UNCLAIMED FUNDS CLAIM FORM

Richland County Clerk of Courts
50 Park Avenue East
Mansfield Ohio 44902
(419) 526-7932

The undersigned makes claim to Unclaimed Funds now in the custody of the Richland County Auditor's Office as specified below, pursuant to ORC 9.39.

Amount of Unclaimed Funds:
Owner of Funds:
Case Number(s):
Current Address of Owner:
Email Address of Owner:
Phone Number of Owner:

If you are not the owner (or have legal authority) of these funds you must file a motion with the courts in order to claim said funds.

This form must be singed in the presence of a notary public.

Please attached a signed statement as to why you believe you are entitled to these funds.

_____ _____

Signature Date

State of

County of

The foregoing instrument was acknowledged before me on this _____ (date) by

_____ (name of person acknowledged).

_____

Signature of Notary Public

(notary seal)

Proof of Claim Requirements

INDIVIDUAL OWNERS

- ◯ Original completed claim form
- ◯ Legible copy of government issued photo ID which may include, driver's license, state id or passport
- ◯ Legible copy of second form of ID: Social security card, birth certificate or insurance card bearing the owner's name

JOINT OWNERS

- ◯ Original claim form signed by all parties
- ◯ Legible copy of government issued photo ID for all parties
- ◯ Legible copy of second form of ID for all parties

GUARDIAN OR CUSTODIAN OF INDIVIDUAL OWNER OR
POWER OF ATTORNEY FOR INDIVIDUAL OWNER

- ◯ Original claim form signed by owner, guardian or custodian
- ◯ Certified copy of legal document declaring claimant is the guardian or custodian or original, notarized copy of power of attorney
- ◯ Legible copy of government issued photo ID for owner, guardian or custodian
- ◯ Legible copy of second form of ID for owner, guardian or custodian

BUSINESS

- ◯ Original completed claim form
- ◯ Legible copy of paperwork showing you are the owner or said business
- ◯ Legible copy of government issued photo ID
- ◯ Legible copy of second form of ID

DECEASED OWNER

- ◯ Original completed claim form by executor or administrator
- ◯ Certified copy of Letter of Authority appointing claimant as executor or administrator, or other probate documents referencing said funds
- ◯ Legible copy of government issued photo ID
- ◯ Legible copy of second form of ID

Legal counsel or the services of a professional finder are not required to claim your funds

You may be contacted to provide additional information

Please mail completed claim form and proof of claim to:

Richland County Clerk of Courts
Attn: Fiscal Department
50 Park Avenue East
Mansfield Ohio 44902