



**SUPERIOR COURT OF CALIFORNIA
COUNTY OF LAKE**

CLAIM FOR MONEY HELD

MAIL TO: Superior Court of California, County of Lake
Attn: Finance
255 N. Forbes Street
Lakeport, CA 95453

TODAY'S DATE: _____

OWNER'S NAME: _____

STREET ADDRESS: _____

PHONE NUMBER: _____

AMOUNT OF CLAIM: \$ _____

NAME OF THE PERSON FILLING OUT THIS FORM AND YOUR RELATIONSHIP TO
THE OWNER:

IF NOT THE OWNER, GROUNDS ON WHICH THIS CLAIM IS FOUNDED:
(ATTACH ADDITIONAL PAGES AND DOCUMENTS AS NECESSARY)

AFFIRMATION AND SIGNATURE *(by claimant)*

I hereby affirm, under penalty of perjury, that I am the owner of these funds or an authorized agent of the owner and am duly authorized to make said claim upon the Superior Court of California, County of Lake. I hereby agree to indemnify and hold harmless the State, the Courts, and their officers and employees from any loss incurred as a result of payment of the amount claimed.

Signature: _____

Date: _____