AFFIDAVIT OF CLAIM FOR EXCESS PROCEEDS

RE: Cei	rtificate Number:								
Proper	rty Legal Description:								
									<u> </u>
State o	of								
County	y of								
,		, BEING	OF FULI	L AGE, DU	JLY SWOF	RN ACCORDIN	IG TO LA	W, DEPOSE	AND
SAY:									
1	I AM THE		()F			AND AS	SUCH AM I	OULY
	AUTHORIZED AND								
							_		
2.			H	IOLDS A	GOOD AN	ID VALID LIEI	N AGAIN	ST THE SUB	JECT
	REAL PROPERTY DESCR	IBED AS FOLLOW	S:						
2	CAID LEIN IC DECORDE	D IN BOOK	DACE		FT 650 /	OF THE BURN	IC DECO	NDC OF FLA	CLED
3.	SAID LEIN IS RECORDEI COUNTY, FLORIDA ANI								
	amount, lienor claims t			AIVIOONT	OF \$	·	iii auuii	lion to salu	race
	amount, henor claims t	ine following sum	· .						
	PRINCI	PAL AMOUNT \$_							
	INTERE								
	ATTOR	NEY FEES \$_			[Only if av	warded in Jud	lgment]		
	TOTAL	DUE \$							
4.	SAID LIEN REMAINS UN	NPAID AND HAS N	NOT BEE	N ASSIGN	FD. AFFIA	ANT FURTHER	STATES	THAT LIFN	OR IS
••	ENTITLED TO ANY EXC								
	STATED ABOVE.								

BY SIGNING THIS AFFIDAVIT, AFFIANT STATES THAT THE MONEY DUE LIENOR AS STATED IN PARAGRAPH 3 REMAINS UNPAID AND DUE LIENOR.

I SWEAR	UNDER	PENALTY	OF PERJU	JRY THA	AT THE	FOREGO	ING IS	TRUE	AND	CORRECT	AND	UNDERS'	TAND
THAT I AI	M SUBJE	CT TO PRO	OSECUTIO	N FOR F	ROVID	ING FALS	E INFO	RMAT	ON O	R MAKINO	3 A FA	LSE CLAII	М.

				BY:			
STATE OF							
COUNTY OF							
THE FOREGOING CLAIN	и was executed and	ACKNOW	LEDGED	BEFORE ME	THE UNDERS	IGNED AUTH	IORITY ON
THISDAY OF _		, 20	BY			(PRINT I	NAME), AS
	(TITLE), OF			, THE	CLAIMANT,	AND DID P	RESENT A
VALID				[INDICATE	FORM OF P	HOTO IDENT	IFICATION
PRESENTED AND STAT							
PERSONALLY KNOWN	TO ME AND HE/SHE D	ID TAKE A	ND OAT	TH AND AFFIR	M THE STAT	TEMENTS MA	ADE TO BE
TRUE AND CORRECT.							
				Y PUBLIC MMISSION EX	PIRES:		
			(STAMP	OR SEAL)			