

**City of Meadows Place
Unclaimed Property Form
For Heir, Trustee or Parent**



Mail completed form to:

Unclaimed Property
City of Meadows Place
One Troyan Drive
City of Meadows Place, TX 77477

281-983-2950

www.cityofmeadowsplace.org

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: _____
(last) (first) (middle)

Current Address: _____ (to contact you or mail check)

City _____ State _____ Zip Code _____ Telephone: _____
Daytime

E-mail Address _____

Please attach the following Information:

- (1) Copy of your Driver's License or other official form used for identification.
- (2) Proof of Social Security Number (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 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's estate, attach of copy of the trust agreement OR current guardianship documents.

_____ If you are an EXECUTOR or ADMINISTRATOR for the reported property owner's estate, attach of 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.

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FILL IN FEDERAL TAX IDENTIFICATION NUMBER THAT APPLIES:

Reported Property Owner's
Social Security Number: _____

Estate or Trust FEI: _____

Claimant 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 Meadows Place, 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: _____



For Office Use only: Documentation Reviewed By _____

Payment of claim in the amount of: \$ _____ Approved By _____