Unclaimed Property Claim Form

King County

Department of Executive Services
Risk Management Division
Ph: 206-296-7432
TTY: 800-833-6388

This Box is For Official Use Only.

County Claim Number / Clerks Date Stamp

Notice: No damages can be paid by King County unless a claim complying with Washington State Law is presented to the Clerk of the Council. After filing a claim, please direct all questions to the Office of Risk Management at (206) 296-7432.

Instructions: (1) Complete the Claimant sections of this form. (2) If you are not the original owner provide proof of your relationship to the original owner. (3) Include proof of the original owners address. (4) Overlay and photo copy your Drivers License (or other legal identification) and Social Security card (or Federal Employer Identification) in the space provided. (5) Sign and date the form. (6) Return completed form with original signature to **King County Clerk of the Council**, **Room W-1039, King County Courthouse 516 Third Avenue, Seattle, WA 98104.**

Explanation of claims process: After this claim for damages form is submitted to the King County Clerk of the Council, a claim number will be assigned to your claim and the claim will be transmitted to Risk Management. Thereafter an investigator will be in contact with you.

Reported Account Information: (Official Use Only)

Account Number: _____ **Type of Property:** _____ **Amount of Property:** _____

Original Owner Name: _____

Original Owners Address: _____ _____ _____ _____
(Home or business) City State Zip

Year Reported by King County: _____ **Company Reporting Property:** _____

Claimant Information: (To be completed by claimant)

Claimant Name(s): _____
First, Middle, Last (or business name)

Mailing Address: _____ _____ _____ _____
(Home or business) City State Zip

Contact Phone: _____ **Date of Birth** _____ **Social Security or Federal Employer Identification Number:** _____

Are you the original owner of the property? ◯ **Yes** ◯ **No** **If no, state your relationship to the original owner:** _____

Documents to Attach: (To be completed by claimant)

If you can not provide the documentation as requested below, please attach a letter explaining why you are entitled to this property or any special circumstances that may apply to this claim

If the original owner is deceased: provide a copy of the certified death certificate and if the estate is currently in probate a copy of the Letters of Administration / Letters of Testamentary or if the estate was in probate but has since been closed a copy of the certified will.

If the original owner is otherwise unable to file their own claim: Provide a certified copy of the Power of Attorney showing your authority to file on their behalf and a copy of the Birth Certificate if the owner is a minor.

Attach proof of the original owners address as listed in the Reported Account Information section above. If the address is Unknown, you must prove a business relationship with the company reporting the property. Examples of proof of address or business relationship include:

- Auto Registration
- College Transcript
- Marriage Certificate
- Utility Statement
- Bank Statement
- Court Documents
- Medical Card
- Insurance Policy
- Birth Certificate
- Divorce Decree
- Expired Driver's License
- Stock Certificate
- Canceled Check
- Income Tax Return
- Report Card
- Pay Stub
- **Postmarked Envelope Addressed to you**
- **W-2**

Include copies of your Photo ID and Social Security Card (if your identification does not fit in the space provided please attach as a separate sheet.**)**

Place Driver's License or other Legal Photo Identification here and make a photocopy to submit as your claim form.Attach separate pages for the identification of additional claimants

Note: Make a copy with your ID's before signing this document. The Clerk will reject all claims that do not contain an original dated signature.

Place Social Security card or Federal Employer Identification card here and make a photocopy to submit as your claim form. Attach separate pages for the identification of additional claimants

Note: Make a copy with your ID's before signing this document. The Clerk will reject all claims that do not contain an original dated signature.

" I affirm that the information provided is full, true, and correct. I agree to hold King County harmless against claim of all other s for property which may be paid to me on the basis of my answers to these questions and the documentation provided. I agree to be solely responsible for making distributions to any others entitled to this property. " (all claimants must sign)

_____ of _____ _____ _____
Printed Name City, State Claimant Signature(s) Date

_____ of _____ _____ _____
Printed Name City, State Claimant Signature(s) Date