

NAPA COUNTY OFFICE OF SHERIFF-CORONER



Commitment to
Community

CIVIL DIVISION
1535 AIRPORT BOULEVARD
NAPA, CALIFORNIA 94558
(707) 253-4325 (T)
(707) 259-8177 (F)

JOHN R. ROBERTSON
Sheriff - Coroner

CLAIM FORM UNCLAIMED FUNDS TO BE ESCHEATED - INSTRUCTIONS

Annually, the Napa County Sheriff Civil Division identifies a listing of monies, which have remained unclaimed for over three years from Sheriff Civil Division, Civil Process. The Sheriff Civil Division, pursuant to Government Code Section 50050-50056 will publish these unclaimed monies in an adjudicated newspaper. Once published, these unclaimed funds will be held by the Civil Division until 60 days following the posting and permanently escheated to the County General Fund.

1. To claim these funds prior to escheatment, please complete the "claim form," and include all required documentation. Please note that a separate claim form is required for each item.
2. Form may be typed or filled in black or blue ink.
3. For claims in excess of \$50, the form will need to be notarized.
4. Please sign form.
5. Mail or return in person, **Completed** claim forms to:

Napa Sheriff-Civil Division
Attn: Civil Division
1535 Airport Blvd
Napa, CA 94559

Faxes will be accepted as timely filed if received by midnight prior to the expiration period but an original must be mailed or delivered, in order for us to process the claim. Fax to (707)259-8177. If sending by fax, redact Driver's License # and SS# on the fax copy.

If you have questions, please email civilprocess@countyofnapa.org or call (707)253-4325

Thank you,

Napa Sheriff-Civil Division



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CLAIM FORM

All claims must be received prior to waiting period expiration

A SEPARATE CLAIM FORM IS REQUIRED FOR EACH ITEM

NAME AND ADDRESS OF CLAIMANT

Original Payee Name: _____
 Claimant Name (if different): _____ Relationship: _____
 Street Address: _____ City: _____
 State: _____ Zip: _____ E-mail: _____
 Driver's License #: _____ SS# / TIN: _____
 Phone #: _____

Grounds upon which claim is based (include all supporting documentation): _____

Amount: \$ _____ (if greater than \$50, form must be notarized)
 Fund: _____ Check # (if available) _____

CERTIFICATION OF CLAIMANT

In consideration thereof, it is agreed that the undersigned, the heirs, executors, successors or assigns of the undersigned, will indemnify and hold harmless the County of Napa from and against all claims, liability, loss, damage, expenses, counsel fees and costs arising through or by reason of any endorsement, presentation, negotiation, collection or any attempt at collection or negotiation of the Original check or the Replacement Check by the undersigned, the employees, or agents of the undersigned.

I certify under penalty of perjury that the information contained in this claim is true and correct, and of my own personal knowledge. I further certify that I am the owner of this claim, and am the person entitled to the money and property set forth in this claim.

Authorized Signature: _____ Date: _____

NOTARY ACKNOWLEDGEMENT (Required if over \$50)

State of _____ } ss.
County of _____ }

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

Witness my hand and official seal.

Seal:

