

**Mail-in Claim Form**

Claimant Last Name		
Simon		CF_0
Claimant First Name		
Claude		M.I.
		Suffix
Address Line 1		
71 Tonjes Road		
Address Line 2		
City		State
Callicoon		NEW YORK
Country		Postal Code
UNITED STATES		12723
Province/Region		
Email		Phone Number
csimon@fairlane.biz		9124410062
Name Change - Explanation		Owner Date of Birth
		04/25/1922
Relationship to Owner		Owner Date of Death
Child over 18		06/27/2013

Owner Name	SIMON JOHN M	Owner Address	6 EDWARDS LANE GLEN COVE NY 11542
OUF Code	050612901	Reported By	WELLPOINT INC

I am claiming the funds referenced above, held by the NYS Comptroller's Office of Unclaimed Funds. To the best of my knowledge, the decedent had not designated in writing, persons to whom these funds should be paid. No Administrator, Executor or other Fiduciary has been appointed to handle the decedent's estate.

Anyone receiving payment is accountable to the fiduciary of the decedent (including a Public Administrator) if a fiduciary is later appointed for the decedent's estate.

In consideration of the payment of this claim, I will reimburse to the Office of the State Comptroller and the State of New York the amount due to any additional persons who are entitled to these funds. Under penalty of perjury, I certify that the information I provided on this form is correct.

Sworn to me this ____ day of ____ 20__

Claimant's Signature

Claimant's SSN/TIN

Notary Public

Required Documentation

- Sign the form and have your signature notarized by a licensed notary public.
- Copy of SIMON JOHN M death certificate.
- Attach proof of SIMON JOHN M relationship to the address: 6 EDWARDS LANE GLEN COVE NY 11542
- Complete and attach Table of Heirs

Mail claim form to: Office of Unclaimed Funds, 110 State Street, Albany, NY 12236

You can visit our website at www.osc.state.ny.us/ouf for answers to frequently asked questions. If you need additional assistance, please contact our Communication Center at 1-800-221-9311 or nysouf@osc.state.ny.us.

The New York State Comptroller's Office has access to Federal, State, and local databases to verify reported information. All claims are subject to audit. Any person knowingly submitting a fraudulent claim will be subject to **ALL LEGAL PENALTIES**.

NYS PERSONAL PRIVACY PROTECTION LAW NOTIFICATION:In accordance with the requirements of the NYS Personal Privacy Protection Law, you are advised that the personal information requested on this form is being requested by the NYS Comptroller's Office of Unclaimed Funds (OUF). The OUFG is authorized to collect this information under the Comptroller's authority under Section 1406 of the NYS Abandoned Property Law to process claims to abandoned property. Please note that the disclosure of your Social Security Number and Date of Birth on this form is completely voluntary and your claim will be processed even if your Social Security Number and/or Date of Birth is not disclosed. However, in certain cases the Comptroller is required to report the transaction, including your Social Security Number, to the Internal Revenue Service and other taxing authorities. If we determine that your claim is subject to such a requirement, and you do not provide your Social Security Number at this time, we will require that you provide such information prior to payment. The personal information that is being requested, including your Social Security Number and Date of Birth, will be used by the OUFG to verify your identity and your entitlement to the property being claimed. Your failure to provide this personal information may result in further processing time for your claim, and could, in some circumstances, result in denial of the claim where you are not otherwise able to document your identity or entitlement to the property held by the OUFG. The personal information being provided will be maintained in the Unclaimed Funds Processing System which is under the direction of the Director of Services of the OUFG, 110 State Street, Albany, NY 12236.



Table of Heirs

DECEASED : SIMON JOHN M

DATE OF DEATH : 06/27/2013

If no spouse or blood relative ever existed in a category, write "NONE". If more space is needed in any particular category, please attach a separate sheet. Any category missing details may result in delayed processing.

I. Spouse(s) of Deceased

	Name	Address	Living Y or N	Date of Death
1.				
2.				

II. All Children of Deceased

	Name	Address	S.S.N*	Living Y or N	Date of Death	Spouse Name
1.						
2.						
3.						
4.						

III. ONLY Children of Deceased Children (Grand Children of Deceased)

	Name	Address	S.S.N*	Living Y or N	Date of Death	Parent Name
1.						
2.						
3.						
4.						



Table of Heirs

DECEASED : SIMON JOHN M

DATE OF DEATH : 06/27/2013

IV. Parents of Deceased

	Name	Address	Living Y or N	Date of Death
1.				
2.				

V. ALL Brothers and Sisters of Deceased

	Name	Address	S.S.N*	Living Y or N	Date of Death	Spouse Name
1.						
2.						
3.						
4.						

VI. ONLY Children of Deceased Brothers and Sisters (Niece/Nephew of Deceased)

	Name	Address	S.S.N*	Living Y or N	Date of Death	Parent Name
1.						
2.						
3.						
4.						
5.						
6.						