



**ANGELA VICK**

CLERK OF THE CIRCUIT COURT AND COMPTROLLER  
CITRUS COUNTY, FLORIDA

Clerk of the County Court  
Recorder of Deeds  
Clerk and Accountant of the Board of County  
Commissioners  
Custodian of County Funds  
County Auditor

110 North Apopka Ave  
Inverness, FL 34450  
Telephone: (352) 341-6468  
Fax: (352) 341-6477  
TaxDeeds@clerk.citrus.fl.us  
www.clerk.citrus.fl.us

**NOTICE OF SURPLUS**

TO: DEBRA A SMITH  
3070 NW 3RD ST  
POMPANO BEACH, FL 33069

RE: **TDA#: 2016-0450TD**  
CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
CERTIFICATE NUMBER: 13-9358

DESCRIPTION OF PROPERTY:  
GULF HIGHWAY LAND UNIT 9 PB 4 PG 133 LOT 17

Pursuant to Chapter 197 of the Florida Statutes, the above property was sold at public auction on the **15th day of February, 2017**. A surplus of **\$996.02** less Clerk's fees and costs, and any unpaid governmental liens/taxes remains in the possession of the Clerk. This money will be held by the Clerk for up to one year from the date of the sale for the benefit of persons having interest in the subject property.

Attached hereto is a copy of the abstract of this property received from the office of the Tax Collector reflecting all such persons as described in Subsection 197.502 (4), F.S., having an interest in the subject property. The excess funds will be used to satisfy in full, to the extent possible, each senior mortgage or lien in the property before distribution of any funds to any junior mortgage or lien.

In order to be considered for distribution of these funds from the Clerk of Circuit Court's office, **you must submit a notarized statement of claim to this office, detailing the particulars of your claim and/or lien, and the amounts currently due, and a completed W9 form within ninety (90) days of the date of this notice.** After examination of the statements of claim filed, this office will disburse according to priority.

The collection of your information is authorized under federal or state law, or otherwise required by this agency and is imperative for the performance of our duties and responsibilities as prescribed by law.

Dated this 21st day of February, 2017

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

By: Kym Ceccoli  
Kym Ceccoli, Deputy Clerk





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**CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE**

**Note: The Clerk must pay all valid liens before distributing to a titleholder**

Claimant's name \_\_\_\_\_  
Contact name if claimant is not an individual \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone no. \_\_\_\_\_  
Email address \_\_\_\_\_

Tax deed no. 2016-0450TD Date of sale (if known) 2/15/2017 10:00:00AM

\*This is where payment will be mailed

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

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

I am a \_\_\_\_\_Lienholder \_\_\_\_\_Titleholder.

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

A. Type of Lien: \_\_\_Mortgage \_\_\_Court Judgment \_\_\_Other-Describe in detail:

\_\_\_\_\_

If your lien is recorded in the Citrus County Official Records, list the following, if known:

Recording date \_\_\_\_\_ Instrument # \_\_\_\_\_ Book# \_\_\_\_\_ Page# \_\_\_\_\_

B. Original Amount of Lien \$ \_\_\_\_\_

C. Amount Remaining Due (include interest, if applicable) \$ \_\_\_\_\_

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

A. Nature of title: \_\_\_Deed \_\_\_Court Judgment \_\_\_Other-Describe in detail:

\_\_\_\_\_

If your title is recorded in the Citrus County Official Records, list the following, if known:

Recording date \_\_\_\_\_ Instrument # \_\_\_\_\_ Book# \_\_\_\_\_ Page# \_\_\_\_\_

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

C. Do you claim this property was your homestead at the time of sale? \_\_\_Yes \_\_\_No

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

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Claimant

STATE OF \_\_\_\_\_

**\*\* NOTARIZATION NOT REQUIRED IF CLAIM IS BEING WAIVED\*\***

COUNTY \_\_\_\_\_

Sworn to me affirmed and signed before me on \_\_\_\_\_ by \_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Deputy Clerk

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

\_\_\_Personally known \_\_\_Produced ID

Type of ID produced \_\_\_\_\_



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**NOTICE OF SURPLUS**

TO: DEBRA A SMITH  
PO BOX 934293  
MARGATE, FL 33093

RE: **TDA#: 2016-0450TD**  
CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
CERTIFICATE NUMBER: 13-9358

