

Unclaimed Money Fund General Claim Form

Mail to: Bandera County Auditor's Office
Unclaimed Property
PO BOX 436
Bandera, TX 78003

ATTACH THE FOLLOWING INFORMATION

- (A) Proof of claimant's social security number(Copy of your Social Security card or W2 form).
- (B) Copy of claimant's Driver's License or any official form used for identification.
- (C) List of all addresses used that may be associated with property being claimed, including P.O. boxes.

Failure to provide your **IDENTIFICATION, SIGNATURE OR COMPLETION OF THIS CLAIM FORM**, will result in our returning it to you. You must be 18 or older to claim property. Social Security Number is NOT required, but may help in identifying you as a property owner.

CLAIMANT INFORMATION (please print)

Name: _____ SSN: _____
(Last) (First) (MI)

Co-Owner _____ SSN: _____
(Last) (First) (MI)

Address _____ (_____) _____
Day Time Phone, including Area Code

City _____ State _____ Zip _____

Your Filing Status: Check one box below and attach the documents requested:

- ☐ Owner
- ☐ If you are an HEIR to the owner, send a copy of probated will OR court order OR affidavit of heirship listing heirs and current addresses AND a copy of the death certificate of the owner.
- ☐ If you are a TRUSTEE or GUARDIAN to the owner, send copies of current documents establishing guardianship or trust.
- ☐ If you are an EXECUTOR or ADMINISTRATOR for the owner's estate, send a copy of the death certificate AND Letters of Administration OR testamentary dated within 90 days of filing claim.
- ☐ If you are an OFFICER OF THE ORGANIZATION, send current documents establishing your authority to act for the organization.
- ☐ If you are a PARENT of the owner who is under 18, attach a copy of the minor's birth certificate and proof of SSN.

PROPERTY INFORMATION A separate Claim Form is required for each claim.

Property ID : _____

Owner Name: _____

Year Reported: _____

Description: _____

Claim Amount: _____

Please Note: State law limits the fees charged by all outside search firms or private investigators who assist you in locating unclaimed property to no more than 10% of the amount of the claim.

The named claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said claimant will indemnify and hold harmless Bandera County and its officers and employees from any damages, claims or losses of any kind resulting from the payment of the above described property to Claimant.

CLAIMANT'S SIGNATURE _____ DATE _____

CO-OWNER SIGNATURE _____ DATE _____

If you have any questions regarding Unclaimed Property, you may call (830) 796-4573.

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file for you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone number listed on this form.