



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: GUNTER MEWES
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614

RE: **TDA#: 2016-0535TD**
CERTIFIED MAIL
RETURN RECEIPT REQUESTED
CERTIFICATE NUMBER: 13-5492

DESCRIPTION OF PROPERTY:
SUGARMILL WOODS CYPRESS VLG PB 9 PG 86 LOT 22 BLK 13

Pursuant to Chapter 197 of the Florida Statutes, the above property was sold at public auction on the **1st day of March, 2017**. A surplus of **\$1,662.82** 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 13th day of March, 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. 2016-0535TD Date of sale (if known) 3/1/2017 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:

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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:

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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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INGLIS, FL 34449

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CITRUS COUNTY, FL

By: Kym Ceccoli
Kym Ceccoli, Deputy Clerk





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Notary Public or Deputy Clerk

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

Type of ID produced _____

Type of ID produced _____



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NOTICE OF SURPLUS

TO: DANIEL L ALLEN EST
PO BOX 4
INGLIS, FL 34449

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CERTIFICATE NUMBER: 13-5492

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By: *Kym Ceccoli*
Kym Ceccoli, Deputy Clerk





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Date: _____ Signature: _____
Claimant

STATE OF _____
COUNTY _____

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Sworn to me affirmed and signed before me on _____ by _____.

Notary Public or Deputy Clerk
____ Personally known _____ Produced ID
Type of ID produced _____

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



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TO: DANIEL L ALLEN EST
11491 N HONEY JORDAN PT
INGLIS, FL 34449

RE: **TDA#: 2016-0535TD**
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CITRUS COUNTY, FL

By: Kym Ceccoli
Kym Ceccoli, Deputy Clerk





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Signature: _____

Claimant

STATE OF _____

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COUNTY _____

Sworn to me affirmed and signed before me on _____ by _____.

Notary Public or Deputy Clerk

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

Type of ID produced _____

Type of ID produced _____



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NOTICE OF SURPLUS

TO: DANIEL LEE ALLEN EST
C/O SHERRY E DOUGLAS
4505 OLE LOG LN
KERNERSVILLE, NC 27284

RE: **TDA#: 2016-0535TD**
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RETURN RECEIPT REQUESTED
CERTIFICATE NUMBER: 13-5492

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CITRUS COUNTY, FL

By: Kym Ceccoli
Kym Ceccoli, Deputy Clerk





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NOTICE OF SURPLUS

TO: CYPRESS VILLAGE PROPERTY OWNERS ASSOCIATION INC
C/O VILLAGES SERVICES CO-OPERATIVE
2541 N RESTON TER
HERNANDO, FL 34442

RE: **TDA#: 2016-0535TD**
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CERTIFICATE NUMBER: 13-5492

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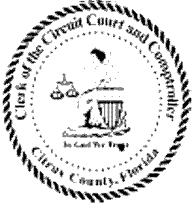
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TO: ROBERT L TANKEL ESQ
ROBERT L TANKEL PA
1022 MAIN ST STE D
DUNEDIN, FL 34698

RE: **TDA#: 2016-0535TD**
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RETURN RECEIPT REQUESTED
CERTIFICATE NUMBER: 13-5492

DESCRIPTION OF PROPERTY:

SUGARMILL WOODS CYPRESS VLG PB 9 PG 86 LOT 22 BLK 13

Pursuant to Chapter 197 of the Florida Statutes, the above property was sold at public auction on the **1st day of March, 2017**. A surplus of **\$1,662.82** 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 13th day of March, 2017

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

By: Kym Ceccoli
Kym Ceccoli, Deputy Clerk





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

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. 2016-0535TD Date of sale (if known) 3/1/2017 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]

Type of ID produced _____

Type of ID produced _____

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1613 5990 73

Certified Mail Fee

\$ 3.35

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

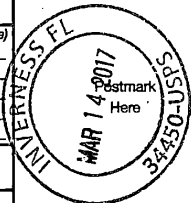
- Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.670

Total Postage and Fees

\$ 6.770



Sent To

2016-0535TD OVERBIDS
GUENTER MEWES
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614

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

City, State, Zip+4

Code: 2016-0535TD OVERBIDS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

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9214 2969 0099 9290 1613 6130 90

