



Claiming Unclaimed Property 2025

Presented by Eric Rayles

February 12, 2025



AGENDA

- **Claim Creation 5 min**
- **Documents 10 min**
- **Follow-up 5 min**
- **Q&A 20 min**



Unclaimed Property

- Safe deposit box contents
- Bank accounts
- Insurance proceeds
- Stocks, bonds, and mutual funds
- Utility and phone company deposits
- Uncashed checks
- Customer/patient credits



Claims Process

Step 1: Search and add properties

Step 2: Create the claim

Step 3 Complete the forms

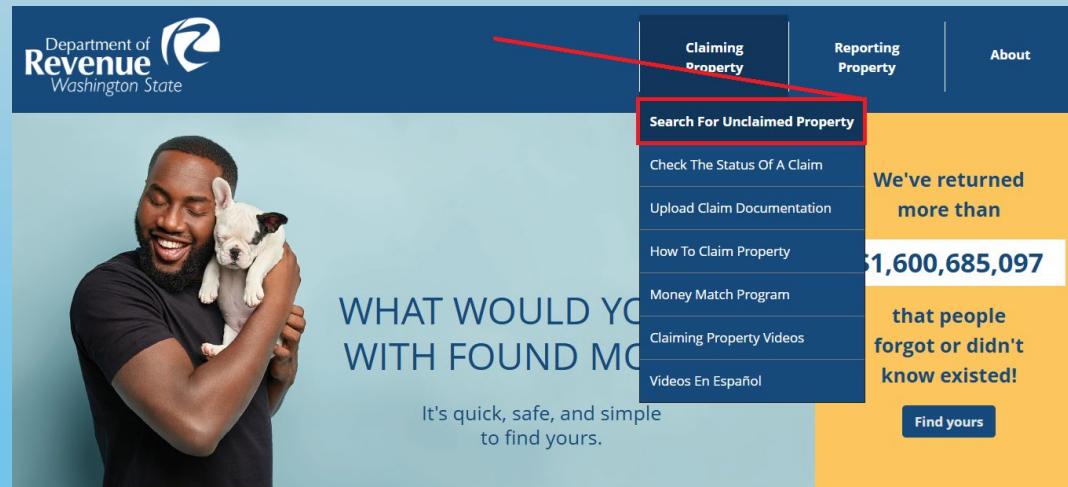
Step 4 Submit the forms

Step 5 Follow-up



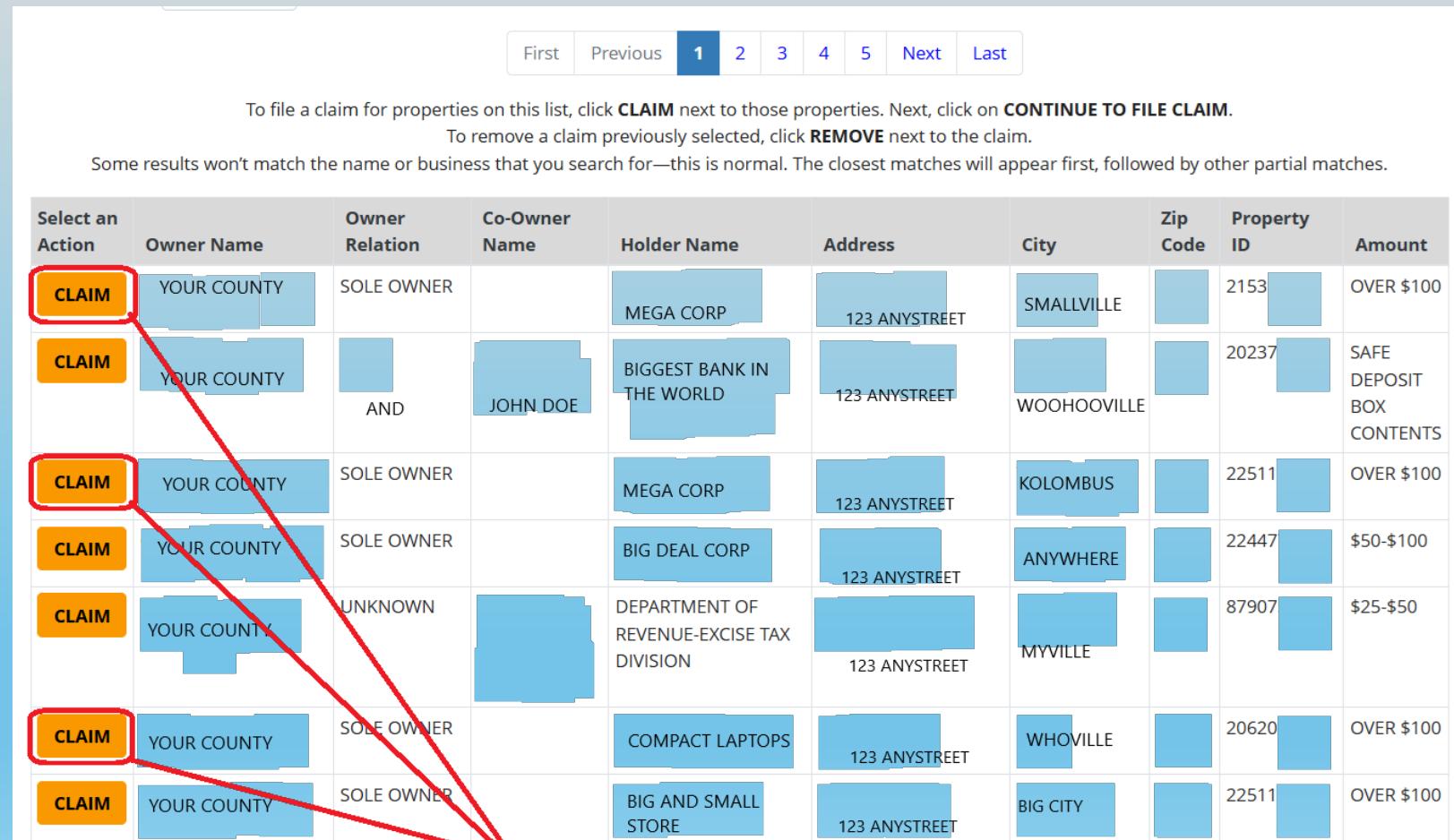
Search For Property

Visit: UCP.DOR.WA.GOV



CLICK THE LINK TO SEARCH

Add Property To The Claim



Select an Action	Owner Name	Owner Relation	Co-Owner Name	Holder Name	Address	City	Zip Code	Property ID	Amount
CLAIM	YOUR COUNTY	SOLE OWNER		MEGA CORP	123 ANYSTREET	SMALLVILLE	2153	OVER \$100	
