

Claim Relation: **OWNER**
 Property Type: **INSURANCE CLAIM CHECKS**
 Property Type Code: **68**



11675365

SCO Use Only



Controller *John Chiang*

California State Controller's Office

UNCLAIMED PROPERTY CLAIM AFFIRMATION FORM

Each of the undersigned claimants certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant is the owner of the said claim and the person entitled to receive the money and property set forth in said claim.

Each claimant agrees to indemnify and hold harmless the State, its officers, and employees from any loss resulting from the payment of said claim.

THE CLAIMANT(S) MUST SIGN THIS CLAIM AFFIRMATION FORM FOR THE CLAIM TO BE PROCESSED

CURRENT LEGAL LAST NAME MOLINA	CURRENT LEGAL FIRST NAME GUADALUPE	MIDDLE M	SSN / TAX ID / FEIN 123456789	PROPERTY ID 015057608	
CURRENT MAILING ADDRESS 2523 BEECHWOOD WAY		CITY BERENDA	STATE CA	ZIP 93637	COUNTRY USA
DRIVER LICENSE/ISSUE STATE	DATE OF BIRTH 9/22/1948	EMAIL ADDRESS TOM-MONA@SBCGLOBAL.NET			
DAYTIME PHONE (559) 675-3337	CLAIMANT OR AUTHORIZED AGENT SIGNATURE			DATE 9/11/2013	

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

PRIVACY NOTIFICATION

The Information Practices Act of 1977 and the Federal Privacy Act require this Division to inform you that your Social Security number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by sending a request to:
 Chief, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250-5873.

Claim Relation: **OWNER**
Property Type: **INSURANCE CLAIM CHECKS**
Property Type Code: **68**



11675365

SCO Use Only



Controller *John Chiang*

California State Controller's Office

UNCLAIMED PROPERTY CLAIM DETAILS

Date: **9/11/2013** Source: **INT** Property ID Number: **015057608**
Owner(s) Name: **FALLUCCA'S PAINT ANDBODY ; MOLINA GUADALUPE M ; MOLINA JACK**
Reported Owner Address: **1636 N IRIS AVE
RIALTO CA 92376-2645**
Type of Property: **Insurance claim checks**
Cash Reported: **\$224.20**
Reported By: **STATE FARM INSURANCE COMPANIES UNKNOWN OVERAGES**

Please note: If you are claiming multiple properties, you may file one Claim Affirmation Form and attach a copy of the Property Details Screen for each additional property you are claiming. If there are multiple owners for any property, each owner may sign the Claim Affirmation Form or may file a separate Claim Affirmation Form to receive their share of the property.

Please review that your claim is complete and ready to be mailed:

- Did you sign the Claim Affirmation Form?
- Did you read and print a copy of the filing instructions? If not, filing instructions can be found at http://www.sco.ca.gov/upd_claim_filinginstructions.html . Please select from the list that describes your status.
- Did you attach copies of all of the required documents for your type of claim?
- Did you make a copy of the claim package for your records?

If yes, mail the Claim Affirmation Form and documents to:

CALIFORNIA STATE CONTROLLER'S OFFICE
UNCLAIMED PROPERTY DIVISION
P.O. BOX 942850
SACRAMENTO, CA 94250-5873

Due to the large volume of claims we receive and process, it may take up to 180 days to process your claim. You may check the status of your claim at any time by selecting the Claims Status Search option at: <https://scoweb.sco.ca.gov/UCP/ClaimStatusSearch.aspx> . If you have an outstanding debt with a California state agency, city or county, your unclaimed property payment may be intercepted to pay the debt. Thank you for your patience.

If you need further information please contact our Call Center between 8am and 5pm Pacific Standard Time. Monday through Friday, excluding [state holidays](#), at (800) 992-4647 (Nationwide) or (916) 323-2827 (Outside of US), or you may contact them by [email](#).

