



Fayette County Clerk of Courts
 110 East Court Street-Legal Section
 Washington Court House, Ohio 43160
 Phone: 740-335-6371

The undersigned makes claim to Unclaimed Funds now in the custody of the
 Fayette County Treasurer's Office.

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED WITH PROOF OF CLAIM. FAILURE TO DO SO WILL DELAY
 PROCESSING OF THE CLAIM.**

NAME		INITIALS	CLERK OF COURT'S USE ONLY
OWNER OF FUNDS		PRIOR NAMES USED	
OWNER'S STREET ADDRESS, CITY, ZIP			
OWNER'S PHONE NUMBER		CHECK OR PAYMENT TYPE	SOCIAL SECURITY NUMBER OR TAX ID#
ORIGINAL OWNER OF THE FUNDS		CASE NUMBER	PLAINTIFF / DEFENDANT
ARE YOU THE OWNER OF THESE FUNDS? (If yes, skip this section)			Yes No
ARE YOU A PROFESSIONAL FINDER? (If yes, an original Power of Attorney is required.)			Yes No
CLAIMANT'S NAME			
CLAIMANT'S ADDRESS, CITY, STATE, ZIP			CLAIMANT'S PHONE NUMBER

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC

Under penalties of perjury, I certify that the information provided on this 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 equitable interest in the Un-claimed Funds and will indemnify and save harmless Fayette County, Ohio and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

(If claiming on behalf of a business, print and sign both your name and the business name below)

Claimant's Signature _____ Date _____

Please Print or Type Claimant's Name, _____

State of _____ County of _____

Subscribed and sworn to before me this _____ day of _____, 20_____

 Notary Public Signature