



Legal Section

**CLAIM FORM FOR HEIR OF DECEASED OWNER
TO SAN FRANCISCO TREASURER AND TAX COLLECTOR'S REFUND FUND**

Pursuant to California Government Code section 50052.5, I submit the following claim for unclaimed funds. In support of this claim, I declare and under penalty of perjury as follows:

1. My name is (Print or Type) is _____ and I am an adult blood relative of the decedent, _____ [print name] or of the decedent's predeceased spouse, _____ [print name].
2. My relationship to the decedent or the predeceased spouse is as follows: _____

Attached are copies of all documents needed to show my relationship to the decedent:

3. I am entitled to the refund in the amount of \$_____ as set forth on the San Francisco Treasurer & Tax Collector's (TTX) website.
4. My address is: _____

5. The grounds for my claim are: (state the reasons why you are entitled to the funds): _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. Executed this _____ day of _____, 2024, at _____, (City, State) _____.

_____ Signature

CONTACT INFORMATION

Name: _____

Phone: () _____

Email: _____

If this claim form is being completed by someone other than the heir, please list additional contact information below.

Name: _____.

Relationship to heir: _____.

Address: _____
_____.

Phone: ()

Email: _____.