DESCRIPTION OF PROPERTY:  
GULF HIGHWAY LAND UNIT 9 PB 4 PG 133 LOT 17

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CITRUS COUNTY, FL

By: Kym Ceccoli  
Kym Ceccoli, Deputy Clerk





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Claimant's name \_\_\_\_\_  
Contact name if claimant is not an individual \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Phone no. \_\_\_\_\_  
Email address \_\_\_\_\_

Tax deed no. 2016-0450TD Date of sale (if known) 2/15/2017 10:00:00AM

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\_\_\_\_\_  
Type of ID produced \_\_\_\_\_

\_\_\_\_\_  
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TO: DEBRA A SMITH  
125 BENSON ST  
ALBANY, NY 12206-2122

RE: **TDA#: 2016-0450TD**  
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By: Kym Ceccoli  
Kym Ceccoli, Deputy Clerk





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By: Kym Ceccoli  
Kym Ceccoli, Deputy Clerk





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Signature: \_\_\_\_\_

Claimant

STATE OF \_\_\_\_\_

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Notary Public or Deputy Clerk

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

\_\_\_Personally known \_\_\_Produced ID

Type of ID produced \_\_\_\_\_

**UNITED STATES POSTAL SERVICE**

Code: 2016-0450TD OVERBIDS



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 2331 Overbids  
ANGELA VICK  
CLERK OF CIRCUIT COURT  
110 N Apopka Ave  
Inverness, FL 34450



9290 9969 0099 9713 2025 53

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

**1. Article Addressed to:**

2016-0450TD OVERBIDS  
 DEBRA A SMITH  
 8711 EAST MOCCASIN SLOUGH ROAD  
 INVERNESS, FL 34450



9290 9969 0099 9713 2025 53

**2. Article Number (Transfer from service label)**

9214 7969 0099 9790 1613 2025 46

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

 Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

**3. Service Type**

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®

9214 7969 0099 9790 1613 2025 46

**Certified Mail Fee**

\$ 3.35

**Extra Services & Fees** (check box, add fee as appropriate)

- Return Receipt (hardcopy) \$ 2.75
- Return Receipt (electronic) \$ \_\_\_\_\_
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ \_\_\_\_\_

Postmark  
Here

110

**Postage**

\$ 0.670

**Total Postage and Fees**

\$ 6.770

**Sent To**

2016-0450TD OVERBIDS

DEBRA A SMITH

8711 EAST MOCCASIN SLOUGH ROAD

INVERNESS, FL 34450

*Street, Apt. No.,  
or PO Box No.*

*City, State, Zip+4*

Code: 2016-0450TD OVERBIDS



**ANGELA VIC**  
 CLERK OF CIRCUIT COURT  
 110 NORTH APOPKA AVENUE  
 INVERNESS, FLORIDA 34449

*Handwritten signature*



9214 7969 0099 9790 1613 2022 87

2016-0450TD OVERBIDS  
 DEBRA A SMITH  
 3070 NW 3RD ST  
 POMPANO BEACH, FL 33069

34450>4299

Hasler

FIRST-CLASS MAIL

02/22/2017

**US POSTAGE**

**\$06.77<sup>0</sup>**

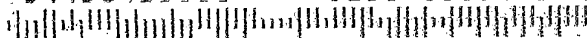


ZIP 34450  
 011D11644143

NIXIE 333 DE 1 0002/26/17

RETURN TO SENDER  
 NO SUCH NUMBER  
 UNABLE TO FORWARD

BC: 34450429999 \*0198-00024-26-39



Reorder Form LCD-811R rev. 05/15

Batch #: 9  
Article #: 92147969009997901613202287  
Date/Time:  
Code: 2016-0450TD OVERBIDS

Internal File #:  
Internal Code:

**UNITED STATES POSTAL SERVICE**

Code: 2016-0450TD OVERBIDS



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

**TAX DEED 2331 Overbids  
ANGELA VICK  
CLERK OF CIRCUIT COURT  
110 N Apopka Ave  
Inverness, FL 34450**



9290 9969 0099 9713 2022 94

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 POMPANO BEACH, FL 33069 .



