



# Lorain County Auditor J. Craig Snodgrass CPA, CGFM

Bookkeeping Department  
ATTN: Unclaimed Funds  
226 Middle Ave, Elyria, Ohio 44035 Ph. 440-329-5615

DO NOT FAX

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

**THIS FORM MUST BE FILLED OUT IN ITS ENTIRETY AND SUBMITTED WITH PROOF OF CLAIM. FAILURE TO DO SO WILL DELAY PROCESSING OF THE CLAIM.**

PLEASE PRINT OR TYPE

<b>Amount of Unclaimed Funds</b>	<b>Check # or Description</b>	<b>Issue Date</b>	<b>Fund Number</b>
\$			
<b>Owner of the Funds:</b>			<b>Owner's SS# or TAX ID#</b>
<b>Owner's Street Address, City, State, Zip:</b>			<b>Owner's Phone Number</b>
<b>Claimant is:</b>	Original	Guardian or Custodian	Executor, Administrator or Personal Representative
			Other, explain below
<b>Owner's Signature:</b>			<b>Date:</b>
<b>Professional Finder Name:</b>			
<b>Claimant's Name:</b>			
<b>Claimant's Address, City, State, Zip:</b>			<b>Claimant's Phone Number:</b>

**THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

Under penalties of perjury, I certify that the information provided on this claim form is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed Funds and will indemnify and save harmless Lorain County, Ohio, and its employees from any damages, claims or losses of any kind resulting from payment of the above described funds to claimant.

**Please attach the following:**

- Photocopy of your valid Driver's License,
- If owner is deceased, send photocopies of death certificate and proof of your right to represent their estate
- An original, notarized Power of Attorney (POA) must be attached giving the claimant authorization to claim the funds on behalf of owner.

**(If claiming on behalf of a business, print and sign both your name and the business name below.)**

Claimant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please PRINT or TYPE Claimant's Name \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public Signature