



Claim ID: 3206529

GRETCHEN WHITMER
GOVERNOR

State of Michigan
DEPARTMENT OF TREASURY
LANSING

RACHAEL EUBANKS
STATE TREASURER

JOSEPH D KRINKE
912 WOODRIDGE HILLS DR
BRIGHTON, MI 48116-2402

January 26, 2020

Please review and complete claimant and owner information and sign affidavit below. All claims over \$100 must be notarized, unless otherwise instructed. Please allow 90 days for your information to be reviewed.

A. Claimant Information

Legal Name if different than above:

Current Mailing Address if different than above:

Claimant SS# / FE# 369-21-8365	Owner's SS# / FE# 369-21-8365	Daytime Phone (810) 623-4940	Email Address joekrinke15@gmail.com
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B. Documentation Required

- Photo ID** Please provide a copy of your driver's license(s). Alternatively, you may provide a copy of your passport, military ID or State ID Card.
- Notarized Signature** Please provide your notarized signature(s) on the claim.
- Social Security Card** Please provide a copy of your social security card. Alternatively, you may provide a copy of your W-2 statement, Medicare statement or other tax documents verifying your social security number.
- Previous Addresses** Please provide a list of previous mailing addresses used by the property owner.

C. Property Information

Owner	Company/Security	Type of Property	Property ID	Report Year	Value
JOSEPH KRINKE	MCDONALDS RESTAURANTS OF MICHIGAN INC	MS01: WAGES, PAYROLL, SALARIES	22081272	2018	Cash: \$ 472.73
JOSEPH KRINKE	MCDONALDS RESTAURANTS OF MICHIGAN INC	MS01: WAGES, PAYROLL, SALARIES	22081273	2018	Cash: \$ 61.27
Grand Total of Property				Est. Cash:	\$534.00

D. Tangible Information

No Tangible Property Claimed

E. Affidavit

Under penalties of perjury, I certify that the information provided on this claim form is true, and all supporting documents presented are either original or true, unaltered copies of the original documents. Upon payment of this claim, said claimant will indemnify and hold harmless the State of Michigan, its Officers and Employees from any damages, claims or losses of any kind resulting in payment of properties included in this claim.

[Signature]
Signature of Claimant

01/28/2020
Date

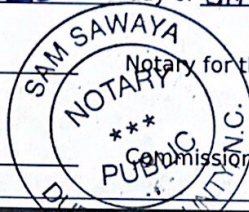
2nd Claimant Signature (Joint Accounts)

Date

F. Notary

Sworn and subscribed by me the 28th day of JANUARY, 2020

[Signature]
Notary Signature



Notary for the State of North Carolina County of Durham

SAM SAWAYA
Print Name

Final Instructions

Please return the completed claim form along with the documentation listed in Section B to our Office at your earliest convenience.

- You may upload the claim form and documentation via our website at www.michigan.gov/unclaimedproperty or
- You may mail the documentation to our office at the address listed below:

Michigan Department of Treasury
Unclaimed Property
P.O. Box 30756
Lansing, MI 48909

If you have any questions or concerns about the information required on the claim form, please contact our office at (517) 636-5320.