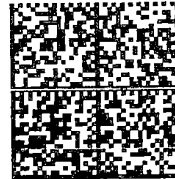
BC: 34450429999 \*0924-01754-12-35





# TRACI PERRY

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



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FIRST-CLASS MAIL  
IMI

**\$000.74**<sup>0</sup>

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

JOSEPH HUMPHREY  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

01801-0199TD

MLXIE 015 FE 1 0012/04/25

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 34450429999 \*0024-01729-12-35

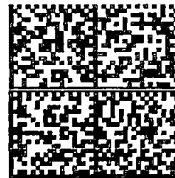






# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

JOHN PAUL HUMPHREY  
111 LOCUST ST 8 B1  
WOBURN MA 01801

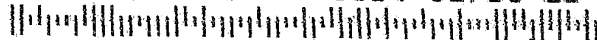
2025-0199TD

012047086799

MI XIE 015 FE 1 0012/04/25

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

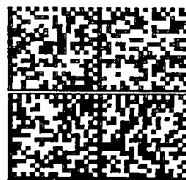
RC: 34450429999 \*0024-01726-22-25





# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

DENNIS LYNN SOUTHARD  
111 LOCUST ST 8 B1  
WOBURN MA 01801

2025-0199TD

01801 01801 01801 01801

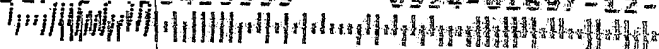
NIXIE

015 FE 1

0012/04/25

NOT DELIVERABLE TO ADDRESSEE  
UNABLE TO FORWARD

RC: 3445 0429999 \*0024-01004-12-02



December 5, 2025  
23 Monfort Road  
Port Washington, New York 11050

Traci Perry, CPM  
Clerk of the Circuit Court and Comptroller  
Citrus County, Florida  
110 North Apopka Avenue  
Inverness, Florida 34450

**RECEIVED**

By TKirby at 11:06 am, 12/15/25

Dear Sir:

I recently received from you a Notice of Surplus of Funds concerning the Estate of John Gortych and public sale of property and a surplus of \$56,240.38. The notice was addressed to Sophie M Gortych-Casement c/o Thomas Casement POA. Please note that the status of my standing with regard to my Mom, Sophie M (Gortych) Casement, has changed. Sophie M (Gortych) Casement passed away in October of 2023. Please find enclosed a copy of her death certificate. Therefore, while the power of attorney is no longer in effect following her passing, I was appointed executor of my Mom's estate by the State of New York and I have also enclosed a copy of the Letters of Testamentary.

The lawyer for my Mom's estate directed me to contact the lawyer for the estate of John Gortych, notifying them of this change in status. They, in turn, contacted me and directed me to correspond with you so that you may take the appropriate action to have this fact so recorded and so that any distribution of funds, should they exist, from the John Gortych estate to his heirs, specifically, to his Aunt Sophie M (Gortych) Casement be made to the Estate of Sophie M Casement, in care of myself as executor of her estate. Then as required by my appointment as executor I will make appropriate distributions to the heirs of Sophie M Casement. I have filled out the affidavit of claim to surplus proceeds of a tax deed sale which you provided in your letter of 11/10/2025 and include that with this letter.

Thank you for your attention in this matter and should you need anything additional or any other action on my part, please let me know

Sincerely,

  
Thomas Casement



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

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

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

APPLICATION NO: 2025-0199TD

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

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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*

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: ESTATE of Sophie M Casement  
Contact name, if applicable: Thomas F. Casement, EXECUTOR of ESTATE of Sophie M Casement  
Address: 23 Manfort Road, Fort Washington, NY 11050-3318  
Phone Number: (516) 883-8784  
Email address: tcasement@earthlink.net

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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:  
Heir to the ESTATE of John P. GORTYCH

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: \$ 25% of \$56,240.98 per Probate File #2016-CP-587

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: Thomas F. Casement Ex Print Name & Title: Thomas F. Casement EXECUTOR for ESTATE of Sophie M Casement

STATE OF New York  Physical Presence  
COUNTY OF Nassau  Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 5<sup>th</sup> day of December, 2025 by Thomas Casement, who is personally know to me \_\_\_\_\_ or has produced Driver License as identification and who did take an oath.