CLAIM	YOUR COUNTY	AND	JOHN DOE	BIGGEST BANK IN THE WORLD	123 ANYSTREET	WOOHOOVILLE	20237	SAFE DEPOSIT BOX CONTENTS	
CLAIM	YOUR COUNTY	SOLE OWNER		MEGA CORP	123 ANYSTREET	KOLOMBUS	22511	OVER \$100	
CLAIM	YOUR COUNTY	SOLE OWNER		BIG DEAL CORP	123 ANYSTREET	ANYWHERE	22447	\$50-\$100	
CLAIM	YOUR COUNTY	UNKNOWN		DEPARTMENT OF REVENUE-EXCISE TAX DIVISION	123 ANYSTREET	MYVILLE	87907	\$25-\$50	
CLAIM	YOUR COUNTY	SOLE OWNER		COMPACT LAPTOPS	123 ANYSTREET	WHOVILLE	20620	OVER \$100	
CLAIM	YOUR COUNTY	SOLE OWNER		BIG AND SMALL STORE	123 ANYSTREET	BIG CITY	22511	OVER \$100	

SELECT YOUR PROPERTIES

WASHINGTON STATE DEPARTMENT OF REVENUE

Create The Claim

Legal Representative: You are the court-appointed Legal Representative, Power of Attorney, or Guardian of the individual whose name is listed.
Trust: You are the Trustee of the Trust listed.
Levy: For Washington state agency use only.

