

AFFIDAVIT OF CLAIM TO SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to:

Danny J. Shipp, Clerk Of Circuit Court Levy County
Tax Deeds Department
355 S. Court Street
Bronson, FL 32621

Telephone: (352) 486-5266
Email: levypublic@levyclerk.com
Fax: (352) 486-5166

Tax Deed #: 2021-2295TD Certificate #: 5828-19 Date of Sale: 2/14/2022

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: CAPITAL CITY BANK
Contact name, if applicable: Betsy Doll
Address: 1301 Metropolitan Blvd Tallahassee FL 32308
Phone Number: 850-402-7879
Email address: doll@betsy@ccb6.com
Tax No.: 59-3277398 Date of Sale (if known): 2-14-22

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 of Homeowner Association Lien;
☐ Other - describe in detail: _____

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

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

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

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: _____
and such payment be mailed to either the address above or to: _____

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

Signature of Claimant: Elizabeth M. Doll Print Name & Title: Elizabeth M. Doll
Special Assets

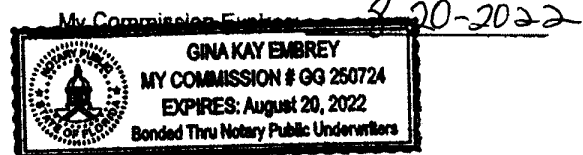
STATE OF FLORIDA
COUNTY OF LEVY

The foregoing instrument was acknowledged before me by means of ☒ physical presence OR ☐ online notarization
this 30 day of March, 2022 by Elizabeth M. Doll

Gina Kay Embrey
(Signature of the Notary Public)

Gina Kay Embrey
(Print Name of Notary Public)

Personally known ☒ OR produced identification ☐ Type of Identification Produced: _____



2022 MAR -9 AM 10:12
DANNY J. SHIPP
CLERK OF CIRCUIT COURT
LEVY COUNTY, FLORIDA