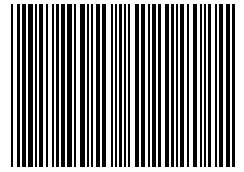




**State of Delaware**  
**Department of Finance**  
**Unclaimed Property Office**  
PO Box 8140  
Wilmington, DE 19803-8140  
escheat.claimquestions@state.de.us

**Claim Form**



ID: 153055

December 20, 2015

ROSE HUNTERR  
720 W 38TH ST  
APT 1  
WILMINGTON DE 19802

Review Section C below for documentation required for this claim.

**A. Owner Information**

Name of Holder Who Remitted Property		Property ID <b>8107604</b>
UPROMISE INC C/O ACS UNCLAIMED PROPERTY CLEARINGHOUSE AFFILIATED COMPUTER SERVICES QUINCY MA 02171-0000		
Name of Owner(s) as reported to the department HUNTER ROSE,	511 E 3RD ST WILMINGTON DE 19801-3911	

**B. Claimant Information**

Relationship to Owner (circle one): Self Parent Guardian Trustee Heir Executor/Administrator Business Other _____	
Name(s) if different:	Daytime Phone:
Current Address:	SS# or FEIN#:
City, State, Zip:	Date of Birth:
Email Address:	

**C. Documentation Required**

Provide proof of address on the property listed in Section A. If proof of address cannot be provided, then documentation that the owner did business with the company, such as; statement, copy of stock certificate or 1098 DIV will be required.
For identification purposes please provide a form of identification for all property owners listed in the property record from the following list: Driver's License, Birth Certificate, Passport, Non-Driver Identification Card, Marriage Certificate, Medicare Card, National Identity Card or Citizenship Card. One form of ID must be a photo ID.
Official documentation showing the property owner's Social Security Number such as a copy of Social Security Card, Medicare Card, or W-2.

**D. Affidavit**

Under penalties of perjury, I certify that the information provided on this claim form is true, and all supporting documentation presented are either original or true unaltered copies of the original documents. Upon payment of this claim, said claimant will indemnify and hold harmless the State of Delaware, its Officers and Employees from any damages, claims or losses of any kind resulting in payment of the above described property to the claimant under the provisions of Delaware Revised Statutes.

Claimant's Signature\_\_\_\_\_

Co-Owner's Signature\_\_\_\_\_

**Before returning this form, claimants should:**

- Review **A. Owner Information**
- Complete **B. Claimant Information**
- Attach the document requested in **C. Documentation Required**

Please return the completed form and required documents to the address above.