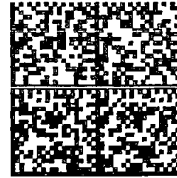
Harshane Roy  
NOTARY PUBLIC or DEPUTY CLERK  
[Print, type, or stamp commissioned name of notary]

My Commission Expires: 10/1/2026  
2026



# TRACI PERRY

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



quadiant

FIRST-CLASS MAIL  
IMI

**\$000.74<sup>0</sup>**

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

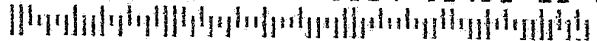
BETTE J FREDENBURGH-WALLER-MCGREGOR  
26 WEST STREET APT 104  
EDMESTON NY 13335

2025-0199TD

NIXIE 015 FE 1 0012/09/25

RETURN TO SENDER  
NOT DELIVERABLE AS ADDRESSED  
UNABLE TO FORWARD

BC: 34450429999 \*0924-02452-12-35



UTP  
13335 013335

RECEIVED

By TKirby at 12:35 pm, 12/22/25

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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: FANCHON SEARS LAMBERT
Contact name, if applicable:
Address: 281 Woodside Terrace Towanda, PA 18848
Phone Number: 570 985 9119
Email address: Do NOT HAVE

NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.

I am a (check one): [ ] Lienholder [X] Titleholder

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: [X] 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: \$ 6,240.39

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

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

Signature of Claimant: [Signature] Print Name & Title: FANCHON SEARS LAMBERT

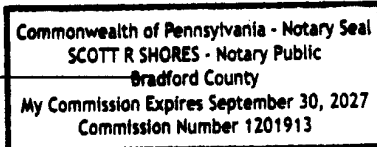
STATE OF PA
COUNTY OF Bradford

[X] Physical Presence
[ ] Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 17 day of Dec, 20 25 by Fanchon Sears Lambert who is personally know to me [X] or has produced PA Drivers License identification and who did take an oath.

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 9/30/27



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

Pennsylvania

visitpa.com USA

DRIVER'S LICENSE



1 DLN: 19 119 836  
3 DOB: 07/10/1932  
4b EXP: 07/11/2025

DUES: 00

ISS: 05/18/2019

1 LAMBERT  
2 FANCHON ESTELLA  
3 281 WOODSIDE TERRACE  
4 TOWANDA, PA 18848

10 SEX: F 10 EYES: HAZ  
10 HGT: 5'-09"  
9 CLASS: C  
8a END: NONE  
12 RESTR: NONE

DL

*Estella Fanchon Lambert*

DD: 191300002701  
800000073043

ORGAN DONOR



**TRACI PERRY, CPM**

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

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

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

APPLICATION NO: 2025-0199TD

### NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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.

## Tammy Kirby

---

**From:** buffin2@verizon.net  
**Sent:** Saturday, December 20, 2025 2:36 PM  
**To:** TaxDeeds@citrusclerk.org  
**Subject:** [EXTERNAL] Claim to surplus proceeds of a tax deed sale  
**Attachments:** Affidavit of Claim\_20251220\_0001.pdf; Copy of letter\_20251220\_0001.pdf; Drivers license\_20251220\_0001.pdf; W - 9\_20251220\_0001.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.

---

Dear Sirs:

Here is my affidavit of claim to surplus proceeds of a tax deed sale along with requested documentation. If you need to contact me you can email me at buffin2@verizon.net or you can call me at 813 504-1630.

I appreciate your attention to this matter.

Sincerely,  
Joann M Buffington

**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: Joann Mary Black Buffington  
Contact name, if applicable: \_\_\_\_\_  
Address: 2512 Miller Woods Court, Valrico, FL 33598  
Phone Number: (813) 504-1630  
Email address: buffin2@verizon.net

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 or 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: Application No 2025-0199TD letter dated 11/10/25 - Notice of Surplus Proceeds from Tax Deed Sale  
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: 12.5% of \$56,240.38 per probate file # 2016-CP-587  
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.

