

**Unclaimed Property Claim Form  
For Heir, Trustee or Parent**

Mail completed form to:  
City of Burleson  
Finance Department  
Attn: Unclaimed Property  
141 West Renfro  
Burleson, TX 76028

**ATTACH THE FOLLOWING INFORMATION**

1. Copy of your Driver's License or other official form used for identification.
2. Proof of your Social Security Number (not required, but helps verify ownership).

Claimant is required to provide the city with sufficient proof and documentation to substantiate entitlement to unclaimed property. Submitting your Social Security Number (SSN) is optional but may be the only means of verifying your claim. To the extent permitted by law, your personal information will be kept confidential.

**Claimant Information**

Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver's License#: \_\_\_\_\_ State issued: \_\_\_\_\_

Current Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**Your filing status:**

Check one, attach document request AND enter the applicable federal identification number below:

\_\_\_\_\_ If you are a Heir to the reported property owner, attach a certified copy of the death certificate and a copy of the probated will or court order or affidavit of ownership.

\_\_\_\_\_ If you are a Trustee or Guardian to the reported property owner, attach a copy of the trust agreement or current guardianship documents.

\_\_\_\_\_ If you are an Executor or Administrator for the reported property owner's estate, attach a certified copy of the death certificate and Letter of Administration or Testamentary dated within 90 days of filing the claim.

\_\_\_\_\_ If you are a Parent of the reported property owner, who is under 18 years old, attach a copy of the minor's birth certificate and social security number.

**Fill in the Federal Tax Identification Number that applies:**

Reported Property's social security number (SSN): \_\_\_\_\_

Estate or Trust Federal ID#: \_\_\_\_\_

**Claimant Certification and Signature**

The named Claimant certifies that this information for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim, Claimant will indemnify and hold harmless the City of Burleson, the Director of Finance and its employees from any damages, claims, or losses of any kind resulting from the payment of the above property to the Claimant.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Internal Use Only**

Date Received: \_\_\_\_\_

Date Issue: \_\_\_\_\_

Issue to: \_\_\_\_\_

Check Number: \_\_\_\_\_

By: \_\_\_\_\_

Amount: \_\_\_\_\_