



**County of Calaveras  
Office of the Auditor-Controller  
Rebecca Callen  
891 Mountain Ranch Road  
San Andreas, CA 95249**

**Claim Form-Unclaimed Funds  
All Claims must be received no later than May 1, 2014**

**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: _____		

<b>GROUND UPON WHICH CLAIM IS BASED:</b> _____

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

**CERTIFICATION OF CLAIMANT**

In consideration thereof, it is agreed that the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the County of Calaveras from and against all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation of the Original check or the Replacement Check by the undersigned, the employees, or agents of the undersigned.

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 am the owner of this claim, and am the person entitled to the money and property set forth in this claim.

Authorized Signature: \_\_\_\_\_ 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)



## OFFICE OF THE AUDITOR-CONTROLLER

891 Mountain Ranch Road  
San Andreas, CA 95249

[www.auditor.calaverasgov.us](http://www.auditor.calaverasgov.us)

### **Claim Form for Unclaimed Funds-Instructions**

**All Claims must be received no later than May 1, 2014**

Annually, the County Treasurer receives a listing of monies which have remained unclaimed for over three years from each County Department and Agency. The Treasurer, pursuant to Government Code Section 50050-50056 will publish these unclaimed monies in an adjudicated newspaper. The County Treasurer has published these funds in Calaveras County. Once published, these unclaimed funds will be held by the Office of the Auditor-Controller until midnight on May 1, 2014 and permanently escheated to the County General Fund on the designated date (May 5, 2014).

1. To claim these funds prior to escheatment, please complete the "claim form" and include all required documentation. Please note that a separate claim form is required for each item.
2. Form may be typed or filled in black or blue ink.
3. For claims in excess of \$50, the form will need to be notarized.
4. Please sign form.
5. Completed claim forms can be mailed or faxed to the:

**Calaveras County Auditor-Controller**  
**Attn: Treasury Escheatment Claims**  
**891 Mountain Ranch Road**  
**San Andreas, CA 95249**  
**(209) 754-6759 (fax)**

Faxes will be accepted as timely filed if received by midnight on May 1, 2014 but an original must be mailed in order for us to process the claim.

6. If you have any questions, please call or email our office at (209) 754-6343 and [ccauditor@co.calaveras.ca.us](mailto:ccauditor@co.calaveras.ca.us)