



Unclaimed Property Form

For Heir, Trustee, or Parent

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Claimant is required to provide the city with sufficient documentation to establish claimant's right to receive unclaimed property. Submitting your Social Security Number (SSN) is optional but may be the only available means of verifying your claim. To the extent permitted by law, your Social Security number will be kept confidential.

Claimant's Information

Name: _____ **SSN:** _____

Current Address: _____

City: _____ **State:** _____ **ZIP Code:** _____ **Telephone:** _____

E-Mail: _____ **Fax:** _____

Please attach the following Information:

- (1) Copy of claimant's Driver's License or other official form used for identification
- (2) Proof of Social Security Number (not required but may help verify ownership)

Your filing status:

Check one, attach documents requested **AND** enter the applicable federal number below:

- If you are an HEIR to the owner, attach a certified copy of the death certificate **AND** a copy of the probated will **OR** court order **OR** affidavit of heirship.
- If you are a TRUSTEE or GUARDIAN to the reported property owner, attach a copy of the trust agreement **OR** current guardianship documents.
- If you are an EXECUTOR or ADMINISTRATOR for the reported property owner's estate, attach a copy of the death certificate **AND** Letters of Administration **OR** Testamentary dated within 90 days of filing the claim.
- If you are a PARENT of the reported property owner who is under age 18, attach a copy of the minor's birth certificate and proof of Social Security Number.

Continued next page.



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FILL IN FEDERAL TAX IDENTIFICATION NUMBER THAT APPLIES:

Reported Property Owner's Social Security Number: _____

Estate or Trust FEI: _____

Claimant Signature

The named Claimant 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 Claimant will indemnify and hold harmless the City of Houston, the Controller, and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Signature: _____ Date: _____



Mail completed form to:

Office of the City Controller
ATTN: Unclaimed Funds
901 Bagby St., 6th Floor
Houston, Texas 77002



Questions?

Call: 832-393-3460
Email: controller@houstontx.gov

FOR OFFICE USE ONLY

Documentation Reviewed By: _____

Payment of claim in the amount of \$ _____ approved by _____