SUPERIOR COURT OF CALIFORNIA, COUNTY OF Marin

UNCLAIMED FUNDS INSTRUCTIONS AND FORMS

If you are claiming funds, please complete the following:

1. Fill out the attached forms (*Claim for Money Held* and *Claim Affirmation Form*). When completing the claim forms, please type or print legibly in blue or black ink. Illegible claims will be returned. Claims must be made using the court's forms. Any modifications made to the court's forms will not be accepted. All forms and instructions related to escheatment are available on the court's website: https://www.marin.courts.ca.gov/local-forms.

2. You must sign the *Claim Affirmation Form,* and have it notarized if your claim is over $1,000 or your claim will not be processed. Please read all the instructions and make copies of all required documents (state-issued photo identification, etc.). Owners or heirs are required to provide documentation to validate their claims – please see *Checklist for Filing a Claim* for the complete list of documents required.

3. Each claimant is required to fill out a separate *Claim for Money Held* and *Claim Affirmation Form*.

4. Please email completed submissions to administration@marin.courts.ca.gov or send the completed forms along with **all** the required materials to:

   Court Executive Officer
   Marin Superior Court
   Hall of Justice
   3501 Civic Center Drive, Room 116
   San Rafael, CA 94903

5. If the court denies your claim, you may file a verified complaint with the court within 30 days of the denial per Gov. Code 68084.1.

For additional questions, please email the court at administration@marin.courts.ca.gov.

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CHECKLIST FOR FILING A CLAIM

The following is a checklist of the documentation required when sending in your claim:

OWNER FILING CLAIM

- ☐ Completed and signed *Claim Affirmation Form*;
  - ☐ Notarize your *Claim Affirmation Form*, if your claim is over $1000;
- ☐ Completed and signed *Claim for Money Held* form;
- ☐ Copy of current state-issued photo identification for each claimant; and
- ☐ Copy of proof of Social Security number for each claimant.

DECEASED OWNER

- ☐ Completed and signed *Claim Affirmation Form*;
  - ☐ Notarize your *Claim Affirmation Form*, if your claim is over $1000;
- ☐ Completed and signed *Claim for Money Held* form;
- ☐ Death certificate of the deceased owner(s) of the funds;
- ☐ Copy of current state-issued photo identification for each claimant; and
- ☐ Copy of proof of Social Security number for each claimant.
- ☐ If probate of estate is open, the estate tax identification number and a copy of the certified Letter of Testamentary, dated within 6 months, appointing the executor or administrator of decedent's estate.
- ☐ If probate of the estate is closed, provide the estate tax identification number and a complete copy of the Court Ordered Distribution of the decedent's estate, or provide a complete copy of the Trust Agreement and a copy of a document with the trust tax identification number, such as a tax return or bank statement. If none of this information can be obtained, please contact the court via email at administration@marin.courts.ca.gov.

BUSINESS CLAIM

- ☐ Completed and signed *Claim Affirmation Form*;
  - ☐ Notarize your *Claim Affirmation Form*, if your claim is over $1000;
- ☐ Completed and signed *Claim for Money Held* form;
- ☐ Letter of Authorization with the names of officers or officials with authority to sign and claim on behalf of the business;
- ☐ Copy of proof of the business's federal tax identification number;
- ☐ If your company merged with another company, a copy of the merger agreement;
- ☐ If your company was dissolved, a copy of the articles of dissolution; and
- ☐ If your company was suspended, a Tax Clearance letter or a Letter of Good Standing from the Franchise Tax Board and/or the Secretary of State's Office.

SUPERIOR COURT OF CALIFORNIA, COUNTY OF Marin

CLAIM FOR MONEY HELD

Date: _____

Owner's Name (As held by Court): _____

Street Address: _____

City, State, ZIP Code: _____

Case # or Check #: _____

Amount of Claim: _____

Claimant's Name (Should Match Claim Affirmation): _____

Relationship to Owner: _____

Reason for Claim:_____

_____

_____

A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT CLAIMED.

AFFIRMATION AND SIGNATURE (by claimant)

I hereby affirm, under penalty of perjury, that I am duly authorized to make said claim upon the Superior Court of California, Court of Marin. I hereby agree to indemnify and hold harmless the State, the Court, its officers and employees from any loss, including attorney fees, incurred as a result of payment of the amount claimed. I agree to submit to the Court's jurisdiction, and I agree to participate in any litigation or dispute resolution process regarding any dispute from this claim.

Signature:_____ Date: _____

COURT'S USE ONLY

□ Approved, Paid to Claimant Shown Above Date: _____

□ Denied, Reason: _____ By: _____

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CLAIM AFFIRMATION FORM

Under penalty of perjury, the undersigned claimant has read the claim and knows the contents thereof and the claimant is the owner of the said claim and the person entitled to receive the money set forth in said claim. The claimant agrees to indemnify and hold harmless the State, the Court and its agents, officers, and employees from any loss resulting from the payment of said claims.

CURRENT INFORMATION AND SIGNATURE MUST BE PROVIDED FOR EACH CLAIM OR YOUR CLAIM WILL NOT BE PROCESSED

Claimant's Information:

Name (Last, First, Middle) or Business: _____

SSN or Federal Tax ID: _____

Current Mailing Address: _____

City:_____State / Province:_____Zip: _____

Country:_____Daytime Phone: _____

Email address: _____

_____ _____

Date Claimant or Authorized Agent Signature

YOUR SIGNATURE MUST BE NOTARIZED IF THE CLAIM AMOUNT IS $1,000 OR GREATER

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

State of California, County of Marin
Subscribed and sworn to (or affirmed) before me on this____day of_____, 20__, by_____, proved to me based on satisfactory evidence to be the person(s) who appeared before me.

Signature:_____(Seal)

PRIVACY NOTIFICATION

Your Social Security number and other documents are requested for identification and processing of your claim and will not be used for other purposes.