

**UNCLAIMED PROPERTY
GENERAL CLAIM FORM C**

Claimant's Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Day Time Phone (Including Area Code): (_____) _____

Please indicate your filing status below; please note that failure to provide the requested information will result in this Claim Form being returned to you:

- HEIR.** If you are an heir to the owner, send a copy of probated will, court order, OR affidavit of heirship listing heirs and current addresses, AND a copy of the death certificate of the owner. Also provide the Deceased Owner's information below.
- TRUSTEE OR GUARDIAN.** If you are a trustee or guardian to the owner, send copy of documents establishing guardianship of trust. Also provide the Deceased Owner's information below.
- EXECUTOR OR ADMINISTRATOR.** If you are an Executor or Administrator for the owner's estate, send a copy of the death certificate AND Letter of Administration OR Testamentary dated within 90 days of filing this claim. Also provide the Deceased Owner's information below.
- OFFICER OF THE ORGANIZATION.** If you are an Officer, send current documents establishing your authority to act for the Organization.
- PARENT.** If you are the Parent of the owner, who is under age 18, attach a copy of the minor's birth certificate and proof of social security number.

DECEASED OWNER INFORMATION:

Name: _____ SSN: _____

CERTIFICATION

I, the above named Claimant, hereby certify 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 said Claimant will indemnify and hold harmless the State of Texas, the City of Brenham, and their Officers and Employees, from any damages, claims or losses of any kind resulting from the payment of the above described property.

Agent/Owner Signature

Date

The Texas Legislature allows for a handling fee to be charged for unclaimed property claims; however, there will be NO handling fee if your claim is not paid. The amount of the handling fee will not exceed 1% of the dollar amount of the claim. If a handling fee is assessed, it will be deducted from your total claim amount at the time payment is made. Payment will be made within 90 days from receipt of a completed Claim Form and proof of ownership.

LEAVE THIS AREA BLANK

Claimant: _____ Claim Amt.: _____

Fee(s): _____ Net Amount: _____

By: _____ By: _____
City Secretary Finance Director

Date: _____ Date: _____