



## SUPERIOR COURT OF CALIFORNIA, COUNTY OF SIERRA

### CHECKLIST FOR FILING A CLAIM

In addition to the Claim Affirmation Form and Claim for Money Held Form, the following is a list of the additional documentation required, if any, when submitting a claim in four different situations:

#### **OWNER OR BUSINESS FILING CLAIM** (reissuance to same name and address)

- None

#### **OWNER FILING CLAIM** (reissuance to same name but different address)

- Copy of current state-issued photo identification
- Documentation displaying owner's name as it appeared on the check and address where check was sent (e.g., utility bill or bank statement)

#### **DECEASED OWNER RELATED CLAIM**

- Death certificate of the deceased owner of the funds
- Copy of current state-issued photo identification of the 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.

#### **OTHER BUSINESS CLAIM**

- 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
- 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



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### INSTRUCTIONS FOR SUBMITTING A CLAIM

1. Fill out the two required forms:
  - a. Claim for Money Held Form
  - b. Claim Affirmation Form

When completing the forms, please type or print legibly in blue or black ink. Illegible claims will not be processed. Claims must be made only using the court's forms. Any modifications made to the court's forms will not be accepted. A single form can be used to claim multiple checks for the same payee.

2. Print both forms and sign. Claims with unsigned forms will not be processed.
3. Provide other documentation, as specified below.
  - a. If requesting a check be reissued to the same name and address on the original check, you need to submit only the two forms.
  - b. If requesting a check be issued to the same name but different address, you will need to submit the additional documentation listed on the checklist on page 2.
  - c. If requesting a check be issued to a person on behalf of the deceased owner or business with a changed name, you will need to submit the additional documentation listed on the checklist on page 2.
4. Mail completed and signed forms with all other required documentation to:

Sierra Superior Court  
Attn: Escheatment  
P.O. Box 476  
Downieville, CA 95936

Claimants will be notified of whether their claim has been approved or denied by no later than 61 days after the submission deadline. If the court denies your claim, you may file a verified complaint with the court within 30 days of the denial pursuant to Government Code 68084.1(d).



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SIERRA**  
**CLAIM FOR MONEY HELD FORM**

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

Owner's Name (as issued on original check): \_\_\_\_\_

Issuance Date (s): \_\_\_\_\_

Amount of Total Claim: \_\_\_\_\_

Claimant's Name\*: \_\_\_\_\_

\*Must match the name on Claim Affirmation Form.

Relationship of Claimant to Owner: \_\_\_\_\_

Reason for Claim (e.g., never received check, lost check): \_\_\_\_\_

\_\_\_\_\_

Claim Type (please check one of the boxes):

- Reissue to same name and address on original check
- Reissue to same name but different address than on original check
- Other (e.g., deceased owner claim)

**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, County of Sierra. 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 Show Above      Date: \_\_\_\_\_
- Denied, Reason: \_\_\_\_\_      By: \_\_\_\_\_



**SUPERIOR COURT OF CALIFORNIA, COUNTY OF SIERRA**

**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 OR YOUR CLAIM WILL NOT BE PROCESSED*

Claimant's Information:

First Name: \_\_\_\_\_ Middle Name or Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_

Current mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State / Province: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Country: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Claimant or Authorized Agent Signature: \_\_\_\_\_