

#### **Unclaimed Funds Instructions and Forms**

#### If you are claiming funds, please complete the following:

- 1. Fill out the attached forms (Claim Affirmation Form and Claim For Money Held). When completing the claim forms, please type or print legibly in blue or black ink. Illegible claims will be returned. Claims must be made using the court's forms. Any modifications made to the court's forms will not be accepted. All forms and instructions related to escheatment are available on the court's website: <a href="www.alameda.courts.ca.gov/Pages.aspx/Notice-of-Intent-to-Escheat">www.alameda.courts.ca.gov/Pages.aspx/Notice-of-Intent-to-Escheat</a>
- 2. You must sign the Claim Affirmation Form and have it notarized if your claim is over \$1,000 or your claim will not be processed. Please read all of the instructions and make copies of all required documents (state-issued photo identification, etc.). Owners or heirs are required to provide documentation to validate their claims please see Claim Checklist for complete list of documents required.
- 3. Each claimant is required to fill out a separate Claim Affirmation Form and Claim For Money Held.
- 4. Please email completed submissions to <a href="mailto:escheat@alameda.courts.ca.gov">escheat@alameda.courts.ca.gov</a> or send the completed forms, along with **all** the required materials to:

Superior Court of California, County of Alameda Finance Division, Room 210 RE: Escheat Claims 1225 Fallon Street Oakland, CA 94612

5. If the court denies your claim, you may file a verified complaint with the court within 30 days of the denial per Gov. Code 68084.1.

For additional questions, please call the Finance Division at (510) 891-6014 or email <a href="mailto:escheat@alameda.courts.ca.gov">escheat@alameda.courts.ca.gov</a>.



# Claim for Money Held

Date:	
Owner's Name (As held by Court):	
Street Address:	
City, State, ZIP Code:	
Case # (If one is provided on Notice of Unclaim	ed Funds):
Amount of Claim:	_
Claimant's Name (Should Match Claim Affirmati	on):
Relationship to Owner:	
Reason for Claim:	
AFFIRMATION AND S  I hereby affirm, under penalty of perjury, that the Superior Court of California, Court of Ala harmless the State, the Court, its officers and fees, incurred as a result of payment of the ar jurisdiction and I agree to participate in any I	employees from any loss, including attorney nount claimed. I agree to submit to the Court's
regarding any dispute from this claim.	
Signature:	Date:
COURT'S	USE ONLY
☐ Approved, Paid to Claimant Shown Above	Date:
□ Denied, Reason:	By:



### **Claim Affirmation Form**

Under penalty of perjury, the undersigned claimant has read the claim and knows the contents thereof and the claimant is the owner of the said claim and the person entitled to receive the money set forth in said claim. The claimant agrees to indemnify and hold harmless the State, the Court and its agents, officers, and employees from any loss resulting from the payment of said claims.

CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR EACH CLAIM OR YOUR CLAIM WILL NOT BE PROCESSED

Claimant's Information	on:	
Name (Last, First, Mi	ddle) or Business:	
	D:	
Current Mailing Add	ess:	
City:	State / Province:	Zip:
Country:	Daytime Phone:	
Email address:		
Date	Claimant or Autho	rized Agent Signature
YOUR SIGNATU	RE MUST BE NOTARIZED IF THE C GREATER.	CLAIM AMOUNT IS \$1,000 OR
	business, the authorized owner's signature is nature of the executor, administrator or atto	•
State of California, Co	ounty of Alameda	
Subscribed and sworn	n to (or affirmed) before me on this da	y of, 20,
by	, proved to me based on satisf	factory evidence to be the person(s)
who appeared before	me.	
Signature:	(Seal)	
	PRIVACY NOTIFICATION	r

Your Social Security number and other documents are requested for identification and processing of your claim and will not be used for other purposes.



# Checklist for Filing a Claim

The following is a checklist of the documentation required when sending in your claim:

OWNI	ER FILING CLAIM
	Completed and signed Claim of Affirmation Form;
	□ Notarize your Claim of Affirmation Form, if your claim is over \$1000;
	Completed and signed Claim for Money Held Form;
	Copy of current state-issued photo identification for each claimant; and
	Copy of proof of Social Security number for each claimant.
DECE	ASED OWNER
	Completed and signed Claim of Affirmation Form;
	□ Notarize your Claim of Affirmation Form, if your claim is over \$1000;
	Completed and signed Claim for Money Held Form;
	Death certificate of the deceased owner(s) of the funds;
	Copy of current state-issued photo identification for each claimant; and
	Copy of proof of Social Security number for each claimant.
	If probate of estate is open, the estate tax identification number and a copy of the certified Letter of
	Testamentary, dated within 6 months, appointing the executor or administrator of decedent's estate.
	If probate of the estate is closed, provide the estate tax identification number and a complete copy
	of the Court Ordered Distribution of the decedent's estate, or provide a complete copy of the Trust
	Agreement and a copy of a document with the trust tax identification number, such as a tax return
	or bank statement. If none of this information can be obtained, please contact the court at (510)
	891-6014 or escheat@alameda.courts.ca.gov.
	If there was no probate of estate, attach California Probate Code Sections 13100 and 13101 forms,
	which are available on the court's website: <a href="www.alameda.courts.ca.gov/Pages.aspx/Notice-of-">www.alameda.courts.ca.gov/Pages.aspx/Notice-of-</a>
	Intent-to-Escheat
BUSIN	NESS CLAIM
	Completed and signed Claim of Affirmation Form;
	□ Notarize your Claim of Affirmation Form, if your claim is over \$1000;
	Completed and signed Claim for Money Held Form;
	Letter of Authorization with the names of officers or officials with authority to sign and claim on
	behalf of the business;
	Copy of proof of the business's federal tax identification number;
	If your company merged with another company, a copy of the merger agreement;
	If your company was dissolved, a copy of the articles of dissolution; and
	If your company was suspended, a Tax Clearance letter or a Letter of Good Standing from the
	Franchise Tax Board and/or the Secretary of State's Office.