



Standard Investigator Agreement – Abandoned Property

This agreement is entered into by and between _____, hereinafter referred to as Claimant,” and _____, hereinafter referred to as “Investigator.”

- I. Investigator, through their efforts, has located Claimant, who may be entitled to the assets in the possession of the State Controller of California, 10600 White Rock Road, Suite 141, Rancho Cordova, CA 95670 (Mailing Address: P.O. Box 942850-5873)

OWNER’S NAME: _____

OWNER’S ADDRESS AS REPORTED TO THE STATE CONTROLLER’S OFFICE:

REPORTED BY: _____

TYPE OF ACCOUNT: _____ AMOUNT: _____

SECURITIES: _____ PROPERTY ID: _____

☐ CHECK HERE IF THERE ARE ATTACHMENTS LISTING ADDITIONAL ACCOUNTS
_____ Claimant’s Initials

- II. Investigator and Claimant do hereby agree that in consideration of Investigator's efforts in locating Claimant and assisting in the actual recovery of the above-described assets to which Claimant may be entitled, Claimant assigns to the Investigator a percentage not to exceed 10% of the net assets which Claimant in fact recovers. Claimant agrees that the investigator fee will be paid upon payment of the claim.

Agreed Percentage: _____ Claimant’s Initials: _____ Investigator’s Initials: _____

- III. If Investigator fails to disclose the nature and value of the property prior to the execution of this agreement, and Investigator and Claimant agree that if the existence and whereabouts of the above-described assets are known to the Claimant, and Claimant believes that said assets would have been recovered without the information and advice given by Investigator, then Claimant is under no obligation to Investigator.

- IV. Investigator and Claimant agree that in the event Claimant is not entitled to assets described above and such assets are not recovered, there is no obligation on either party to the other, all expenses being borne by Investigator.

- V. This agreement is valid for twelve (12) months from the date signed by Claimant.

Claimant: _____ Date: _____

Mailing Address: _____

Claimant’s Email: _____ Phone: _____

Claimant’s Signature: _____

Claimant’s SSN or Tax Identification Number: _____

Investigator: _____ Date: _____

Mailing Address: _____

Investigator’s Email: _____ Phone: _____

Investigator’s Signature: _____

Investigator’s SSN or Tax Identification Number: _____



Controller Malia M. Cohen

California State Controller's Office

Unclaimed Property Division

Standard Investigator Agreement / Contract Attachment

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_____ Claimant's Initials

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_____ Claimant's Initials

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