

**Superior Court of California,  
County of Merced  
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 claim 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 Merced  
Finance Office  
627 West 21<sup>st</sup> Street  
Merced, CA 95340**

For additional questions, please call (209) 725-4115.

**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;
- Notarize your Claim of Affirmation Form, if your claim is over \$1000;
- Complete the information located above the "Holder's Use Only" box on the Claim for Reimbursement;
- Copy of current photo identification for each claimant;
- Proof of Social Security number for each claimant;
- Proof associating you with the last known address;
- Proof associating you to the Court and the reported case; and
- The original instrument used such as a receipt, copy of check, etc.

**SECTION B-DECEASED OWNER**

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

- Completed and signed Claim Affirmation Form;
- Notarize your Claim Affirmation Form, if your claim is over \$1000;
- Complete the information located above the "Holder's Use Only" box on the Claim for Reimbursement;
- Death certificate of the deceased owner(s) of the funds;

- Copy of current photo identification for each heir;
  - Proof of Social Security number for each heir;
  - Proof associating the deceased owner to the Court and the reported case;
  - The original instrument used such as a receipt, copy of check, etc.;
  - 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**
- If none of the above information can be obtained, please contact the court at (209)725-4115.

### **SECTION C-BUSINESS CLAIM**

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

- Completed and signed Claim of Affirmation Form;
- Notarize your Claim of Affirmation Form, if your claim is over \$1000;
- Complete the information located above the "Holder's Use Only" box on the Claim for Reimbursement;
- Proof associating the business with the Court and the reported case;
- The original instrument used such as a receipt, copy of check, etc.;
- Letter of Authorization with the names of officers or officials with authority to sign and claim on behalf of the business;
- Copy of current photo identification for each authorized officer or official;
- Business card of the authorized officer or official;
- Proof of the business's federal tax identification number;
- Proof of the business's association with the last known address;
- 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;
- If your company was suspended, a Tax Clearance letter or a Letter of Good Standing from the Franchise Tax Board and/or the Secretary of State's Office.

Superior Court of California,  
County of Merced

## CLAIM AFFIRMATION FORM

### 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 or Business	First Name	Middle Initial	SSN or Federal Tax ID	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)

### PRIVACY NOTIFICATION

Your Social Security number and other documents are requested for identification and processing of your claim.

Superior Court of California,  
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**CLAIM FOR REIMBURSEMENT**

**MAIL TO: Superior Court of California, County of Merced**  
**627 West 21<sup>st</sup> Street**  
**Merced, CA 95340**

**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 shown below:

Superior Court of California, County of Merced

627 West 21<sup>st</sup> Street

Merced, CA 95340

Tax Identification Number: \_\_\_\_\_

Reason for claimed reimbursement:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT FOR WHICH REIMBURSEMENT IS CLAIMED.**

AFFIRMATION AND SIGNATURE \_\_\_\_\_

*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 Merced. 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: \_\_\_\_\_