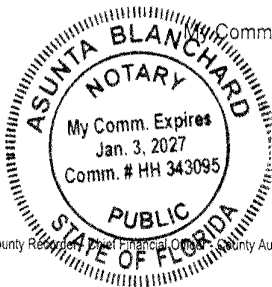
Signature of Claimant: Joann Mary Buffington Print Name & Title: Joann Mary Black Buffington

STATE OF Florida  Physical Presence  
COUNTY OF Hillsborough  Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 8 day of Dec, 2025 by Joann Mary Buffington, who is personally know to me  or has produced FL DL as identification and who did take an oath.

Asunta Blanchard  
NOTARY PUBLIC or DEPUTY CLERK Commission Expires: 1/3/27

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





## TRACI PERRY, CPM

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

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

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

APPLICATION NO: 2025-0199TD

### NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 11/10/2025

Certificate #: 23-0399

DESCRIPTION OF PROPERTY:

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ----AND----N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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.

Florida

DRIVER LICENSE



4d DL# B306-588-13-000-0



1 BUFFINGTON  
2 JOANN MARY  
3 2512 MILLER WOODS CT  
4 VALRICO, FL 33894-3819

5 DOB 08/17/1954 15 SEX F  
6 EXP 08/17/2034 16 HGT 5-09  
12 REST NONE 9a END NONE

SAFE DRIVER  
4a SS 07/15/2025  
SDD KIT32507150106

DONOR



*Joann Mary Buffington*

Operation of a motor vehicle constitutes consent to any sobriety test required by law

The State  
of Florida  
retains all  
property  
rights herein.  
081754  
Rev.  
03/01/2020



21  
01/08/21/08/03  
25783



CLASS: E - Any non-commercial veh with a GVWR - 26,001 lbs  
or any RV  
REST: None  
END: None



REPLACEMENT LICENSE REQUIRED WITHIN 30 DAYS  
OF ADDRESS OR NAME CHANGE.  
[WWW.FLHSMV.GOV](http://WWW.FLHSMV.GOV)

**Tifani White**

---

**From:** ann.strandberg@verizon.net  
**Sent:** Tuesday, December 30, 2025 4:32 PM  
**To:** taxdeeds@citrusclerk.org  
**Subject:** Affidavit of Claim to Surplus Proceeds of Tax Deed Sale 2025-0199TD  
**Attachments:** 1-Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale 2025-0199TD.jpg; 2-Notice of Surplus Funds from Tax Deed Sale.jpg; 3-Probate File #2016-CP-587.tif; 4a-Govt ID Drivers License Strandberg Front.jpg; 4b-Govt ID Drivers License Strandberg Back.jpg; 5-W-9 Strandberg.jpg

To: Tax Deed Department, Citrus County Clerk of the Circuit Court and Comptroller:

Attached please find my Affidavit of Claim to Surplus Proceeds of Tax Deed Sale 2025-0199TD and required documentation. Should you have any questions regarding the attached documents or require additional information, you may contact me by return email.

Sincerely,  
Ann Elizabeth Black Strandberg

**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: ANN ELIZABETH BLACK STRANDBERG  
Contact name, if applicable: \_\_\_\_\_  
Address: 2609 POWDERMILL LANE, VIENNA, VA 22181  
Phone Number: (703) 319-7991 or cell (703) 201-7053  
Email address: ann.strandberg@verizon.net

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: \_\_\_\_\_

11/10/2025 NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE 2025-0199TD

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: \$ 12.5% of \$56,240.38 per Probate File # 2016-CP-587 (attached)

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: Ann Elizabeth Black Strandberg Print Name & Title: ANN ELIZABETH BLACK STRANDBERG

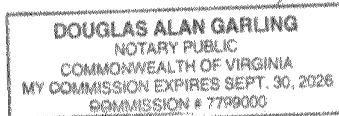
STATE OF VIRGINIA  Physical Presence  
COUNTY OF FAIRFAX  Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 23 day of DECEMBER, 2025 by ANN ELIZABETH BLACK STRANDBERG who is personally known to me \_\_\_\_\_ or has produced VA DRIVER'S LICENSE as identification and who did take an oath.

Douglas Alan Garling  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: 09/30/2026

DOUGLAS ALAN GARLING  
[Print, type, or stamp commissioned name of notary]





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

110 North Apopka Avenue, Inverness, Florida 34450  
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Telephone: (352) 341-6424  
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APPLICATION NO: 2025-0199TD

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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.

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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.

