



Mail completed form:
City of Longview
Attn: Finance Division-
Unclaimed Property
P.O. Box 1952
Longview, TX 75606

Unclaimed Property Claim Form for Heir, Trustee, or Parent

Claimant must be 18 years old or older. Claimant is required to provide sufficient documentation to establish claimant's right to receive unclaimed property. Submitting your Social Security Number (SSN) is optional, but may be used in identifying you as the property owner and verifying your claim. To the extent permitted by law, the Social Security number provided will be kept confidential.

CLAIMANT INFORMATION

Claimant Full Name (Including middle initial):	Social Security Number:
Current Mailing Address:	
City, State, Zip Code:	Daytime Phone Number:
Claim Amount: \$	

Please attach the following documentation:

- 1) Copy of Claimant's Driver's License or any other official form used for identification
- 2) Proof of Social Security Number (not required but may help verify ownership)

Please check applicable status and attach the requested documents:

_____ 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 the claim.

_____ If you are a **PARENT** of the reported property owner who is under age 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 SSN: _____

Estate or Trust FEI: _____

**Payment will be mailed to the above-submitted address. Please allow 6-8 weeks for processing from receipt of completed form and proof of ownership.*

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 City of Longview and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Claimant Signature: _____

Date: _____

For Internal Use Only

Date Form Received:	Claim Type:	Claim Amount:
Documentation reviewed by:		Approved by: