

Finance Department
City of Waco Finance Office
**Unclaimed Property Claim Form
For Heir, Trustee, or Parent**

Mail Completed Form to:
**City of Waco Finance Office
Attention: Julio Rodriguez
P.O. Box 2570
Waco, TX 76702-2570**

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 available means of verifying your claim. To the extent permitted by law, your Social Security Number will be kept confidential.

Claimant Information	
Name _____	SSN : _____
Current Address: _____	Daytime Phone: _____
City: _____ State _____	Zip Code: _____
Fax Number: _____	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 No. (not required, but may help verify ownership).

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 Letters 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 age 18, attach a copy of the minor's birth certificate and proof of Social Security Number.

Fill in the Federal Tax Identification Number that applies:

Reported Property's Social Security No.: _____

Estate or Trust FEI: _____

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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 Waco, 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: _____