Claimed Properties

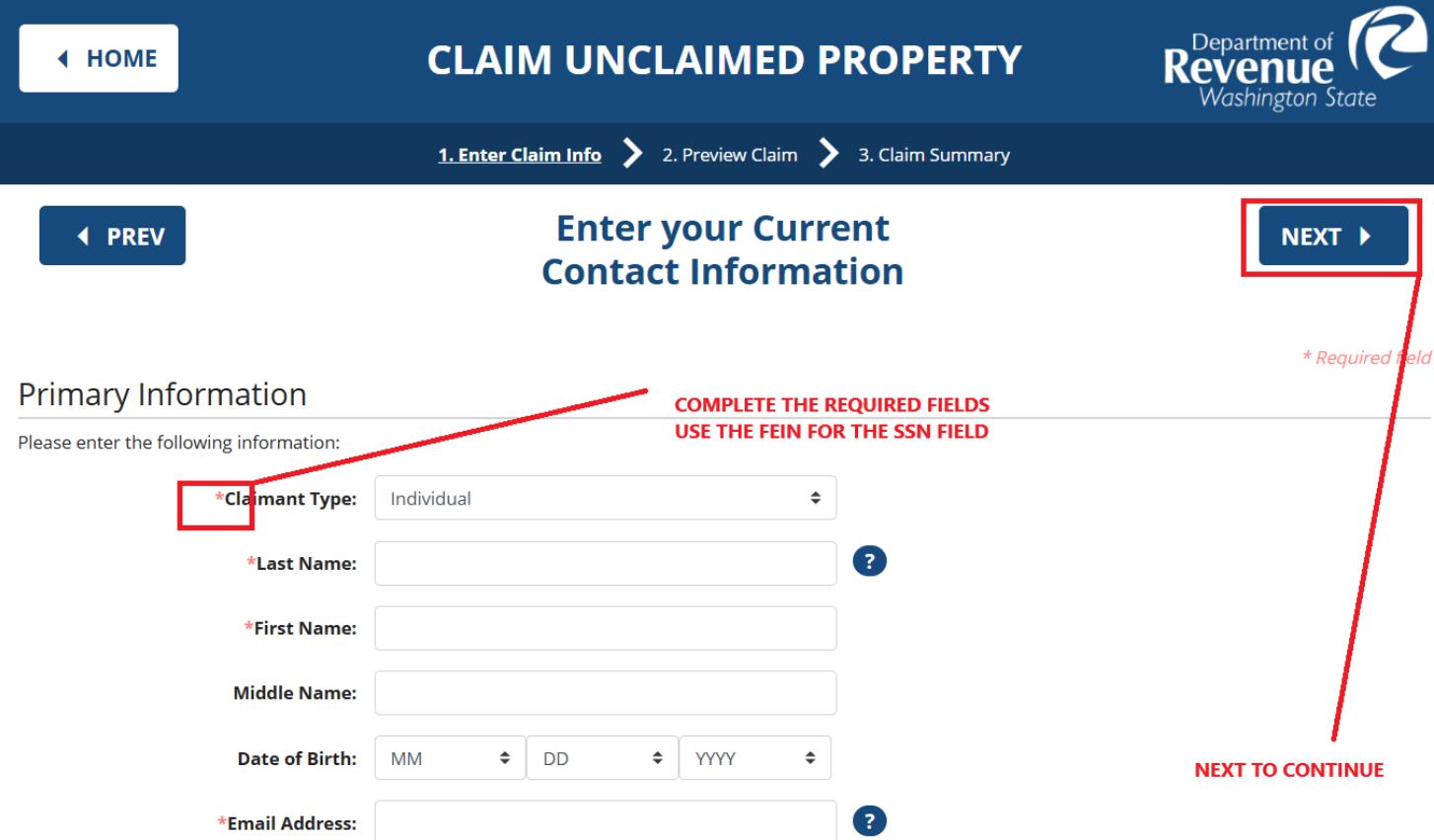
Please select the relationship that you have to each property owner:

