

UNCLAIMED MONEY FUND  
GENERAL CLAIM FORM

Mail to: Montgomery County Treasurer  
501 N Thompson, Ste. 201  
Conroe, Texas 77301  
(936) 538-3520 Fax (936) 760-6920

- (A) Proof of your Social Security number (copy of your Social Security card or W-2 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 PO 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:

- \_\_\_\_\_ 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 Administrator or Testamentary dated within 90 days of filing claim.
- \_\_\_\_\_ If you are an OFFICER IF 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: \_\_\_\_\_

**OWNER PROPERTY INFORMATION (Do NOT change this information)**

Property ID: \_\_\_\_\_ Property No. \_\_\_\_\_  
Owner Name: \_\_\_\_\_ Property Amount: \_\_\_\_\_  
Yr Reported: \_\_\_\_\_ Reporting Company: \_\_\_\_\_ Claim Amount: \_\_\_\_\_  
Description: \_\_\_\_\_  
Property Category: \_\_\_\_\_  
Additional Owner Listed \_\_\_\_\_

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 said Claimant will indemnify and hold harmless Montgomery 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 the 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 CLAIMED: \_\_\_\_\_

ISSUED TO: \_\_\_\_\_ CHECK NUMBER: \_\_\_\_\_

Processed by: \_\_\_\_\_

Date: \_\_\_\_\_