Certified Mail Fee

\$ 3.35

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

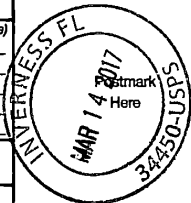
- Return Receipt (hardcopy) \$ 2.75
- Return Receipt (electronic) \$ _____
- Certified Mail Restricted Delivery \$ _____
- Adult Signature Required \$ 0.00
- Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.670

Total Postage and Fees

\$ 6.770



Sent To

2016-0535TD OVERBIDS
GUENTER MEWES
PO BOX 4
INGLIS, FL 34449

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

City, State, Zip+4

Code: 2016-0535TD OVERBIDS

U.S. Postal Service™
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9214 7969 0099 9790 1613 6133 73

Certified Mail Fee

\$ 3.35

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

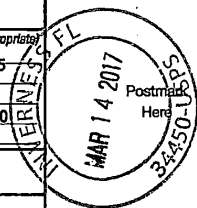
- Return Receipt (hardcopy) \$ 2.75
 Return Receipt (electronic) \$ _____
 Certified Mail Restricted Delivery \$ _____
 Adult Signature Required \$ 0.00
 Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.670

Total Postage and Fees

\$ 6.770



Sent To

2016-0535TD OVERBIDS
DANIEL L ALLEN EST
PO BOX 4
INGLIS, FL 34449

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

City, State, Zip+4

Code: 2016-0535TD OVERBIDS

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

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1613 6134 34

Certified Mail Fee

\$ _____
\$3.35
Extra Services & Fees (check box, add fee as appropriate)

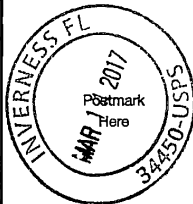
<input type="checkbox"/> Return Receipt (hardcopy)	\$ _____
<input type="checkbox"/> Return Receipt (electronic)	\$ <u>\$2.75</u>
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ <u>\$0.00</u>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$ \$0.670

Total Postage and Fees

\$ \$6.770



Sent To

2016-0535TD OVERBIDS
DANIEL L ALLEN EST
11491 N HONEY JORDAN PT
INGLIS, FL 34449

Street, Apt. No.,

or PO Box No.

City, State, Zip+4

Code: 2016-0535TD OVERBIDS

U.S. Postal Service™
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For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1613 6135 26

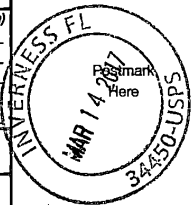
Certified Mail Fee

\$ 3.35
Extra Services & Fees (check box, add fee as appropriate)

<input type="checkbox"/> Return Receipt (hardcopy)	\$ <u>2.75</u>
<input type="checkbox"/> Return Receipt (electronic)	\$ _____
<input type="checkbox"/> Certified Mail Restricted Delivery	\$ _____
<input type="checkbox"/> Adult Signature Required	\$ <u>0.00</u>
<input type="checkbox"/> Adult Signature Restricted Delivery	\$ _____

Postage

\$ 0.670
Total Postage and Fees
\$ 6.770



Sent To

Street, Apt. No.,
or PO Box No.
City, State, Zip+4

2016-0535TD OVERBIDS
DANIEL LEE ALLEN EST
C/O SHERRY E DOUGLAS
4505 OLE LOG LN
KERNERSVILLE, NC 27284

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1613 6136 49

Certified Mail Fee

\$ 3.35

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

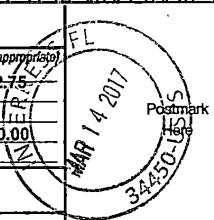
- | | |
|--|----------------|
| <input type="checkbox"/> Return Receipt (hardcopy) | \$ <u>2.75</u> |
| <input type="checkbox"/> Return Receipt (electronic) | \$ _____ |
| <input type="checkbox"/> Certified Mail Restricted Delivery | \$ _____ |
| <input type="checkbox"/> Adult Signature Required | \$ <u>0.00</u> |
| <input type="checkbox"/> Adult Signature Restricted Delivery | \$ _____ |

Postage

\$ 0.670

Total Postage and Fees

\$ 6.770



Sent To

2016-0535TD OVERBIDS
CYPRESS VLG PRPTY OWNERS ASSOC INC
C/O VILLAGES SERVICES CO-OPERATIVE
2541 N RESTON TER
HERNANDO, FL 34442

Street, Apt. No.,

or PO Box No.