Select an Action	Owner Name	Owner Relation	Co-Owner Name	Holder Name	Address	City	Zip Code	Property ID	Amount	*Claimant Relationship
Remove	WASHINGTON COUNTY CLERK WASHINGTON COUNTY CLERK	PAYEE		FIRST INVESTORS FINANCIAL SERVICES				19684523	\$0-25	<input style="width: 100px; height: 20px; border: 1px solid #ccc; border-radius: 5px; padding: 2px 10px;" type="button" value="Business"/> - Select an option - Owner (Individual) Business - Open Business - Closed Probate Open/Active Probate Closed Heir - No Probate Legal Representative Trust Levy - Sel 
Remove	WASHINGTON COUNTY CLERK	UNKNOWN		OLE MORRISON RINKER & BAKER LLP				15030516	OVER \$100	
Remove	WASHINGTON COUNTY RE	PAYEE		CHICAGO TITLE INS CO				15958953	\$0-25	
Remove	WASHINGTON COUNTY RE	PAYEE		CHICAGO TITLE INS CO				15958954	OVER \$100	
Remove	WASHINGTON COUNTY RE	PAYEE		CHICAGO TITLE INS CO				15958952	\$0-25	

OPEN BUSINESS

NEXT ►

Create The Claim



[◀ HOME](#)

CLAIM UNCLAIMED PROPERTY

Department of Revenue Washington State

1. Enter Claim Info ▶ 2. Preview Claim ▶ 3. Claim Summary

◀ PREV NEXT ▶

Enter your Current Contact Information

Primary Information

Please enter the following information:

**COMPLETE THE REQUIRED FIELDS
USE THE FEIN FOR THE SSN FIELD**

***Claimant Type:** Individual

***Last Name:** ?

***First Name:** ?

Middle Name:

Date of Birth: MM DD YYYY ?

***Email Address:**

** Required field*

NEXT TO CONTINUE

Create The Claim



1. Enter Claim Info > **2. Preview Claim** > 3. Claim Summary

◀ PREV

Electronic Signature & Preview Your Claim

SUBMIT ▶

ELECTRONIC SIGNATURE REQUIRED

I affirm that the information provided is full, true, and correct. I agree to hold the state of Washington harmless against claims of all others for property which may be paid to me on the basis of the documentation provided.

Type Your First Name Here:

Documents

Claim Form

**State of Washington
Department of Revenue
Unclaimed Property Section
PO Box 47477
Olympia, WA 98504-7477**

Claim ID: 

WASHINGTON COUNTY
JOHN Q SAMPLE
6400 LINDENSON WAY SW
TUMWATER, WA 98501-6516

January 29, 2025

A. Claimant Information
Name(s) if different than above: Phone:
Current Mailing Address if different than above:
Email Address: Date of Birth: / /

B. Documentation Required
Please complete, sign, and return the claim form with a copy of your photo identification even if you are unable to provide all of the requested documents below.

- Photo Identification Copy of current driver's license or other official government issued photo ID (U.S. passport) for ALL Claimants.
- Proof of Reported Address Proof of address for each property listed on the claim form in section C under the Owner column, such as copy of driver's license, past utility bill, bank statement, etc.
- Signed Claim Form Completed and signed claim form.
- FEIN Copy of an official document showing the full Federal Employer Identification Number (FEIN). If your business is registered with Washington State also include a copy of your business license.
- Business Affidavit Completed and signed Business Affidavit.
- Proof of Current Mailing Address If your current mailing address is not on your ID, proof of current mailing address or address where payment will be sent.

C. Property Information

Owner	Relationship	Company/Security Name	Type of Property	Last Activity Date	Property ID	Value
WASHINGTON COUNTY 123 LAZY LN		JPMORGAN CHASE BANK NA	CHECKS CASHIER'S CHECKS		584905	Cash: \$32.20
GRAND TOTAL of PROPERTY					Total Cash:	\$32.20

Safe Deposit Box Content
If the type of property above is Safe Deposit Box Contents, all paper documents are held one year and then destroyed. All other contents are held at least one year and then sold at auction.

D. Signature
I affirm that the information provided is full, true, and correct. I agree to hold the state of Washington harmless against claims of all others for property which may be held to me on the basis of the documentation provided.

Signature of Claimant Printed Name of Claimant Date

Signature of Claimant Printed Name of Claimant Date

Final Instructions
Return the completed claim form along with the documentation listed in Section B online or by mail:

- Upload the claim form and documentation at uop.dor.wa.gov. Click on **Claiming Property**, then **Upload Claim Documentation**.
- If you cannot provide the required proof, send a letter explaining why you are entitled to claim the property.
- You may mail the documentation to our office at the address listed below:

**State of Washington
Department of Revenue
Unclaimed Property Section
PO Box 47477
Olympia, WA 98504-7477**

If you have questions, please call 360-534-1502.

