



**Vermont Final**  
**Unclaimed Property Verification and Checklist**  
 As of 12/31/2020

Holder: DUE DILIGENCE LETTER  
 HOLDER ADDRESS 1  
 HOLDER ADDRESS 2  
 HOLDER CITY CA 94250-5873

Contact Name: REPORT SIGNER CONTACT  
 Contact Address: REPORT CONTACT ADDRESS 1  
 REPORT CONTACT ADDRESS 2  
 REPORT CONTACT CITY CA 942505873

Contact Phone: 3193785814

Contact Email: REPORT.CONTACT@DDL.COM

Federal ID: 12-3456789

SIC Number: 1234 NAICS Code: 123456

State ID:

Incorp. State: CA

Incorp. Date: 01/01/1900

Prev Name: PRE HOLDER NAME LINE 1  
 Prev Addr: PRE HOLDER ADDRESS LINE 1  
 PRE HOLDER ADDRESS LINE 2

Prop. Code	Description	Aggregate Amount	Aggregate Records	Above Aggregate Amount	Above Aggregate Records	Aggregate Exception Amount	Aggregate Exception Records	Total Amount	Shares Due
AC01	Checking Accounts	\$0.00	0	\$40,810.00	7	\$0.00	0	\$40,810.00	0.0000
CK13	Vendor Checks	\$0.00	0	\$38,430.00	7	\$0.00	0	\$38,430.00	0.0000
IN01	Individual Policy Benefits or Claim Payments	\$0.00	0	\$5,586.00	7	\$0.00	0	\$5,586.00	0.0000
IN04	Proceeds from Matured Policies/Endowments/Annuities	\$0.00	0	\$12,110.00	7	\$0.00	0	\$12,110.00	0.0000
IN05	Premium Refunds on Individual Policies	\$0.00	0	\$700.00	7	\$0.00	0	\$700.00	0.0000
MS01	Wages, Payroll, Salary (other compensation including Commissions)	\$0.00	0	\$40,810.00	7	\$0.00	0	\$40,810.00	0.0000
MS08	Accounts Payable	\$0.00	0	\$12,110.00	7	\$140.70	7	\$12,250.70	0.0000
SC01	Dividends	\$0.00	0	\$29,953.00	7	\$0.00	0	\$29,953.00	0.0000
SD01	Safe Deposit Box Contents	\$0.00	0	\$0.00	0	\$0.00	7	\$0.00	0.0000
<b>Summary Totals</b>		<b>\$0.00</b>	<b>0</b>	<b>\$180,509.00</b>	<b>56</b>	<b>\$140.70</b>	<b>14</b>	<b>\$180,649.70</b>	<b>0.0000</b>

I, REPORT SIGNER CONTACT, being duly sworn on oath, deposes and says that he/she has caused to be prepared and has examined this report of \_\_\_\_\_ pages, totaling \$\_\_\_\_\_, as to property presumed abandoned under the Vermont Statutes Annotated, Title 27, Chapter 14, for the year ending as stated and that he/she, acting as duly authorized representative of DUE DILIGENCE LETTER, declares, in accordance with Title 13, Chapter 67, Section 3016 'False Claims', that, to the best of his/her knowledge and belief, said report is a true and complete statement of all abandoned property held or owing by the HOLDER at the close of business on this date, except such items as have since said date ceased to be abandoned.

Affidavit of Due Diligence



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The undersigned, REPORT SIGNER CONTACT, declares that the Due Diligence mailing has been performed in accordance with Vermont 1247(e) on (indicate number) \_\_\_\_\_accounts.

SIGNATURE:\_\_\_\_\_ TITLE:REPORT SIGNER TITLE

REPORT SIGNER CONTACT

SUBSCRIBED AND SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

NOTARY PUBLIC\_\_\_\_\_ MY COMMISSION EXPIRES 12/31/2030

NOTARY NAME: NOTARY CONTACT NAME

NOTARY TITLE:NOTARY CONTACT TITLE