CLAIM TO STATE OF NEBRASKA FOR UNCLAIMED PROPERTY

Property ID Number(s) (if known):	**"Claimant"** means person claiming property. **"Owner"** means name as listed with the State Treasurer.	How did you become aware of this property? ☐ Unclaimed Property Newspaper Publication ☐ News Story (print/web/tv/radio) ☐ Online News Source ☐ Facebook/Social Media ☐ Friend or family member ☐ Other
Claimant's Name and Present Address:	Claimant is: ☐ Original Owner ☐ Guardian or Custodian ☐ Executor, Administrator or Personal Representative ☐ Heir(s) or Beneficiary of Decedent ☐ Other	
	Email Address:	Daytime Telephone Number:
Name of Owner as it appeared during your search:	Claimant's Social Security or Federal Tax ID Number*:	Owner's Date of Birth:

Heir affidavit: Complete this portion of the form if you are claiming the property of a deceased person.

I do hereby swear or affirm, under penalty of perjury, that I am serving as a fiduciary of the Estate of _____ , who died on the _____ day of _____ , _____ .
Day Month Year

I am the _____ of the decedent, and I assume responsibility to distribute lawfully this property, including withholding portions for payment of all relevant estate and county inheritance taxes, to the following surviving heirs (list all names, relationships, addresses & phone numbers - Attach a separate sheet if necessary). Further, I will indemnify the State of Nebraska, its officers and employees, from any loss resulting from the payment of this claim.

_____ Heir Name, Address, and Phone

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If your claim includes shares of stock, your signature indicates that you swear or affirm under penalty of perjury that the stock certificates issued to the owner have been misplaced, destroyed, or were never received and that these certificates have never been sold, pledged, hypothecated, or otherwise transferred. If at any time in the future the certificates are located, you agree to surrender them immediately to the State of Nebraska.

If my unclaimed property contains shares of stock, I authorize the State of Nebraska to (check one)
- ☐ **Sell my shares and send me the proceeds (default)**
- ☐ **Transfer the shares into my name (only applicable if you are the original owner of the shares, not an heir)**

This claim form must be signed and notarized. Each undersigned claimant, being first duly sworn, deposes that, to the best of his/her knowledge, the undersigned is/are the owner(s), heir(s) or have a rightful interest in the said abandoned property being held by the Treasurer of the State of Nebraska. Each claimant also declares that all above information and attachments are true and complete documents. Further should any claim be made against the State Treasurer regarding the said abandoned property and found to be of valid nature, the undersigned claimant(s) will reimburse the Office of the State Treasurer.

If claiming for a business, this claim form must be signed by a partner of a partnership; an officer of a corporation (include a corporate resolution naming officer authorized to sign); or an officer of an unincorporated association.

Signature(s) of Claimant(s)

_____

_____

Notary stamp >>

Subscribed and sworn before me this _____ day of _____ 20 _____ . _____
Notary Public

_____
County, State

My Commission Expires _____

You must present valid ID for your claim to be processed.

Attach documentary evidence that establishes the claimant as the rightful owner of the property. Include as much detail evidence as possible.

PLEASE ATTACH EACH OF THE FOLLOWING:
- Photocopy of your valid Driver's License
- Photocopy or proof of your Social Security number*
- List of owner's former addresses for last 10 years
- If owner is deceased, photocopy of death certificate and proof of your right to represent the estate

Return To:

State Treasurer Don Stenberg
809 P Street
Lincoln, NE 68508-1390

☐ Check here if you would be willing to be interviewed about your unclaimed property for possible publication by the State Treasurer's Office.

STATE TREASURER'S RECORD & RECOMMENDATION

Warrant Number: _____	Amount: _____	_____ Approved _____ Denied
Date of Warrant: _____	Date Mailed: _____	By: _____
Claim Number: _____	Date Filed: _____	By: _____

*"Privacy Act of 1974 Disclosure: (1) the disclosure of your social security number on this form is voluntary; (2) it is solicited to aid the State Treasurer in determining whether you are entitled to claim unclaimed property; (3) your social security number will not be shared with any other 3rd party, with the exception of the Accounting Division of the Department of Administrative Services. If you object to the disclosure of your social security number, we will attempt to use alternative means for verification purposes; however, your claim may be rejected."