

Initiated Date:

Source:

Relationship:

Printed Date:



OFFICE USE ONLY

Claim ID:

**MALIA M. COHEN**  
**California State Controller**  
**UNCLAIMED PROPERTY DIVISION**  
*Unclaimed Property Claim Affirmation Form*

This is to inform you that the property listed below may belong to you.

This property was turned over to the State Controller’s Unclaimed Property Division, as required by law, for safekeeping until it can be claimed by the rightful owner or their heirs. California’s unclaimed property law requires businesses to submit property, such as bank accounts, stocks, bonds, and the contents of safe deposit boxes, to the state if there has been no activity on the account, or the business has had no contact with the owner, generally for three years.

To claim this property, or the net proceeds of any sale of property as required by law, please complete Sections C and D of this form and return it with the required documentation to the address below. If you do not have all of the items required, please send as much information as possible to prove you are the owner of the property.

Once your signed Claim Affirmation Form and required documentation have been received, please allow up to 180 days for processing. For more information about this program including filing instructions, forms, or to inquire about your claim status, please visit the State Controller’s website at [www.claimit.ca.gov](http://www.claimit.ca.gov). Claimants may also contact the Unclaimed Property Division by phone at (800) 992-4647. International callers should call (916) 323-2827 for inquiries.

**PLEASE NOTE:** Properties recently transferred to the State Controller’s Office may not appear on our website. If you have an outstanding debt with a California state agency, city or county, your unclaimed property payment may be intercepted to pay the debt.

Section A - Property Owner Information		
Owner(s) Name		Reported Owner Address
Type of Property	Reported By	Property ID Number
Cash Reported <b>\$0.00</b>	Shares Reported <b>0.0000</b>	Name of Security Reported

Initiated Date:

Source:

Relationship:

Printed Date:

OFFICE USE ONLY

Claim ID:

### Claim Affirmation Form (continued)

#### Section B - Requested Documentation

Please see the attached "Documentation Requested for Property Owner Claims"

Please see the attached "Documentation Requested for Business Claims"

Please see the attached "Documentation Requested for Deceased Owner Claims"

#### Section C - Claimant Information

Each of the undersigned claimants certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant is the owner of said claim and the person entitled to receive the money and property set forth in said claim.

Each claimant agrees to indemnify and hold harmless the State, its officers, and employees from any loss resulting from the payment of said claim. **EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.**

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or trustee is required.

#### Claimant Information

CURRENT LEGAL LAST NAME OR BUSINESS NAME		CURRENT LEGAL FIRST NAME		MIDDLE	SSN OR FEDERAL TAX ID
CURRENT MAILING ADDRESS		CITY	STATE/PROVINCE	ZIP CODE	COUNTRY
DRIVER LICENSE NUMBER		DATE OF BIRTH	EMAIL ADDRESS		
DAYTIME PHONE	SIGNATURE			DATE	

#### Additional Claimant Information (if applicable)

CURRENT LEGAL LAST NAME OR BUSINESS NAME		CURRENT LEGAL FIRST NAME		MIDDLE	SSN OR FEDERAL TAX ID
CURRENT MAILING ADDRESS		CITY	STATE/PROVINCE	ZIP CODE	COUNTRY
DRIVER LICENSE NUMBER		DATE OF BIRTH	EMAIL ADDRESS		
DAYTIME PHONE	SIGNATURE			DATE	

Initiated Date:

Source:

Relationship:

Printed Date:

OFFICE USE ONLY

Claim ID:

### Claim Affirmation Form (continued)

#### Section D - Affidavit Notarization

(YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER.  
**ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED.**)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of \_\_\_\_\_, County of \_\_\_\_\_

Subscribed and sworn to (or affirmed) before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_ by

\_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature \_\_\_\_\_ (seal)

#### PRIVACY NOTIFICATION

The Information Practices Act of 1977 and the Federal Privacy Act require this Bureau to inform you that your Social Security number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by writing:  
Division Chief, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250-5873.