



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

156779

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

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

APPLICATION NO: 2025-0220TD

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

Date: 11/10/2025

Certificate #: 23-1448

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 5 PB 6 PG 1 LOT 9 BLK 511

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$10,865.42 (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*

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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 #: 2025-0220TD Certificate #: 23-1448 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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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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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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Tax Deed #: 2025-0220TD Certificate #: 23-1448 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: \_\_\_\_\_

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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

156809

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

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

APPLICATION NO: 2025-0220TD

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

Date: 11/10/2025

Certificate #: 23-1448

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 5 PB 6 PG 1 LOT 9 BLK 511

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$10,865.42 (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*

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Deputy Clerk  
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:

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Telephone: (352) 341-6478  
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Tax Deed #: 2025-0220TD Certificate #: 23-1448 Date of Sale: 11/5/2025

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Contact name, if applicable: \_\_\_\_\_  
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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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CITRUS COUNTY, FLORIDA

156810

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www.citrusclerk.org | @CitrusFLClerk

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

APPLICATION NO: 2025-0220TD

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

Date: 11/10/2025

Certificate #: 23-1448

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 5 PB 6 PG 1 LOT 9 BLK 511

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$10,865.42 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

To the extent possible, these funds will be used to satisfy in full, each claimant with a senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien claimant or to the former property owner. To be considered for payment of any portion of the surplus funds, **you must file a notarized statement of claim with this office within 120 days of this notice.** If you are a lienholder, your claim must include the particulars of your lien and the amounts currently due.

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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*

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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 #: 2025-0220TD Certificate #: 23-1448 Date of Sale: 11/5/2025

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Claimant's name: \_\_\_\_\_  
Contact name, if applicable: \_\_\_\_\_  
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156811

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

APPLICATION NO: 2025-0220TD

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

Date: 11/10/2025

Certificate #: 23-1448

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 5 PB 6 PG 1 LOT 9 BLK 511

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 11/05/2025, and a surplus of \$10,865.42 (subject to change) will be held by this office for **120 days** beginning on the date of this notice to benefit the persons having an interest in this property as described in section 197.502(4), Florida Statutes, as their interests may appear (except for those persons described in section 197.502(4)(h), Florida Statutes).

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Tax Deed #: 2025-0220TD Certificate #: 23-1448 Date of Sale: 11/5/2025

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APPLICATION NO: 2025-0220TD

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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)

## Tifani White

---

**From:** WebTaxDeeds  
**Sent:** Wednesday, November 12, 2025 11:08 AM  
**To:** '5macs@telus.net'  
**Subject:** Citrus County Tax Deed Surplus Claims - #2025-0220TD & #2025-0221TD  
**Attachments:** 2025-0220TD\_Surplus.pdf; 2025-0221TD\_Surplus.pdf;  
AffidavitOfClaim\_Instructions.pdf; fw8ben.pdf

Good morning,

As discussed, please find attached the Affidavit of Claim to Surplus Proceeds of a Tax Deed Sale and W8-BEN for Tax Deed application #2025-0220TD & #2025-0221TD. Please complete the Affidavit of Claim and W8-BEN and return to our office. You may return by email to [TaxDeeds@citrusclerk.org](mailto:TaxDeeds@citrusclerk.org) or by US Mail to:

Citrus County Clerk of the Circuit Court & Comptroller  
Attn: Tax Deeds  
110 N. Apopka Avenue  
Inverness, FL 34450

For continued timely responses to inquiries, please email [TaxDeeds@citrusclerk.org](mailto:TaxDeeds@citrusclerk.org).

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



**Tifani White**

Tax Deed Clerk

**CITRUS COUNTY CLERK OF THE CIRCUIT COURT AND COMPTROLLER**

110 N APOPKA AVE, INVERNESS, FL 34450

DIRECT: (352) 341-6478 | OFFICE: (352) 341-6424

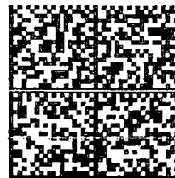
**CITRUSCLERK.ORG**

 @CITRUSFLCLERK



# TRACI PERRY

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



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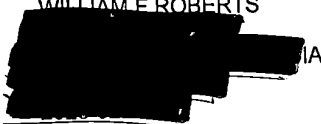
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11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Moved to:*  
*#12-3122-160<sup>th</sup> St*

WILLIAM E ROBERTS



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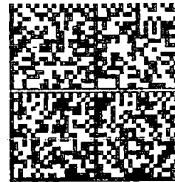
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FL 34450-4299  
USA





