

Mike DeWine, Governor Jon Husted, Lt. Governor

N/A

Division of Unclaimed Funds
Sheryl Maxfield, Director

Failure to complete this Claim Form including the submission of required Personal ID and other documentation will result in your claim being returned to you.

Claim No. 10935909



Claimant Info	rmation - ALL FIELDS /	ARE REQUIRED UNLES	SS INDICATED			
Name of Individual(s) claiming property below KENNETH SMITH	Claimant's Current Mailing	g Address	Claimant City/State/Zip WINCHESTER, KY 40391-9514			
			SSN or FEIN			
Best Phone Number Email Address (optional) cavemanken@protonn		nail.com	SSN OF FEIN			
Are you the Original Owner of the Funds? Yes No X If no, what is your relation		ship to the owner?	Reason for claiming funds in place of owner			
Did you use a Paid Professional Finder? Yes No	If so, Finders Name is?		Claimant's Date of Birth 11/21/1963			
Property/Holder (Business/Company) Information reported to Division of Unclaimed Funds (Office USE ONLY)						
	Property ID	- 21220713				
(A) Original Owner's Name		(B) Original Owner's Addre	ess of Record			
LINDA SMITH		391 RETREAT LN, MA	RYSVILLE, OH 43040-8634			
(C) Holder Reporting Funds NATIONWIDE ASSURANCE		(D) Last Transaction Date				
(E) Date Funds Received 11/02/2020		(F) Type of Funds Reported N/A				
(G) Certificate, Policy or Check Number		(H) Amount Reported \$15.00				
Additional Owner(s):		<u> </u>				
N/A						
	Property ID	- 23368138				
(A) Original Owner's Name LINDA SMITH		(B) Original Owner's Address of Record 391 RETREAT LN, MARYSVILLE, OH 43040-8634				
(C) Holder Reporting Funds NATIONWIDE MUTUAL INSURANCE		(D) Last Transaction Date -				
(E) Date Funds Received 10/29/2021		(F) Type of Funds Reported N/A				
(G) Certificate, Policy or Check Number		(H) Amount Reported \$15.00				
Additional Owner(s):		\(\tau \)				
N/A						
Property ID - 24169477						
(A) Original Owner's Name LINDA L SMITH		(B) Original Owner's Address of Record 391 RETREAT LN, MARYSVILLE, OH 43040-8634				
(C) Holder Reporting Funds REPUBLIC SERVICES INC		(D) Last Transaction Date				
(E) Date Funds Received 10/11/2022		(F) Type of Funds Reported N/A				
(G) Certificate, Policy or Check Number		(H) Amount Reported \$333.14				
Additional Owner(s):						

CLAIM FORMS MUST BE SIGNED. CLAIMS FOR \$1000 OR MORE, OR SAFE DEPOSIT BOX ITEMS MUST BE NOTARIZED.					
Did you include a Copy of Required Photo ID AND a Copy of Required Proof of SSN/FEIN?					
The undersigned claimant certifies that he/she is the proper claimant in the foregoing claim, that he/she read the foregoing claim and knows the contents thereof; that the same is true and correct to his/her knowledge that the information and documentation are unaltered and not fraudulent; and that the claim is valid, and unpaid. The claimant understands that presentation of a fraudulent claim may result in criminal proceedings. The claimant further declares that upon payment of this claim, he/she will indemnify and hold harmless, the State of Ohio, Division of Unclaimed Funds' officers and employees from any damages, claims or losses of any kind resulting from payment of the above claim. By signing this claim form, you are giving the Ohio Division of Unclaimed Funds permission to access confidential personal information in order to process your claim for payment.					
Claimant Signature	_Date:				
Print Name Of Claimant					
Co - Claimant Signature					
Print Name of Co - Claimant					
Sworn to and subscribed before me theDay of	Year	NOTARY STAMP AND SEAL			
Notary Signature					
State ofCounty of	·				
Privacy Notice: The Social Security Number (SSN) is required for IRS tax reporting purposes. It may also be the only proof to determine ownership. The SSN is confidential and protected by access rules in Ohio Revised Code 1347.15.					
It can take up to 120 days to process your claim					
FORM OUF-6 COM5522 (Rev 04/2020)	Claim ID: 10935909				

Mike DeWine, Governor Sheryl Maxfield, Director Jon Husted, Lt. Governor

CLAIM FORM INSTRUCTIONS

A. 1	The items	in the	box	below	are	required	for	ALL	claim	forms.
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- Attach a Copy of government issued photo ID
 - Driver's license or other state photo identity card
 - Passport or U.S. passport card; or
 - U.S. Department of Defense ID
- Attach a copy of Social Security Number (SSN) or Tax Identification Numbers (TIN)

The SSN is confidential and protected by access rules in Ohio Revised Code §1347.15.

