



Affidavit and Agreement Supporting Claim for a Business or Organization

I, the undersigned Claiming Agent, as authorized representative or former owner of the below-identified business or organization claiming certain unclaimed property now held in custody by the Office of the State Treasurer, said property being specifically referenced below by property identification number(s), after being duly sworn, do hereby affirm as follows:

BUSINESS/ORGANIZATION (LISTED OWNER) INFORMATION:

NAME OF BUSINESS/ORGANIZATION FILING CLAIM: _____

CLAIMANT NAME AND SSN (IF FORMER OWNER): _____

MAILING ADDRESS (CURRENT): _____

BUSINESS TIN: _____ TELEPHONE: _____

PROPERTY CLAIMED:

The above-named business/organization/former owner is the rightful owner of property that the Office of the State Treasurer associates with the following property identification number(s):

_____.

CLAIMING AGENT’S CAPACITY TO CLAIM AND ENTER AGREEMENT:

I am solely authorized to place this claim and bind the Claimant in the below-stated **AGREEMENT** because:

- I own or am an officer of the entity listed as the unclaimed property owner;
- I own or am an officer of the entity that acquired the business listed as the unclaimed property owner and enclose proof of said acquisition;
- I am the former owner of the business listed as the unclaimed property owner, but disposed of the business on or about _____ (date) by selling it. I enclose a copy of the signed Purchase and Sale Agreement showing I retained the assets at the time of sale;
- I am the former owner of the business listed as the unclaimed property owner, but I disposed of the business on or about _____ (date) by closing it.

AGREEMENT: Claimant agrees to indemnify and hold harmless the Office of the State Treasurer against any superior claim(s) made on the above-claimed property.

Claiming Agent’s Signature: _____ Date: _____

Claiming Agent’s Name (printed): _____

Personally appeared before me the said Claiming Agent and affirmed the above-stated facts as true and correct based upon his/her own personal knowledge.

County _____ State _____

Subscribed and sworn before me on: _____ (seal)

Notary Public: _____

My commission expires: _____

REVISED: 03/18/10