



Claimant must be 18 or older. 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.

Claim Document Number: _____ Claim Document Amount: _____

Claimant Information	
Name: _____ (Last) (First) (Middle)	SSN: _____
Current Address: _____ (to contact you or mail check)	
City: _____ State: _____ Zip Code: _____	Daytime Telephone: _____

FILING STATUS: Check applicable box below, attach documents requested and enter the applicable federal number:

___ If you are an HEIR to the owner: Attach a certified copy of the death certificate, and a copy of 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.

FILL IN FEDERAL TAX IDENTIFICATION NUMBER THAT APPLIES:

Reported Property Owner's Social Security Number: _____

Estate or Trust FEI: _____

Please attach the following information:

1. Copy of your Driver's License or other official form used for identification.
2. Proof of Social Security Number (not required but may help verify ownership).
3. List of addresses associated with the property being claimed, including P.O. Boxes.

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 McAllen, 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: _____

For Internal Use Only

Reviewed By: _____ Date: _____