REBECCA L. NORRIS
Gulf County Clerk of Court & Comptroller

NOTICE OF OVERBID SURPLUS

RE: Tax Deed #2025-010
Tax Certificate#: 2022-683
Property RE#: 05762-000R
Public Sale Date: 11/19/25

Pursuant to Chapter 197, F.S., the referenced property was sold at public auction. After payment of all funds due to governmental units has been made, a surplus of $ 9963.71 remains and will be held by this office for the benefit of persons, as described in Florida Statute, Section 197-502(4), as their legal interests in the property may appear. Clerk service charges allowed under F.S. Title V Chapter 28.24(10), (22) and (27) have been deducted from the remaining surplus. The surplus will be held for a period of 120 days from the date of this notice. Claims will not be processed before the 120 day period has expired. Surplus funds are paid according to the priorities of the claims. If a lien appears entitled to priority and the lienholder has not made a claim against the excess funds, payment may not be made on any lien that is junior in priority. If potentially conflicting claims exist, an interpleader action may be initiated and the court shall determine the proper distribution of the interpleaded funds. The following lists entitled priority in order of highest to lowest. Government Unit, Mortgage Lienholder, Other Lienholder, Title/Deed Holder, Other Claim.

Please respond to this notice by either filing a claim or returning the claim form checking the section that states you 'are not filing a claim'. If you are the former property ownerplease check 'Was or Was Not' in the section that asks if you were claiming the property as homestead on the date of the auction.

To be considered for distribution of surplus funds, you must submit a notarized Statement of Claim to Surplus, IRS Form W9, two (2) forms of identity (at least one bearing your signature and one with a photo)and a copy of this notice. If you are a lienholder, include documents as proof of the debt owed. If you are claiming as a third party, include notarized authorization for acting on behalf of another entity. Submit the required documents to the address below.

After examination of your claim, you will be notified if you are entitled to any payment.

Dated this 24th day of November 2025

Elaine Bland

Elaine Bland, Deputy Clerk-Finance
Gulf County Clerk of the Circuit Court
1000 Cecil Costin Sr. Blvd., Room 148
Port St. Joe, FL 32456
PHONE: **Port St. Joe** | 850-229-6112 • **Wewahitchka** | 850-639-2175
1000 Cecil G. Costin, Sr. Blvd., Room 148, Port St. Joe, Florida 32456
WEBSITE: www.gulfclerk.com

CLAIM TO SURPLUS PROCEEDS FROM TAX DEED SALE

Tax Deed No. **#2025-010** Owner of Record: GEORGIA ROBINSON, ANNIE J STALLWORTH

Date of Sale 11/19/25 R. E. Parcel No.: 05762-000R

Please respond to this this notice by either filing a claim or returning the claim form checking the box in section III. No Surplus Claimed. If you were the former property owner, mark "Was" or "Was Not" In section 2. C that asks if you were claiming the property as homestead on the date of the auction.

If multiple titleholders exist and public records are silent regarding shares, the Clerk will presume that titleholders' shares are equal. Proceeds will not be disbursed to a lienholder's beneficiary/ heir at law without an order of family or summary administration or a court document disposing of personal property without administration.

******The Clerk must pay all valid liens before making distribution to a titleholder of record******

If unresolved claims against the property exist on the date the property is purchased at Tax Sale, the Clerk shall ensure that the excess funds are paid according to the priorities of the claims. If a lien appears to be entitled to priority and the Lienholder has not made a claim against the excess funds, payment may not be made on any lien that is junior in priority. The following lists entitled priority in order of highest to lowest. Government Unit, Mortgage Lienholder, Other Lienholder, Title/Deed Holder, Other Claimant not previously listed.

