



Linda L. Fraley

Clermont County Auditor

The undersigned makes claim to Unclaimed Funds now in the custody of the Clermont County Auditor's Office in the amount and kind as specified below, pursuant to Chapter 9.39 of the Ohio Revised Code.

Please attach the following to this form:

- A clear copy of a document with the original owner's name, such as a driver's license, passport or State of Ohio ID *REQUIRED FOR ALL CLAIMS* (NOTE: If a Social Security number is provided, it will be held in the strictest confidence). If the owner is a business, a copy of a document showing the company name and Tax ID is required along with documentation proving the individual signing the form is an authorized agent of said business.
- A Power of Attorney signed by the original owner or copies of the death certificate and letter of authority naming the executor of the estate *IF THE CLAIMANT IS NOT THE ORIGINAL OWNER*. (NOTE: The Clermont County Auditor's Office reserves the right to contact the original person directly to confirm a Power of Attorney.) If the owner is incapacitated, proper documentation from the Court to show a guardianship, custodial, or Power of Attorney relationship, and/or a court order, or permission from the guardian or custodian is required.

This form must be filled out in its entirety and submitted with attachment(s). Failure to do so will delay processing of the claim.

PLEASE PRINT OR TYPE

Original Owner/Owners of the Funds	Claimant's Name
_____	_____
Original Owner/Owners Address	Claimant's Address
_____	_____
_____	Claimant's Phone No _____
	Claimant's Email _____
Are you the original owner of these Funds?	Yes
	No

Amount & Kind of Unclaimed Funds	Amount \$ _____ Department Issuing: _____
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Are you a paid professional finder?	Yes (Power of Attorney required) No
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Please explain why you feel you are legally entitled to claim these monies:

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC IF THE ACCOUNT IS \$100 OR MORE.

Under penalties of perjury, I certify that the information provided on this claim form is true and correct. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Clermont County, Ohio and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant. (If claiming on behalf of a business, print and sign both your name and the business name below.)

Claimant Signature _____ Date _____

State of _____ County of _____

Subscribed and sworn to before me this _____ date of _____, 20_____

Notary Public Signature

Please note additional documentation may be required once we have reviewed your claim. Also, when sending a copy of your personal identification, please make sure it is clear and legible.