

Conservation & Liquidation Office's California Unclaimed Property Claim Affirmation Form

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

Each claimant agrees to indemnify and hold harmless the Conservation & Liquidation Office, its officers, and employees from any loss resulting from the payment of said claim.

CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR EACH CLAIMANT, OR THE CLAIM WILL BE RETURNED

1 st Claimant					
LAST NAME OR BUSINESS	FIRST NAME	MIDDLE INIT.	SSN or FEDERAL TAX ID	CONTRACT #	
CURRENT MAILING ADDRESS		CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	CLAIMANT OR AUTHORIZED AGENT SIGNATURE			DATE	

2nd Claimant					
LAST NAME OR BUSINESS	FIRST NAME	MIDDLE INIT.	SSN or FEDERAL TAX ID	CONTRACT #	
CURRENT MAILING ADDRESS		CITY	STATE/PROVINCE	ZIP	COUNTRY
DAYTIME PHONE	CLAIMANT OR AUTHORIZED AGENT SIGNATURE			DATE	

YOUR SIGNATURE(S) 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)

PRIVACY NOTIFICATION

The Information Practices Act of 1977 and the Federal Privacy Act required this Division to inform you that your Social Security number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by sending a request to: CLO, Unclaimed Property, P.O. Box 26894, San Francisco, CA 94126-0894

FOR CONSERVATION & LIQUIDATION OFFICE USE ONLY

ANALYST	ESTATES TRUST OFFICER	ACCOUNTING
PREPARED BY	APPROVED BY	APPROVED BY
DATE	DATE	DATE
REVIEWED BY	APPROVED BY	APPROVED BY
DATE	DATE	DATE

INSTRUCTIONS FOR FILING A CLAIM

Using this instruction sheet, determine and provide the appropriate documents in order to process your claim, and return them with your completed Claim Affirmation Form.

All claimants must review SECTION A for required documentation. If you are an HEIR or BENEFICIARY of the deceased owner, refer to SECTIONS A & D.

SECTION A: CLAIMANT IDENTIFICATION	Contract #:
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- (1) For Individuals - Copy of a photo identification (e.g., driver's license, state identification card, passport, etc.) for each claimant / for Businesses – copy of your Corporate Resolution with the list of authorized signers; and
- (2) For Individuals - Copy of each claimant's Social Security card or any other document showing the claimant's Social Security number (e.g., federal or state income tax return or pay stub, etc.) / for Businesses – Copy of any document showing the claimant's FEIN number (e.g., federal tax return or correspondence with IRS, etc.); and
- (3) Copy of Original Executive Life Insurance Co. or Aurora National Life Assurance Co. contract showing the Contract number as identified in Contract # above. If this item is not available, proceed to SECTION B.
- (4) If you are providing items 1, 2 and 3, proceed to SECTION E.

SECTION B: LOST, STOLEN, OR DESTROYED CONTRACT	Contract #:
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If the Original contract has been lost, stolen, or destroyed, you must show proof that you once resided at the "Reported address" indicated on the NOTICE OF PROPERTY BEING HELD BY BUSINESS from the California State Controller's Office web site.

(5) Do you have any documents (e.g., utility bill, tax bill, bank statements, etc.) indicating that you or the owner currently reside or once resided at the "Reported Address" indicated?

* **YES, proceed to SECTION E.**

* **NO, proceed to SECTION C.**

SECTION C: NO ADDRESS VERIFICATION AVAILABLE	Contract #:
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If you are not able to provide evidence associating yourself or the owner with the "Reported Address" indicated on the NOTICE OF PROPERTY BEING HELD BY BUSINESS from the California State Controller's Office web site, you must submit the following proof of ownership:

(6) Document (e.g., correspondence, statement etc.) associating you or the owner with either Executive Life Insurance Co. or Aurora National Life Assurance Company.

If you are providing item 5, proceed to SECTION E.

NOTE: IF ITEM 3, 4 OR 5 IS NOT AVAILABLE, YOUR CLAIM MAY BE DENIED.

SECTION D: DECEASED OWNER	Contract #:
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If you are an HEIR of the deceased "Reported Owner Name" indicated on the NOTICE OF PROPERTY BEING HELD BY BUSINESS from the California State Controller's Office web site, you are required to submit ALL items under SECTION A, the death certificate of the deceased owner, PLUS one of the following documents:

(7) Copy of Currently Certified Letters, dated within the past six months, appointing the Executor or Administrator of the decedent's estate, and the ESTATE Tax Identification number; or

(8) Complete copy of the Court Ordered Distribution of the Decedent's Estate; or

(9) If the distribution of the estate was not ordered by a court, a complete copy of the decedent's Will and/or Trust Agreement; and a completed Declaration Under Probate Code Section 13101 FORM; or

(10) If no Will or Trust Agreement exists, a completed Declaration Under Probate Code Section 13101 form and a Table of Heirship form. You may obtain these documents at the State Controller's web site at http://www.sco.ca.gov/ucp_claimant_forms.html. You may also contact our office to request these forms.

If you are providing the death certificate and items 6, 7, 8, or 9, proceed to SECTION E.

SECTION E: SIGNED CLAIM FORM / AFFIRMATION	Contract #:
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- (11) If the "Amount" indicated on the NOTICE OF PROPERTY BEING HELD BY BUSINESS from the California State Controller's Office web site is \$1,000 or more, complete, sign, and NOTARIZE the Claim Affirmation Form.
 - (12) If the "Amount" is less than \$1,000 - complete and sign the Claim Affirmation Form.
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Confirm that all required documents are included and send the entire package to the following address:

**Conservation & Liquidation Office
Attn: Willard Roberts, Estate Trust Officer
P.O. Box 26894
San Francisco, CA 94126-0894**

Should you have questions, please call Willard Roberts at (415) 676-5034.
