



City of Duncanville

Unclaimed Property Claim Form for Heir, Trustee, or Parent

Claimant is required to provide the city with sufficient documentation to establish Claimant's right to receive unclaimed property. Submitting your social security number (SSN) is optional but may be the only means of verifying your claim. To the extent permitted by law, your social security number will be kept confidential.

Claimant Information

Property: _____

Name: _____

SSN: _____ DL (or State ID) #: _____

Current Address: _____ City: _____

State _____ Zip Code: _____ Alt. Phone: _____

Daytime Phone: _____ E-mail Address: _____

Please attach the following Information:

1. Copy of claimant's driver's license or other official form used for identification.
2. Proof of social security number. (or W-2 form).

Your filing status:

Check one, attach documents requested AND enter the applicable federal number below.

- If you are an Heir to the reported property owner, attach a certified copy of the death certificate and a copy of the probated will or court order or affidavit of heirship.
- If you are a Trustee or Guardian to the reported property owner, attach a copy of the trust agreement or current guardianship documents.
- If you are an Executor or Administrator for the reported property owner's estate, attach a certified copy of the death certificate and Letter of Administration or Testamentary dated within 90 days of filing the claim.
- If you are a Parent of the reported property owner, who is under the age of 18, attach a copy of the minor's birth certificate and proof of social security number.

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Fill in the Federal Tax Identification Number that applies:

Reported Property's social security Number: _____

Estate or Trust FEIN (Federal Employee ID Number): _____

Claimant Certification and Signature

The named Claimant 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, Claimant will indemnify and hold harmless the City of Duncanville, the Director of Finance, and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Signature: _____ Date: _____

Mail completed form and attachments to:

City of Duncanville
Attn.: Finance Department
PO BOX 380280
Duncanville, TX 75138-0280