

Please read the Unclaimed Funds Instructions before completing this form.

Superior Court of California, County of Mendocino

CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, the claimant has read the claim and knows the contents thereof and the 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 its agents, officers, and employees from any loss resulting from the payment of said loss.

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

Last Name or Business _____ Date: _____

First Name: _____ Middle Int.: _____ SSN or EIN: _____

Current Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Daytime phone: _____

Claimant or Authorized Agent Signature:

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

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 attorney is required.

State of California, County of _____

Subscribe 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 Information

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