



Claim ID: 8737715

11/27/2023

SOPHAT KEO  
3310 S FORSYTHIA DR  
WEST VALLEY CITY, UT 84119-2657

## CLAIM FOR ABANDONED PROPERTY

**Please return this claim along with copies of your personal identification (driver's license and social security number). Proof of personal identification is required. No claim will be approved without them. Please allow up to 90 Days for Claim Verification and Processing. NOTE: If you are unable to locate all of this information, send in ANY qualifying information to help support your claim.**

### A. Claimant Information

Name(s) if different than above:	Phone: ( 801 ) 979 - 4456
Current Mailing Address if different than above:	
Email Address: traviskeo@gmail.com	Date of Birth: 03 / 01 / 1971

### B. Property Information

Property ID	677758	Report Year	2003
(A) Original Owner Name(s) KEO SOPHAT	(B) Original Owner's Address as Reported WVC , UT 84119-2655		
(C) Holder Reporting Funds STATE FARM MUTUAL AUTOMOBILE INS CO	(D) Type of Property PREMIUM REFUNDS		
(E) Last Activity Date 07/30/1998	(F) Cash Values \$83.80		
Property ID	7416458	Report Year	2022
(A) Original Owner Name(s) KEO SOPHAT	(B) Original Owner's Address as Reported PARK CITY , UT 84098		
(C) Holder Reporting Funds STATE FARM LIFE INSURANCE CO	(D) Type of Property OTHER AMTS DUE UNDER POLICY		
(E) Last Activity Date 09/11/2018	(F) Cash Values Above \$250		

**C. Documentation Required for ALL Claims**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> <b>Signature Required</b>      | Signature of claimant(s) required on claim Affidavit and Indemnity Agreement. |
| <input checked="" type="checkbox"/> <b>Current Mailing Address</b> | Please send verification of your current mailing address.                     |
| <input checked="" type="checkbox"/> <b>Current ID</b>              | Please provide a copy of your current picture ID.                             |
| <input checked="" type="checkbox"/> <b>SSN</b>                     | Please provide proof of social security # from the claimant.                  |

**D. Documentation that may be requested if Unclaimed Property cannot verify property ownership**

- |  |   |
|--|---|
| <input type="checkbox"/> <b>Address As Reported By Company</b> | Submit proof of prior address reported on the claim form. |
|--|---|

**E. Affidavit**

Under penalties of perjury, I certify that the information provided in conjunction with this claim form is true, correct and all supporting documents presented are original or true, unaltered copies of the original documents. Upon payment of this claim, said claimant(s) will hold harmless and indemnify the Utah State Treasurer, Officers, and employees from any damages, claims or losses of any kind resulting from payment of the above described property to claimant(s).

  
Signature of Claimant

12/2/23  
Date

\_\_\_\_\_  
Signature of Co - claimant

\_\_\_\_\_  
Date

**Final Instructions**

Please return the completed claim form along with the documentation listed in Sections D and E (when applicable) to our office at your earliest convenience.

- You may upload the claim form and documentation via our website at <https://mycash.utah.gov/app/claim-doc-upload> or
- Documents requiring notarization of signature (i.e. POA, affidavit) may be uploaded AND the original mailed to our office.
- Email questions to [claim@utah.gov](mailto:claim@utah.gov) (upload documents to the website)
- You may mail the documentation to our office at the address listed below:

Utah State Treasurer  
Unclaimed Property Division  
P.O.Box 140530  
Salt Lake City, Utah 84114-0530

If you have any questions, call our claims group at (801) 715-3300 to set up a time to speak to an agent. For accurate information regarding your claim, please reference your Claim ID number. Please upload your documentation listed on the form via our secure website. Please note, at this time we are not accepting claims submitted to our office via email. If you are unable to upload the documentation, you may mail it to the address listed on this form. NOTE: If you are unable to locate all of this information, send in ANY qualifying information to help support your claim.