

<b>MAVERICK COUNTY, TEXAS</b>	<b>Issue Date:</b>  Effective June 29, 2017
<b>SUBJECT: Unclaimed Funds Policy</b>	
<b>PREPARED BY: Maverick County Auditor</b>  <b>Approved by Maverick County Treasurer and Commissioners' Court</b>	

## Unclaimed Property

The County Treasurer's Office works to return unclaimed money to the rightful owners. The unclaimed funds may be the result of a check being returned to the county as undeliverable or a check that has not been cashed after a certain period. Unclaimed money is money that has been abandoned by the owner for one or more years. Some examples of money that can become abandoned are:

- Payroll checks
- Vendor checks
- Overpayments
- Refund checks

Each year the County is to report to the Texas State Comptroller all personal property that is considered abandoned or unclaimed and that exceeds \$100. This report is filed annually as of July 1 for balances as of the prior March 1. If the amount is \$ 100 or less the money is kept by the county in a separate unclaimed money fund. After deducting sufficient money to pay anticipated expenses and anticipated claims of the unclaimed fund the treasurer may transfer the remainder to the general fund in September of each year.

County Treasurers' Checks and warrants issued by the county are placed in the Unclaimed Fund after following the Stale Check Policy and no claim has been made. According to Local Government Code 116.116© after the 366<sup>th</sup> day after issuance if not claim is made they will be transferred to the general fund.

The County Treasurer administers the County Unclaimed Property Program. Property under \$ 100 and its reports are turned over to the Treasurer's office annually (July 1) when the owner's whereabouts are unknown and the property has been inactive on the books of the reporting agency or department after the appropriate abandonment period has expired.

There are specific procedures that we have to go through to ensure the money is delivered to the appropriate owner claiming the funds. Use the links below to go to the appropriate topic and to search the list to find out if you or your business may be owed money by the County.

## **GENERAL INFORMATION**

### **What is Unclaimed Money?**

The County Treasurer's Office, as one of its many duties, works to return unclaimed money to the rightful owners. The unclaimed money may be the result of a check being returned to the county as undeliverable or a check that has not been cashed after a certain period. Unclaimed money is money that has been abandoned by the owner for one or more years. Some examples of money that can become abandoned are:

Payroll checks

Vendor checks

Overpayments

Refund checks

### **Free Service From Maverick County**

This is a free service - there is never a fee for claiming your property. One out of eight people nationally have unclaimed property somewhere. Why not check to see if Maverick County has unclaimed money that belongs to you?

### **Why Does the County Have Unclaimed Property?**

We report personal property that is considered abandoned or unclaimed and that exceeds \$100 to the state annually as of July 1, as required by the state unclaimed property law. Amounts less than \$100 are kept by the county in a separate Unclaimed Property Fund.

The Maverick County Treasurer administers the County Unclaimed Property Program. Property is turned over to the Treasurer's office annually (July 1) when the owner's whereabouts are unknown and the property has been inactive on the books of the reporting agency or department after the appropriate abandonment period has expired.

### **Is There A Time Limit For Claiming My Property?**

No, the Maverick office acts only as custodian for the missing owners, holding the property in trust until it is claimed. The County never takes legal ownership of the property, so there is no time limit for filing a claim.

### **What Efforts Are Made To Find Owners?**

A newspaper insert is published annually notifying persons of the website and the listing.

Notices are mailed to owners reported with complete last known addresses.

This website provides an alphabetical list by last name (if an individual) or the business name (if an organization) for you to locate property that may be yours.

### **How Do I Find Out If I Have Unclaimed Property?**

Search for your name or the name of your organization; if you find your name or organization name, complete the claim form and mail it to the address on the form. Provide as much information as possible so that we may research your claim.

How Does The Claim Process Work?

The claim form includes instructions for its completion and describes documentation needed in addition to the form. All claim types have general requirements such as:

Standard forms of identification for the owner and for the claimant, if someone other than the original owner is claiming

Verification of the reported address if different than the current address

Death certificate and probated will or other heirship documents if the original owner is deceased

Please complete, sign and return the claim form with a copy of your identification even if you are unable to provide all requested documents. In some cases we are able to determine ownership based on the available information you are able to provide.

When we receive your completed claim form, we review it carefully. If there is not sufficient proof of ownership, we may contact you. We generally process and pay claims within 60 to 90 days of receipt.

Additional documentation may be required depending on your relationship to the reported property owner and to further support your authority to claim this property on their behalf or as an heir. Please complete the affidavit of heirship if applicable. Refer to the information below that applies to your capacity:

**Parent/Custodian:**

if the reported property owner is currently under 18 years of age, provide a copy of the child's birth certificate

if the reported property owner is currently 18 years of age or older, provide a copy of his/her photo identification (Note: If the child is 18 years old or older, payment will be made to the child.)

if the reported property owner is deceased, provide a copy of the death certificate

**Court Appointed Guardian:** Provide a complete copy of current Letters of Guardianship and a copy of photo identification for the individual for whom you are guardian. Letters of guardianship are executed by the court appointing you as Guardian. Your authority must not be expired or expire during the claim verification or payment process.

