



Unclaimed Funds Form–Action Required to Claim Funds

Superior Court of California County of Riverside

ESCHEATMENT CLAIM INSTRUCTIONS and FORMS

If you are claiming funds, please complete the following:

STEP 1: Fill out the attached **Claim Affirmation Form**. When completing the claim form, 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 form. Any modifications made to the court's form 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.

STEP 4: Please send the completed form along with all the required materials to:

Superior Court of California, County of Riverside
Attn: Fiscal Services Division (2024 Escheatment)
P. O. Box 1547
Riverside, CA 92502

Or email in PDF file format to escheat@riverside.courts.ca.gov



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, excluding “Court’s Use Only” box;
 - Notarized Claim of Affirmation Form if claim is over \$1,000;
 - Copy of **current photo identification** 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.
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SECTION B—DECEASED OWNER

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

- Completed and signed Claim Affirmation Form, excluding “Court’s Use Only” box;
- Notarized Claim Affirmation Form if claim is over \$1,000;
- Death certificate of the deceased owner(s) of the funds;
- Copy of **current photo identification** 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.



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, excluding “Court’s Use Only” box;
- Notarized Claim of Affirmation Form if claim is over \$1,000;
- 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 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.



COURT'S USE ONLY

Approved, Paid to Claimant Shown Below

Denied, Not an Authorized Claim

Date: _____

By: _____

CLAIM AFFIRMATION FORM

A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT CLAIMED

The undersigned claimant certifies, under penalty of perjury, that they have read the claim and know the contents thereof and that they are the owner of 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 Court and its agents, officers, and employees from any loss, including attorney's fees, resulting from the payment of said claims.

CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR EACH CLAIMANT OR YOUR CLAIM WILL NOT BE PROCESSED

Claimant's Information:

LAST NAME OR BUSINESS		FIRST NAME		MI	DATE
CURRENT MAILING ADDRESS		CITY	STATE/ PROVINCE	ZIP	COUNTRY
DAYTIME PHONE		EMAIL ADDRESS			
NAME OF OWNER (IF DIFFERENT FROM CLAIMANT)			RELATIONSHIP TO OWNER		
AMOUNT OF CLAIM \$		REASON FOR CLAIM			
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 only.