



Return To: City of Willis
 ATTN: Finance Dept
 200 N. Bell St
 Willis, TX 77378

Email: ap@ci.willis.tx.us
 Phone: 936-856-4611

Unclaimed Property Claim Form

Failure to provide your IDENTIFICATION, SIGNATURE OR COMPLETION OF THIS CLAIM FORM may delay or result in denial of the claim request.

You must be 18 years or older to claim property.

Individual or Business Name:	_____
SSN or EIN:	_____
Email:	_____
Address:	_____
City:	_____ State: _____ Zip: _____
Phone:	_____

ATTACH THE FOLLOWING INFORMATION

- A. Proof of your Social Security Number or W-2 form (Not required but may assist in verifying ownership)
- B. Copy of your Driver's License or any official form used for identification
- C. List all addresses used that may be associated with property being claimed, including P.O. Boxes
- D. Federal Tax ID Number *(if applicable)*
- E. Filing Status Document *(if applicable see page 2)*

The name Claimant hereby certifies that this claim for property presumed abandoned is valid and just, and that all statements herein are true and correct, and that upon payment of this claim, said Claimant will indemnify and hold harmless the State of Texas, the City of Willis, their Officers, and Employees, from any damages, claims or losses of any kind resulting from the payment of the above-described property to claimant.

Claimant Signature: _____ Date: _____

Co-Owner Signature (if applicable): _____ Date: _____

FOR INTERNAL PURPOSES ONLY

Reviewed By: _____ Approved By: _____

Date: _____ Check # _____



Return To: City of Willis
ATTN: Finance Dept
200 N. Bell St
Willis, TX 77378

Email: ap@ci.willis.tx.us
Phone: 936-856-4611

Unclaimed Property Claim Form

FILING STATUS: (Check applicable box below and attach additional documents requested)

___ If you are a PARENT of the owner who is under age 18, attach a copy of the minor's birth certificate

___ If you are a TRUSTEE or GUARDIAN to the owner, send copies of current documents establishing guardianship or trust.

___ If Owner is deceased, provide deceased (*Documentation subject to Legal Review*)

Owner Name: _____.

Provide a copy of the death certificate And applicable documentation listed below:

- If you are an HEIR to the owner, send a copy of the probated will OR court order OR affidavit of heirship listing heirs and current addresses.
- If you are and EXECUTOR or ADMINISTRATOR for the owner's estate, send Letters of Administration OR Testamentary dated within 90 days of filing the claim.

___ A TEXAS CORP., LIMITED LIABILITY COMPANY, OR PROFESSIONAL CORP.: Attach a copy of last Franchise Tax report filed. (if out of state corp., same as above including State of Corporation.)

___ A PROFESSIONAL ASSOC., OR NON-PROFIT CORPORATION: Attach a copy of last Annual Statement filed with the Secretary of State or copy of Articles of Incorporation.

___ A PRIVATE ORGANIZATION, GROUP, OR ASSOCIATION: Attach a document establishing your authority to act on behalf of organization.

___ A SOLE OWNERSHIP OF BUSINESS: Attach a Copy of Certificate to Operate under Assumed Name filed with County Clerk.

___ A LIMITED OR GENERAL PARTNERSHIP: Attach a copy of partnership agreement, including NAMES of two partners.

___ If Business is OUT OF BUSINESS (CLOSED): Attach a brief statement of Closing, Articles of Dissolution or Corporation Liquidation Form filed with the Internal Revenue Service (IRS)

___ If Business NAME HAS CHANGED/ASSUMED/MERGED: Attach a copy of Change of Name Amendment or Assumed Name Certification.

___ If Business was PURCHASED/SOLD: Attach a copy of Buy/Sell Agreement.