



TRACI PERRY, CPM

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

161025

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

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

APPLICATION NO: 2026-0180TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 10/12/2026

Certificate #: 23-2283

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 23 PB 7 PG 115 LOT 22 BLK 1658

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 10/07/2026, and a surplus of \$10,107.26 (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 #: 2026-0180TD Certificate #: 23-2283 Date of Sale: 10/7/2026

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

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

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

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____ _____ Physical Presence
COUNTY OF _____ _____ Online Notarization

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

NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: _____

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



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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 #: 2026-0180TD Certificate #: 23-2283 Date of Sale: 10/7/2026

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 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.

NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: _____

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



TRACI PERRY, CPM

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

161088

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

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

APPLICATION NO: 2026-0180TD

NOTICE OF SURPLUS FUNDS FROM TAX DEED SALE

Date: 10/12/2026

Certificate #: 23-2283

DESCRIPTION OF PROPERTY:

CITRUS SPRINGS UNIT 23 PB 7 PG 115 LOT 22 BLK 1658

Pursuant to chapter 197, Florida Statutes, the above property was sold at public sale on 10/07/2026, and a surplus of \$10,107.26 (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.

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Tax Deeds Department

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Email: TaxDeeds@citrusclerk.org

Tax Deed #: 2026-0180TD Certificate #: 23-2283 Date of Sale: 10/7/2026

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Claimant's name: _____
Contact name, if applicable: _____
Address: _____
Phone Number: _____
Email address: _____

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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.

NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: _____

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



TRACI PERRY, CPM

CLERK OF THE CIRCUIT COURT AND COMPTROLLER
CITRUS COUNTY, FLORIDA

161089

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

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

APPLICATION NO: 2026-0180TD

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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.

NOTARY PUBLIC or DEPUTY CLERK

My Commission Expires: _____

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