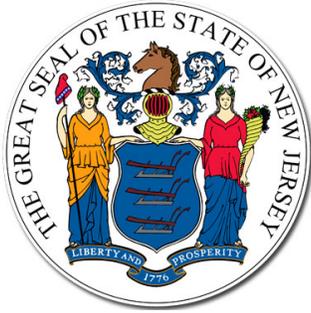


# New Jersey Unclaimed Property Claim Inquiry Form UP-10 / 02-17



Send Completed Forms to either:

State of New Jersey  
Unclaimed Property Administration  
P.O. Box 214  
Trenton, NJ 08625-0214

OR

[upadocs@treas.nj.gov](mailto:upadocs@treas.nj.gov)



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## Form Definitions

**Reported Property Owner:** The person who may have financial assets being safeguarded by the Unclaimed Property Admin.

**Claimant:** The person completing this form and submitting a claim to recover financial assets.

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## Reported Property Owner Information

Name (First, Last) SSN

Previous Addresses possibly linked to Financial Assets:

Street Address City, State, Zip

Street Address City, State, Zip

Street Address City, State, Zip

If you're searching for a specific property, please provide details:

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## Claimant Information

Phone

Name (First, Last) Street Address

E-mail City, State, Zip

- Reported Property Owner Relation: (Select One)
- I am the reported property owner.
  - The reported property owner is deceased, I have the legal capacity to represent their estate.
  - The reported property owner is alive, I am their legal representative.
  - The reported property owner is a business, I am a Corporate Officer.

By checking this box and signing below, I certify that the following statements herein are true. I have the legal authority to place a claim on the property listed above. To have the legal authority to file a claim on the property listed above, the claimant must be either the Reported Property Owner or possess the legal authority to place a claim on behalf of the Reported Property Owner (Court appointed Power of Attorney, Estate Administrator, Legal Heir, Corporate Officer, etc.). I am aware that if any of the foregoing statements made by me are willingly false, I am subject to punishment.

Signature: \_\_\_\_\_

Date:

**Note:** Failing to sign and/or check the legal disclaimer will result in an invalid claim submission.