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*

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.**

Virginia DRIVER'S LICENSE



Customer Number  
A54094060

Name  
STRANDBERG  
ANNE ELIZABETH

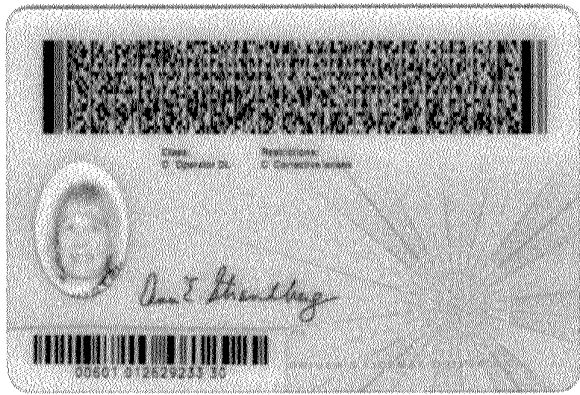
Address  
3409 POWDERMILL LN  
VIENNA, VA 22181-5377



*Anne Strandberg*

|         |              |               |
|---------|--------------|---------------|
| Sex     | Class        | Date of Birth |
| F       | D            | 12/12/1955    |
| Eyes    | Endorsements | Iss. SEN      |
| GRN     | NONE         | 12/03/2018    |
| Height  | Restrictions | Exp.          |
| 5FT 9in | C            | 12/12/2024    |

201 082201ST





**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: DENNIS LYON SOUTHWARD  
Contact name, if applicable: \_\_\_\_\_  
Address: 6316 155th St E. Puyallup WA 98375  
Phone Number: 253-531-5720  
Email address: N/A

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9 VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: N/A 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 #: \_\_\_\_\_ / \_\_\_\_\_

Amount of surplus tax deed sale proceeds claimed: \$ \_\_\_\_\_

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.**

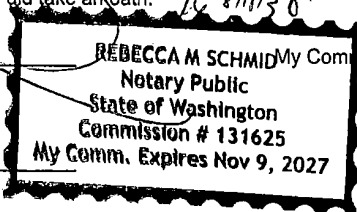
Signature of Claimant: [Signature] Print Name & Title: Dennis Southward - Person.

STATE OF \_\_\_\_\_ COUNTY OF Washington  Physical Presence  Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 12<sup>th</sup> day of January, 2026 by Dennis L. Southward, who is personally known to me  or has produced W9 - 01/23/2025 as identification and who did take an oath. 1/11/2026

NOTARY PUBLIC or DEPUTY CLERK

[Signature]  
Notary Public



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

WA  
USA

WASHINGTON

ENHANCED  
DRIVER LICENSE

20 R072022831242



4d LIC# **WDL3NN11563B** 9CLASS DONOR

1 **SOUTHARD**  
2 **DENNIS LYNN**

3 DOB **08/18/1944**  
8 **6316 155TH ST E**  
**PUYALLUP WA 98375-7498**

4a ISS **07/20/2022**

15 SEX **M**  
16 HGT **6'-00"**  
12 RESTRICTIONS **NONE**

18 EYES **BLU**  
17 WGT **223 LB**  
9a END **NONE**

4b EXP **08/18/2030**

5 DD **WDL3NN11563B R072022831242**  
**Veteran** REV 11/12/2018



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

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

**RECEIVED**

By Tifani White at 2:25 pm, 1/26/26



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

APPLICATION NO: 2025-0199TD

### NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

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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.

**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.**

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**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: BARBARA GORTYCH

Contact name, if applicable: \_\_\_\_\_

Address: 17 Kent St #1, BROOKLINE, MA 02445

Phone Number: 617-780-1034

Email address: bgortych@aol.com

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: \$ 2590

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.**

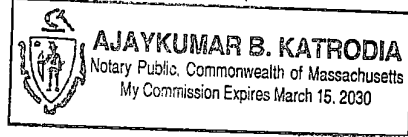
Signature of Claimant: Barbara Gortych Print Name & Title: BARBARA GORTYCH

STATE OF Massachusetts  Physical Presence  
COUNTY OF Middlesex  Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 16th day of Jan, 2026 by Barbara Gortych, who is personally know to me \_\_\_\_\_ or has produced MA - Drivers License as identification and who did take an oath.

