



## 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**

OWNER'S NAME: \_\_\_\_\_

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

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials

OWNER'S NAME: \_\_\_\_\_

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

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials

OWNER'S NAME: \_\_\_\_\_

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

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials

OWNER'S NAME: \_\_\_\_\_

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

REPORTED BY: \_\_\_\_\_

TYPE OF ACCOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

SECURITIES: \_\_\_\_\_ PROPERTY ID: \_\_\_\_\_

\_\_\_\_\_ Claimant's Initials