



Department of the Treasury  
 Division of Unclaimed Property  
 P O Box 2485 Richmond, VA 23218-2485 **Estate Inquiry Form** @trs

Approved	User	Date
1st Level		
2nd Level		
3 <sup>rd</sup> Level		

**1. Please direct correspondence to me:**

Name:  email: \_\_\_\_\_

Address:  Telephone \_\_\_\_\_

**2. The name of the decedent/Estate:** \_\_\_\_\_

(Former names, different surnames, spouse, if applicable)

(Social Security Number)

**Owner Information:** Please enter the information requested in section #2. Personal information submitted on this form is kept confidential and is NOT shared with any other State Agency, business or individual.

**3. Please select one of the following:**

The person listed in Section #2 is my: \_\_\_ spouse \_\_\_ child \_\_\_ sibling \_\_\_ parent \_\_\_ other

**4. The account number, if this name was listed in the newspaper:** \_\_\_\_\_

**5. Previous mailing addresses for the name in Section #2:** (for additional addresses, please use back of this page)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

House/Building # and Street name or Box # City State ZIP

**6. In order to process my claim, I am enclosing copies of the ALL of the following:**

**Photo Id** - Executor's Driver's License or other Photo Id

**Tax Id** - Social Security, Medicare Card or Tax document with the deceased's SSN or the Estate's FEIN on it

**Death Certificate** - may be photocopied and does not need to be notarized

**Estate Documentation** - Documentation authorizing you to act on behalf of the estate:  
 Updated Certificate of Qualification/Letter of Administration for a probated estate **OR**  
 If the estate has not been probated, and the deceased was a resident of Virginia at the time of death, a completed Virginia Small Estate Act Affidavit and List of Heirs, appointing ONE Designated Successor.

**7. Please read and sign the following affidavit:**

Under the penalty of perjury, I certify that I am the claimant above; I have not received the money or property involved in this claim; I accept fiduciary responsibility for the distribution of these assets, if appropriate, and do not know of anyone else with a superior claim to these assets. I agree to return the property to the State Treasurer if it is later determined that it belongs to someone else, and to reimburse the State for any loss resulting in payment of this claim to me. Any and all accounts that I am entitled to claim based on the documentation I have provided are hereby incorporated into this request.

Signature



Date