



**County of Orange**  
**Office of the Treasurer-Tax Collector**  
**Shari L. Freidenrich, CPA, CCMT, CPFA, ACPFIM**  
**P.O. Box 4515**  
**Santa Ana, CA 92702-4515**

**General Claim Form-Unclaimed Funds**  
**A SEPARATE CLAIM FORM IS REQUIRED FOR EACH ITEM**

NAME AND ADDRESS OF CLAIMANT				
ORIGINAL PAYEE NAME _____				
CLAIMANT NAME (if different): _____			RELATIONSHIP: _____	
CURRENT ADDRESS _____				
Street Address		City	State	Zip Code
TELEPHONE: (     )		E-MAIL: _____		
DRIVER'S LICENSE # _____			SS #/TIN: _____	

GROUNDS UPON WHICH CLAIM IS BASED: _____

AMOUNT	\$	(If greater than \$50, form must be notarized)
COUNTY AGENCY & _____		
ACCOUNT NUMBER _____		
(which name & amount is listed under)		

**ASSIGNMENT OF PAYMENT**

If the right to claim these funds is assigned by the claimant to another individual or to a company (assignee), the Office of the Treasurer-Tax Collector will only issue one check, for the entire claim amount, to the assignee. It is the claimant's responsibility to inform the Office of the Treasurer-Tax Collector to whom the check should be made payable and the address to which it should be sent. Please complete the following information:

I, \_\_\_\_\_, the undersigned claimant, do hereby instruct the Office of the Treasurer-Tax Collector to issue a check for the entire claim amount to the following assignee at the address listed below:

Claimant Name: \_\_\_\_\_

Assignee Name: \_\_\_\_\_

Assignee Address (to mail the check):

\_\_\_\_\_

\_\_\_\_\_

Complete Reverse Side

**CERTIFICATION OF CLAIMANT**

The undersigned and any heirs, executors, successors or assigns of the undersigned, agree to indemnify and hold the County of Orange, its elected and appointed officials, officers and employees harmless from and against all claims, demands, suits, liability, loss, damage, expenses, counsel fees and costs of any nature arising from or related to the payment of any unclaimed funds by the County pursuant to this claim.

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge. I further certify that I prepared this claim and am entitled to the unclaimed funds set forth in this claim.

Signature of Claimant: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTARY ACKNOWLEDGMENT (Required if over \$50)**

State of California } ss.  
County of \_\_\_\_\_ }

On \_\_\_\_\_, before me, \_\_\_\_\_, Notary Public, personally appeared \_\_\_\_\_, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to this document and acknowledged to me that he/she executed the same in his/her authorized capacity, that by his/her signature on this document the person, or the entity upon behalf of which the person acted, executed this document.

Witness my hand and official seal.

\_\_\_\_\_ (Seal)