

## STATE OF NEW YORK OFFICE OF THE STATE COMPTROLLER OFFICE OF UNCLAIMED FUNDS

## OFFICIAL CHECK / MONEY ORDER AFFIDAVIT FOR ESTATES

I,	_, am of legal age (18 years or older) residing at
(name)	(current address)
as the	of the Estate of tor, etc.) (name of deceased)
	tor, etc.) (name of deceased) of and solely entitled to the proceeds of check/draft or money order number
(check number)	which was:
Received by	on
Purchased by	on
The instrument was issued by by _	, and the proceeds have been turned over to the (reporting organization name)
Comptroller of the State of New Yo	
CHECK ONE OF THE FOLLOWING A	AND PROVIDE ANY INFORMATION REQUESTED.
A. The instrument is	enclosed and made a part of the affidavit.
	as received, but has been lost or misplaced. The instrument has not been sold, red or given away.
	as purchased, but has been lost or misplaced. The instrument has not been used ended, and it has not been sold, assigned, transferred or given away.
	for the instrument. It is not known who has possession of the instrument, or knowledge the instrument may be in the possession of another who may make claim therefore.
In consideration of the payment of New York the amount due to any a	this claim, I / We will reimburse to the Office of the State Comptroller and the State of additional persons who are entitled to these funds. Under penalty of perjury, I certify t is true and correct and that the number shown on this affidavit is the correct Taxpayer
	Sworn to before me this
SIGNATURE OF ESTATE REPRESE	
SSN/ ESTATE TAX ID/ TAXPAYER ID	day of, 20
()DAYTIME TELEPHONE NUMBER	Notary:
Return this form by mail:	Contact us: <a href="mailto:nysouf@osc.ny.gov">nysouf@osc.ny.gov</a> or 800-221-9311.
Office of Unclaimed Funds 110 State Street	Visit our webpage at <a href="https://www.osc.ny.gov/unclaimed-funds">https://www.osc.ny.gov/unclaimed-funds</a> .
Albany, NY 12236	We invite you to like us on Facebook at facebook.com/nyscomptroller
Submit online:	and follow us on Twitter at @NYSComptroller

NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Tax Payer Identification Number and/or Date of Birth on this form in order to verify your identity and that you're entitled to claim the funds. OUF is authorized to collect this information under Section 1406 of the NYS Abandoned Property Law. Disclosing this information is voluntary and we will process your claim without it. However, in certain cases OUF is required to report the transaction to the Internal Revenue Service and/or other taxing authorities. If your claim is subject to such a requirement, and you don't provide the requested information at this time, we'll require that you provide such information prior to payment. The information provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Assistant Director of Services of OUF, 110 State Street, Albany, NY 12236