- Social Security card
- W-2,1099 forms, IRS Form 575B Notice of New Employer Identification Number, or Individual Tax Identification Number (ITIN)

NOTE: TAX RETURNS CANNOT BE USED

- Attach IRS Form W-9 Request for Taxpayer ID Number & Certification Complete, sign and date the IRS Form W-9 (available at https://www.irs.gov/pub/irs-pdf/fw9.pdf). Your unclaimed property is not subject to tax, however the interest paid out is subject to tax. This information is required to be filed with the IRS.
- ☐ For non-US Citizens, you will need to complete a W-8BEN Certificate of Foreign Status of Beneficial Owner for US Tax Withholding form, which may be found at https://www.irs.gov/pub/irs-pdf/fw8ben.pdf
- Attach Proof of Address or Business Relationship with reporting Holder connecting the owner to the reported address or funds.
 - Utility bills, bank/investment/credit card/mortgage account statements, paycheck, tax forms, etc.
 - Legal papers (e.g., property deed, mortgage, divorce decree, separation)
 - Driver's license or other state photo identity card showing the reported address
 - Post-marked envelope showing your name and the reported address
 - Original or legal copy of the cashier's check (if claiming a cashier's check)
 - Original gift card (if claiming funds from a gift card)

NOTE: if you are unable to locate any of this information, send in any qualifying information to prove ownership.

- All claim forms must be signed and dated by all reported original owners.
 - If the funds are owned jointly with another person, both owners must sign the claim form unless you
 provide proof of joint owner's death (copy of certified, unredacted death certificate) and proof of
 survivorship rights. Government issued photo ID is required for all signers.
- ☐ The form must be notarized by a licensed notary public if the value of the property is \$1,000 or more or the property is for the contents of a safe deposit box.

B. Claiming on Behalf of Another Person

You can submit claims as a parent, custodian, guardian, conservator, trustee, power of attorney or legal representative

- □ All items in "A" above
- Provide the following documents as they apply:
 - Court documents or other signed legal document giving you authority to act on the owner's behalf
 - A certified copy of the unredacted death certificate (for deceased original owners)
 - Power of Attorney Affidavit certifying the grantor is living, the claiming agent is authorized to act on behalf
 of the original owner, and the power of attorney remains in full force and effect (see Agent's Certification
 - of Power of Attorney and Agent's Authority on our website https://www.com.ohio.gov/documents/UNFD AgentsCertificationPowerofAttv.pdf)

WHAT TO EXPECT?

Due to the high volume of claims, once a claim form is received in our office, the processing time may require up to 120 days. To check on your claim status, go to our website https://apps2.com.ohio.gov/unfdiclaimstatuslookup.enter your claim number located under the barcode on your claim form. If you do not hear from our office within 90 days, please call our toll-free number 1-877-644-6823



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C. Deceased Owners and Estates

Who Can Submit a Claim for a Deceased Owner? Court appointed estate representative - if the court ever appointed a person to handle the deceased owner's estate, that person must submit the claim. Otherwise, claims

app	remote a percent to manage the deceded of their a colour, that percent made during the colour medical				
can	be filed by: Surviving spouse, Next of Kin (children, parents, siblings)				
	All items in "A" above				
	Certified copy of the unredacted death certificate				
	Proof of relationship to the decedent				
	Marriage certificate, Birth Certificate				
	Table of Heirship Form listing all the decedent's relatives visit our website https://www.com.ohio.gov/unfd				
	remidele mente remide may be messed in entre in mig mente mane equal nights to the property as the standard				
	but waive those rights, visit our website https://www.com.ohio.gov/unfd				
	Legal documents showing your authority to collect the monies even if no estate was ever administered (i.e.				
	Release from Administration, Letter of Authority, Report of Newly Discovered Assets, etc.) Probate orders				
	must be dated within 2 years of filing the claim.				
CLAIMS FOR BUSINESS AND ORGANIZATIONS					

D.

- Work ID or Government Issued Photo ID for authorized business or organization's representative
- B. A Completed W-9 for the company and proof of the business or organization's EIN
- C. Proof that the business or organization is the rightful owner of the funds (proof of reported address or business relationship)
- D. Proof of Authorization to sign on behalf of the organization (must be on company letterhead signed by a company official)
- E. Additional information if it applies, such as: proof of company name change, merger, acquisition, proof organization closed, dissolved, sold, etc.
- Reporting Organization Error or Reimbursement, visit our website https://www.com.ohio.gov/unfd for the NAUPA Holder Request for Reimbursement Form used by the reporting organization requesting the return of funds from their own report

Ε.

