

CLAIM VERIFICATION FORM (must be completed prior to claim submission)

Received Stamp: (Office use only)

Type of Claim

- ☐ Officer
☐ Director
☐ Member
☐ Partner
☐ Employee/Authorized Individual (must attach letter of authorization)
☐ Other: _____

Section A—Claimant Information

First Name	Last Name	Company Name
Email Address	Phone Number	
Street Address	City	State
Zip Code	Entity Status: ☐ Active ☐ Terminated ☐ Suspended/Forfeited	

Section B—Entitlement Information

Entity EIN/TIN	Date of termination/suspension (if applicable)																											
Has the entity ever been subject to a monetary judgment or withholding by the State of California? ☐ Yes ☐ No If yes, list date and amount _____	List other individuals who are entitled to distributions from this entity <table border="0"> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> <tr><td>_____</td><td>☐ Living</td><td>☐ Deceased</td></tr> </table> (If additional space is needed, attach an addendum to this form)	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased	_____	☐ Living	☐ Deceased
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List all physical and mailing addresses for the entity/business since January 1st, 1985**Section C—Creditor Information**

To the best of your knowledge, are there currently or have there ever been creditor claims against the entity to which you are claiming entitlement? ☐ Yes ☐ No If yes, what is the total value of the debt? _____

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Section D–Identity Verification

Under the California Code of Civil Procedure, Title 10, Part 3, Chapter 7 (Sections 1500–1582), Barber Weisbruch must collect specific documentation to verify the identity of claimants of certain property. You must select either one form from “Column A” or two forms from “Column B”. Attach the form(s) to this document upon submission. *(Do not submit documents from both columns)*

Column A (one type from this list, or;)

- ☐ State-issued driver's license
☐ State-issued photo identification card

Column B (two types from this list)

- ☐ Work/school photo identification card
☐ Permanent resident card
☐ Medical/insurance card
☐ Utility bill or statement
☐ Bank statement
☐ IRS Form W-2

Section E–Warrants & Attestations

Section E–Warrants & Attestations If made by an individual, shall be verified by the individual; if made by a partnership, by a partner; if made by an unincorporated association or private corporation, by an officer; if made by a public corporation, by its chief fiscal officer or other employee authorized by the holder (CCP Section 1530(e)).

The undersigned, declares, under penalty of perjury, that, to the best of (his) (her) knowledge and belief, this form contain a full, true, and complete report of the required fields. Further, the Undersigned declares entitlement to the located estate under the provisions of Part 3, Title 10, Chapter 7, Code of Civil Procedure, commencing with Section 1500, and Title 2, California Administrative Code, Sections 1150 et seq. **The Undersigned also confirms that in the event they are not solely entitled to the property, they have listed all applicable persons in Section B or have attached their information to this form, and subsequently agree to notify them of this proceeding upon submission of this form.**

Printed Name

Date

Signature

For electronic submissions of this form, email the completed form and attachments to your agent directly, or to contact@barberweisbruch.com.

For paper submissions, mail completed form and attachments via First Class U.S. mail to:
 PO Box 3652
 San Diego, CA 92163