



UNCLAIMED MONEY FUND – GENERAL CLAIM FORM
TRINITY COUNTY TREASURER
PO BOX 337
GROVETON, TX 75845
tct@co.trinity.tx.us
936-642-1443 FAX 936-642-0578

CLAIMANT INFORMATION

Name SSN or Tax ID

Address Phone Number

City State Zip

Relationship to Property Owner

SEND BY EMAIL, FAX OR MAIL WITH THE FOLLOWING:

- (A) Proof of your Social Security Number
- (B) Copy of your Driver's License or any official form used for identification
- (C) Any court documents proving heirship, guardianship, or executor of the owner's estate if you are not the property owner.

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless Trinity County, the Treasurer and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

Claimant Signature Date

THE STATE OF TEXAS
COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared the above signed, _____,
Sworn and subscribed before me this _____ day of _____, 20____.

(seal)

Notary Public