IMPORTANT: Always save a copy of your claim documents and this form for your records.
Please allow up to 90 days for your claim to be processed.

To ask about the availability of this form in an alternate format for the visually impaired, please call 360-705-6705.
Teletype (TTY) users may use the Washington Relay Service by calling 711.
REV SD 0006 (1-13-2021)

THE SAME CLAIMANT NEEDS TO SIGN ALL THE FORMS

Documents

Business Affidavit



Business Affidavit

Department of Revenue Washington State
Form 80 0034
Unclaimed Property Section
PO Box 47477
Olympia, WA 98504-7477
360-534-1502

Business Affidavit

Instructions:
1. Complete this form.
2. Signature **must be notarized**.
3. Submit completed form and a copy of the photo ID of the individual listed in section 2.
4. Submit documentation showing status as a governing person or proof of ownership.

1 The business

Is the business still active?
 Yes
 No (If you've answered "No," do not use this Form. Instead, provide a copy of an IRS Schedule K-1 or other legal documentation which lists the owners and their percent of ownership.)

Business name: _____
Mailing address: _____
City: _____ State: _____ Zip: _____
Phone: _____ FEIN/UBI: _____
Email: _____

Bankruptcy history:

Check here if the reported business name filed for bankruptcy.
Party filing bankruptcy: _____ Date of filing: _____
Court: _____ Date of closing: _____

2 Your information

Name: _____ Title: _____
Phone: _____ Email: _____

Please select one of the following options. One box must be checked or this form will be rejected.

A. I am the sole proprietor of the business (a sole proprietorship). If selected skip to section A.
B. I am a governing person for the business (such as a President, General Partner, LLC Manager, or an authorized owner). If selected skip to section B below.
C. I am an employee or agent specifically authorized to file this claim. If selected skip to section C below.

To ask about the availability of this publication in an alternate format for the visually impaired, please call 360-705-6705. Teletype (TTY) users may use the WA Relay Service by calling 711.
REV 80 0034 1/29/25

COMPLETE ALL SECTIONS

SELECT EITHER B OR C
BASED ON YOUR POSITION

Documents

Business affidavit pg. 2

A Proof of ownership

If you marked box A on section 2, **attach proof that you are the owner of the business** and sign the following before a notary.

I am the person identified in **Section 2** and authorized to file this claim. In the event of a superior claim is received and paid by the Department of Revenue, the business will return all funds received under this claim and will release and hold the Department of Revenue harmless from payment.

Signature: _____ Date: _____

Notary Section

State of: _____ County of: _____ Seal
Signed or attested before me on _____ (date)
by: _____ (name(s) of individuals)
Signature of notary public: _____
Title of office: _____ My commission expires: _____

B Proof of authority

If you marked box B on section 2, **attach proof of your position as a governing person of the business** and sign the following before a notary.

I am the person identified in **Section 2** and authorized to file this claim. In the event of a superior claim is received and paid by the Department of Revenue, the business will return all funds received under this claim and will release and hold the Department of Revenue harmless from payment.

Signature: _____ Date: _____

Notary Section

State of: _____ County of: _____ Seal
Signed or attested before me on _____ (date)
by: _____ (name(s) of individuals)
Signature of notary public: _____
Title of office: _____ My commission expires: _____

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REV 80 0034 1/29/25

NOT APPLICABLE TO MUNICIPALITIES

SELECT THIS ONLY IF YOU ARE A GOVERNING PERSON WITHIN THE AGENCY/MUNICIPALITY - ATTACH PROOF

Business Affidavit pg. 3

C Proof of authorization

If you marked box C on section 2 and **you are authorized by a governing person or sole proprietor**

• Attach the proof of authority required for a governing person or sole proprietor
• Have the governing person or sole proprietor sign as **authorizing** this claim below
An employee or agent may file a claim only if authorized by a governing person of the business, or the owner if the business is a sole proprietorship.
If you have separate Letters of Authorization, please attach and sign below. Letters of Authorization are valid for one year.

