

ATTACH THE FOLLOWING INFORMATION

- (A). Proof of Claimant's Social Security Number.
- (B). Copy of Claimant's Driver's License or any Official form used for Identification.
- (C). List all addresses of the owner associated with property being claimed, including P.O. Boxes.

Claim form Mailed To:

Failure to provide your **IDENTIFICATION, SIGNATURE, or COMPLETION OF THE CLAIM FORM** will result in our returning the form to you. You must be 18 or older to claim property. SSN NOT required, but may help in identifying you as the property owner.

Information From Claimant

Name: _____ SSN: _____
(last) (first) (mi)

Co-owner: _____ SSN: _____
(last) (first) (mi)

Address: _____ () _____
Day Time Phone, Include Area Code

City: _____ State: _____ Zip Code: _____

Your Filing Status Check one box below, attach documents requested AND enter the applicable federal number below.

If you are an HEIR to the owner, send a copy of probated will OR court order OR affidavit of heir ship listing heirs and current addresses AND a copy of death certificate of the owner. Deceased owner (see below).

If you are a TRUSTEE or GUARDIAN to the owner, send copies of current documents establishing guardianship of trust.

If you are an EXECUTOR or ADMINISTRATOR for the owner's estate, send a copy of the death certificate AND Letters of Administration OR Testamentary dated within 90 days of filing the claim. Deceased owner (see below).

If you are an OFFICER OF THE ORGANIZATION, send current documents establishing your authority to act for the organization.

If you are a PARENT of the owner who is under age 18, attach a copy of the minor's birth certificate and proof of SSN.

Deceased SSN: _____ FILL IN FEDERAL NUMBERS THAT APPLY Estate Trust Company TPID#:

PLEASE NOTE: STATE LAW LIMITS THE FEES CHARGED BY ALL OUTSIDE SEARCH FIRMS OR PRIVATE INVESTIGATIONS THAT ASSIST YOU IN LOCATING UNCLAIMED PROPERTY TO NO MORE THAN 10% OF THE AMOUNT OF THE CLAIM.

CLAIMANT SIGNATURE

The name Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless the State of Texas, the City of Austin, the City of Austin Treasurer, their Officers and Employees, from any damages, claims or losses of any kind resulting from the payment of the above described property to claimant.

CLAIMANT: _____ **DATE:** _____ **CO-OWNER:** _____ **DATE:** _____

A law passed by the Texas Legislature requires a small handling fee for certain claims. There will be NO FEE if your claim is not paid. The amount of the fee will not exceed 1% of the dollar value of the claims beginning at \$100. If a fee is assessed, it will be deducted from your claimed amount at the time of payment. Payment should be received within 90 days from receipt of your completed form and proof of ownership.

LEAVE THIS AREA BLANK

Holder ID: _____
Name: _____
Year Reported: _____

Date Last Contacted: _____ Property Claim Amount: \$ _____

Account or Cause#: _____
Texas Property Code: _____

Check #: _____ Area Code: _____

Additional Owner Listed: _____

Property #: _____

CLAIM NUMBER: _____

Pay To: _____

Advertising & Postage \$ _____

By: _____

By: _____

Handling Fees \$ _____

Jeff Steadman

Art Alfaro-Treasurer

Net Amount to Pay: \$ _____

Date: _____

Date: _____