

Unclaimed Money Fund
General Claim Form

Mail to: Brazos County Treasurer
200 S. Texas Ave. Suite 240
Bryan, Texas 77803
Treasurer@brazoscountytexas.gov
(979)361-4340 Fax (979) 361-4347

ATTACH THE FOLLOWING INFORMATION

- (A) Proof of your Social Security number (copy of your Social Security card or W2 form).
- (B) Copy of your Driver's License or any official form used for identification.
- (C) List 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 the property owner.

CLAIMANT INFORMATION

NAME: _____ SSN: _____
(LAST) (FIRST) (MI)

CO-OWNER: _____ SSN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DAY TIME PHONE, INCLUDE AREA CODE: () _____

YOUR FILING STATUS: Check one of the following, attach documents requested, AND enter the applicable federal number below:

- _____ I am the reported property 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 of 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 age 18, attach a copy of the minor's birth certificate and proof of SSN.
- _____ Other: _____

FILL IN FEDERAL NUMBERS THAT APPLY

Deceased SSN: _____ Estate/Trust/Company TPID: _____

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.

CLAIMANT SIGNATURE

The named Claimant hereby certifies that this claim 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 Brazos County, Texas, the County Treasurer and its' officers and employees from any damages, claims, or losses of any kind resulting from the payment of the above described funds to Claimant.

CLAIMANT _____ DATE _____ CO-OWNER _____ DATE _____

A law passed by the Texas Legislature states that a small handling fee could be collected against your claim.

(For Internal Use Only)

CLAIM NUMBER: _____ AMOUNT: _____
ISSUED TO: _____ INVOICE NUMBER: _____
Processed By: _____
Date: _____