

Amount of Unclaimed Funds:

## **UNCLAIMED FUNDS CLAIM FORM**

Richland County Clerk of Courts 50 Park Avenue East Mansfield Ohio 44902 (419) 526-7932

The undersigned makes claim to Unclaimed Funds now in the custody of the Richland County Auditor's Office as specified below, pursuant to ORC 9.39.

Owner of Funds:		
Case Number(s):		
Current Address of Owner:		
Email Address of Owner:		
Phone Number of Owner:		
	courts in order to claim	said funds.
This joint must be singe	ed in the presence of a no	эсигу ривнс.
Please attached a signed statement as	s to why you believe you	are entitled to these funds.
Signature		Date
State of		
State of		
County of		
The foregoing instrument was acknowledged	before me on this	(date) by
	(name of person ackn	owledged).
	Signatu	re of Notary Public
(notary seal)	3.6.1444	

## **Proof of Claim Requirements**

INDIVIDUAL OWNERS
Original completed claim form
O Legible copy of government issued photo ID which may include, driver's license,
state id or passport
<ul> <li>Legible copy of second form of ID: Social security card, birth certificate or insurance</li> </ul>
card bearing the owner's name
<b>0</b>
JOINT OWNERS
Original claim form signed by all parties
<ul><li>Legible copy of government issued photo ID for all parties</li></ul>
Legible copy of second form of ID for all parties
C regione copy of sessing form of its for all parties
GUARDIAN OR CUSTODIAN OF INDIVIDUAL OWNER OR
POWER OF ATTORNEY FOR INDIVIDUAL OWNER
Original claim form signed by owner, guardian or custodian
Certified copy of legal document declaring claimant is the guardian or custodian
or original, notarized copy of power of attorney
Legible copy of government issued photo ID for owner, guardian or custodian
<ul> <li>Legible copy of second form of ID for owner, guardian or custodian</li> </ul>
BUSINESS
Original completed claim form
Legible copy of paperwork showing you are the owner or said business
C Legible copy of government issued photo ID
Legible copy of second form of ID
DECEASED OWNER
Original completed claim form by executor or administrator
Certified copy of Letter of Authority appointing claimant as executor
or administrator, or other probate documents referencing said funds
Legible copy of government issued photo ID
Legible copy of second form of ID
Legal counsel or the services of a professional finder are not required to claim your funds
Legal counsel of the services of a professional finder are not required to claim your funds
You may be contacted to provide additional information
Please mail completed claim form and proof of claim to:
Richland County Clerk of Courts
Attn: Fiscal Department

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