GLENN COUNTY

DEPARTMENT OF FINANCE
516 West Sycamore Street
Willows, California 95988
Telephone (530) 934-6476
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INSTRUCTIONS FOR FILING AN UNCLAIMED PROPERTY CLAIM

STEP 1: Fill out the attached form (**Claimant Affirmation Form**). When completing the claim form, please type or print legibly in blue or black ink. Claims that are illegible will be returned. Claims must be made using the Department of Finance's form. Any modifications made to the Department of Finance's form will not be accepted.

STEP 2: You must sign the Claimant Affirmation Form and have it notarized if your claim is $1,000 or more. If your claim is over $1,000 and is not notarized it will not be processed. Please read all of the instructions and make copies of all required documents (driver's license, etc.). Owners or heirs are required to provide documentation to validate their claims.

STEP 3: Each claimant is required to fill out a separate Claimant Affirmation Form for each individual claim.

STEP 4: Please send the competed forms along with all the required documents to:

Glenn County Department of Finance
516 West Sycamore Street
Willows, CA 95988

For additional questions, or if you are uncertain why your name is listed on our website please call the Department of Finance at (530) 934-6476

SECTION A-ORIGINAL OWNER FILING CLAIM

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

- Completed and signed Claimant Affirmation Form;
- Notarize your Claimant Affirmation Form, if your claim is over $1000;
- 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 referenced transaction, tax payment, court case, etc.; and
- The original instrument used such as a receipt, copy of check, etc.

SECTION B-DECEASED OWNER

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 0520-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

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

- Completed and signed Claimant Affirmation Form;
- Notarize your Claimant Affirmation Form, if your claim is over $1000;
- 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 transaction, tax payment, court case, etc.;
- The original instrument used such as a receipt, copy of check, etc.;
- Proof associating the deceased owner with the last known address; and
    - If probate of estate is open, include 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
    - 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
    - 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.

      OR
    - If none of the above information can be obtained, please contact the Department of Finance at (530) 934-6476.

SECTION C-BUSINESS CLAIM

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

- Completed and signed Claimant Affirmation Form;
- Notarize your Claimant Affirmation Form, if your claim is over $1000;
- Proof associating the business with the transaction, tax payment, court case, etc.;
- The original instrument used such as a receipt, copy of check, etc.;
- Letter of Authorization with the names of officers or officials with authority to sign and claim on behalf of the business;

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, age, disability, religion, sex, and familial status. (Not all prohibited bases apply to all programs). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 0520-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TDD).

CLAIMANT AFFIRMATION FORM

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

The claimant agrees to indemnify and hold harmless the County of Glenn 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 OR BUSINESS	FIRST NAME	MIDDLE INIT.	SSN or FEDERAL TAX ID		DATE
CURRENT MAILING ADDRESS	CITY	STATE/PROVINCE	ZIP		COUNTRY
DAYTIME PHONE	CLAIMANT OR AUTHORIZED AGENT SIGNATURE				

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 signature of the executor, administrator or attorney is required.

State of California
County of Glenn

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.