Double Click Attachment to Review Surplus Fund Information

Print Form

IN THE CIRCUIT COURT OF THE THIRTEENTH JUDICIAL CIRCUIT OF THE STATE FLORIDA, IN AND FOR HILLSBOROUGH COUNTY
GENERAL CIVIL DIVISION

_____ Case Number: _____
Plaintiff(s)

vs. Division: _____

_____
Defendant(s)

Owner's Claim for Mortgage Foreclosure Surplus

Under penalty of perjury, I (We) hereby certify that:

1. I was (We were) the owner(s) of the following described real property in Hillsborough County, Florida, prior to the foreclosure sale and as of the date of filing of the lis pendens:

(Legal Description of real property)

2. I (We) do not owe any money on any mortgage on the property that was foreclosed other than the one that was paid off by the foreclosure.

3. I (We) do not owe any money that is the subject of an unpaid judgment, tax warrant, condominium lien, cooperative lien, or homeowners' association.

4. I am (We are) not currently in bankruptcy.

5. I (We) have not sold or assigned my (our) right to the mortgage surplus.

6. My (Our) new address is: _____
_____.

7. If there is more that one owner entitled to the surplus, we have agreed that the surplus should be paid _____ jointly, or to _____, at the following address: _____
_____.

8. I (WE) UNDERSTAND THAT I (WE) AM (ARE) NOT REQUIRED TO HAVE A LAWYER OR ANY OTHER REPRESENTATION AND I (WE) DO NOT HAVE TO ASSIGN MY (OUR)

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RIGHTS TO ANYONE ELSE IN ORDER TO CLAIM ANY MONEY TO WHICH I (WE) MAY BE ENTITLED.

9. I (WE) UNDERSTAND THAT THIS STATEMENT IS GIVEN UNDER OATH, AND IF ANY STATEMENTS ARE UNTRUE THAT I (WE) MAY BE PROSECUTED CRIMINALLY FOR PERJURY.

_____
Signature(s)

State of Florida
County of Hillsborough

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____

_____.

_____
Signature of Notary Public

_____
Print, Type or Stamp Commissioned Name of Notary Public

Personally Known _____or Produced ID_____

Type of ID Produced _____