

UNCLAIMED MONEY COLLECTION AFFIDAVIT

Date: _____

Claimed by: _____

Address: _____

Telephone: _____

Picture ID: _____

Verified by: _____

Previous Mailing Address:

Same as above

Claimant Signature: _____

STATE OF FLORIDA
COUNTY OF _____

BEFORE ME this day personally appeared _____ known to be the person described in and who executed the foregoing instrument, who acknowledged before me that he/she executed the same. (Check one) Said person is personally known to me. Said person provided the following type of identification _____.

SWORN TO AND SUBSCRIBED before me this ____ day of _____ 2016.

Deputy Clerk

If by mail, **please have signature notarized, and mail to:**

Clerk of the Circuit Court
Attn: Bookkeeping
110 N Apopka Ave.
Inverness, FL 34450