



UNCLAIMED FUNDS CLAIM FORM

The undersigned makes claim to Unclaimed Funds now in the custody of the Union County Auditor’s Office in the amount and kind as specified below, pursuant to Chapter 9.39 of the Ohio Revised Code.

PLEASE PRINT OR TYPE

Amount of Unclaimed Funds \$	Agency Code
Name of the Owner of the Funds	
Owner’s Current Street Address, City, State, Zip	
Owner’s Email Address	
Owner’s Phone Number	Owner’s Social Security Number (optional for claims under \$500.00) or Tax ID#

Are you the owner of these funds? (If yes, skip this section) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Claimant’s Name	Claimant’s Phone Number
Claimant’s Address, City, State, Zip	
Claimant’s Email Address	

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Union County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above-described funds to claimant.

State of Ohio County of: _____

I certify that the above is a completed statement of circumstances surrounding this application and that all facts and statements contained herein are true to the best of my knowledge. I further state that the above-mentioned warrant has not been cashed by me or by any person directly or indirectly authorized by me. I will compensate the County of Union in the state of Ohio for any loss or damaged sustained if the original warrant is presented and properly paid.

Signature _____ Date _____

Street Address, City, State

Phone Number

Sworn to before me and subscribed by the said _____ in my presence this _____ day of _____, 20_____.

Notary Seal

Notary Public

Commission Expires

Proof of Claim Requirements

No proof of claim is required if the original warrant is returned with a completed claim form and no address or name changes are necessary.

Individual Owners

- Copy of personal identification which may include, Driver's License, State ID, or Passport
- Copy of Social Security Card (optional for claims under \$500.00)
- Attorney's only:* Ohio Supreme Court Attorney registration number

Joint Owners

- Claim form signed by all parties
- Copy of personal identification for all parties
- Copy of Social Security Card for all parties (optional for claims under \$500.00)

Custodian or Guardian of Individual Owner

- Copy of personal identification of owner & claimant
- Copy of Social Security Card of owner (optional for claims under \$500.00)
- Legal document(s) declaring claimant is the guardian or custodian

Deceased Owner

- Copy of personal identification of claimant
- Copy of Death Certificate
- Letter of Authority appointing claimant as executor or administrator of original owner's estate

Business

- Verification of owner's taxpayer identification number which may include an SS4, 1099, or tax return
- Proof of authority to claim funds on behalf of the business such as a corporate resolution or affidavit from a senior officer

Professional Finder

- Proof of claim requirements for type of claim; please see applicable list
- Copy of personal identification
- Original, notarized Power of Attorney (POA) that includes the owner's name, current address, phone number, and dollar value of the claim
 - If the POA assigns authority to a business, the individual signing the claim form will need to supply proof of authority to sign on behalf of the business

All notarized or legal documents submitted must be originals or original certified copies. Claim forms and proof of claim may not be submitted by fax or email.

Legal counsel or the services of a professional finder are not required to claim your funds.

Our office does not charge any fee to submit or process your claim.

You may be contacted to provide additional documentation such as proof of residency at reported address.

Please mail completed claim form and proof of claim to:

Attention Unclaimed Funds
Union County Auditor
233 W. 6th Street
Marysville OH 43040