

## TAX DEED STATEMENT OF CLAIM

FILED WALTON CO FLORIDA CLERK OF COURTS

2017 JUL 12 A 7:57 STATE OF FLORIDA Mail to: Walton Co. Clerk of Courts Attn: Missy Cobb COUNTY OF WALTON 31 Coastal Centre Blvd. Santa Rosa Beach, FL 32459 TAX DEED FILE NO. 916 PARCEL NO. 10-3N-19-19720-00A-0160 PoA Jones Butelho, being duly sworn on oath, do depose and say that I was owner of. ( ) have a lien against , who was/were the owner(s) of: PROPERTY: (Attach a copy of your lien, mortgage, deed, etc.) If you are acting or signing as an agent you must show your affiliation to the person or agency you are making the claim for and sign as to your title with the agency. Under penalties of perjury, I declare that I have read the foregoing and that the facts stated in it are true (92.525 F.S.). Telephone Number State of: Dew York County of: Nassad the foregoing instrument was acknowledged before me this 6 day of 5 by Markaum, Who is personally known to me or has produced as identification, and who did (did not) take an oath. Notary Public Signature My Commission Expires: NAOR MICHAEL BOXER

Notary Public – State of New York NO. 01806271920 Qualified in Nassau County My Commission Expires Jan 11, 2021



## ALEX ALFORD CLERK OF COURTS AND COUNTY COMPTROLLER WALTON COUNTY PO BOX 1260 DEFUNIAK SPRINGS, FL 32435 (850) 892-8115

## **NOTICE OF SURPLUS**

TO: JAMES P BOTELHO

45 BISHOP AVE NW

FT WALTON BEACH, FL 32548-4719

**CERTIFICATE NUMBER: 916** 

PROPERTY OWNER(S): JAMES P BOTELHO, SUSAN M BOTELHO

LEGAL DESCRIPTION:

PARCEL ID:

10-3N-19-19720-00A-0160

LOT 16 BLK A JUNIPER VILLAGE S/D OR 458-142

PURSUANT TO CHAPTER 197, FLORIDA STATUTES, the above property was sold at public auction on the 16th day of March, 2017. After payment of all special assessment governmental liens has been made, any excess proceeds remaining will be held by the office for a period of one (1) year from the date of this notice for the benefit of persons having interest in and to this property as described in Section 197.502(4), Florida Statutes, as their interest may appear.

These funds will be used to satisfy in full, to the extent possible, each sentor mortgage or lien in the property before distribution of any funds to any junior mortgage or lien. In order to be considered for the distribution of these funds; you must submit a notarized claim to this office, detailing the particulars of your lien, and the amount currently due, within the 1 year of the date of this notice. A copy of this notice must be attached to your statement of claim. If you have any questions, please call me at (850) 892-8115 EXT 235. Dated this day the 16th day of March, 2017.

PLEASE NOTE: ONE (I) YEAR WILL EXPIRE ON March 17,2018

ALEX ALFORD

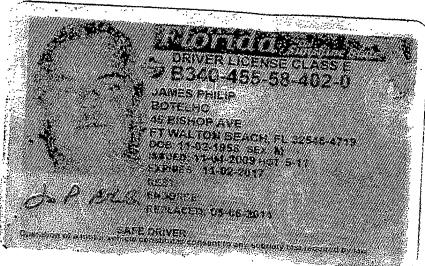
CLERK OF COURTS AND COUNTY COMPTROLLER

By:

KATHY DOUGLASS, Deputy Clerk

Tax Deed Department

\*\*\*\* EXCESS PROCEEDS BALANCE S18,906.44 \*\*\*\*



## LIMITED POWER OF ATTORNEY

KNOW A	ALL PERSONS BY THESE	PRESENTS:
I,ر	bones Botelho	("Principal") maintaining an address at do hereby make and appoint
	med Financial LLC	("Agent") maintaining an address at:
	Neilson st Suite 2A Far Rocka	way NY 11691 my true and lawful
attorney-	in-fact for me and in my nam	e, and in my behalf.
My Ager stead:	nt shall have full power and at	athority to perform the following in my place and
in-fact, o	r agent, to act in, manage, and	ncial Assets LLC as my true and lawful attorney- l conduct my affairs, and for that purpose to do and ading any or all of the following acts, documents or
1.	to retain legal counsel to r	epresent me in obtaining the surplus
2.	to execute any and all doc	uments necessary to fulfill my claim
3.	to endorse and deposit che	ecks issued for the claim:
4.	to pay Unclaimed Financi	al Assets LLC an agreed upon percentage of the
_	proceeds obtained on my To turn over the net proce	
5.	To turn over the net proce	eds of any claim to me.
herein gr	anted, and they are not to be esserve the right of revocation.	ers are to aid in giving examples of the power constructed in limitation or definition thereof. We We further state that this limited Power of ubsequent disability or incapacity or by lapse of
Durable authority instrume and effect subseque	ver of Attorney and the rights, Power of Attorney. This Dura of my Agent shall become eint. The rights, powers, and aut thereafter until my death. That disability, incapacity or lacicable statute).	powers, and authority of my Agent shall be a ble Power of Attorney and the rights, powers, and fective immediately upon execution of this thority of this document shall remain in full force his Power of Attorney shall not terminate on my ek of mental competence (except as provided by
Signed o	on $\frac{5/30/17}{06.00}$ (date), (state	at FORT Walten BCL (city),
Sienatur	of Bringing	Notary Public State of Florida Cathy Reeves Wy Commission FF 110698 Expires 04/09/2018