



Legal Section

**CLAIM FORM FOR HEIR OF DECEASED OWNER  
TO UNCLAIMED FUNDS HELD BY SAN FRANCISCO TREASURER AND TAX COLLECTOR**

Pursuant to California Government Code section 50052.5, I submit the following claim for unclaimed funds. In support of this claim, I declare and under penalty of perjury as follows:

1. My name is (Print or Type) is \_\_\_\_\_ and I am an adult blood relative of the decedent, \_\_\_\_\_ [print name] or of the decedent's predeceased spouse, \_\_\_\_\_ [print name].
2. My relationship to the decedent or the predeceased spouse is as follows:

Attached are copies of all documents needed to show my relationship to the decedent:

3. I am entitled to funds in the amount of \$\_\_\_\_\_ as set forth on the San Francisco Treasurer & Tax Collector's (TTX) website.
4. My address is:
5. The grounds for my claim are: (state the reasons why you are entitled to the funds):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, (City, State) \_\_\_\_\_.

\_\_\_\_\_ Signature

**CONTACT INFORMATION**

Name: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

If this claim form is being completed by someone other than the heir, please list additional contact information below.

Name: \_\_\_\_\_.

Relationship to heir: \_\_\_\_\_.

Address: \_\_\_\_\_.

Phone: (    )

Email: \_\_\_\_\_.