**Heir:** Provide a certified copy of the reported owner's death certificate and the following:

**If the deceased owner left a will that was probated, provide a copy of either:**

the will and the Order Admitting to Probate, or

the will and the Order Admitting Will to Probate as Muniment of Title

If the estate has been closed, please provide a copy of the court documents verifying final closing and distribution for the estate in addition to the copy of the probated will.

If submitting copies of the Order Admitting Will to Probate as Muniment of Title you MUST also provide a copy of the will. If the estate has been closed, please provide a copy of the court documents verifying final closing and distribution for the estate in addition to the copy of the will.

**Administrator:** Provide a copy of the reported owner's death certificate and current Letters of Administration. Letters of Administration are executed by the court appointing you as Administrator of the estate. Letters can be dated up to 18 months prior to the date the claim is filed.

**Executor:** Provide a copy of the reported owner's death certificate and current Letters Testamentary. Letters can be dated up to 18 months prior to the date the claim is filed.

**Trustee:** Provide a copy of the reported owner's death certificate (if applicable), a complete copy of the Trust Agreement, proof of the Trust tax identification number and:

If the Trust is still in effect, provide a copy of the current Trustee's driver's license.

If the Trust has terminated, provide copies of driver's licenses for all Trust beneficiaries.

## **BUSINESS CLAIM**

If you are an officer or other company official claiming on behalf of a corporation, partnership, sole proprietorship, professional association, non-profit organization, or private organization, you will file a Business Claim form. Please complete, sign and mail the form with the following documentation:

Proof of your authority to act on behalf of the business. Photocopies of the following are acceptable:

- corporate resolution, minutes from a meeting, franchise tax report, income tax return, recent annual statement, assumed name certificate, partnership agreement, sales tax permit or notarized affidavit signed by a financial officer

Proof associating the business with the last known address as shown. Photocopies of the following are acceptable:

- utility bill, title, insurance policy, contract, invoice, receipt, front and back side of a cleared check, account statement, bank book, or court document

If the business was purchased or sold, attach a copy of the Buy/Sell Agreement.

If the business experienced a name change, merger, or has an assumed name (d.b.a. or "doing business as"), attach a copy of the Change of Name Amendment or Assumed Name Certificate.

If the business is no longer in existence, attach a copy of the Articles of Dissolution (including Attachment A) or Corporate Liquidation form filed with the IRS.

Please complete, sign and return the claim form with a copy of your identification even if you are unable to provide all requested documents. In some cases we are able to determine ownership based on the available information you are able to provide

# ORIGINAL OWNER CLAIM REQUEST FORM

(Form Used To Request Payment By Original Owner)

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ORIGINAL OWNER INFORMATION		
Holder name	Tax ID number	
Mailing address		
City	State	ZIP code
E-mail address	Phone number (Area code and number) (      )	
Claim Amount		Description

**Please provide proof of ownership for each claim. A separate Claim Form is required for each claim.**

## INDEMNIFICATION AND AFFIDAVIT OF ORIGINAL OWNER

Upon payment by the \_\_\_\_\_ of the claim described above, \_\_\_\_\_ (Print Your Name)  
 agrees to indemnify and hold harmless \_\_\_\_\_, its employees and agents from all losses, suits, actions or claims arising from or related to any other  
 party who hereafter asserts or attempts to establish a right to payment of the above described funds.

**INDEMNIFICATION IS EFFECTIVE WHEN SIGNED.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions regarding Unclaimed Property, you may call  
 Our FAX number is \_\_\_\_\_ metro number is \_\_\_\_\_

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone number listed on this form.

# GENERAL CLAIM REQUEST FORM

(Form Used To Request Payment By Person Other Than Original Owner)

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ORIGINAL OWNER INFORMATION		
Holder name	Tax ID number	
Mailing address		
City	State	ZIP code
E-mail address	Phone number (Area code and number) (      )	
Claim Amount	<input style="width: 100px;" type="text"/>	Description

CLAIMANT INFORMATION	
Claimant name	Phone number (Area code and number) (      )
Mailing address	
Relationship	Relationship

**Please provide proof of ownership for each claim. A separate Claim Form is required for each claim.**

### INDEMNIFICATION AND AFFIDAVIT OF ORIGINAL OWNER

Upon payment by the \_\_\_\_\_ of the claim described above, \_\_\_\_\_ (Print Your Name)  
 agrees to indemnify and hold harmless \_\_\_\_\_, its employees and agents from all losses, suits, actions or claims arising from or related to any other  
 party who hereafter asserts or attempts to establish a right to payment of the above described funds.

**INDEMNIFICATION IS EFFECTIVE WHEN SIGNED.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions regarding Unclaimed Property, you may call  
 Our FAX number is \_\_\_\_\_; metro number is \_\_\_\_\_.

