## ATTACHMENT A

Initiated Date: 10/14/2021 Source: Phone

Relationship: Govt - County Printed Date: 10/14/2021



# BETTY T. YEE



Claim ID: 4716276

Received

OCT 2 1 2021

# California State Controller UNCLAIMED PROPERTY DIVISION

Unclaimed Property Claim Affirmation Form

WESTSIDE RESOURCE CONSERVATION C/O FEY DAVID 2607 FRESNO ST. FLEET B FRESNO CA 93721

This is to inform you that the property listed below may belong to you.

This property was turned over to the State Controller's Unclaimed Property Division, as required by law, for safekeeping until it can be claimed by the rightful owner or their heirs. California's unclaimed property law requires businesses to submit property, such as bank accounts, stocks, bonds, and the contents of safe deposit boxes, to the state if there has been no activity on the account, or the business has had no contact with the owner, generally for three years.

To claim this property, or the net proceeds of any sale of property as required by law, please complete Sections C and D of this form and return it with the required documentation to the address below. If you do not have all of the items required, please send as much information as possible to prove you are the owner of the property.

Once your <u>signed</u> Claim Affirmation Form and required documentation have been received, please allow up to 180 days for processing. For more information about this program including filing instructions, forms, or to inquire about your claim status, please visit the State Controller's website at **www.claimit.ca.gov**. Claimants may also contact the Unclaimed Property Division by phone at (800) 992-4647. International callers should call (916) 323-2827 for inquiries.

**PLEASE NOTE:** Properties recently transferred to the State Controller's Office may not appear on our website. If you have an outstanding debt with a California state agency, city or county, your unclaimed property payment may be intercepted to pay the debt.

Owner(s) Name WESTSIDE RESOURCE CONSERVATION DISTRICT		Reported Owner Address			
		25390 W SILVEIRA	TRANQUILLITY CA 93668-0000		
Type of Property Checking Accounts		Reported By 229500 - MUFG UNION BANK N.A.	Property ID Number 999830202		
Cash Reported \$64,556.42	Shares Reported 0.0000	Name of Security Reported			

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#### OFFICE USE ONLY



Claim ID: 4716276

# Claim Affirmation Form (continued)

### Section B - Required Documentation

Please see the attached "Documentation Required for Property Owner Claims"

### Section C - Claimant Information

Each of the undersigned claimants certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant is the owner of said claim and the person entitled to receive the money and property set forth in said claim.

Each claimant agrees to indemnify and hold harmless the State, its officers, and employees from any loss resulting from the payment of said claim. EACH CLAIMANT MUST SIGN THIS AFFIRMATION OR THE CLAIM WILL BE RETURNED.

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or trustee is required.

CURRENT LEGAL LAST NAME OR BUSINESS NAME		CURRENT LEGAL FIRST NAME		MIDDLE	SSN	ON OR FEDERAL TAX ID	
CURRENT MAILING ADDRESS		CITY	STATE/PROV	INCE ZIP CODE	<u> </u>	COUNTRY	
DRIVER LICENSE NUMBER		DATE OF BIRTH	EMAIL ADDRE	ESS			
DAYTIME PHONE	SIGNATU	RE	DATE				
Additional Claimant Information (if appl	licable)						
CURRENT LEGAL LAST NAME OR BUSINESS NAME		CURRENT LEGAL FIRST NAME		MIDDLE	SSN	SSN OR FEDERAL TAX ID	
CURRENT MAILING ADDRESS		CITY	STATE/PROV	INCE ZIP CODE		COUNTRY	
DRIVER LICENSE NUMBER		DATE OF BIRTH	EMAIL ADDRE	RESS			
DAYTIME PHONE	SIGNATU	RE		DATE			
YOUR SIGNATURE(S) MUST ALL CLAIMS FOR SECURITIE A notary public or other office document to which this certif	S OR SAF	E DEPOSIT BOXES Maing this certificate ver	IUST BE NOTARIZE	ED.) tity of the ind	lividual		
State of							
Subscribed and sworn to (or a	affirmed) b	efore me on this	day of	, 20	by		
be the person(s) who appeare	ed before r		on the basis of sati	sfactory evid	ence to		
Signature		(seal)					
		PRIVACY NOTIF					
The Information Practices Act Social Security number and ot							
You have the right to view you	r records a	at this office by writing	:				

Unclaimed Property Division

MAILING ADDRESS P.O. Box 942850, Sacramento, CA 94250-5873

10600 White Rock Road, Rancho Cordova, CA 95670

(800) 992-4647 (Nationwide) or (916) 323-2827 (Outside of US)

Division Chief, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250-5873.



