



STATE OF NEW YORK
OFFICE OF THE STATE COMPTROLLER
Office of Unclaimed Funds

REFERENCE NUMBER: _____

TABLE OF HEIRS

DECEASED _____ DATE OF DEATH _____

IF NO SPOUSE OR BLOOD RELATIVES EVER EXISTED IN A CATEGORY, WRITE "NONE".
IF MORE SPACE IS NEEDED IN A PARTICULAR CATEGORY, PLEASE ATTACH A SEPARATE SHEET.
ANY CATEGORY MISSING DETAIL MAY RESULT IN DELAYED PROCESSING.

	Name	Address	S.S.N#	Alive (Y or N)	Death Date
I. Spouse of the Deceased	1. _____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____

	Name	Address	S.S.N#	Alive (Y or N)	Death Date	Spouse Name
II. ALL Children of the Deceased	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____	_____

	Name	Address	S.S.N#	Alive (Y or N)	Death Date	Parent(s) Name
III. ONLY Children of the Deceased Children (Grandchil dren of the Deceased)	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____	_____

COMPLETE SECTION IV, V AND VI, ONLY IF THE DECEASED HAD NO CHILDREN (SEE NEXT PAGE)

TABLE OF HEIRS
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	Name	Address	S.S.N#	Alive (Y or N)	Death Date
IV. Parents of the Deceased	1. _____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____

	Name	Address	S.S.N#	Alive (Y or N)	Death Date	Spouse Name
V. ALL Brothers and Sisters of the Deceased	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____	_____

	Name	Address	S.S.N#	Alive (Y or N)	Death Date	Parent(s) Name
VI. ONLY Children of the Deceased Brothers and Sisters	1. _____	_____	_____	_____	_____	_____
	2. _____	_____	_____	_____	_____	_____
	3. _____	_____	_____	_____	_____	_____
	4. _____	_____	_____	_____	_____	_____

This table was completed by _____, who is related to the decedent as a _____, and who resides at _____ in the county of _____ and State of _____, and, who being duly sworn, declares under penalty of perjury that the above information is true and correct to the best of her/his knowledge.

Signature

Social Security / Taxpayer Identification Number

*The Social Security Number / TIN is optional at this point, but including it may facilitate our research and may avoid a future request for the number.

Sworn to before me this _____ day
of _____, 20 _____,

Signature / Seal - Notary Public

<p>Return this form by mail: Office of Unclaimed Funds 110 State Street Albany, NY 12236</p> <p>Submit online: https://ouf.osc.state.ny.us/ouf/cs</p>	<p>Contact us: nysouf@osc.ny.gov or 800-221-9311.</p> <p>Visit our webpage at https://www.osc.ny.gov/unclaimed-funds.</p> <p>We invite you to like us on Facebook at facebook.com/nyscomptroller and follow us on Twitter at @NYSComptroller</p>
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NYS Personal Privacy Protection Law Notification: The NYS Comptroller's Office of Unclaimed Funds (OUF) is requesting you to provide your Taxpayer 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