



TARA S. GREEN, CLAY COUNTY CLERK OF COURT AND COMPTROLLER

825 N. Orange Ave, PO Box 698, Green Cove Springs, FL 32043/ Attn: Recording / (904) 529-4221 / taxdeedinfo@clayclerk.com

CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Claimant's Name: FRANKLIN T. HENNIG, PERSONAL REPRESENTATIVE

Contact name if claimant is not an individual: _____

Address* 4500 N. FEDERAL HWY #313B City LIGHTHOUSE POINT State FL Zip Code 33064

Phone Number: (858) 863-7265

Email Address: h2hkfrenni@gmail

Tax Deed Number: 2021-0117TD

Date of Sale (If known): 12/08/2021

☐ I am not making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

☐ I am claiming 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 ☐ Condominium/Home Owner's Association
☐ Other, Describe in detail: _____

If your lien is recorded in the Clay 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): _____
BOOK 4030 PG. 715, ~~AMOUNT OF SURPLUS~~

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

Recording date ~~11/15/2017~~ 11/15/2017; Instrument # _____; Book # 4030 Page # 715

B. Amount of surplus tax sale proceeds claimed \$ 226342.64

C. Do you claim this property was your homestead at the time of the sale? ☐ YES ☒ NO

3. I request that payment of any surplus funds due to me be made payable to ESTATE OF BOONRUEAN HENNIG and such payment be mailed to either the address above or to _____

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

Date: 12/05/2024

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Claimant

STATE OF Florida

COUNTY OF Clay

Sworn to and subscribed before me on this 5th day of December, 2024 by

Franklin T. Hennig

Date: December 5, 2024

[Signature]
NOTARY PUBLIC or DEPUTY CLERK

Tod R. Smith

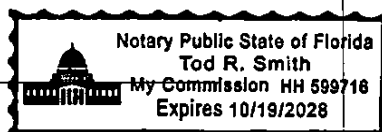
[Print, Type, or stamp commissioned name of notary]

☒ Personally Known

☐ Produced Identification

Type of Identification Produced _____

*This is where payment will be mailed



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