

CLAIM TO STATE OF NEBRASKA FOR UNCLAIMED PROPERTY

Property or Properties Number(s) (if known)		Claimant means person claiming property. Owner means name as listed with the State Treasurer.	
Claimant's Name and Present Address		Claimant is: Original Owner Guardian or Custodian Executor, Administrator or Personal Representative Heir(s) or Beneficiary of Decedent Other	
Claimant's Social Security or Federal Tax ID Number*	Daytime Telephone Number	E-mail	
Name of Owner as it appeared during your search:		Owner's Date of Birth	

Heir affidavit: You must complete this portion of the form if you are claiming the property of a deceased person.

I do hereby swear or affirm, under penalty of perjury, that I am serving as a fiduciary of the Estate of _____, who died on the _____ day of _____, _____ month _____ year _____.

I am the _____ of the decedent and that I assume responsibility to distribute lawfully this property, including withholding portions for payment of all relevant estate and county inheritance taxes, to the following surviving heirs (list all names, relationships, addresses & phone numbers). Further, I will indemnify the State of Nebraska, its officers and employees from any loss resulting from the payment of this claim.

Heir Name, Address, and Phone	Heir Name, Address, and Phone
Heir Name, Address, and Phone	Heir Name, Address, and Phone

If your claim includes shares of stock, your signature indicates that you swear or affirm under penalty of perjury of law that the stock certificates issued to the owner have been misplaced, destroyed, or was never received and that these certificates have never been sold, pledged, hypothecated or otherwise transferred. If at any time in the future the certificates are located, you agree to surrender them immediately to the State of Nebraska.

If my unclaimed property contains shares of stock, I authorize the State of Nebraska to (check one):

- Sell my shares and send me the proceeds (default)**
- Transfer the shares into my name (only applicable if you are the original owner of the shares, not an heir)**

This claim form must be signed and properly notarized. This claim form must be signed by a partner of a partnership; an officer of a corporation (include a corporate resolution naming officer authorized to sign); or an officer of an unincorporated association.

Each of the undersigned claimants, being first duly sworn, deposes that, to the best of his/her knowledge, the undersigned is/are the owner(s), heir(s) or have a rightful interest in the said abandoned property being held by the Treasurer of the State of Nebraska. Each claimant also declares that all above information and attachments are true and complete documents. Further should any claim be made against the State Treasurer regarding the said abandoned property and found to be of valid nature, the undersigned claimant(s) will reimburse the Office of the State Treasurer.

Signature of Claimants	Subscribed and sworn before me this _____ day of _____ 20____
Title (if applicable)	Notary Public _____ County, State
	My Commission Expires _____

Your claim cannot be processed without valid ID

Attach documentary evidence that establishes the Claimant as the rightful owner of the property. Include as much detail evidence as possible

<p>PLEASE ATTACH EACH OF THE FOLLOWING:</p> <ul style="list-style-type: none"> * Photocopy of your valid Driver's License * Photocopy or proof of your Social Security Number* * List of former addresses * If owner is deceased, send photocopies of death certificate and proof of your right to represent their estate. 	<p>Return to:</p> <p style="text-align: center;">Shane Osborn Nebraska State Treasurer 809 P St. Lincoln, NE 68508</p>
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STATE TREASURER'S RECORD AND RECOMMENDATION

Warrant Number _____	Amount _____	____ Approved ____ Denied
Date of Warrant _____	Date Mailed _____	By _____
Claim # _____	Date Filed _____	By _____

*-Privacy Act of 1974 Disclosure: (1) the disclosure of your social security number on this form is voluntary; (2) it is solicited to aid the State Treasurer in determining whether you are entitled to claim unclaimed property; (3) your social security number will not be shared with any other 3rd party, with the exception of the Accounting Division of the Department of Administrative Services. If you object to the disclosure of your social security number, we will attempt to use alternative means for verification purposes; however, your claim may be rejected.