City, State, Zip+4

Code: 2016-0535TD OVERBIDS

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit our website at www.usps.com®

9214 7969 0099 9790 1613 6166 95

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

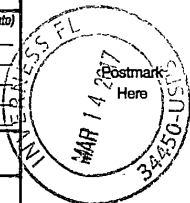
Adult Signature Restricted Delivery \$ _____

Postage

\$ 0.670

Total Postage and Fees

\$ 6.770



Sent To

2016-0535TD OVERBIDS
ROBERT L TANKEL ESQ
ROBERT L TANKEL PA
1022 MAIN ST STE D
DUNEDIN, FL 34698

Street, Apt. No.,

or PO Box No.

City, State, Zip+4

2016-0535TD-OVERBIDS

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:

2016-0535TD OVERBIDS
 CYPRESS VLG PRPTY OWNERS ASSOC INC
 C/O VILLAGES SERVICES CO-OPERATIVE
 2541 N RESTON TER
 HERNANDO, FL 34442



9290 9969 0099 9713 6136 56

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 6136 49

COMPLETE THIS SECTION ON DELIVERY**A. Signature**

X *Kinda Ames* Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery**

3-16-07

- 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) | |

UNITED STATES POSTAL SERVICE

Code: 2016-0535TD OVERBIDS



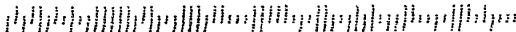
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 6167 01



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:

2016-0535TD OVERBIDS
 ROBERT L TANKEL ESQ
 ROBERT L TANKEL PA
 1022 MAIN ST STE D
 DUNEDIN, FL 34698



9290 9969 0099 9713 6167 01

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 6166 95

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

[Handwritten Signature]

- Agent
 Addressee

B. Received by (Printed Name)

[Handwritten Name]

C. Date of Delivery

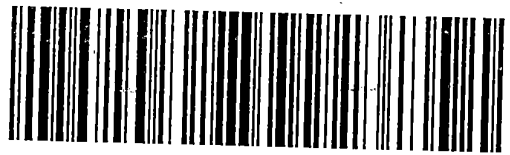
- D. Is delivery address different from item 1?** Yes
 If YES enter delivery address below: No

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 34451



9214 7969 0099 9790 1613 6133 73

Hasler

03/14/2017

US POSTAGE

FIRST-CLASS MAIL

\$06.77⁰



ZIP 34450
011D11644143

ANK

2016-0535TD OVERBIDS
DANIEL L ALLEN EST
PO BOX 4
INGLIS, FL 34449

*Attempted
3/16/17*

NIXIE 322 DE 1 0003/17/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK

BC: 34450429999 *0638-04180-14-45

34450429999



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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:

2016-0535TD OVERBIDS
DANIEL L ALLEN EST
PO BOX 4
INGLIS, FL 34449



9290 9969 0099 9713 6133 80

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 6133 73

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

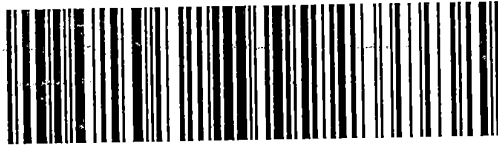
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered 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) | |

Batch #: 9
 Article #: 92147969009997901613613373
 Date/Time:
 Code: 2016-0535TD OVERBIDS

Internal File #:
 Internal Code:



ANGELA VIC
 CLERK OF CIRCUIT COURT &
 110 NORTH APOPKA AVENUE
 INVERNESS, FLORIDA 34456



9214 7969 0099 9790 1613 6134 34

2016-0535TD OVERBIDS
 DANIEL L ALLEN EST
 11491 N HONEY JORDAN PT
 INGLIS, FL 34449

NMR

Hasler

FIRST-CLASS MAIL

03/14/2017

US POSTAGE

\$06.77⁰



ZIP 34450
 011D11644143

NIXIE

922 DE 1

0003/17/17

RETURN TO SENDER
 NO MAIL RECEPTACLE
 UNABLE TO FORWARD

NMR

BC: 34450429999

*0638-04181-14-4E

~~34450429999~~ 4792



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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:

