



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