Office of Auditor of State Andrea Lea

List of Owners of Unclaimed Contents of Safe Deposit Boxes or Other Safekeeping Repositories (AOS/UP5)

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Holder of unclaimed funds:

Name:_____ Address:_____

(NOTE: In addition to filing this form by October 31, a completed Auditor of State Inventory Form must be attached to each owner's contents when remitted between Jan 1 and Feb 28.)

Owner Name Last, First Middle (List names alphabetically by last name)	Last Known Address # & Street City, State, Zip	Relation-ship Code	Social Security # Tax ID #	Property Type Code	Safe Deposit Box #	Fees Paid by Holder	Number of Boxes
				Enter Page Total Here		#	
	(Also enter on AOS/UP1)	If last page of report enter Grand Total Here				#	