

Prior to using this Claimant Agreement, it must undergo review and approval by your attorney. Additionally, always ensure compliance with the rules outlined in the State Investigator Handbook and customize as per specific state requirements.

(Your Company Logo)

Company Name & Information

Representation agreement for locating funds in alignment with the
State of (Your State) & Legislature #:

Property Description & Account ID(s) #:

Claimant's Name, Address & Contact Information:

Preferred Contact Method & Time for Claimant:

Claimant's SSN# or Tax ID:

Claimant's Driver's License #:

Recovered Property Amount: fee owed by claimant to heir finder (Your
Company Name): (Commission Received by Claimant) from
recovered account(s)

This Representation Agreement is valid for assisting Claimant(s) in
recovering funds within 180 days from the signed agreement. The
collected amount owed within 10 business days of the claimant
receiving payment from the collected account(s).

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Claimant's Name: _____

Date: _____

Your Company Name: _____ Date:

For witnessing or attesting a signature:

State of (State Working In)

County of (County Working In)

This instrument was signed before me in (City, State), on

_____,

by

(Signed by) _____, Notary Public

My commission expires: _____.

(Seal)