



## **CLAIM FOR REIMBURSEMENT (LESS THAN \$1,000)**

*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

### **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 (LESS THAN \$1,000)**

**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