



Office of Auditor of State Andrea Lea
 List of Owners of Unclaimed Funds (AOS/UP2)

Page # _____ of _____

Holder of unclaimed funds:

Name: _____ Address: _____

(For your convenience, statute allows items under \$50.00 to be lumped together into a single aggregate amount - see instructions.)

Owner Name	Last Known Address	Relation- ship Code	Social Security #	Property Type Code	Acct. #	Date of Last Transaction	Amount Reported
Last, First Middle	# & Street		Tax ID #		Cert. #		
(List names alphabetically by last name)	City, State, Zip				Policy #		
							\$
					Enter Page Total Here		\$
	(Also enter on AOS/UP1)				If last page of report enter Grand Total Here		\$