

**City of Beeville
Finance Department
Unclaimed Property Claim Form
For Heir, Trustee, or Parent**



**Mail completed form to:
City of Beeville
Finance Department
400 N. Washington St.
Beeville, TX 78102**

Claimant must be 18 or older. 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: _____

Daytime Telephone: _____ 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, attach a copy of the trust agreement **OR** current guardianship documents.

____ If you are an EXECUTOR or ADMINISTRATOR for the reported property owner's estate, attach a copy of the death certificate **AND** Letters of Administration **OR** Testamentary dated within 90 days of filing a claim.

____ If you are a PARENT of the reported property owner who is under the age of 18, attach a copy of the minor's birth certificate and proof of Social Security Number.

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 State of Texas, the City of Beeville, and their officers and employees, from any damages, claims, or losses of any kind resulting from the payment of the above property to Claimant.

Signature: _____ Date: _____

For Office Use Only: Documentation Reviewed By: _____

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