

Kristen M. Scalise CPA, CFE Summit County Fiscal Officer

- 1 **Personal Identification**-required on all claims. ID may include driver's license, state ID, and passport.
- 2 **Proof of Reported Address** - Utility bill, bank statement, tax records, mortgage/rent records, post marked envelope
- 3 **Proof of Business Relationship** - with reporting department of Summit County
- 4 **Original Claim Form, signed and notarized. If property is a joint account both owners must sign claim form**
- 5 Find your claim in the listing below, and provide additional documents specified, if any
- 6 **YOU DO NOT NEED TO USE A PROFESSIONAL FINDER**

UNCLAIMED FUNDS INSTRUCTIONS

Original Owner	Trusts	Business Owners (cont.)	Professional Finders
<ul style="list-style-type: none"> * Personal ID * Proof of Reported Address * W-9, if an Attorney * Proof of Mortgage, if applicable 	<ul style="list-style-type: none"> *Original, notarized Certificate of Trust signed by the trustee and meeting all requirements of ORC 5810.13 	<ul style="list-style-type: none"> *If business is in bankruptcy or receivership, provide a certified copy of the appt of trustee or receiver 	<ul style="list-style-type: none"> *Must submit signed contract *Must submit proof of certification with State of OH * Limited to 10% fee *Must submit owner ID and finder ID with claim
<p>Joint Owners</p> <ul style="list-style-type: none"> *Signature of joint owners on claim form, or proof of joint owner's death (death cert.) *Proof of survivorship rights <p>NOTE: You may be required to provide a court order from Probate Court</p>	<p>Business Owners</p> <ul style="list-style-type: none"> *Business FEIN *If original business is different than current, must show relationship to reported owner (subsidiary, merger, name change) *Person signing claim form must provide Proof of Authority to claim funds on behalf of company, such as a corporate resolution or affidavit from a a senior officer as well as verification of the position of both individuals (letterhead or business cards are not acceptable proof) 	<p>If you are not the owner</p> <ul style="list-style-type: none"> *You must show the account belonged to the owner *You must prove you are the rightful recipient of the funds 	<ul style="list-style-type: none"> *May not contact individuals until funds are over 2 yrs old *Please refer to Summit County Codified Ordinance Chapter 779 *A Power of Attorney is not valid *Call 330.643.8056 to check if a professional finder is certified
<p>Heir, Fiduciary of Deceased</p> <ul style="list-style-type: none"> *Court Order from Probate Ct 	<ul style="list-style-type: none"> *Person signing claim form must provide Proof of Authority to claim funds on behalf of company, such as a corporate resolution or affidavit from a a senior officer as well as verification of the position of both individuals (letterhead or business cards are not acceptable proof) 	<p>Additional Information</p> <ul style="list-style-type: none"> *Notaries can be found at your local bank, city and county office, police and sheriff dept, and most law firms *The Summit County Fiscal Office will not charge a fee to process a claim finder ID with claim *No Interest is paid on any account *Summit County reserves the right to request additional evidence on all claims 	<p>NOTE: Check will be issued and mailed to owner of funds</p>
<p>Ex Spouse</p> <ul style="list-style-type: none"> *Divorce records must specify your right to funds 	<ul style="list-style-type: none"> *If business has ceased to exist, provide dissolution agreement other legal records showing the distribution 		<p>Mail Applications To</p> <p>Kristen M. Scalise CPA, CFE Summit County Fiscal Officer Attn: Unclaimed Funds 175 S. Main St., Room 406 Akron, OH 44308</p>
<p>Custodian or Guardian</p> <ul style="list-style-type: none"> *Proper documentation from court to show a guardianship or custodial relationship 			

The undersigned makes claim to Unclaimed Funds now in custody of the Summit County Fiscal Office in the amount and kind specified below, pursuant to O.R.C. § 9.39 of the Ohio Revised Code. Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Summit County, Ohio and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

Claimant's Signature _____ Date _____

Print Name of Claimant _____

Co-Claimant Signature _____

Print Name of Co-Claimant _____

Sworn to and subscribed before me the _____ Day of _____ Year _____

Notary Signature _____

State of _____ County of _____

