

**IN THE CIRCUIT COURT OF THE EIGHTEENTH JUDICIAL CIRCUIT OF  
FLORIDA, IN AND FOR BREVARD COUNTY, FLORIDA**

05-\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_-XXXX-XX

Division: \_\_\_\_\_

\_\_\_\_\_,  
Plaintiff

VS.

\_\_\_\_\_,  
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 of the following described real property in Brevard County, Florida, prior to the foreclosure sale and as of the date of the 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 than 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) 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.

\_\_\_\_\_  
Print Name: \_\_\_\_\_ Print Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_  
Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, by \_\_\_\_\_.  
(name of person(s) making statement)

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

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

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by

\_\_\_\_\_  
Notary Public/Deputy Clerk  
Personally Known \_\_\_\_ OR Produced Identification \_\_\_\_ Type of Identification Produced \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I HEREBY CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
I hand-delivered mailed e-mailed faxed couriered  
the foregoing to the following parties:

\_\_\_\_\_  
Signature

**REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES: If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact the ADA Coordinator at Brevard Court Administration at The Moore Justice Center, 2825 Judge Jamieson Way, 3rd Floor, Viera, FL 32940-8006, (321) 633-2171 ext. 2, at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing or voice impaired, call 711.**





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