Claim Relation: **OWNER**
 Property Type: **DIVIDENDS**
 Property Type Code: **SC01**



11675345

SCO Use Only



Controller *John Chiang*

California State Controller's Office

UNCLAIMED PROPERTY CLAIM AFFIRMATION FORM

Each of the undersigned claimants certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant is the owner of the said claim and the person entitled to receive the money and property set forth in said claim.

Each claimant agrees to indemnify and hold harmless the State, its officers, and employees from any loss resulting from the payment of said claim.

THE CLAIMANT(S) MUST SIGN THIS CLAIM AFFIRMATION FORM FOR THE CLAIM TO BE PROCESSED

CURRENT LEGAL LAST NAME MOLINA	CURRENT LEGAL FIRST NAME GUADALUPE	MIDDLE M	SSN / TAX ID / FEIN 123456789	PROPERTY ID 966436149	
CURRENT MAILING ADDRESS 2523 BEECHWOOD WAY		CITY BERENDA	STATE CA	ZIP 93637	COUNTRY USA
DRIVER LICENSE/ISSUE STATE	DATE OF BIRTH 9/22/1948	EMAIL ADDRESS TOM-MONA@SBCGLOBAL.NET			
DAYTIME PHONE (559) 675-3337	CLAIMANT OR AUTHORIZED AGENT SIGNATURE			DATE 9/11/2013	

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

PRIVACY NOTIFICATION

The Information Practices Act of 1977 and the Federal Privacy Act require this Division to inform you that your Social Security number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by sending a request to:
 Chief, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250-5873.

Claim Relation: **OWNER**
Property Type: **DIVIDENDS**
Property Type Code: **SC01**



11675345

SCO Use Only



Controller *John Chiang*

California State Controller's Office

UNCLAIMED PROPERTY CLAIM DETAILS

Date: **9/11/2013**Source: **INT**Property ID Number: **966436149**Owner(s) Name: **MOLINA CARLOS R ; MOLINA GUADALUPE M**Reported Owner Address: **2523 BEECHWOOD WAY
MADERA CA 93637-4911**Type of Property: **Dividends**Cash Reported: **\$5.22**Reported By: **ALCATEL-LUCENT**

Please note: If you are claiming multiple properties, you may file one Claim Affirmation Form and attach a copy of the Property Details Screen for each additional property you are claiming. If there are multiple owners for any property, each owner may sign the Claim Affirmation Form or may file a separate Claim Affirmation Form to receive their share of the property.

Please review that your claim is complete and ready to be mailed:

- Did you sign the Claim Affirmation Form?
- Did you read and print a copy of the filing instructions? If not, filing instructions can be found at http://www.sco.ca.gov/upd_claim_filinginstructions.html . Please select from the list that describes your status.
- Did you attach copies of all of the required documents for your type of claim?
- Did you make a copy of the claim package for your records?

If yes, mail the Claim Affirmation Form and documents to:

CALIFORNIA STATE CONTROLLER'S OFFICE
UNCLAIMED PROPERTY DIVISION
P.O. BOX 942850
SACRAMENTO, CA 94250-5873

Due to the large volume of claims we receive and process, it may take up to 180 days to process your claim. You may check the status of your claim at any time by selecting the Claims Status Search option at: <https://scoweb.sco.ca.gov/UCP/ClaimStatusSearch.aspx> . If you have an outstanding debt with a California state agency, city or county, your unclaimed property payment may be intercepted to pay the debt. Thank you for your patience.

If you need further information please contact our Call Center between 8am and 5pm Pacific Standard Time. Monday through Friday, excluding [state holidays](#), at (800) 992-4647 (Nationwide) or (916) 323-2827 (Outside of US), or you may contact them by [email](#).

Claim Relation: **OWNER**
 Property Type: **DIVIDENDS**
 Property Type Code: **SC01**



SCO Use Only



Controller *John Chiang*

California State Controller's Office

UNCLAIMED PROPERTY CLAIM AFFIRMATION FORM

Each of the undersigned claimants certifies, under penalty of perjury, that the claimant has read the claim and knows the contents thereof and that the claimant is the owner of the said claim and the person entitled to receive the money and property set forth in said claim.