The person identified in **Section 2** is authorized to file this claim. In the event of a superior claim is received and paid by the Department of Revenue, the business will return all funds received under this claim and will release and hold the Department of Revenue harmless from payment.

Name: _____ Title/position: _____
Signature: _____ Date: _____

Notary Section

State of: _____ County of: _____ Seal
Signed or attested before me on _____ (date)
by: _____ (name(s) of individuals)
Signature of notary public: _____
Title of office: _____ My commission expires: _____

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READ THIS

SIGN AND PROVIDED A LETTER OF AUTHORIZATION NOTARIZED WITHIN THE PAST 12 MONTHS OR HAVE A GOVERNING PERSON SIGN

Upload Documents

Department of Revenue Washington State

Claiming Property Reporting Property About

Search For Unclaimed Property

Check The Status Of A Claim

Upload Claim Documentation

How To Claim Property

Money Match Program

Claiming Property Videos

Videos En Español

We've returned more than **\$1,600,685,097** that people forgot or didn't know existed!

Find yours

Money Match Program: Thousands of Washingtonians are being reunited with missing money by our Unclaimed Property's Money Match Program. Through our Money Match Program, we are returning your unclaimed property funds to you without any action required on your part. Follow [this link](#) to learn more about the unclaimed funds being returned. If you have any additional questions about our Money Match Program, email us at ucp@dor.wa.gov.

If you have received a postcard, please click on **Search** above and enter the name **or** Property ID listed on the postcard.

Insurance Companies: Please ensure that your 2025 Unclaimed Property Report and payment are remitted on or before April 30th.

Upload Documents

  Claim ID: xxxxxx

Please Note: To upload documents, you will be asked for the Claim ID. The Claim ID is located on your claim form in the upper right-hand corner.

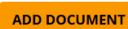
TESTER TESTING
PO BOX 123
TESTVILLE, WA 12345

Enter your Claim ID and email address below.

Claim ID: Re-enter ID:

Email Address: Re-enter Email Address:

Upload Documentation:

 Drop File Here or  ADD DOCUMENT



  Claim ID: xxxxxx

Please Note: To upload documents, you will be asked for the Claim ID. The Claim ID is located on your claim form in the upper right-hand corner.

TESTER TESTING
PO BOX 123
TESTVILLE, WA 12345

Enter your Claim ID and email address below.

Claim ID: **123456** Re-enter ID: **123456**

Email Address: Re-enter Email Address:

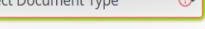
Upload Documentation:

PX_20240820_160319314.jpg 

 Drop File Here

Select Document Type

- Signed Claim Form
- Photo ID
- SSN/Tax ID
- Name Change
- Address Proof
- Business Relationship
- Birth Certificate
- Death Certificate
- Will/Affidavits
- Trust/Court Docs
- Other
- Withhold and Deliver
- Business - Affidavit
- Business Other

 Select Document Type 

Upload Documents

ucp.dor.wa.gov

Document Verification:

By checking this box, I affirm all documentation uploaded here to be true, unaltered, and factual as they pertain to the associated claim/property.

Document Submission Requirements:

Files:

- Must be in pdf, tif, png, or jpeg format.
- Must be greater than 1 byte, and less than 10 MB.
- Cannot be password protected.

File names:

- Can only contain letters, numbers, dashes, and underscores.
- Cannot exceed 100 characters.

Images:

- Crop image to fit the document.

SUBMIT

CHECK THE BOX
TO SUBMIT

SUBMIT THE DOCUMENTS

Follow-up

ucp.dor.wa.gov

Reporting Unclaimed Property Received

- Use the Bars code 369.91.00 - Miscellaneous Other Operating Revenues if it is not material to the local government's financial statements.
- If it is material, the local government can submit their own helpdesk to SAO, but it's probably unlikely that they have a UCP check that's near or over 10% of their expenses or 10% of their assets
- portal.sao.wa.gov

CONTACT INFO

Department of Revenue
Unclaimed Property
PO Box 47477
Olympia, WA 98504-7477

Claims email: UCP@DOR.WA.GOV

Reporting email : WAUCPHOLDERS@DOR.WA.GOV

Phone: 360-534-1502

OPTION 1 FOR CLAIMS

OPTION 2 TO FILE A REPORT



Q & A

