



County of Orange
Office of the Treasurer-Tax Collector
SHARI L. FREIDENRICH, CPA, CCMT, CPFA, ACPFIM
P.O. Box 4515, Santa Ana, CA 92702-4515

Landlord Sales Surplus (Abandoned Property) Claim Form - Unclaimed Funds

A SEPARATE CLAIM FORM IS REQUIRED FOR EACH ITEM

NAME AND ADDRESS OF CLAIMANT

Claimant Name Date

Current Street Address

City State Zip Code

Phone Number E-mail

Driver's License # SS# / TIN Amount \$

(If greater than \$50, form must be notarized)

LANDLORD SALES SURPLUS (ABANDONED PROPERTY) INFORMATION

Name Amount \$ Date

CERTIFICATION OF CLAIMANT

The undersigned, and any heirs, executors, successors or assigns of the undersigned, agree to indemnify and hold the County of Orange, its elected and appointed officials, officers and employees harmless from and against all claims, demands, suits, liability, loss, damage, expenses, counsel fees and costs of any nature arising from or related to the payment of any unclaimed funds by the County pursuant to this claim.

I certify under penalty of perjury that they are the rightful owner of said unclaimed monies and the information contained in this claim is true and correct, and of my own personal knowledge. I further certify that I prepared this claim and am entitled to the unclaimed funds set forth in this claim.

Signature of Claimant _____ Date _____

NOTARY ACKNOWLEDGMENT (Required if over \$50)

"A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document." (Civil Code §1189)

State of _____ }ss.

County of _____ }

On _____, before me, _____ Notary Public, personally appeared _____, who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

I certify under PENALTY OF PURJURY that the foregoing paragraph is true and correct.

Witness my hand and official seal.

Signature

(Seal)

CLAIM FORM SUBMITTAL

Mail completed claim form to: **County of Orange**
Attn: Treasurer-Tax Collector
P.O. Box 4515, Santa Ana, CA 92702-4515

If you have any questions, please call
 (714) 834-7625, email treasurer@ttc.cogov.com
 or Fax us at (714) 834-2912