



**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.citrusclerk.org

**NOTICE OF SURPLUS**

TO: JOHN L DAROS ET AL  
ATTN L L GRIM  
2258 DANFORTH RD  
SPRING HILL, FL 34608

RE: **TDA#: 2017-0393TD**  
CERTIFIED MAIL  
RETURN RECEIPT REQUESTED  
CERTIFICATE NUMBER: 14-3867

DESCRIPTION OF PROPERTY:

CITRUS SPGS UNIT 23 PB 7 PG 115LOT 15 BLK 1707

Pursuant to Chapter 197 of the Florida Statutes, the above property was sold at public auction on the **24th day of January, 2018**. A surplus of **\$286.20** 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 29th day of January, 2018

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 \_\_\_\_\_  
Date of sale (if known) 1/24/2018 10:00:00AM  
Tax deed no. 2017-0393TD

\*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 \_\_\_\_\_



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TO: LINDA GRIM  
1600 FIRE AVENUE  
MEDFORD, NY 11763

RE: **TDA#: 2017-0393TD**  
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RETURN RECEIPT REQUESTED  
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By: *Kym Ceccoli*  
Kym Ceccoli, Deputy Clerk





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Email address \_\_\_\_\_  
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COUNTY \_\_\_\_\_

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Notary Public or Deputy Clerk [Print, type, or stamp commissioned name of notary  
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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](http://www.usps.com)®

Certified Mail Fee 9214 7969 0099 9790 1619 2819 96

\$

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

- Return Receipt (hardcopy) \$ 3.95
- Return Receipt (electronic) \$ \$2.75
- Certified Mail Restricted Delivery \$ \_\_\_\_\_
- Adult Signature Required \$ \_\_\_\_\_
- Adult Signature Restricted Delivery \$ \$0.00

Postage

\$

\$0.680

Total Postage and Fees

\$

\$6.880



Sent To

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

2017-0393TD  
Linda Grim  
1600 Fire Avenue  
Medford, NY 11763

PS Form 3800, April 2015

See Reverse for Instructions

Code: 2017-0393TD  
Code: Linda Grim

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Certified Mail Fee 8214 7969 0099 9790 1619 2819 27

\$

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

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

Postage

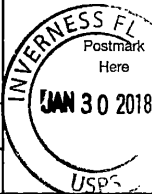
\$

\$0.680

Total Postage and Fees

\$

\$6.880



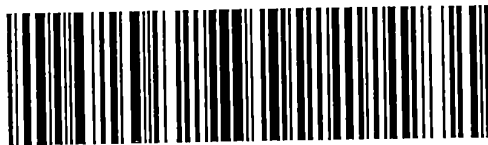
Sent To

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

2017-0393TD  
John L Daros Et Al  
Attn L L Grim  
Spring Hill, FL 34608



**ANGELA VIC**  
 CLERK OF CIRCUIT COURT  
 110 NORTH APOPKA AVENUE  
 INVERNESS, FLORIDA 34418



9214 7969 0099 9790 1619 2819 27



U.S. POSTAGE >> PITNEY BOWES



ZIP 34450 \$ 006.88<sup>0</sup>  
 02 4W  
 0000353537 JAN 30 2018

2017-0393TD  
 John L Daros Et Al  
 Attn L L Grim  
 Spring Hill, FL 34608

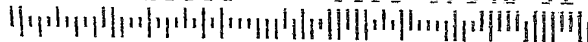
NIXIE 339 DE 1 0002/04/18

RETURN TO SENDER  
 INSUFFICIENT ADDRESS  
 UNABLE TO FORWARD

IA

3445042999  
 3460835353

BC: 3445042999 \*0538-07945-31-00



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:

2017-0393TD  
John L Daros Et Al  
Attn L L Grim  
Spring Hill, FL 34608



9290 9969 0099 9719 2819 34

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

9214 7969 0099 9790 1619 2819 27

**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

 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 #: 92147969009997901619281927

Article #: 92147969009997901619281927

Date/Time:

Code: 2017-0393TD

Code2: John L Daros Et Al

Internal File #:  
Internal Code:



**ANGELA VIC**  
CLERK OF CIRCUIT COURT &  
110 NORTH APOPKA AVENUE  
INVERNESS, FLORIDA 3445



9214 7969 0099 9790 1619 2819 96



U.S. POSTAGE >>> PITNEY BOWES



ZIP 34450 \$ 006.88<sup>0</sup>  
02 4W  
0000353537 JAN 30 2018

2/5  
2/10  
2/20

2017-0393TD  
Linda Grim  
1600 Fire Avenue  
Medford, NY 11763

LDY  
213118  
KIL

NOV 10 100 DE 1 0003/01/10

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

34450423199 \*0145-04093-01-02



Reorder Form LCD-811R rev. 05/15

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

Batch #: 3  
Article #: 92147969009997901619281996  
Date/Time:  
Code: 2017-0393TD  
Code2: Linda Grim

Internal File #:  
Internal Code:

**UNITED STATES POSTAL SERVICE**

Code: 17-0393TD

Code2: Linda Grim



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

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

**TAX DEF 112**

**ANGELA VICK**

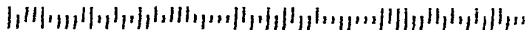
**CLERK OF CIRCUIT COURT**

**110 N Apopka Ave**

**Inverness, FL 34450**



9290 9969 0099 9719 2820 09



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9290 9969 0099 9719 2820 09

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9290 9969 0099 9719 2819 96

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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        |   |