Claimant's Name _____

E-mail Address _____ Telephone _____

Address _____

I, _____, **hereby assert my claim to any surplus proceeds resulting from the tax deed sale listed above. I qualify as a:**

I. LIENHOLDER **Complete if you had a lien against the property sold.**

A. Type of Lien: ☐ Mortgage ☐ Court Judgment (include Certified Copy)

☐ Other (describe) _____

B. If your lien is recorded in the Official Records of Gulf County, list the information.
Date of Recording: _____ Instrument No.: _____
Book/Page No.: _____

C. Original Amount of Lien $ _____ Amount Owed $ _____

D. Amount of Surplus Proceeds Claimed : _____ dollars and _____ cents

II. CLAIMANT OTHER THAN LIENHOLDER **Complete if you had other claim to the property.**

A. Nature of Title:	☐ Deed	☐ Court Judgment	☐ Other (describe)
Recording Date:	_____	_____	_____
Instrument No.:	_____	_____	_____
Book/Page No.:	_____	_____	_____

B. Amount of Surplus Proceeds Claimed : _____ dollars and _____ cents

C. As Former Property Owner, on the date the property was sold at auction, 11/19/25, I
(Check One) ☐ Was ☐ Was Not Claiming Homestead on the property.

III. NO SURPLUS CLAIMED **Complete if no portion of the surplus proceeds is claimed.**

☐ I am not claiming any portion of the surplus proceeds.

IV. I do swear all the above information is true and correct.

Claimant's Signature: _____ Date: _____

Printed Name: _____

STATE OF: FLORIDA **If you are filing a claim to surplus, the claim must be notarized.**
COUNTY OF: GULF

Before me, the Claimant _____, who is personally known to me or produced the following form of identification: _____, personally appeared this day (mm/dd/yy) _____ and who executed the foregoing instrument and acknowledged the execution of this instrument to be his/her own free act and deed for the use and purposes therein mentioned.

_____
Notary Public (Seal)

_____
Commission #

Instructions for Claimant

A. When the amount received from a Tax Deed Sale is in excess of the amount needed for payment of back taxes and expenses, a Lien Holder, Title Holder, or Third Party on behalf of a Lien Holder or Title Holder, may file a claim for the surplus funds by making Written and Notarized Application by the deadline prescribed by Florida Statute.

B. The Claimant must submit two (2) documents as proof of identity (Birth Certificate copy, Drivers' License copy, Passport copy or similar documents bearing a picture and signature). If a Third Party is representing the Claimant, a notarized affidavit from the Claimant naming the Third Party as representative is required. The Third Party must provide one (1) proof of identity document bearing a picture and signature.

C. In the case of a successful claim, a Form W-9 will be required for all parties before surplus funds are distributed.

D. Send the written, notarized application for claim of surplus tax deed funds to:
Gulf County Clerk of Circuit Court
Attn: Tax Deeds
1000 Cecil G. Costin Sr. Boulevard, Room 148
Port St. Joe, Florida 3246

By the deadline prescribed by Florida Statute of : Tuesday, March 24, 2026

Clerk Fee of $10.00 and Postage is deducted for each Surplus Payment

GENERAL RELEASE

BE IT KNOWN, that CLAIMANT, in consideration of the sum of _____ valuable consideration received from tax deed file #2025-010, from and on behalf of Gulf County, Clerk of Court/Comptroller, the receipt of which is acknowledged, does hereby remise, release, acquit, satisfy, and forever discharge the Clerk of Court/Comptroller, from all manner of actions, causes of action, suits, debts, covenants, contracts, controversies, agreements, promises, claims and demands whatsoever, which said CLAIMANT, ever had, now has, or which any, successor, heir or assign of said CLAIMANT, hereafter can, shall or may have, against said Gulf County Clerk of Court/Comptroller, by reason of any matter, cause or thing whatsoever, from the beginning of time to the date of this instrument.

IN WITNESS WHEREOF, the said CLAIMANT, through its authorized representative has set hand and seal to this release on _____, 20___.

CLAIMANT: _____ WITTNESS: _____

Printed Name: _____ Printed Name: _____

By Its: _____ WITTNESS: _____

Printed Name: _____

STATE OF: FLORIDA **If you are filing a claim to surplus, this release is required.**
COUNTY OF: GULF

Before me, the Claimant _____, who is personally known to me or produced the following form of identification: _____, personally appeared this day (mm/dd/yy) _____ and who executed the foregoing instrument and acknowledged the execution of this instrument to be his/her own free act and deed for the use and purposes therein mentioned.

_____

Notary Public (Seal)

_____

Commission #