RACHEL M. SADOFF, CFCC
CLERK OF THE CIRCUIT COURT & COMPTROLLER
EIGHTEENTH JUDICIAL CIRCUIT
BREVARD COUNTY, FLORIDA

CUSTOMER SERVICE
POST OFFICE BOX 219
TITUSVILLE, FLORIDA 32781 - 0219

MAIN (321) 637-5413
TAX DEEDS (321) 637-2007
WWW.BREVARDCLERK.US

INFORMATION REGARDING MAKING A CLAIM TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE

FAILURE TO INCLUDE ANY OF THE DOCUMENTATION LISTED BELOW MAY DELAY YOUR CLAIM AND MAY RESULT IN DISBURSEMENT NOT BEING MADE TO YOU. IT IS INCUMBENT ON A CLAIMANT TO PROVIDE CORRECT AND COMPLETE INFORMATION IN ORDER TO FACILITATE REVIEW OF CLAIMS AND DISBURSEMENT.

Individual Claims

If you are submitting a claim, please make sure you have included the following documentation:

- ✓ A completed and notarized statement of claim.
- ✓ A completed (signed and dated) W-9 form, or a W-8 if you reside outside of the United States of America.
- ✓ Color photocopies (front and back) of **two** forms of government-issued identification (i.e. a driver's license, passport, state I.D. card, etc.) Please ensure these copies are clear and legible.

Claims of Heirs or Assignees

In addition to the items listed above, you will also need to provide the following:

- ✓ A certified copy of Letters of Administration that are **2 years current and in full force and effect**
- ✓ A certified copy of a court order disbursing the funds to you
- ✓ A fully executed assignment of interest, if claiming as an assignee. If claiming as an assignee, we require two forms of I.D. for the owner/registered agent.

Claims of Lienholders

In addition to the items listed for Individual Claims, you will need to provide:

- ✓ A current accounting or ledger of total amount owed to you as a lienor.
- ✓ A book and page where your lien was recorded and a copy of the lien.
- ✓ A completed (signed and dated) W-9 form.

All claims will be processed according to § 197.582, Florida Statutes. Pursuant to § 197.582(4)(a), Florida Statutes, the Clerk will wait five days to account for timely postmarked surplus claims during the period set forth in § 197.582(3). Additional information may be required from claimant to verify a claim, and the Clerk may need to institute legal action to determine priority of claims. If you have any questions, prior to submitting your claim, please contact the Tax Deed Department at (321) 637-2007 or taxdeedclerks@brevardclerk.us.

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Complete and return to:
Brevard County Clerk of the Circuit Court
Tax Deed Clerks
P.O. Box 219, Titusville, Florida 32781-0219
taxdeedclerks@brevardclerk.us

CLAIM TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE

Note: 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: _____
Telephone No.: _____
Email address: _____
Tax Deed No.: _____

☐ 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 (check one): ☐ Lienholder ☐ Titleholder

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

Type: ☐ Mortgage ☐ Court judgment ☐ Other (describe) _____

If your lien is recorded in the county's official records, list the following, if known:

Recording date: _____ Instrument #: _____ Book: _____ Page: _____

Date of sale: _____

Original amount of lien: $_____

Amounts due: $_____

Principal remaining due: $_____

Interest due: $_____

Fees and costs due, including late fees: $_____

Attorney fees: $_____

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TITLEHOLDER INFORMATION

(Complete if claim is based on title formerly held on sold property)

Nature of title: ☐ Deed ☐ Court judgment ☐ Other (describe) _____

If your former title is recorded in the county's official records, list the following, if known:

Recording date: _____ Instrument #: _____ Book: _____ Page: _____

Amount of surplus tax deed sale proceeds claimed: $ _____

Does the titleholder claim the subject property was homestead property? ____ Yes ____ No

VERIFICATION OF CLAIM TO RECEIVE
SURPLUS PROCEEDS OF A TAX DEED SALE

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

_____ _____
Date Signature of Claimant

STATE OF _____
COUNTY OF _____

Sworn to or affirmed and signed before me on the _____ day of _____, 20_____,
by _____, who is ☐ personally known ☐ produced _____ as identification.

_____
Signature of Notary Public/Deputy Clerk

(S E A L)

_____
Printed Name of Notary Public/Deputy Clerk