Ajay Kumar B. Katrodia  
NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: March 15, 2030



AJAYKUMAR B. KATRODIA  
[Print, type, or stamp commissioned name of notary]



**MASSACHUSETTS** DRIVER'S LICENSE

07/20/2022 **S63450943**

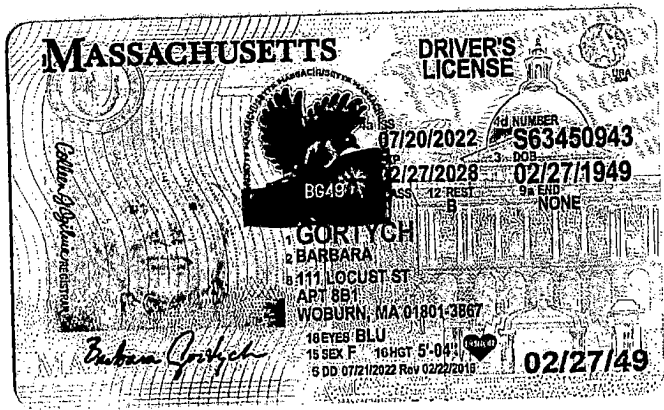
02/27/2028 **02/27/1949**

BC49773 ASS. 12 REST. 9 END NONE

**GORTYCH**  
BARBARA  
111 LOCUST ST  
APT 8B1  
WOBURN, MA 01801-3867

16 EYES BLU  
15 SEX F 10 HGT 5-04  
6 DD 07/21/2022 Rev 02/22/2019 **02/27/49**

*Barbara Gortych*



**AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE**

**RECEIVED**

By Tifani White at 2:16 pm, 3/9/26

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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

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Claimant's name: SHARI RIKARD-GILL  
Contact name, if applicable: \_\_\_\_\_  
Address: 24 CORINE DR  
Phone Number: (914) 474-1087  
Email address: Shari.gill10@hotmail.com

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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; X 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: 3/5/2020 Instrument #: 2020012525 Book/Page #: 3044 / 1112

B. Amount of surplus tax deed sale proceeds claimed: \$ 878.47 (1.562% of surplus)

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

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

Signature of Claimant: [Signature] Print Name & Title: Shari J Gill, Beneficiary

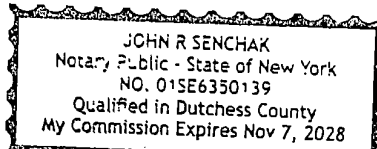
STATE OF New York  
COUNTY OF Dutchess

Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 4th day of March, 2020 by Shari J. Gill, who is personally know to me \_\_\_\_\_ or has produced Driver's License as identification and who did take an oath.

[Signature]  
NOTARY PUBLIC or DEPUTY CLERK  
John R Senchak

My Commission Expires: 11/07/2028



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



**TRACI PERRY, CPM**

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

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

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

APPLICATION NO: 2025-0199TD

### NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 11/10/2025

Certificate #: 23-0399

**DESCRIPTION OF PROPERTY:**

N1/2 OF S1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---S1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD ---AND---N1/2 OF N1/2 OF E1/2 OF NE1/4 OF NW1/4 OF SE1/4 OF SECTION 3, TOWNSHIP 19 S, RANGE 18 E AND EXCEPT THE E 15 FT FOR RD DESC IN OR BK 673 PG 1608, OR BK 680 PG 532 & OR BK 706 PG 1370

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$56,240.38 (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.

**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.**

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.

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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.

NEW YORK STATE USA NOT FOR FEDERAL PURPOSES  
 DRIVER LICENSE

ID: 680 977-031 Class D

GILL  
 SHARI, J.  
 24 CORINE DR.  
 POUGHKEEPSIE, NY 12601

DOB: 01/25/1964  
 Issued: 01/16/2026  
 Expires: 01/25/2034

Organ Donor

E: NONE XCELSTOR  
 R: NONE

Sex: F Height: 5'-05" Eyes: BLU

*Shari Gill*  
**JAN 64**

Doc# ZGPM3J4S02

dmv.ny.gov

SHARI GILL

01223.01214647 39

**Tifani White**

---

**From:** Trista Rikard <trista.rikard12468@gmail.com>  
**Sent:** Tuesday, May 19, 2026 2:45 PM  
**To:** taxdeeds@citrusclerk.org  
**Subject:** [EXTERNAL] Tax deed 2025-0199TD  
**Attachments:** citrus.county.clerk.trista.pdf; 20260519142456.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,

Please find attached my letter to the Clerk of Courts and notarized Affidavit of claim to surplus proceeds of a Tax Deed. the originals are in the mail to you. Should you have any questions, or otherwise wish to discuss, please do not hesitate to contact me.

