

Superior Court of California, County of Contra Costa
P.O. Box 1509
Martinez, CA 94553

CLAIM FOR REIMBURSEMENT

MAIL TO: Superior Court of California, County of Contra Costa
Attention: Escheatment Desk
P. O. Box 1509
Martinez, CA 94553

TODAY'S DATE: _____

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP CODE: _____

REIMBURSEMENT CLAIM: \$ _____

BASIS FOR CLAIM (e.g., deposited funds, funds payable by court order, etc.):

NAME OF THE PERSON FILLING OUT THIS FORM AND YOUR RELATIONSHIP TO THE OWNER:

A SEPARATE FORM IS REQUIRED FOR EACH ACCOUNT FOR WHICH REIMBURSEMENT IF CLAIMED.

AFFIRMATION AND SIGNATURE

I hereby *affirm*, under penalty of perjury, that I am an authorized agent of the holder named in this Claim for Reimbursement and duly authorized to make said claim upon the Superior Court of California, County of Contra Costa. The above-named holder hereby agrees to indemnify and hold harmless the State, the Courts, its officers and employees from any loss as a result of payment of the amount claimed.

Signature _____ Date: _____