## Unclaimed Property Inquiry Issued under authority of Public Act 29 of 1995.

Read the instructions on page	e 2 before completing this form			
PART 1: CLAIMANT/PRO	PERTY OWNER INFORMATION	NC		
Property Owner's Name as it Appears of	on Unclaimed Property Web Search	Property Owner's Social Security or Federal Employer Identification Number		
Claimant Name	Relationship to Property Owner	Claimant's Social Security or Federal Employer Identification Number (if different)		
Current Address (Number and Street)		Property Number(s)		
City, State, ZIP code		Daytime Telephone Number		
PART 2: FORMER ADDRE	ESSES. List all former Michigan	addresses used by the property owner.		
Street Address	(including P.O. Box)	City, State, ZIP Code		
PART 3: DECEASED PRO	PPERTY OWNER. Refer to instr	uctions for list of required documentation.		
Did the Decedent have a Will		No		
2. Did the Decedent have a Tru	-	No Is the Trust open? Yes No		
3. Did the Decedent have a Pro	bbated Estate? Yes 1	No Is Probated Estate open? Yes No		
PART 4: CLAIMANT CER	TIFICATION			
of this claim, said claimant will or losses of any kind resulting		on this inquiry form is true to the best of my knowledge. Upon payment State of Michigan, officers and employees from any damages, claims claimed.  SIGNATURES OF CLAIMANTS		
DAY OF	, 20			
DAT OF	, 20			
NOTARY PUBLIC	COUNTY, STATE			
MY COMMISSION EXPI	RES			
Return completed form along with	a copy of a picture identification	n, social security card, and required documentation (see page 2) to:		
Michigan Department of Treasu	ry			
Unclaimed Property P.O. Box 30756		www.michigan.gov/unclaimedproperty		
Lansing, MI 48909		Any additional properties that may belong to you will be added to your claim.		

Allow 120 days for processing.

Office Use Only								
Approvals:	1	2	3	4	5			