

City of Killeen

Unclaimed Property Claim Form
For Heir, Trustee, or Parent

Mail Completed Form To:

City of Killeen
Finance Department
Attention: Unclaimed Property
P.O. Box 1329
Killeen, TX 76540-1329

Instructions:

Claimant is required to provide the City with sufficient documentation to establish Claimant's right to receive 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 Social Security Number will be kept confidential. You must be 18 or older to claim property.

Failure to provide your **identification, signature, or completion of this claim form** could result in the return of the form to you.

Claimant Information

Name: _____	Drivers License #: _____
Address: _____ _____	Social Security #: _____
Home Phone: _____	Date of Birth: _____
Email Address: _____	Work Phone: _____
Claim Type: _____	Claim Amount: _____
Municipal Court	Utility Collections
	Other

Please attach the following:

1. Copy of Driver's License or other government issued photo identification.
2. Proof of Social Security Number (not required, but might help verify ownership)

Filing Status

Heir to the reported property owner. Attach a certified copy of the death certificate and a copy of the probated will, court order, or affidavit of heirship.

Trustee or Guardian to the reported property owner. Attach a copy of the trust agreement or current guardianship documents.

Executor or Administrator for the reported property owner's estate. Attach a certified copy of the death certificate and Letters of Testamentary dated within 90 days of filing the claim.

Parent of the reported property owner, who is under age 18. Attach a copy of the minor's birth certificate and proof of Social Security Number.

Fill in the Federal Tax Identification Number that applies:

Reported Property's Social Security #: _____ Estate or Trust FEI: _____

Claimant Certification and Signature

The named Claimant 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, Claimant will indemnify and hold harmless the City of Killeen and its officers and employees from any damages, claims, or losses of any kind resulting from the payment of the above described property to Claimant.

Signature: _____ Date: _____

FOR FINANCE DEPARTMENT USE ONLY	
Approved _____	Disapproved _____
Reason for Disapproval: _____	Original Check #: _____
_____	New Check #: _____
Reviewed by: _____	Amount: _____
Approved by: _____	Date: _____
	Date: _____