



**REQUEST FOR UNCLAIMED MONEY DISBURSEMENT**

**MEDINA COUNTY  
 TREASURER DEBRA GRAFF  
 1300 AVENUE M, Room #121  
 HONDO, TX 78861  
 (830) 741-6110**

**CLAIMANT INFORMATION**

|  |         |          |          |                             |
|--|---------|----------|----------|-----------------------------|
| Name (Last)                                      | (First) | (Middle) | (Maiden) | Social Security # or TAX ID |
| Additional Owner (Last)                          | (First) | (Middle) | (Maiden) | Social Security # or TAX ID |
| Current mailing address                          |         |          |          | Daytime phone               |
| City   |         | State    |          | Zip Code                    |
| Cause # (if available)                           |         |          |          |                             |
| What is your relationship to the property owner? |         |          |          |                             |

**ALL POSSIBLE PREVIOUS ADDRESSES (INCLUDING ANY P.O. BOXES OR RURAL ROUTE #'S:**

| Address | City | State | Zip Code |
|---------|------|-------|----------|
|         |      |       |          |
|         |      |       |          |

The named Claimant hereby certifies that this claim for property presumed abandoned is valid and just, that all statements herein are true and correct, and that upon payment of this claim said Claimant will indemnify and hold harmless Medina County, the Treasurer and its employees from any damages, claims, or losses of any kind resulting from the payment of the property to the Claimant.

|                  |                      |      |
|------------------|----------------------|------|
| <b>Sign Here</b> | Claimant's Signature | Date |
| <b>Sign Here</b> | Claimant's Signature | Date |

**All Requests for Claims Distribution are to be notarized:**

THE STATE OF TEXAS, COUNTY OF \_\_\_\_\_; Before me, the undersigned authority, on this day personally appeared the above signed, \_\_\_\_\_, sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 Printed Name of Notary Public

\_\_\_\_\_  
 Signature of Notary Public

Notary Seal:

|                                     |                                    |
|-------------------------------------|------------------------------------|
| <b>TREASURER'S OFFICE USE ONLY:</b> | Date Claim Request Received: _____ |
|                                     | Reimbursement Check #: _____       |