



Washington State  
 Department of Revenue  
 Unclaimed Property Section  
 PO Box 34053  
 Seattle, WA 98124-1053  
 (360) 705-6706

## CERTIFICATE OF HOLDER

<b>1. Unclaimed Property Account No.:</b>	<small>Department Use Only</small>
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<b>2. Verified Legal Claimant Information:</b>
Reported Owner Name
Claimant Name (if different)
Attention
Mailing Address
City, State, Zip

<b>3. Holder Information:</b>
Holder Name & Holder Number
Attention
Mailing Address
City, State, Zip
Phone Number

### 4. Claim Information:

\$ \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_       Yes     No  
Amount Reported      Year Reported/      ID Number      Property Type      Aggregate  
Sequence Number

### 5. Holder Declaration and Notary:

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

\_\_\_\_\_  
City and state in which signed

\_\_\_\_\_  
Signature and Title Date

**Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_**

\_\_\_\_\_  
Notary Public (print name)

\_\_\_\_\_  
Notary Public (signature)

\_\_\_\_\_  
Residing at

\_\_\_\_\_  
Commission Expires

# CERTIFICATE OF HOLDER

The Certificate of Holder is used in the following situations:

**Incomplete Information:**

The claimant and the Unclaimed Property office do not have enough information to verify a claim.

**Holder repaid owner:**

If you, the holder, choose to repay the owner directly rather than sending the owner to our office, you would complete this form

**Holder reported in error:**

A report has been filed and you realize a certain item or items should not have been reported.

## INSTRUCTIONS

1. **Unclaimed Property Account No.:** To be completed by the Unclaimed Property office.
2. **Verified Legal Claimant Information:** Provide the reported owner's name, the claimants' name (if different from the owner's name), any "attention to" or "in care of", and the mailing address for the claimant (address to which refund should be mailed).
3. **Holder Information:** Provide the holder's name and holder number (if known), the mailing address, and the holder's phone number.
4. **Claim Information:** Please provide us with the dollar amount reported for this owner, the year reported (and sequence number if more than one report was sent for that year), the identification number, property type, and whether it was reported as an aggregate.
5. **Holder's Declaration and Notary:** Please sign, date and have your signature notarized.

**Holder Repaid Owner:**

Complete the Certificate of Holder as indicated above, except in section 2, enter the reported owner's name and for claimant write "Same as Holder". Include proof of repayment (positive owner contact) which may be a photo copy of the front and back of a canceled check, or a statement signed by the claimant acknowledging repayment.

**Reported in Error:**

Complete the Certificate of Holder as indicated above, except in section 2, enter the owner's name then for claimant write "Same as Holder". Include a detailed explanation and any documentation justifying why this was an error.