

**UNCLAIMED PROPERTY NOTICE  
(FOR MAILING LETTERS TO OWNERS WITH A CALIFORNIA ADDRESS)**

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**THE STATE OF CALIFORNIA REQUIRES US TO NOTIFY YOU THAT YOUR UNCLAIMED  
PROPERTY MAY BE TRANSFERRED TO THE STATE IF YOU DO NOT CONTACT US.**

[DATE]

[NAME AND ADDRESS OF OWNER/RECIPIENT]

Dear [NAME]:

Our records indicate that we are in possession of funds that may belong to you. Under state unclaimed property laws, we are required to report and turn over to your state of residence, as shown in the address above, inactive assets such as yours if we have no record of contact with the owner within a period prescribed by law.

**Please take a moment to review your records regarding the funds listed below. Mark the appropriate response, and sign and return this notice to the address or fax number indicated at the bottom of this letter. If we do not receive your signed response by [DATE], we will turn over your assets as required. Thereafter, any claim you may have to these assets must be made directly to the appropriate state agency. The state will hold this property in perpetuity until the rightful owner claims it.**

| <u>Date</u><br>(Tran Date) | <u>Check Number</u><br>(Serial Number) | or | <u>Account Number</u><br>(Account Number) | <u>Amount</u><br>(Amount) | <u>Nature of Property</u><br>(Property Description) |
|----------------------------|--|----|---|---------------------------|---|
|----------------------------|--|----|---|---------------------------|---|

\_\_\_\_\_ Our records indicate that these funds are NOT owed to us.

\_\_\_\_\_ Please issue a check for the above listed funds. By signing this notice, I hereby certify that payment of the above mentioned item(s) has not been received and that I am entitled to claim the above mentioned item(s). Address (if different from above) \_\_\_\_\_

\_\_\_\_\_ Other. Please explain: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
\_\_\_\_\_ Print Name: \_\_\_\_\_ Phone No. \_\_\_\_\_

Title/Relationship: \_\_\_\_\_

If you are signing on behalf of a business, state your title (i.e., Owner, Officer Manager, etc.). If you are signing on behalf of another person, state your relationship (i.e., Personal Representative, Spouse, etc.). Attach a copy of your appointment as personal representative, power of attorney, etc., as applicable.

Any questions may be directed to [NAME] at [PHONE NUMBER]

**Please mail or fax this completed notice by [DATE] to:**

[NAME]  
[COMPANY NAME]  
[ADDRESS]  
[CTY, STATE ZIP]  
[FAX NUMBER]