

Superior Court of California, County of Mono

ESCHEATMENT CLAIM INSTRUCTIONS and FORMS

If you are claiming funds, please complete the following:

STEP 1: Fill out the attached forms (**Claim Affirmation Form** and **Claim for Money Held**). When completing the claim forms, please type or print legibly in blue or black ink. Claims that are illegible will be returned. Claims must be made using the court's forms. Any modifications made to the court's forms will not be accepted.

STEP 2: You must sign the Claim Affirmation Form and have it notarized if your claim is over \$1,000 or your claim will not be processed. Please read all of the instructions and make copies of all required documents (driver's license, etc.). Owners or heirs are required to provide documentation to validate their claims.

STEP 3: Each claimant is required to fill out a separate Claim Affirmation Form and Claim for Money Held.

STEP 4: Mail, drop off, or email the completed forms along with all the required materials to:

Superior Court of California
County of Mono
100 Thompsons Way
Mailing Address: P.O. Box 1037
Mammoth Lakes, CA. 93546

For additional questions or to email forms and supporting documentation, email us at finance@mono.courts.ca.gov

For All Claim types, Complete the forms as follows:

- Complete and sign the Claim of Affirmation Form.
- Notarize your Claim of Affirmation Form, if your claim is over \$1,000.
- Complete and sign the Claim for Money Held Form.

Choose one of the 3 options below to complete and attach the necessary supporting documentation.

1. IF YOU ARE THE ORIGINAL OWNER FILING CLAIM

In addition to the signed forms, the following is a checklist of the documentation required when sending in your claim:

- Copy of current photo identification for each claimant;
- Proof associating you with the last known address;
- Proof associating you to the Court and the reported case, as applicable; and
- The original instrument used such as a receipt, invoice, copy of check, etc.

2. IF YOU ARE THE HEIR TO A DECEASED OWNER

In addition to the signed forms, the following is a checklist of the documentation required when sending in your claim:

- Death certificate of the deceased owner(s) of the funds;
- Copy of current photo identification for each heir;
- Proof of Social Security number for each heir;
- Proof associating the deceased owner to the Court and the reported case, as applicable;
- The original instrument used such as a receipt, invoice copy of check, etc.;
- Proof associating the deceased owner with the last known address; and
- If probate of estate is open, the estate tax identification number and a copy of Currently Certified Letters Testamentary, dated within 6 months, appointing the executor or administrator of decedent's estate. **OR**

If probate of the estate is closed, provide the estate tax identification number and a complete copy of the Court Ordered Distribution of the decedent's estate. **OR**

Provide a complete copy of the Trust Agreement and a copy of a document with the trust tax identification number, such as a tax return or a bank statement.

3. IF YOU ARE THE AUTHORIZED OWNER OF A BUSINESS CLAIM

In addition to the signed forms, the following is a checklist of the documentation required when sending in your claim:

- Proof associating the business with the Court and the reported case, as applicable;
- The original instrument used such as a receipt, invoice, copy of check, etc.;
- Letter of Authorization with the names of officers or officials with authority to sign and claim on behalf of the business;
- Copy of current photo identification for each authorized officer or official;
- Business card of the authorized officer or official;
- Proof of the business's federal tax identification number;
- Proof of the business's association with the last known address;
- If your company merged with another company, a copy of the merger agreement;
- If your company was dissolved, a copy of the articles of dissolution;
- If your company was suspended, a Tax Clearance letter or a Letter of Good Standing from the Franchise Tax Board and/or the Secretary of State's Office.



SUPERIOR COURT OF CALIFORNIA

COUNTY OF MONO

MARK MAGIT
Presiding Judge

GERALD F. MOHUN, JR.
Assistant Presiding Judge

LESTER PERPALL
Court Executive Officer

100 Thompsons Way
Mailing Address: P.O. Box 1037
Mammoth Lakes, CA 93546

CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, the claimant has read the claim and knows the contents thereof and the claimant is the owner of the said claim and the person entitled to receive the money set forth in said claim.

The claimant agrees to indemnify and hold harmless the state, the courts and their agents, officers, and employees from any loss resulting from the payment of said claims.

Current information and signature must be provided for each claimant or your claim will not be processed

Claimant's Information:

LAST NAME OR BUSINESS	FIRST NAME			BIRTH DATE
CURRENT MAILING ADDRESS	CITY	STATE	ZIP	COUNTRY
DAYTIME PHONE	CLAIMANT OR AUTHORIZED AGENT SIGNATURE			DATE

Your signature must be notarized if the claim amount is \$1,000 or greater.

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

State of California

County of _____

Subscribed and sworn to (or affirmed) before me on this _____ day of _____,
20____, by _____, proved to me on the basis of satisfactory
evidence to be the person(s) who appeared before me. Signature
_____ (Seal)

Privacy Notification

Your Social Security number and other documents may be requested for identification and processing of your claim.



SUPERIOR COURT OF CALIFORNIA COUNTY OF MONO

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Presiding Judge

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Court Executive Officer

100 Thompsons Way
Mailing Address: P.O. Box 1037
Mammoth Lakes, CA 93546

Claim for Money Held

Mail To:

Mono Superior Court
ATTN: Accounting-Escheatment
PO Box 1037
Mammoth Lakes, CA 93546

Date Submitted: _____

Owner's Name (As Held by Court): _____

Street Address: _____

City, State, Zip Code: _____

Amount of Claim: _____

Claimant's Name (Should Match Claim Affirmation): _____

Relationship to Owner: _____

Reason for Claim: _____

A separate form is required for each account claimed.

AFFIRMATION AND SIGNATURE (by claimant)

I hereby affirm, under penalty of perjury, that I am duly authorized to make said claim upon the Superior Court of California, County of Mono. I hereby agree to indemnify and hold harmless the state, the courts, and their officers and employees from any loss, including attorney's fees, incurred as a result of payment of the amount claimed.

Signature: _____ Date: _____

COURT'S USE ONLY

☐ Approved, Paid to Claimant Shown Above

☐ Denied, Not an Authorized Claim

Date:

By: