

CLAIM FOR MONEY HELD

MAIL TO: Superior Court of California, County of Solano
Attention: Fiscal Division (Escheatment)
600 Union Avenue
Fairfield, CA 94533

DATE SUBMITTED: _____

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

AMOUNT OF CLAIM: \$ _____

CLAIMANT'S NAME (Should match claim affirmation): _____

RELATIONSHIP TO OWNER: _____

REASON FOR CLAIM: _____

A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT CLAIMED

AFFIRMATION AND SIGNATURE (by claimant)

I hereby affirm, under penalty of perjury, that I am duly authorized to make said claim upon the Superior Court of California, County of Solano. I hereby agree to indemnify and hold harmless the State, the Courts, its officer and employees from any loss, including attorney's fees, incurred as a result of payment of the amount claimed.

Signature: _____ **Date:** _____

HOLDER'S USE ONLY (Court)

_____ Approved, Paid to Claimant Shown Above

_____ Denied, Not an Authorized Claim

By: _____ **Date:** _____