CL	AIMANT OUTSIDE THE UNITED STATES
	All items in "A" above
	Certified English translation: All documentation submitted that is not in English must have certified English
	translation and authentication from the US Consulate
	Authentication: All legal documents (court documents, adoption papers, birth certificates, death certificates,
	power of attorney documents, etc.) must be notarized and authenticated through the US Consulate or certified
	by a Hague Convention Apostille from the proper authority in that country
	Identification: Two forms of color copied identifications are required (e.g. driver's license, state identification
	and government issued passport, voter registration card, current resident visa, current consular identification)
	Instructions on where to mail check, the Division does not wire or direct deposit unclaimed funds

The Division reserves the right to request additional documentation and has sole discretion to determine the sufficiency of documentation to allow payment.

FEES

The Division of Unclaimed Funds does not charge fees for returning unclaimed funds. However, Heir/Professional Finders may contact you, and they do charge a fee. The maximum fee they may charge you for helping recovery your funds is 10 percent.

MAIL COMPLETED CLAIM FORM ALONG WITH ALL REQUIRED DOCUMENTATION TO:

Ohio Department of Commerce, Division of Unclaimed Funds 77 South High St., 20th FI, Columbus, Ohio 43215-6108

WHAT TO EXPECT?

Due to the high volume of claims, once a claim form is received in our office, the processing time may require up to 120 days. To check on your claim status, go to our website https://apps2.com.ohio.gov/unfd/claimstatuslookup enter your claim number located under the barcode on your claim form. If you do not hear from our office within 90 days, please call our toll-free number 1-877-644-6823

Form W-9
(Rev. October 2018)
Department of the Treasury

Request for Taxpayer Identification Number and Certification

Send to the

Give Form to the requester. Do not send to the IRS.

medition	nevenue del vice	on actions and the lates	or innormation.					
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.							
	2 Business name/disregarded entity name, if different from above							
Print or type. Specific Instructions on page 3.	3 Check appropriate box for federal tax classification of the person whose na following seven boxes. Individual/sole proprietor or S Corporation S Corporation single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) Exemption from FATCA reporting code (if any) (Applies to accounts maintained outside the U.S.)						
ઝ	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name a	and address (optional)					
See	6 City, state, and ZIP code							
	7 List account number(s) here (optional)							
Par	Taxpayer Identification Number (TIN)			_				
	our TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to avo	oid Social sec	curity number				
backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other								
TIN, la	s, it is your employer identification number (EIN). If you do not have a ter.	number, see now to get	or					
Note:	If the account is in more than one name, see the instructions for line	1. Also see What Name a	and Employer	identification number				
Numbe	er To Give the Requester for guidelines on whose number to enter.			-				
Part	II Certification							
Under	penalties of perjury, I certify that:							
2. I am Serv	number shown on this form is my correct taxpayer identification num not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu onger subject to backup withholding; and	ackup withholding, or (b)	I have not been n	otified by the Internal Revenue				
3. I am	a U.S. citizen or other U.S. person (defined below); and							
4. The	FATCA code(s) entered on this form (if any) indicating that I am exem	npt from FATCA reporting	g is correct.					
you ha acquisi other t	cation instructions. You must cross out item 2 above if you have been not efailed to report all interest and dividends on your tax return. For real estition or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	state transactions, item 2 tions to an individual retire	does not apply. Fo ement arrangement	r mortgage interest paid, t (IRA), and generally, payments				
Sign Here	Signature of U.S. person ►	Γ	Oate ►					
Ger	neral Instructions	• Form 1099-DIV (div funds)	idends, including	those from stocks or mutual				
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)						
related	e developments. For the latest information about developments I to Form W-9 and its instructions, such as legislation enacted ney were published, go to www.irs.gov/FormW9.	Form 1099-B (stock or mutual fund sales and certain other transactions by brokers) Form 1000-C (consequence for transactions)						
Pur	pose of Form		 Form 1099-S (proceeds from real estate transactions) Form 1099-K (merchant card and third party network transactions) 					
An ind	ividual or entity (Form W-9 requester) who is required to file an atton return with the IRS must obtain your correct taxpayer	Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)						
	cation number (TIN) which may be your social security number	• Form 1099-C (canceled debt)						
. ,,	individual taxpayer identification number (ITIN), adoption rer identification number (ATIN), or employer identification number	Form 1099-A (acquisition or abandonment of secured property)						

(EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.
• Form 1099-INT (interest earned or paid)

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Use Form W-9 only if you are a U.S. person (including a resident

alien), to provide your correct TIN.