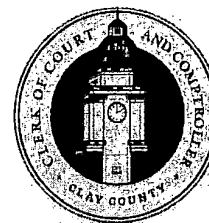


Complete and return to: **TARA S. GREEN**
Clay County Clerk & Comptroller
825 N Orange Ave • P O Box 698, Green Cove Springs, FL 32043
OFFICE: 904-529-4221
FAX: 904-278-4768
Email: taxdeedinfo@clayclerk.com



FILED
TARA S GREEN

2023 JAN 4 AM 8:52

CLAY COUNTY CLERK OF COURT
AND COMPTROLLER

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Tax Deed #: 2021-0155TD Certificate #: 1651/2019 Date of Sale: 6/22/2022

NOTE: **CLAIMS MUST BE FILED WITHIN 120 DAYS OF THE DATE OF THE SURPLUS NOTICE OR THEY ARE BARRED, OTHER THAN PROPERTY OWNER CLAIMS.**

The Clerk of the Court must pay all valid liens before distributing surplus funds to a titleholder.

Claimant's name: Theresa Harris (Clayton O. Harris) husband

Contact name, if applicable:

Address: 5971 Longbranch Rd Jacksonville Florida 32234

Phone Number: 904-289-7886 - 904-803-7064

Email address:

I am a (check one): Lienholder Titleholder

Select ONE:

I am claiming 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 of Homeowner Association Lien;

Other - describe in detail:

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

Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____

B. Original Lien

Amount: \$ _____ Amount due: \$ _____ Principal Remaining Due: \$ _____

Interest Due: \$ _____ Fees & Costs * \$ _____ Attorney fees claimed: \$ _____

* Including late fees. Describe costs in detail, including additional sheet if needed: _____

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

A. Nature of Title: Deed; Court Judgment; Other - describe in detail:

If your former title is recorded in Clay County's Official Records, list the following, if known:

Recording Date: _____ Instrument #: _____ Book/Page #: _____ / _____

B. Amount of surplus tax deed sale proceeds claimed: \$ 3900.00

C. Does the titleholder claim the subject property was homestead property? Yes No

3. I request that payment of any surplus funds due me be made payable to: Theresa M. Harris
and such payment be mailed to either the address above or to: same as above

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

Signature of Claimant: [Signature] Print Name & Title: Theresa Harris wife (Clayton Harris)

STATE OF Florida
COUNTY OF Clay

The foregoing instrument was sworn to or affirmed and signed before me this 7th day of November, 2023 by _____, who is personally know to me _____ or has produced _____ as identification and who did take an oath.

[Signature]
NOTARY PUBLIC or DEPUTY CLERK



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

