

Holder Claim Form

Claim to recover Property Received by the State of Oregon Pursuant to Oregon Revised Statute Chapter 98

Oregon Department of State Lands
775 Summer Street NE Suite 100
Salem, OR 97301-1279
(503) 986-5289 ~ FAX (503) 378-4844

Name of Holder (Include branch, and any former name if applicable): _____

Address: _____

Telephone Number: _____

1. On behalf of the above-named firm, I hereby request reimbursement for \$ _____, which was paid to the rightful owner of an account remitted to the State of Oregon on _____
2. The type of asset paid to DSL is checked below. If the claim is for cashier's check, money order or any other negotiable instrument, the original instrument is attached.

- | | |
|---|-----------------------|
| <input type="checkbox"/> Bank Draft | Instrument # _____ |
| <input type="checkbox"/> Certified Check | Instrument Date _____ |
| <input type="checkbox"/> Cashier's Check | Amount \$ _____ |
| <input type="checkbox"/> Certificate of Deposit | Amount \$ _____ |
| <input type="checkbox"/> Savings Account | Account # _____ |
| <input type="checkbox"/> Checking Account | Account # _____ |
| <input type="checkbox"/> Other _____ | |

1. The owner name(s) listed on the report: _____

(A list may be attached if claiming multiple instruments or accounts)

2. If the asset was remitted to the Department of State Lands in error, please explain:

On behalf of the above named holder, I guarantee that all endorsements are genuine and authorized, and if any endorsements are missing, I agree, upon notice of any adverse claim, to defend the Department of State Lands (DSL) against the same, and to discharge the same, if valid. I agree, upon payment of the above described asset, to indemnify DSL and hold it harmless from all claims and loss, demands, costs, damages, attorney fees, and other expenses which DSL may sustain by reason of turning over said amount to the holder and by reasons further of its refusal to pay the said amount to any other person or persons.

I, _____, being duly sworn, state that my position in the above named
(Print or Type Name)

firm is _____, and I am authorized to execute this claim form. It is, to the best of my knowledge and belief, true, correct, and complete.

(Signature)

State of _____

County of _____

Sworn or affirmed before me this _____ day of _____

by _____

Notary Public for: _____

My Commission Expires: _____