



CLAIM FOR REIMBURSEMENT (\$1,000 OR GREATER)

CLAIMS THAT ARE ILLEGIBLE OR INCOMPLETE WILL BE RETURNED.

DATE	CASE NUMBER	REIMBURSEMENT CLAIM AMOUNT		PHONE NUMBER & EMAIL ADDRESS	
FIRST NAME		MIDDLE INIT.	LAST NAME OR BUSINESS NAME		
STREET ADDRESS		CITY		STATE	ZIP

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 _____
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)

AFFIRMATION AND SIGNATURE

I, the undersigned claimant, certify, under penalty of perjury, that I have read the claim and know the contents thereof and I am the owner of the said claim and the person entitled to receive the money set forth in said claim.

I agree 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.

Signature: _____ Date: _____

Print Name: _____

FOR COURT USE ONLY:

COURT & CMS: _____
REVIEWED BY: _____
APPROVED BY: _____

DENIED DATE: _____
REASON(S): MISSING PHOTO IDENTIFICATION
 MISSING LETTER OF AUTHORIZATION
 NOT RECEIVED TIMELY
 OTHER _____



ESCHEATMENT CLAIM INSTRUCTIONS (\$1,000 OR GREATER)

STEP 1: Complete and sign the attached **Claim for Reimbursement** form. Type or print legibly in blue or black ink. Claims that are illegible or incomplete will be returned.

STEP 2: Provide copies of the following documentation which asserts your claim to the funds.

ORIGINAL OWNER

- Completed and signed Claim for Reimbursement form.
- Copy of current photo identification (e.g., driver's license, state issued identification card).

BUSINESS CLAIM

- Completed and signed Claim for Reimbursement form.
- Copy of current photo identification for authorized officer or official.
- Letter Authorization with the names of officers or officials with authority to sign and claim on behalf of the business.
- 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.

DECEASED OWNER

- Completed and signed Claim for Reimbursement form.
- Death certificate of the deceased owner(s) of the funds.
- Copy of current photo identification for heir.
- 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**
- 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 trust tax identification number, such as a tax return or a bank statement. **OR**
- Any other documentation which asserts your claim to the funds.

STEP 3: If the amount of your claim is over \$1,000, it must be notarized or it will **not** be processed.

STEP 4: Send the completed form, a copy of this letter, and submit all required documents to:

Los Angeles Superior Court
Revenue Management - Escheatment
111 North Hill Street, Room 119-A
Los Angeles, CA 90012