



Superior Court of California County of San Bernardino

FINANCIAL SERVICES
Box 15010
San Bernardino, CA 92415-5010

Superior Court of California, County of San Bernardino

ESCHEATMENT CLAIM INSTRUCTIONS AND FORMS

If you are claiming funds, please complete the following:

STEP 1: Fill out the attached forms (**Claim Affirmation Form and Claim For Reimbursement**). When completing the forms, please type or print legibly in blue or black ink. Claims that are illegible will be returned. Claims must be made using the court's forms. Any modifications made to the court's forms will not be accepted.

STEP 2: You must sign the Claim Affirmation Form and have it notarized if your claim is over \$1,000 or your claim 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 Claim Affirmation Form and Claim For Reimbursement.

STEP 4: Please send the completed forms along with all the required materials to:

Superior Court of California
County of San Bernardino
Financial Services
P.O. Box 15010
San Bernardino, CA 92415-5010

SECTION A - ORIGINAL OWNER FILING CLAIM

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

- Completed and signed Claim of Affirmation Form;
- Completed Claim for Reimbursement;
- Copy of current photo identification for each claimant;
- Proof associating you with the last known address; and

SECTION B - DECEASED OWNER

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

- Completed and signed Claim Affirmation Form;
- Completed Claim for Reimbursement;
- Death certificate of the deceased owner(s) of the funds;
- Copy of current photo identification for each heir;
- Proof associating the deceased owner to the Court and the reported case;
- Proof associating the deceased owner with the last known address; and
- 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 the trust tax identification number, such as a tax return or a bank statement. **OR**

CLAIM AFFIRMATION FORM

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

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

LAST NAME _____

FIRST NAME _____

MIDDLE NAME _____ DATE _____

CURRENT MAILING ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

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 _____

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)

CLAIM FOR REIMBURSEMENT

MAIL TO: Superior Court of California, County of San Bernardino
Financial Services
P.O. Box 15010
San Bernardino, CA 92415-5010

TODAY'S DATE: _____

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

REIMBURSEMENT CLAIM: \$ _____

NAME OF THE PERSON FILLING OUT THIS FORM AND YOUR RELATIONSHIP TO THE OWNER:

HOLDER'S USE ONLY

Warrants were paid to the holder as shown below:

Superior Court of California, County of San Bernardino
Financial Services
P.O. Box 15010
San Bernardino, CA 92415-5010

Tax Identification Number: _____

Reason for Claimed Reimbursement: _____

AFFIRMATION AND SIGNATURE *(by court employee)*

I hereby affirm, under penalty of perjury, that I am an authorized agent of the holder named in this Claim for Reimbursement and duly authorized to make said claim upon the Superior Court of California, County of San Bernardino. The above-named holder hereby agrees to indemnify and hold harmless the State, the Courts, its officers and employees from any loss as a result of payment of the amount claimed.

Signature: _____ Date: _____