2016-0535TD OVERBIDS
DANIEL L ALLEN EST
11491 N HONEY JORDAN PT
INGLIS, FL 34449



9290 9969 0099 9713 6134 41

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 6134 34

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

 Agent AddresseeB. 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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

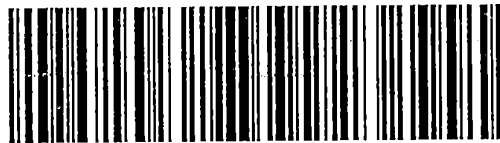
Batch #: 9
Article #: 92147969009997901613613434
Date/Time:
Code: 2016-0535TD OVERBIDS

Internal File #:
Internal Code:



ANGELA VIC
CLERK OF CIRCUIT COURT &
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34450

ANK



9214 7969 0099 9790 1613 6130 90

2016-0535TD OVERBIDS
GUENTER MEWES
PO BOX 4
INGLIS, FL 34449

Hasler

FIRST-CLASS MAIL

03/14/2017

US POSTAGE

\$06.77⁰



ZIP 34450
011D11644143

*Attempted
3/16/17*

NIXIE 322 FE 1 0003/17/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

ANK

BC: 34450429999 *0638-04179-14-45

34450429999



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE**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:

2016-0535TD OVERBIDS
GUENTER MEWES
PO BOX 4
INGLIS, FL 34449



9290 9969 0099 9713 6131 06

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 6130 90

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) | |

Batch #: 9
Article #: 92147969009997901613613090
Date/Time:
Code: 2016-0535TD OVERBIDS

Internal File #:
Internal Code:

GREENSBORO

UNITED STATES POSTAL SERVICE

Code: 2016-0535TD OVERBIDS

FN 3 L



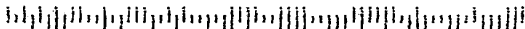
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• 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 6135 33



SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3.

Print your name and address on the reverse that we can return the card to you.

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

Article Addressed to:

2016-0535TD OVERBIDS
 DANIEL LEE ALLEN EST
 C/O SHERRY E DOUGLAS
 4505 OLE LOG LN
 KERNERSVILLE, NC 27284



9290 9969 0099 9713 6135 33

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 6135 26

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Sherry Douglas

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

3-17-17

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

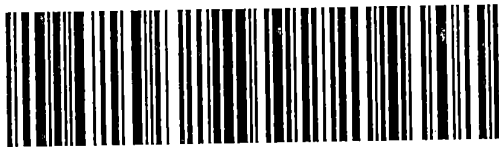
3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery



ANGELA VIC
CLERK OF CIRCUIT COURT
110 NORTH APOPKA AVENUE
INVERNESS, FLORIDA 34455



9214 7969 0099 9790 1613 5990 73

Hasler

03/14/2017

US POSTAGE

FIRST-CLASS MAIL

\$06.77⁰



ZIP 34450
011D11644143

2016-0535TD OVERBIDS
GUENTER MEWES
2100 N LINCOLN PARK WEST
CHICAGO, IL 60614

UNKNOWN

NIXIE

000 DE 1

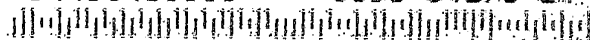
0000/22/17

RETURN TO SENDER
ATTEMPTED - NOT KNOWN
UNABLE TO FORWARD

9400022376079430

5061484549 ANK
344502299 0007

BC: 34450429999 *0638-04178-14-40



Reorder Form LCD-811R rev. 05/15

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

Batch #: 9
Article #: 92147969009997901613599073
Date/Time:
Code: 2016-0535TD OVERBIDS

Internal File #:
Internal Code:

UNITED STATES POSTAL SERVICE

Code: 2016-0535TD 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 5990 80

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:

2016-0535TD OVERBIDS
 GUENTER MEWES
 2100 N LINCOLN PARK WEST
 CHICAGO, IL 60614



9290 9969 0099 9713 5990 80

2. Article Number (Transfer from service label)

9214 7969 0099 9790 1613 5990 73

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) | |