Thank you,  
Trista Rikard

Trista A Rikard  
94 Johnson Hollow Road  
Prattsville NY 12468

Traci Perry CPM  
Citrus County Clerk of Courts  
110 N. Apopka Avenue  
Inverness, FL 34450

To whom it may concern;

I, Trista Ashley Rikard a/k/a Tristra Ashley Rikard, in the Deed recorded in the Citrus County Clerk's office on March 5<sup>th</sup>, 2020 as instrument 2020012525 in book of deeds 3044 at page 1112.

Please be advised I relinquish any and all claims I have to the property, therefore, forfeiting the surplus of proceeds to the rightful heirs to this estate. Should you have any questions, or otherwise to discuss, please do not hesitate to contact me.

Thank you,

*Trista A. Rikard*

Trista A. Rikard

(518)299-8708

**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: Trista A Richard  
Contact name, if applicable: \_\_\_\_\_  
Address: 94 Johnson Hollow Rd. Prattsville NY 12468  
Phone Number: 518 299 8708  
Email address: trista.richard12468@gmail.com

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: 3/5/2028 Instrument #: 202001253 Book/Page #: 3044 / 1112

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: [Signature] Print Name & Title: Trista Richard

STATE OF New York  
COUNTY OF Greene

Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 19<sup>th</sup> day of May, 2026 by Trista Richard, who is personally know to me  or has produced \_\_\_\_\_ as identification and who did take an oath.

[Signature]  
ROBIN ALLEY  
NOTARY PUBLIC, DEPUTY CLERK  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01AL6379644  
Qualified in Schoharie County  
My Commission Expires 08/30/2026

My Commission Expires: 08/30/2026



Trista A Rikard  
94 Johnson Hollow Road  
Prattsville NY 12468

Traci Perry CPM  
Citrus County Clerk of Courts  
110 N. Apopka Avenue  
Inverness, FL 34450

To whom it may concern;

I, Trista Ashley Rikard a/k/a Tristra Ashley Rikard, in the Deed recorded in the Citrus County Clerk's office on March 5<sup>th</sup>, 2020 as instrument 2020012525 in book of deeds 3044 at page 1112.

Please be advised I relinquish any and all claims I have to the property, therefore, forfeiting the surplus of proceeds to the rightful heirs to this estate. Should you have any questions, or otherwise to discuss, please do not hesitate to contact me.

Thank you,

A handwritten signature in black ink, appearing to read "Trista A. Rikard". The signature is fluid and cursive, with the first name "Trista" being the most prominent.

Trista A. Rikard

(518)299-8708

**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 #: 2025-0199TD Certificate #: 23-0399 Date of Sale: 11/5/2025

**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: Trista A Rikard  
Contact name, if applicable: \_\_\_\_\_  
Address: 94 Johnson Hollow Rd. Prattsville NY 12468  
Phone Number: 518 299 8708  
Email address: trista.rikard12468@gmail.com

**NOTE: ALL CLAIMANTS MUST SUBMIT A LEGIBLE COPY OF A VALID GOVERNMENT ID AND A COMPLETED W9. VISIT WWW.IRS.GOV FOR THE MOST CURRENT FORM. CLAIMS WILL NOT BE PROCESSED WITHOUT THESE DOCUMENTS.**

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: 3/5/2020 Instrument #: 202000255 Book/Page #: 3044 / 112

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: [Signature] Print Name & Title: Trista Rikard

STATE OF New York  
COUNTY OF Greene

Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 19<sup>th</sup> day of May, 2026 by Trista Rikard, who is personally know to me  or has produced \_\_\_\_\_ as identification and who did take an oath.

[Signature]  
NOTARY PUBLIC, STATE OF NEW YORK  
ROBIN A. DELEY  
Registration No. 01A16379644  
Qualified in Schoharie County  
My Commission Expires 08/20/2026

My Commission Expires: 08/20/2026