

OFFICE OF THE TREASURER-TAX COLLECTOR SHARI L. FREIDENRICH, C.P.A.

POST OFFICE BOX 4515 SANTA ANA, CA 92702-4515 octreasurer.gov/unclaimedfunds



(Seal)

DECEASED ESTATES CLAIM FORM

Claimant Declaration - Corporation

NAME AND ADDRESS OF CLAIMANT		
Name		
Address		
Street Address	City	State Zip Code
Telephone ()	Tax ID #	(Attach W-9)
DECEASED ESTATE BEING CLAIMED		
Amount of Claim	Date of Court Order	
Decedent's Name	-	
Court Ordered Creditor Name		
Court Ordered Claim Amount		
DECLARATION OF CLAIMANT		
We certify (or declare) under penalty of perjury under the true and correct.	e laws of the State of California	that the foregoing is
Executed thisday of, 20a	nd have provided my TIN above.	
Signature and Title (Chairman of Board, President, VP)*		Dated
Signature and Title (Secretary, Assistant Secretary, Chief Financial Officer, Assistant Treasurer)* Dated *California Corporations Code Section 313 provides that signatures from individual(s) from EACH of the above categories are required in order to bind the corporation.		
NOTARY ACKNOWLEDGEMENT		
"A notary public or other officer completing this certificate verifies only the certificate is attached, and not the truthfulness, accuracy, or validity of the truthfulness.		document to which this
State of}ss.		
County of}		
On, before me,	Notary Publ	ic, personally appeared
, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.		
I certify under PENALTY OF PURJURY that the foregoing paragraph is true and correct.		
Witness my hand and official seal.		

Signature

Mission: Ensure safe and timely receipt, deposit, collection and investment of public funds.