# TRACI PERRY

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



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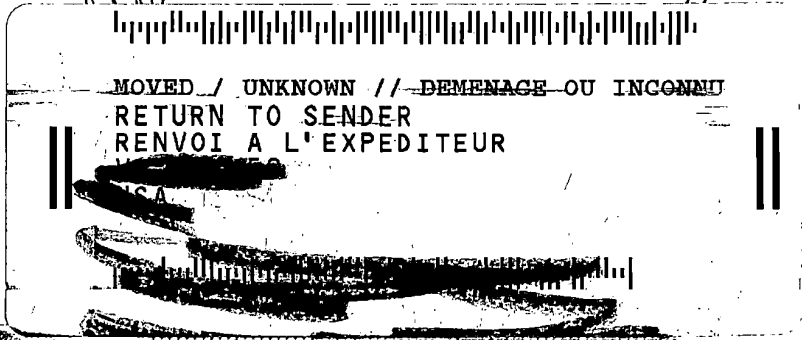
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*Moved to*



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RENOI A L'EXPEDITEUR

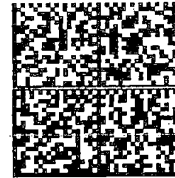
KELLEY L MCELROY





# TRACI PERRY

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



quadiënt

FIRST-CLASS MAIL  
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\$000.74<sup>00</sup>

11/10/2025 ZIP 34450  
043M31240484

US POSTAGE

*Handwritten:* Inverness

LILLIAN A ROBERTS AKA LILLIAN ANNE ROBERTS

1228

DELT

V4M

202

MOVED / UNKNOWN // DEMENAGE OU INCONNU

RETURN TO SENDER

RENOI A L'EXPEDITEUR

~~VERNON, FL 34450~~

~~VERNON, FL 34450~~

# HME | H. MICHAEL EVANS, P.A.

ATTORNEYS AT LAW

Law Office: (352) 489-2889

Fax: (352) 489-0852

www.hmichaelevanspa.com

mike@hmepalaw.com

david@hmepalaw.com

20668 W. Pennsylvania Ave.,  
Dunnellon, FL 34431

Our Attorneys:

H. Michael Evans, Esq.

David S. Rojas, Esq.

**RECEIVED**

By Tifani White at 9:01 am, 3/6/26

RE: Surplus Proceeds of Tax Deed, Estate of Lillian Anne Roberts, deceased

taxdeeds@citrusclerk.org

To Whom It May Concern,

Included with this letter are:

1. Affidavit of Claim to Surplus for Kelley McElroy, individually as 50% owner of all three lots
2. Affidavit of Claim to Surplus for Kelley McElroy, the sole residuary beneficiary of the Estate of Lillian Roberts, 50% owner of all three lots on the date of her death. Once the Order of Summary Administration is signed by the Court, we will forward a copy to supplement this application along with any other docs you require.
3. Continuous Marriage Affidavit for Lillian Roberts and William F. Roberts. William's interest passed to Lillian on the date of his death, making her 50% owner of the property.
4. W-8BEN for Kelley McElroy

If you have any further questions, please do not hesitate to contact me.

Very truly yours,

*David S. Rojas, Esquire*

H. MICHAEL EVANS, P.A.

Attorneys at Law

DSR/dr

**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 #: 2025-0220TD Certificate #: 23-1448 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: KELLEY L MCELROY aka KELLEY LYNNE LESLIE MCELROY  
Contact name, if applicable: \_\_\_\_\_  
Address: 12-3122 160 St, Surrey BC V3Z8K5  
Phone Number: 604-764-0595  
Email address: 5macs@telus.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:

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

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

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

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

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

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

B. Original Lien

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

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

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

A. Nature of Title: \_\_\_\_\_ Deed; X Court Judgment; \_\_\_\_\_ Other - describe in detail:  
Petition and Order of Summary Administration of the Estate of Lillian A Roberts

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: \$ 5432.71

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: Kelley L McElroy Print Name & Title: Kelley L McElroy

STATE OF Washington  Physical Presence  
COUNTY OF Whatcom \_\_\_\_\_ Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 27th day of February, 2026 by Kelley L McElroy, who is personally know to me \_\_\_\_\_ or has produced DCD-3152159 as identification and who did take an oath.

