

SUPERIOR COURT OF CALIFORNIA, COUNTY OF BUTTE

**UNCLAIMED PROPERTY
CLAIM AFFIRMATION FORM**

The undersigned claimant certifies, under penalty of perjury, the claimant has read the claim and knows the contents thereof and is 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 claims.

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

Claimant's Information:

Last Name	First Name	Middle Initial	
Social Security Number	Driver's Licence Number	Date of Birth	
Business Name (if applicable)		Federal Tax ID (if applicable)	
Current Mailing Address	City	State	Zip

Claim Relation:
(Choose One)

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

- I am the Property Owner
- I am an Heir of the Deceased Owner
- I am the Owner or authorized Agent for the Business
- I am the Agent/Officer for the Government Agency

Claimant or Authorized Agent Signature	Date
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YOUR SIGNATURE MUST BE NOTARIZED 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 signautre 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.