



Lynn Fitch
STATE TREASURER
UNCLAIMED PROPERTY

Office of the State Treasurer
P. O. Box 138, Jackson, MS 39205
Telephone (601)359-3534
www.treasurerlynnfitch.com

LYNN FITCH
State Treasurer

Tony Geiger, Director
Unclaimed Property Division

CLAIM FORM

Property ID# \_\_\_\_\_

Instructions: Please read UP Checklist for Required Documentation carefully to complete this form.
Submit all required documentation - without it we cannot process your claim request. Each claimant
must submit a copy of an official photo ID & copy of Social Security card with this claim form.

A. Claimant's name and current address:

B. Original owner's name as listed on
website or letter:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Claimant's Social Security number or Corporation's FEIN tax ID: \_\_\_\_\_

Claimant's daytime phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

C. If your name is different from the name shown in Section B, please explain why:

- \_\_\_\_\_ Marriage/Divorce.....Attach a copy of filed papers.
\_\_\_\_\_ Owner is deceased.....Your relationship to deceased: \_\_\_\_\_
\_\_\_\_\_ Corporation/Business.....Your position with company: \_\_\_\_\_
\_\_\_\_\_ Other.....Please explain: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public County/State

My commission expires \_\_\_\_\_

=====

\_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_

Notary Public County/State

My commission expires \_\_\_\_\_

Affidavit: The named claimant hereby certifies that this
claim for property presumed abandoned is valid and just,
that all statements herein are true and correct, and that
upon payment of this claim said claimant will indemnify
and hold harmless the State, its officers and employees,
from any other valid claims to the said property.

Signature of Claimant - Must be Notarized
If signed by 2 claimants, both signatures must
be separately notarized.

\_\_\_\_\_  
\_\_\_\_\_

Please allow 6-8 weeks for response. This
is a free service provided through the
Office of the State Treasurer.



*Lynn Fitch*  
STATE TREASURER  
UNCLAIMED PROPERTY

**Unclaimed Property Checklist for  
REQUIRED DOCUMENTATION**

Telephone (601)359-3534  
[www.treasurerlynnfitch.com](http://www.treasurerlynnfitch.com)

**If you are an individual claiming property, you must provide:**

- \_\_\_\_\_ **Photo ID:** Copy of a driver's license, passport, military ID card or other official card.
- \_\_\_\_\_ **Social Security Number(s):** Copy of the claimant's SSN card.
- \_\_\_\_\_ **Proof of Address:** Send proof of address that was reported to the State.
- \_\_\_\_\_ **Name Change:** If owner's name has changed for any reason, submit marriage license, divorce decree or legal document showing name change.
- \_\_\_\_\_ **Claim Form:** Notarized signature of individual(s) claiming property.
- \_\_\_\_\_ **Minor:** If the owner is a minor, send copy of minor's birth certificate.

**If the owner is deceased, you must *also* provide:**

- \_\_\_\_\_ **Will/Obituary/Affidavit of Death:** If the owner or the owner's heirs are deceased, please submit a copy of the owner's filed will, if there was one. If none exists, send a copy of the obituary or funeral program showing all heirs. If there was no obituary or funeral program, each claiming heir must complete a notarized Affidavit of Death available on our [website](#).
- \_\_\_\_\_ **Is the estate open or closed?** Please notate this on the claim form. If the estate is open, we pay the estate in care of the executor. If the estate is closed, we must split the funds between all legal heir(s). Each heir needs to complete a separate claim form.

**If you are claiming for a corporation or business, you must provide:**

- \_\_\_\_\_ **Photo ID:** Copy of officer's company ID badge, driver's license, passport or other official ID card.
- \_\_\_\_\_ **Employer FEIN Tax Number:** Send copy of FEIN for the corporation/business.
- \_\_\_\_\_ **Proof of Company Position:** Examples include a business card or letterhead listing officer.
- \_\_\_\_\_ **Proof of Address:** Send proof of company address that was reported to the State.
- \_\_\_\_\_ **Is business open or dissolved?** If business is open, we will pay the business. If the business is dissolved, send legal proof of each owners' name and the percentage of the company each owned.
- \_\_\_\_\_ **Claim Form:** Notarized signature of company owner/officer.

**PLEASE NOTE: We may require additional documentation to process your claim.**

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