

**Superior Court of California,
County of El Dorado**

UNCLAIMED FUNDS INSTRUCTIONS and FORMS

TO MAKE A CLAIM:

STEP 1: Complete the attached forms: **Claim Affirmation Form** and **Claim For Money Held**. Please type or print legibly in blue or black ink. Claims that are incomplete, illegible, or lack sufficient documentation, will not be processed. Claims must be made using these Court forms; any modifications to the forms will not be accepted. The Court will respond within 30 days.

STEP 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.

STEP 3: Please read all instructions and provide copies of all required documents (driver's license, etc.). Owners or heirs are required to provide documentation to validate their claims.

STEP 4: Each claimant is required to complete a separate Claim Affirmation Form and Claim For Money Held.

STEP 5: Please submit the completed forms, by mail or in person only, along with all required materials, to:

Superior Court of California, County of El Dorado
Attn: Accounting
2850 Fairlane Court #110
Placerville, CA 95667

CHECKLIST FOR FILING A CLAIM

ORIGINAL OWNER FILING CLAIM

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

- Completed and signed Claim Affirmation Form for each claimant;
 - Notarize your Claim Affirmation Form, if your claim is over \$1000;
 - Completed and signed Claim for Money Held Form for each claimant;
 - Copy of current photo identification for each claimant;
 - Proof of Social Security Number for each claimant;
 - Proof associating you with the last known address;
 - Proof associating you to the Court and the reported case; and
 - Copy of original instrument used, such as a receipt, check, judgment, etc.
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DECEASED OWNER – HEIR(S) FILING CLAIM

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

- Completed and signed Claim Affirmation Form for each heir;
- Notarize your Claim Affirmation Form, if your claim is over \$1000;
- Completed and signed Claim for Money Held Form for each heir;
- Death certificate of the deceased owner(s) of the funds;
- Copy of current photo identification for each heir;
- Proof of Social Security Number for each heir;
- Proof associating the deceased owner to the Court and the funds being claimed;
- Copy of original instrument used, such as a receipt, check, judgment, etc.;
- Proof associating the deceased owner with the last known address; and
- Provide proof that deceased owner's property passes to each heir, and in what proportion, by one of the following means:
 - a) If probate of estate is open, the estate tax identification number and a copy of Currently Certified Letters Testamentary, dated within 6 months, appointing the executor or administrator of decedent's estate.

OR

- b) 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

- c) 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 a bank statement.
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BUSINESS CLAIM

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

- Completed and signed Claim Affirmation Form;
- Notarize your Claim Affirmation Form, if your claim is over \$1000;
- Completed and signed Claim for Money Held Form;
- Proof associating the business with the Court and the reported case;
- Copy of original instrument used, such as a receipt, check, judgment, etc.;
- Letter of Authorization with the names of officers or officials with authority to sign and claim on behalf of the business;
- Copy of current photo identification for the authorized officer or official;
- Business card of the authorized officer or official;
- Proof of the business's federal tax identification number;
- Proof of the business's association with the last known address;
- 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;
- 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.



CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, that claimant has read the claim and knows the contents thereof, and that claimant is the owner of 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 courts and their agents, officers, and employees from any loss resulting from the payment of said claims.

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

LAST NAME OR BUSINESS	FIRST NAME	MIDDLE INITIAL	SSN OR FEDERAL TAX ID	COURT CASE NUMBER	
CURRENT MAILING ADDRESS		CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	CLAIMANT OR AUTHORIZED AGENT SIGNATURE		EMAIL ADDRESS		DATE

YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER

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

State of California

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

Your Social Security number and other documents are requested for identification and processing of your claim.



CLAIM FOR MONEY HELD

A SEPARATE FORM IS REQUIRED FOR EACH CLAIMANT.

MAIL TO: Superior Court of California, County of El Dorado
Attn: Accounting
2850 Fairlane Court #110
Placerville, CA 95667

DATE SUBMITTED: _____ **CASE NUMBER:** _____

OWNER NAME (AS HELD BY COURT): _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

AMOUNT OF CLAIM: \$ _____

CLAIMANT NAME (SHOULD MATCH CLAIM AFFIRMATION): _____

RELATIONSHIP TO OWNER: _____

IF NOT THE OWNER, BASIS FOR CLAIM: (attach supporting documents as necessary)

AFFIRMATION AND SIGNATURE

I hereby affirm, under penalty of perjury, that I am the owner of these funds, or an authorized agent of the owner, and am duly authorized to make said claim upon the Superior Court of California, County of El Dorado. I hereby agree to indemnify and hold harmless the state, the courts, and their officers and employees from any loss, including attorney's fees, incurred as a result of payment of the amount claimed.

Signature: _____ Date: _____

COURT USE ONLY

Approved - Pay to Claimant Shown Above Amount \$ _____ Date Disbursed: _____

Denied, Not an Authorized Claim

Date: _____

By: _____