

CLAIM FOR UNCLAIMED PROPERTY



KENTUCKY STATE TREASURER

Unclaimed Property Division
 1050 US Hwy. 127 S. Ste. 100
 Frankfort KY 40601
 (800) 465-4722

Official use only Claim #: 575128 Date claim sent: 5/16/2019 Preparer: 8870

Disclaimer: The Kentucky State Treasury does not validate the Property Type(s) listed below accurately identifies or describes the unclaimed property actually held for this account.

DOE JOHN
 123 COMMONWEALTH ST
 FRANKFORT KY 40601

INSTRUCTIONS: Properly complete Sections B, C, & D below, including signing the legal affidavit. *Mail this claim form to the address listed above. We do NOT accept faxed or emailed forms.

A. OWNER INFORMATION FOR ALL ACCOUNTS

<i>Reported Owner(s)</i> DOE JOHN	<i>Reported address</i>	Property ID # 465245
		Property Type: REFUNDS DUE
<i>Reported by :</i> GEORGETOWN COMMUNITY HOSPITAL	<i>Holder address</i> 1140 LEXINGTON RD	Amount: \$19.92
<i>Year reported:</i> 2003		

B. CLAIMANT INFORMATION:

MUST BE COMPLETED BY THE REPORTED OWNER OR THEIR LEGAL REPRESENTATIVE.

KRS 393A.470 - \$1.00 has been deducted from each cash property over \$10 for Treasury's advertising

Current Name(s): _____ SS# or FEIN: _____

Mailing Address: _____ Daytime phone: _____

City, State, Zip: _____ Email address: _____

Please indicate how you would like to be contacted if additional information is needed to process your claim: Email Mail

C. LEGAL AFFIDAVIT-

Under penalties of perjury, I certify that the information provided on this claim form is true, and all supporting documentation presented are either original or true unaltered copies of the original documents. Upon payment of this claim, said claimant will indemnify and hold harmless the Commonwealth of Kentucky, Officers and Employees from any damages, claims or losses of any kind resulting in payment of the above described property to the claimant under the provisions of KRS 393A.

Claimant's Signature: _____ Co-owner Signature: _____

If you have had military service, please check this box.

D. SEND REQUIRED EVIDENCE LISTED BELOW

- Submit **ALL** required documentation or your claim will be delayed or denied.

- 1) Copy of government-issued photo ID (driver's license, identification card, passport, military id.) for person(s) signing the claim form.
- 2) Individual(s)-Submit a document showing name & Social Security# for person(s) signing the claim form (copy of SS card, W-2, copy of Medicare Card, tax return, etc); Business(s)-Submit a copy of a document showing federal employer identification number (FEIN).
- 3) **MUST HAVE ORIGINAL SIGNATURE(S) ON CLAIM FORM** - Copies of signatures are not acceptable.

Upon review of your claim, other documentation may be requested by the Unclaimed Property Division to establish ownership and/or entitlement. The Division has sole discretion to determine the sufficiency of documentation to allow for payment.

Please Note: Claims are evaluated in the order received; processing times may vary.

