

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 Plano, the City of Plano 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: _____	Check # _____	Area Code: _____
Texas Property Code: _____	Property #: _____	Claim Number: _____
Additional Owner Listed: _____		
Pay To: _____		Advertising & Postage: \$ _____
By: _____ Myra Conklin - Treasurer	By: _____ Brianna Alvarado	Handling & Fees: \$ _____
Date: _____	Date: _____	Net Amount to Pay \$ _____