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone number listed on this form.

# BUSINESS CLAIM REQUEST FORM

(Form Used To Request Payment By Officer, Owner or Successor of a Business)

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Select one of the following that best describes the type of business or organization reported as the owner.

- |  |  |
|--|--|
| <input type="radio"/> For Profit Corporation | <input type="radio"/> Not for Profit Corporation   |
| <input type="radio"/> Sole Proprietorship    | <input type="radio"/> Partnership                  |
| <input type="radio"/> Government Entity      | <input type="radio"/> Other (Association or Group) |

## ORIGINAL BUSINESS INFORMATION

Reported Owner Name	Tax ID number	
Last Known Address		
City	State	ZIP code
E-mail address	Phone number (Area code and number) (     )	
Claim Amount	Description	

## CLAIMANT OWNER INFORMATION

Claimant name	Tax ID number
Mailing address	
Position/Relationship	Phone number (Area code and number)

**Please provide proof of ownership for each claim. A separate Claim Form is required for each claim.**

## INDEMNIFICATION AND AFFIDAVIT OF ORIGINAL OWNER

Upon payment by the \_\_\_\_\_ Office of the claim described above, \_\_\_\_\_ (Print Your Name)  
 agrees to indemnify and hold harmless \_\_\_\_\_, its employees and agents from all losses, suits, actions or claims arising from or related to any other  
 party who hereafter asserts or attempts to establish a right to payment of the above described funds.

**COUNTY AUDITOR AND COLLIN COUNTY INDEMNIFICATION IS EFFECTIVE WHEN SIGNED.**

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

If you have any questions regarding Unclaimed Property, you may call  
 Our FAX number is \_\_\_\_\_; metro number is \_\_\_\_\_

Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address or phone number listed on this form.

# AFFIDAVIT OF HEIRSHIP

Reported owner name: _____	Date: _____
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This Affidavit must be completed by a third disinterested party (Affiant) who will not benefit from the decedent's estate. Do not complete this form if the decedent left a will that was probated in court or there has been some other type of court determination regarding the estate.

Affidavit of facts concerning the identity of Heirs for the Estate of: \_\_\_\_\_

Before me, the undersigned authority, on this day personally appeared: \_\_\_\_\_  
 ("Affiant") who, being first duly sworn, upon his/her oath states:

1. My name is: \_\_\_\_\_

I live at: \_\_\_\_\_

I am personally familiar with the family and marital history of: \_\_\_\_\_  
 (Decedent), and I have personal knowledge of the facts stated in this Affidavit.

2. I knew the decedent from \_\_\_\_\_ until \_\_\_\_\_ Decedent died on \_\_\_\_\_

Decedent's place of death: \_\_\_\_\_

At the time of decedent's death, decedent's residence was: \_\_\_\_\_  
CITY STATE COUNTY

\_\_\_\_\_ CITY STATE COUNTY

3. Provide the following information on the deceased's marital history:  
 (If never married, please state that below.)

NAME OF SPOUSE	DATE OF MARRIAGE	DATE OF DIVORCE	DATE SPOUSE'S DEATH

4. Provide the following information on the deceased's natural born and adopted children:  
 (If there are none, please state that below. If additional space is needed, please provide information as an attachment.)

NAME OF CHILD/CURRENT ADDRESS	DATE OF BIRTH	NAME - CHILD'S OTHER PARENT	DATE OF CHILD'S DEATH
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5. Provide the following information on the deceased's grandchildren, born only to the deceased children in Item 4, above:  
 (If there are none, please state that below.)

NAME OF CHILD/CURRENT ADDRESS	DATE OF BIRTH	NAME OF GRANDCHILD'S DECEASED PARENT
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6. If the decedent never married and did not have any children, provide the following information on the deceased's parents:

DECEASED'S	PARENT'S NAME/CURRENT ADDRESS	PARENT'S DATE OF DEATH
MOTHER	-----	
FATHER	-----	

Reported owner name:	Date:
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7. Provide the following information on the deceased's brothers and/or sisters:  
*(If there are none, please state that below)*

NAME OF BROTHER OR SISTER/CURRENT ADDRESS	DATE OF BIRTH	DATE OF DEATH
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8. Provide the following information on the deceased's nieces and/or nephews born only to the deceased brothers/sisters in Item 7, above:  
*(If there are none, please state that below. If additional space is needed, please provide information as an attachment.)*

NAME OF NIECE OR NEPHEW/CURRENT ADDRESS	DATE OF BIRTH	NAME OF DECEASED PARENT
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Signed this \_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
*(SIGNATURE OF AFFIANT)*

State of \_\_\_\_\_

County of \_\_\_\_\_

Sworn to and subscribed to before me on \_\_\_\_\_  
*(DATE)*

by \_\_\_\_\_  
*(NAME OF AFFIANT)*

\_\_\_\_\_  
*(NOTARY SIGNATURE)*

*(Notary Seal)*

My commission expires: \_\_\_\_ day of \_\_\_\_\_