Each claimant agrees to indemnify and hold harmless the State, its officers, and employees from any loss resulting from the payment of said claim.

THE CLAIMANT(S) MUST SIGN THIS CLAIM AFFIRMATION FORM FOR THE CLAIM TO BE PROCESSED

CURRENT LEGAL LAST NAME MOLINA	CURRENT LEGAL FIRST NAME GUADALUPE	MIDDLE M	SSN / TAX ID / FEIN 123456789	PROPERTY ID 966436150
CURRENT MAILING ADDRESS 2523 BEECHWOOD WAY		CITY BERENDA	STATE CA	ZIP 93637
COUNTRY USA		DRIVER LICENSE/ISSUE STATE	DATE OF BIRTH 9/22/1948	EMAIL ADDRESS TOM-MONA@SBCGLOBAL.NET
DAYTIME PHONE (559) 675-3337	CLAIMANT OR AUTHORIZED AGENT SIGNATURE			DATE 9/11/2013

YOUR SIGNATURE(S) MUST BE NOTARIZED IF THE CLAIM AMOUNT IS \$1,000 OR GREATER
ALL CLAIMS FOR SECURITIES OR SAFE DEPOSIT BOXES MUST BE NOTARIZED

For claims filed for a business, the authorized owner's signature is required. For claims filed for an estate or trust, the signature of the executor, administrator or attorney is required.

State of _____, County of _____

Subscribed and sworn to (or affirmed) before me on this ____ day of _____, 20____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature _____ (Seal)

PRIVACY NOTIFICATION

The Information Practices Act of 1977 and the Federal Privacy Act require this Division to inform you that your Social Security number and other documents are requested for property identification and processing of your claim.

You have the right to view your records at this office by sending a request to:
 Chief, Unclaimed Property Division, P.O. Box 942850, Sacramento, CA 94250-5873.

Claim Relation: **OWNER**
Property Type: **DIVIDENDS**
Property Type Code: **SC01**



11675355

SCO Use Only



Controller *John Chiang*

California State Controller's Office

UNCLAIMED PROPERTY CLAIM DETAILS

Date: **9/11/2013**Source: **INT**Property ID Number: **966436150**Owner(s) Name: **MOLINA GUADALUPE M ; MOLINA LINO T**Reported Owner Address: **2523 BEECHWOOD WAY
MADERA CA 93637-4911**Type of Property: **Dividends**Cash Reported: **\$5.22**Reported By: **ALCATEL-LUCENT**

Please note: If you are claiming multiple properties, you may file one Claim Affirmation Form and attach a copy of the Property Details Screen for each additional property you are claiming. If there are multiple owners for any property, each owner may sign the Claim Affirmation Form or may file a separate Claim Affirmation Form to receive their share of the property.

Please review that your claim is complete and ready to be mailed:

- Did you sign the Claim Affirmation Form?
- Did you read and print a copy of the filing instructions? If not, filing instructions can be found at http://www.sco.ca.gov/upd_claim_filinginstructions.html . Please select from the list that describes your status.
- Did you attach copies of all of the required documents for your type of claim?
- Did you make a copy of the claim package for your records?

If yes, mail the Claim Affirmation Form and documents to:

CALIFORNIA STATE CONTROLLER'S OFFICE
UNCLAIMED PROPERTY DIVISION
P.O. BOX 942850
SACRAMENTO, CA 94250-5873

Due to the large volume of claims we receive and process, it may take up to 180 days to process your claim. You may check the status of your claim at any time by selecting the Claims Status Search option at: <https://scoweb.sco.ca.gov/UCP/ClaimStatusSearch.aspx> . If you have an outstanding debt with a California state agency, city or county, your unclaimed property payment may be intercepted to pay the debt. Thank you for your patience.

If you need further information please contact our Call Center between 8am and 5pm Pacific Standard Time. Monday through Friday, excluding [state holidays](#), at (800) 992-4647 (Nationwide) or (916) 323-2827 (Outside of US), or you may contact them by [email](#).