Victoria Robertson  
NOTARY PUBLIC or DEPUTY CLERK

**VICTORIA ROBERTSON**  
Notary Public  
State of Washington  
License Number 102311  
My Commission Expires  
June 08, 2028

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

**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 #: 2025-0220TD Certificate #: 23-1448 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: KELLEY L MCELROY aka KELLEY LYNNE LESLIE MCELROY  
Contact name, if applicable: \_\_\_\_\_  
Address: 12-3122 160 St, Surrey BC V3Z8K5  
Phone Number: 604-764-0595  
Email address: 5macs@telus.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: 12/04/2007 Instrument #: 2007067620 Book/Page #: 2178 1096 / \_\_\_\_\_

B. Amount of surplus tax deed sale proceeds claimed: \$ 5432.71

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: Kelley L. McElroy Print Name & Title: KELLEY L MCELROY

STATE OF Washington  
COUNTY OF Whatcom

Physical Presence  
 Online Notarization

The foregoing instrument was sworn to or affirmed and signed before me this 27th day of February, 2026 by Kelley L. McElroy, who is personally know to me \_\_\_\_\_ or has produced BCD 3152159 as identification and who did \_\_\_\_\_

Victoria Robertson  
NOTARY PUBLIC or DEPUTY CLERK

**VICTORIA ROBERTSON**  
Notary Public  
State of Washington  
License Number 102311  
My Commission Expires  
June 08, 2028

06-08-2028

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

Prepared by, and return to:  
David S. Rojas, Esquire  
H. Michael Evans, P.A.  
Attorneys at Law  
20668 W. Pennsylvania Avenue  
Dunnellon, FL 34431  
File Number: HME26-

### CONTINUOUS MARRIAGE AFFIDAVIT

I hereby certify that on this 27<sup>th</sup> day of February, 2026 personally appeared, KELLEY L MCELROY aka KELLEY LYNNE LESLIE MCELROY, before me an officer authorized to administer oaths and take acknowledgments, who, after being duly sworn and cautioned, upon oath states as follows:

*KM*

*Km<sup>c</sup>*

1. LILLIAN A ROBERTS and WILLIAM F ROBERTS, were married to each other on ~~June 13,~~ <sup>DECEMBER 1</sup> 1945-1966, and remained continuously married from such date without interruption by death or dissolution of marriage up and through November 3, 2019, the date of WILLIAM F ROBERTS's death.

2. This affidavit is for the following described property:

Lots 9, 10 and 11, Block 511, Citrus Springs Unit 5, according to the Plat thereof, recorded in Plat Book 6 Page 1, of the Public Records of Citrus County, Florida.

3. Under penalties of perjury, Affiant declares that the foregoing document has been read and that the facts stated in it are true.

FURTHER AFFIANT SAYETH NOT.

*Kelley L Mcelroy*  
KELLEY L MCELROY aka KELLEY LYNNE LESLIE MCELROY

COUNTRY OF USA  
PROVINCE OF WASHINGTON

The foregoing instrument was acknowledged before me by means of (X) physical presence or ( ) online notarization this 27<sup>th</sup> day of February, 2026, by KELLEY L MCELROY aka KELLEY LYNNE LESLIE MCELROY.

*Victoria Robertson*  
Signature of Notary Public  
Print, Type/Stamp Name of Notary

VICTORIA ROBERTSON  
Notary Public  
State of Washington  
License Number 102311  
My Commission Expires  
June 08, 2028

Personally Known: \_\_\_\_\_ OR Produced Identification:  \_\_\_\_\_

Type of Identification

Produced: BODL 35 2159 2/28/28



THE GOVERNMENT OF  
THE PROVINCE OF BRITISH COLUMBIA

DIVISION OF VITAL STATISTICS  
Department of Health Services and Hospital Insurance  
Victoria, B.C., Canada

REGISTRATION No. 45-09 597500

## Certificate of Marriage

This is to certify that the following is an extract from the registration of the marriage recorded in the Division of Vital Statistics, Parliament Buildings, Victoria, B.C.:—

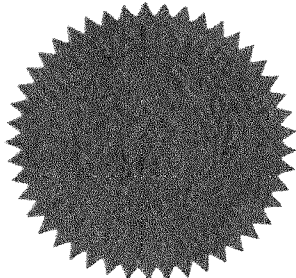
### BRIDEGROOM

Full name WILLIAM FRANCIS ROBERTS  
Status Bachelor Age 24 Place of birth Campbell River, B.C.

### BRIDE

Full name LILLIAN ANNE LOZINSKI  
Status Spinster Age 17 Place of birth Alberta, Canada  
Date of marriage December 1, 1945 Place of marriage Campbell River, B.C.

Marginal notations:



Given under my hand at Victoria, B.C.,

this 13th day of June, 1966

Director of Vital Statistics.



**DRIVER'S LICENCE and SERVICES CARD**  
**British Columbia CAN**

**MCLEROY,**  
**KELLEY LYNNE LESLIE**




**DL: 3152159**  
DOB: 1960-Feb-28

12-3122 160 ST  
SURREY BC V3Z 8K6

Issued: 2023-Feb-10  
Expires: 2028-Feb-28  
Read: NONE  
End:

Class: 5 Sex: F  
Wt: 73 kg Ht: 163 cm  
Eyes: BRN Hair: BRN

1960-Feb-28



*Canada*

*K. M. 2023*