



Deborah B. Goldberg
Treasurer and Receiver

COMMONWEALTH OF MASSACHUSETTS

Department of the State Treasurer
Unclaimed Property Division
One Ashburton Place, 12th Floor
Boston, MA 02108-1608
UCPClaims@tre.state.ma.us
(617) 367-0400



Claim ID: 5625245

July 11, 2021

MAUREEN A WHITE
8 CARNATION CIR UNIT D
READING, MA 01867-2774

Upon completion of this form, please return to the address above or upload your claim documentation to www.findmassmoney.com. Please allow up to 180 days for processing.

A. Claimant Information

Name(s) if different than above:	Daytime Phone: () -
Mailing Address if different than above:	
Email Address:	Date of Birth: / /
Are you in a contractual agreement with an Heir Finder? YES or NO (Please circle one)	
If so, who: _____	

B. Property Information

Owner	Company/Security Name	Report Year	Type of Property	Property ID	Value
WILLIAM KOSTINDEN 8D CARNATION CIR READING , MA 01867	BOCA RATON REGIONAL HOSPITAL	2018	MS09: Accounts Receivable Credit Balances	23574292	\$ 50.00 0.0000
GRAND TOTAL of PROPERTY				Cash:	\$50.00

C. Documentation Required

- **Claim Form Signed by Claimant** Claimant must complete **ALL** of Section D of the claim form which includes name, address, signature, date and Tax Id Number
- **Proof of Tax Identification** Copy of tax identification number(s). (social security card, tax return, FEIN or Estate tax ID statement, government document etc.)
- **Photo ID(s)** Copy of photo ID(s) (drivers license, passport, identification card etc.)
- **Power of Attorney** Complete Copy of Power of Attorney

D. Certification

Claimant must sign below (if more than one person is entitled to the property, both must sign).

Under the penalties of perjury I certify that: the social security number and/or tax identification number I have provided is my(our) correct taxpayer identification number as assigned by the Social Security Administration/Internal Revenue Service; I am(we are) an U.S. person (including an U.S. resident alien); that my(our) claim of ownership is true, absolute, and complete; and that I(we) have not sold, assigned, transferred, pledged this property, nor given it away nor authorized nor empowered any person or persons, corporation or association to draw any amount on same.

*Please note the person signing the first signature line below will be liable for any taxes as a result of interest paid by the Commonwealth. A 1099 will be issued ONLY if the paid interest amount is more than \$10.00

You must provide the following information:

Please Print CLAIMANT NAME or BUSINESS NAME _____

LEGAL ADDRESS _____
 (This address will be the mailing address for your unclaimed property payment) Address City State Zip

_____ Signature of Claimant (electronic signature not accepted)	_____ Date	_____ Social Security or FEIN # (circle one)
_____ Signature of Claimant (electronic signature not accepted)	_____ Date	_____ Social Security or FEIN # (circle one)

Before returning this form, claimants should:

- Complete **A. Claimant Information**
- Review **B. Property Information**
- Attach the document requested in **C. Documentation Required**