

# Henry County Delinquent Tax Sale Unclaimed Fund Claim Form

## General Instructions:

- 1) Two items of proof, one including a photo, that you are either the same person who is due the funds or are legally entitled to claim funds belonging to the "original owner" MUST ACCOMPANY THE CLAIM FORM, AN IDENTICAL NAME IS NOT SUFFICIENT PROOF. (Examples of acceptable proof of identification include, but are not limited to, a current driver's license, birth certificate or correspondence of documents establishing the claimant's relationship to a company/institution).
- 2) If you are not the "original owner", you must provide documentation that you have legal authority to claim the funds. (Acceptable documentation includes, but is not limited to, current power of attorney, probated will, current letter of guardianship.)
- 3) If the claimant is a business, both the business name and the name of the individual claiming on behalf of the business must be included on line 1.
- 4) If the funds are from a previous marriage, we must have documentation such as a marriage license or a divorce decree showing the claimant's previous name.
- 5) If the claim is over \$500, it must be reviewed and approved by the Henry County Prosecutor's Office.
- 6) Must include a copy of the docket with the Case Number from the Clerk of Courts
- 7) Must also provide a completed IRS W9 Form: <https://www.irs.gov/forms-instructions>

## **THIS CLAIM WILL NOT BE PROCESSED WITHOUT PROPER I.D.**

The undersigned, having legal rights to Unclaimed Funds now in the custody of Henry County, Ohio, pursuant to R.C. 5721.20, makes claim to said funds, in the amount and kind specified below:

- 1) \_\_\_\_\_  
Case Number (type or print)
- 2) \_\_\_\_\_  
Claimant Name (type or print)
- 3) \_\_\_\_\_  
Claimant Address (number street, city, state, zip code)
- 4) \_\_\_\_\_  
Claimant Home/Cell Phone Number
- 5) Are you the original owner of the funds?  YES  NO
  - a. If no, your relationship to the owner \_\_\_\_\_
  - b. If no, your reason for claiming in place of the owner \_\_\_\_\_
  - c. If Recovery Agency, have you attached your Ohio Dept. of Commerce Certification of Registration  
 YES  NO

## *OFFICE USE ONLY*

- 6) ID VERIFIED:  YES  NO INITIALS: \_\_\_\_\_
- 7) Copy of Docket Provided:  YES  NO INITIALS: \_\_\_\_\_
- 8) Copy of W9 Provided:  YES  NO INITIALS: \_\_\_\_\_

(SEE REVERSE)

The undersigned certified that he or she has a legal or equitable interest in the unclaimed funds and will indemnify and save harmless the County of Henry, it's officers and employee from any other valid claim to such unclaimed funds.

\_\_\_\_\_  
Claimant Signature Date

Affidavit of Claimant

State of Ohio County of Henry

\_\_\_\_\_, being first duly sworn, deposes and says that the foregoing statement and facts set forth herein are true as he or she verily believes.

\_\_\_\_\_  
Claimant

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

\_\_\_\_\_  
Notary Public My Commission Expires

Prosecutor Approval: \_\_\_\_\_  
Signature Date