CLAIM TO RECEIVE SURPLUS PROCEEDS OF A TAX DEED SALE

Complete and return to: Duval County Clerk of Courts
Tax Deeds Department
501 W. Adams Street, Room 1260
Jacksonville, Florida 32202

By Mail: ☐ By Hand Delivery: ☑

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

FILED 12/2/21 PM 2:41 PHILLIPS

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

Claimant's Name: WATAKE INC

If a business, surplus funds payment is to be made payable to: WATAKE INC

Contact Name, if applicable: ADEKUNLE SOGBESAN

Address: 2024 UNIVERSITY BLVD N, JAX FL 32211

Mailing Address for surplus funds payment: SAME AS ABOVE

Telephone Number: 9043349625 Email Address: WATAKEINC@GMAIL.COM

Application #: 6526320148 Real Estate #: 033785-0000

Date of Sale (if known): 10/13/2021

☑ I claim surplus proceeds resulting from the above tax deed sale.
☐ **NO** claim will be filed. I am **NOT** making a claim and waive any claim I might have to the surplus funds on this tax deed sale.

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I am a (check one) ☐ Lienholder; ☑ Titleholder

(1) **LIENHOLDER INFORMATION (Complete if claim is based on a lien against the sold property).**

(a) Type of Lien: ☐ Mortgage; ☐ Court Judgment; ☐ Other

Describe in Detail: _____

_____

IF YOUR LIEN IS RECORDED IN THE COUNTY'S OFFICIAL RECORDS, LIST THE FOLLOWING, IF KNOWN:

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

(b) Original Amount of Lien: $_____

(c) Amount Due: $_____

1. Principal Remaining Due: $ _____
2. Interest Due: $_____
3. Fees and Costs Due, Including Late Fees: $_____ **(describe costs in detail. Include additional sheet if needed).**
4. Attorney Fees: $_____ (provide amount claimed): $ _____

(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 county's official records, list the following, if known:

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

(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: 12/09/21

Signature: _____

Print Name: ADEKUNLE SOGBESAN.

STATE OF FLORIDA

DUVAL COUNTY

Sworn to or affirmed and signed before me on 12/9/2021 (Date) by ADekunLe Sogbesan (Name of Affiant)

NOTARY PUBLIC OR DEPUTY CLERK

RENEE GADLING

(Print, Type, or Stamp Commissioned Name of Notary)

Personally Known or: _____

Produced Identification: _____

Identification Produced: _____

RENEE GADLING
Notary Public - State of Florida
Commission # HH 051790
My Comm. Expires Oct 18, 2024
Bonded through National Notary Assn.

FILED 12/9/2021 2:24 PM 2 PAGES

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