# GOVERNMENT CLAIM FILING INSTRUCTIONS AND REQUESTED DOCUMENTATION

To claim a property on behalf of a government agency (herein agency), please provide the following:

- 1. Completed Claim Affirmation Form signed by an agent or officer claiming the property on behalf of the agency. If you are claiming multiple properties, you may file one completed Claim Affirmation Form and attach either a copy of each Property Detail Screen from the website or a spreadsheet listing all Property ID numbers, reported owner(s), and amounts being claimed on behalf of the agency.
  - A. You must notarize the Claim Affirmation Form if:
    - 1) The total value of the claim is \$1,000 or greater;
    - 2) The claim is for safe deposit box contents; or
    - 3) The claim is for securities, such as:
      - a) Stocks;
      - b) Mutual funds;
      - c) Bonds; or
      - d) Debentures.
- 2. A 'Letter of Authorization' on agency letterhead from an official with the agency, authorizing an agent or officer to claim the property on behalf of the agency.
- 3. A copy of the agency-issued photo identification card for the agent or officer authorized to file the claim. If this is not available, other allowable identification includes:
  - A. Driver License
  - B. State-Issued Identification Card

Note: In lieu of a copy of a driver license, it is acceptable to send in a notarized statement with the agent/officer's name, driver license number, driver license expiration date and date of birth.

- 4. The agency Federal Employer Identification Number (FEIN) should be clearly typed or written on the Claim Affirmation Form.
- 5. If we cannot verify a claim based on the FEIN, because the company reporting the property did not provide the FEIN when transferring the property to us, and if the reported owner name of the property is not clearly the agency, we will need additional documentation as described below to verify your claim. Therefore, if you have these documents available, please submit them when you file the claim to ensure speedy processing of the claim.

#### EITHER

- A. Proof the agency operated or received mail at the reported address. You can find the reported owner address on the claim details page printed with your claim form. If you cannot provide this documentation with your claim, we may contact you for additional information. Suggested documents:
  - 1) Original bill or account statement from the reporting company
  - 2) Copy of business license
  - 3) Copy of received tax statement, such as:

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# GOVERNMENT CLAIM FILING INSTRUCTIONS AND REQUESTED DOCUMENTATION

- a. IRS Form 1098, statement of interest paid
- b. IRS Form 1099-INT or 1099-DIV, statement of interest or dividends earned
- c. Copy of mortgage statement or real estate property tax bill
- d. Original telephone, cable, or utility bill
- e. Original bank or credit card statement

OR

- B. If there is no reported address on the claim details page printed with your claim form, provide proof that the property belongs to the agency. If you cannot provide this documentation with your claim, we may contact you for additional information. Suggested documents:
  - 1) Original bank statement (if the property is from a bank or financial institution)
  - 2) Copy of stock certificate or <u>original</u> account statement (if the property is from an investment company)
  - 3) Original invoice or receipt from the reporting company
  - 4) List of the safe deposit box contents (if the property is a safe deposit box)
- 6. If the property you are claiming is a negotiable instrument, such as a check, cashier's check, traveler's check, money order, bond, or bond coupon, and you have the original instrument, provide a <u>copy</u> of the negotiable instrument with the claim. If we determine that we have your funds, we will contact you for additional information.

#### Send all documents to:

State Controller's Office Unclaimed Property Division P.O. Box 942850 Sacramento, CA 94250-5873

### Send overnight mail or hand deliver documents to:

State Controller's Office Unclaimed Property Division 10600 White Rock Road, Suite 141 Rancho Cordova, CA 95670

If you have any questions regarding these instructions or requested documents, please call us at (800) 992-4647.

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