

**Unclaimed Property Claim Form
For Heir, Trustee or Parent**

Mail completed form to:
City of Venus
Finance Department
Attn: Unclaimed Property
700 W US Hwy 67
Venus, TX 76084

ATTACH THE FOLLOWING INFORMATION

1. Copy of your Driver's License or other official form used for identification.
2. Proof of your Social Security Number (not required, but helps verify ownership).

Claimant is required to provide the city with sufficient proof and documentation to substantiate entitlement to unclaimed property. Submitting your Social Security Number (SSN) is optional but may be the only means of verifying your claim. To the extent permitted by law, your personal information will be kept confidential.

Claimant Information

Name: _____ SSN: _____

Driver's License#: _____ State issued: _____

Current Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____ E-mail Address: _____

Your filing status:

Check one, attach document request AND enter the applicable federal identification number below:

_____ If you are a Heir to the reported property owner, attach a certified copy of the death certificate and a copy of the probated will or court order or affidavit of ownership.

_____ 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 certified copy of the death certificate and Letter 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 18 years old, attach a copy of the minor's birth certificate and social security number.

Fill in the Federal Tax Identification Number that applies:

Reported Property's social security number (SSN): _____

Estate or Trust Federal ID#: _____

Claimant Certification and Signature

The named Claimant certifies that this information 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 Venus, the Director of Finance and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Signature: _____ Date: _____

For Internal Use Only

Date Received: _____

Date Issue: _____

Issue to: _____

Check Number: _____

By: _____

Amount: _____