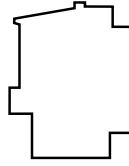


Auditor's Office

Tuscarawas County

LARRY LINDBERG, Auditor
 P.O. Box 545
 New Philadelphia, Ohio 44663



Telephone
 (330) 365-3220
 Fax: (330) 365-3281

The undersigned makes claim to Unclaimed Funds now in the custody of the Tuscarawas County Auditor's Office in the amount and kind as specified below, pursuant to Chapter 9.39 of the Ohio Revised Code.

Please attach the following to this form:

- ☺ A clear photocopy of a document with the original owner's name and Social Security number on it, such as the Social Security card, driver's license or State of Ohio ID *REQUIRED FOR ALL CLAIMS* (NOTE: The Social Security number will be held in the strictest confidence and used only to establish rightful ownership of the unclaimed funds.)
- ☺ The original check(s) *IF AVAILABLE*
- ☺ A Power of Attorney signed by the original owner *or* copies of the death certificate and letter of authority naming the executor of the estate *IF THE CLAIMANT IS NOT THE ORIGINAL OWNER*. (NOTE: The Tuscarawas County Auditor's Office reserves the right to contact the original payee directly to confirm a Power of Attorney.)

This form must be filled out in its entirety and submitted with attachment(s). Failure to do so will delay processing of the claim.

PLEASE PRINT OR TYPE

Original Owner of the Funds		Claimant's Name
Original Owner's Address		Claimant's Address
Original Owner's Phone Number		Claimant's Phone Number
Original Owner's Social Security Number		Are you the original owner of these funds?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount and Kind of Unclaimed Funds		Are you a paid professional finder? (If yes, a Power of Attorney is required)
Amount: \$	Department issuing:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Reverse side must be completed