9290 9969 0099 9713 2022 94

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9214 7969 0099 9790 1613 2022 87

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## A. Signature

**X**

- Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |



**ANGELA VIC**  
CLERK OF CIRCUIT COURT  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 344

*LIN  
02-27*

**CERT**



9214 7969 0099 9790 1613 2024 78

2016-0450TD OVERBIDS  
DEBRA A SMITH  
125 BENSON ST  
ALBANY, NY 12206-2122

*REFUSED*

Hasler

02/22/2017

**US POSTAGE**

FIRST-CLASS MAIL

**\$06.77<sup>0</sup>**



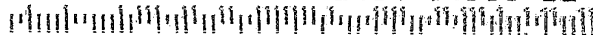
ZIP 34450  
011D11644143

NEXIE - 001 DE 1 0003/11/17

RETURN TO SENDER  
REFUSED  
UNABLE TO FORWARD

3 4 4 5 0 4 2 9 9 9

BC: 3445042999 \*1484-04500-11-03



PLACE STICKER  
OF THE RETURN

Batch #: 9  
Article #: 92147969009997901613202478  
Date/Time:  
Code: 2016-0450TD OVERBIDS

Internal File #:  
Internal Code:

**UNITED STATES POSTAL SERVICE**

Code: 2016-0450TD OVERBIDS



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 2331 Overbids  
ANGELA VICK  
CLERK OF CIRCUIT COURT  
110 N Apopka Ave  
Inverness, FL 34450



9290 9969 0099 9713 2023 79

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

2016-0450TD OVERBIDS  
 DEBRA A SMITH  
 PO BOX 934293  
 MARGATE, FL 33093



9290 9969 0099 9713 2023 79

## 2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 2023 62

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**

- Agent  
 Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

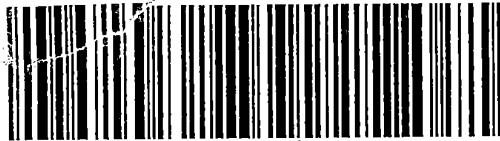
- D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |



**ANGELA VI**  
 CLERK OF CIRCUIT COURT  
 110 NORTH APOPKA AVEN  
 INVERNESS, FLORIDA 344



9214 7969 0099 9790 1613 2023 62

Hasler

02/22/2017

**US POSTAGE**

FIRST-CLASS MAIL

**\$06.77<sup>0</sup>**



ZIP 34450  
 011D11644143

2016-0450TD OVERBIDS  
 DEBRA A SMITH  
 PO BOX 934293  
 MARGATE, FL 33093

~~330934528-1A~~ 03/06/17  
 NIXIE 333 FE 1 0003/15/17

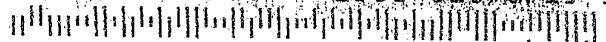
RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

9400921506073460

330934293

BC: 34450429999 \*1506-01076-15-39

34450>4299



Reorder Form LCD-811R rev. 05/15

APPROVED FOR

Batch #: 9

Article #: 92147969009997901613202362

Date/Time:

Code: 2016-0450TD OVERBIDS

Internal File #:

Internal Code:

**UNITED STATES POSTAL SERVICE**

Code: 2016-0450TD OVERBIDS.



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box •

TAX DEED 2331 *Overbids*  
ANGELA VICK  
CLERK OF CIRCUIT COURT  
110 N Apopka Ave  
Inverness, FL 34450



9290 9969 0099 9713 2024 85

**SENDER: COMPLETE THIS SECTION**

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- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

2016-0450TD OVERBIDS  
 DEBRA A SMITH  
 125 BENSON ST  
 ALBANY, NY 12206-2122



9290 9969 0099 9713 2024 85

## 2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 2024 78

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

**X**

- 
- Agent
- 
- 
- Addressee

## B. Received by (Printed Name)

## C. Date of Delivery

- D. Is delivery address different from item 1?  Yes  
 If YES enter delivery address below:  No

## 3. Service Type

- |  |   |
|--|---|
| <input type="checkbox"/> Adult Signature                               | <input type="checkbox"/> Priority Mail Express®                     |
| <input type="checkbox"/> Adult Signature Restricted Delivery           | <input type="checkbox"/> Registered Mail™                           |
| <input type="checkbox"/> Certified Mail®                               | <input type="checkbox"/> Registered Mail Restricted Delivery        |
| <input type="checkbox"/> Certified Mail Restricted Delivery            | <input type="checkbox"/> Return Receipt for Merchandise             |
| <input type="checkbox"/> Collect on Delivery                           | <input type="checkbox"/> Signature Confirmation™                    |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery       | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail                                  |   |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) |   |