

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

By mail: Miami-Dade County Clerk of the Circuit Court
Tax Deed Unit
111 NW 1st St. 12th Floor
Miami, FL 33128
By email: TaxDeedSurplusClaims@miamidade.gov
By Fax: 305-372-6366

**CLAIMS ST BE FILED WITHIN
120 DAYS OF THE DATE
THE SURPLUS NOTICE WAS
MAILED OR THEY ARE
BARRED.**

Tax Deed #: _____ Tax Certificate # (TC): _____ Sale Date of : _____

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 Number: _____
Email Address: _____

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 or Homeowner Association Lien Other, Describe in Detail: _____

If your lien is recorded in Miami-Dade County's Official Records, list the following, if known: Recording Date _____; Book _____ Page _____ or CFN Number _____ R _____ (list multiple book and pages on separate page)

(b) Original Lien Amount: \$ _____ Amounts Due: \$ _____ Principal remaining due: \$ _____
Interest Due: \$ _____ Attorney fees claimed: \$ _____ Fees & Costs* \$ _____ (*Including late fees. Describe costs in detail, include additional sheets if needed)

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

(a) Nature of title (check one) Deed Court Judgment; Other (Describe in detail) _____

(b) If your former title is recorded in the Miami-Dade County's Official Records, list the following; If known
Recording Date _____ Book _____ Page _____ or CFN Number _____ R _____

(c) Amount of surplus tax deed sale proceeds claimed: \$ _____

(d) Does the titleholder claim the subject property was homestead property ____ Yes ____ No

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

Signature of Claimant: _____ Print Name & Title: _____

STATE OF _____

COUNTY OF _____

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

Signature of Notary Public

My Commission Expires: