

**ARIZONA FORM
600B**

Arizona Department of Revenue
Claim for Unclaimed Property - Deceased Owner

Mail to: Arizona Department of Revenue • Unclaimed Property Unit • PO Box 29026 • Phoenix, AZ 85038-9026

You must read page 2, which may be on the reverse side, before completing this form.

1

Arizona Property ID Number or a brief description of the property you are claiming ▼

Original Unclaimed Property Owner's Name(s) ▼

Original Unclaimed Property Owner's Social Security Number or Tax Identification Number(s) ▼

Original Unclaimed Property Owner's Address as reported by the Holder ▼

2

Claimant's Name ▼

Claimant's Social Security Number ▼

Claimant's Date of Birth ▼

Email Address ▼

Telephone Number ▼

Address where you would like correspondence, including payment, sent ▼

City or town ▼

State ▼

ZIP Code ▼

3

3. I understand that Arizona Form 17-5509 titled Affidavit for Collection of Personal Property is required to support my claim and allow for payment. I have included that executed and notarized claim with the evidence I am submitting. Yes

3a. The Decedent has a valid Will as defined by A.R.S. §§14-2501-2517?

Yes ▶
 No

If **yes**, attach a complete copy of the valid Will and Trust, if one is mentioned in the Will.

3b. An application for appointment of Personal Representative has been granted or is pending?

Yes ▶
 No

If **yes**, only the assigned Personal Representative may claim. Attach a copy of your Letters of Office certified within 60 days.

3c. The value of the Decedent's estate wherever located, less liens and encumbrances, is valued above seventy-five thousand dollars (\$75,000) at the date of their death or date of affidavit pursuant to A.R.S. §§14-3971(B)(2)(a)-14-3971(B)(2)(b)?

Yes ▶
 No

If **yes**, the State of Arizona requires probate for this estate. Once probate has been initiated the Section will release the property to the court appointed Personal Representative.

4

In consideration of the payment or delivery of unclaimed property as a result of this claim, I agree to indemnify the State of Arizona and hold it harmless for and from all claims and loss, cost, damages and expenses that the State of Arizona may sustain by reason of turning over the said property and by reason of its refusal hereafter to pay said property or any part thereof to any other person(s). I agree that if, for any reason, it is found that I am not entitled to payment I receive as a result of this claim or I receive a duplicate payment, I will return the funds to the Arizona Department of Revenue within 15 days of demand. I swear and attest that all claims, assertions and signatures made in this claim are true and material and that all photocopies I have or will provide are the same as the original documents. Furthermore, I swear and acknowledge that any false statements made in this claim subjects me to penalties related to perjury and the subornation of perjury.

Claimant's Signature ▲

Date ▲

Claimant's Signature ▲

Date ▲

STATE OF _____

SUBSCRIBED AND SWORN BEFORE ME THIS _____ DAY OF _____

(NOTARY SEAL)

20_____, BY:

PRINT NAME OF SIGNOR

NOTARY PUBLIC

For assistance in the Phoenix area: (602) 364-0380 or outside the Phoenix area toll free: (877) 492-9957
Fax: (602) 542-2089 • www.azunclaimed.gov

This form should only be used to claim property on behalf of deceased owners.

If you are claiming property as the original owner (Form 600A), the agent of an entity (Form 600C) or as the agent of a living owner (Form 600D), you must complete the appropriate form.

YOU ARE REQUIRED TO SUBMIT THE FOLLOWING EVIDENCE WITH THIS FORM:

- ✓ **You must provide a clear copy of official photo identification or have your signature on the claim form notarized.**
If your name has changed since the property was reported to the State of Arizona, you must provide verification of your name change. The Arizona Unclaimed Property Section does not release funds based on name similarity alone. You must also provide a social security number or address match for the decedent. If only one identifier is known to the State of Arizona Department of Revenue, you are required to prove that identifier. Please see our website www.azunclaimed.gov if you would like examples of acceptable proof.
 - ✓ **Please provide proof of the decedent's social security number.**
Providing a Social Security number (SSN) is optional. However, if you choose not to provide a SSN, there may be insufficient information available to determine whether you are the owner of the unclaimed property held by the Section and in some cases may result in your claim being denied. If you provide a SSN, the Section will only disclose it to employees involved in paying your claim and to the federal government as required by law.
 - ✓ **Please provide proof that the unclaimed property owner lived or received mail at the address reported to the State of Arizona as that of the last known address of the original owner.**
If you do not know what address was reported to the State of Arizona, you can complete an inquiry at www.missingmoney.com or you can contact our customer service hotline at (602) 364-0380 / 1-877-492-9957.
- ✓ **You are required to prove that you are an individual the State of Arizona recognizes as having lawful authority to collect the estate of the decedent.**
 - If you answered yes to question **3a**, you are required to provide a complete and un-redacted copy of decedents signed and valid Will and a copy of the Trust if one is mentioned in the Will. In lieu of the entire Trust the section will accept your letters of acceptance as trustee or a Certificate of Trust, to prove you are the current trustee.
 - If you answered yes to question **3b**, you are required to provide your letters of office certified within the last 60 days.
 - If you answered yes to question **3c**, you must submit a court order, such as a Decree of Distribution naming you as a payee, or the court appointed Personal Representative must submit a claim. .
- ✓ **A complete un-redacted copy of the decedent's official Death Certificate.**
In some cases the death certificate may also act as proof of tax ID number and address.

Please be aware that each claim is unique and that once your claim is received, the Section may need to request additional information from you to support your claim. If this is the case, the Section will contact you by telephone or in writing to explain the additional requirement and will allow you an opportunity to provide the additional evidence rather than denying your claim. If you have any questions or cannot provide the evidence requested, we recommend that you complete the claim form and submit the evidence you can provide along with a note explaining your circumstances. A claims specialist may be able to clarify and assist you with the evidence requirement.

Form Instructions

- 1** In this section, please provide the property ID if known or a brief description of the property you are claiming. You are also asked to provide the name, address and tax ID number of the original owner as reported by the business or entity that remitted the property to the State of Arizona (if known).
- 2** In this section, please provide us with your current or correct name and contact information.
- 3** In this section, please read each statement carefully and answer yes only when the statement is complete and accurate for your circumstance. If none of these statements match your circumstance, you are not authorized to collect property on behalf of this decedent.
- 4** In this section, you must sign and date the form.

Affidavit for Collection of Personal Property

Mail to: Arizona Department of Revenue • Unclaimed Property Unit • PO Box 29026 • Phoenix, AZ 85038

1 Please print or type your answers to each question:	
1a. Name of Decedent ▼	1b. Date of Death M M D D Y Y Y Y
1c. Name of Decedent's Spouse ▼ <input type="checkbox"/> Not married at time of death	1d. Spouse's Date of Death (if now deceased) M M D D Y Y Y Y
Attach the decedent's death certificate to this affidavit.	

2 An answer for each question in Section 2 is required. Carefully read the instructions for questions answered, "Yes".	
2a. Did the decedent have a valid will as defined by A.R.S. §§14-2501 to 2517?	<input type="checkbox"/> No If " Yes ", attach a complete copy of the valid will and trust if one is mentioned in the will. Payment will be issued per the terms of the will/trust. <input type="checkbox"/> Yes
2b. Is an application for appointment of personal representative pending, or has a personal representative been appointed?	<input type="checkbox"/> No If " Yes ", only the assigned personal representative may claim. Attach a copy of your Letters of Office certified within 60 days. <input type="checkbox"/> Yes
2c. Was the value of all personal property in the decedent's estate, wherever located, less liens and encumbrances, valued above \$75,000 at the date of death or date of affidavit, pursuant to A.R.S. §§14-3971(B)(2) to 14-3971(B)(2)(b)?	<input type="checkbox"/> No If " Yes ", the State of Arizona requires probate for this estate. Attach the certified Decree of Distribution for a closed estate or, once probate has been initiated, the personal representative may claim; see 2b. <input type="checkbox"/> Yes

3 Choose one option in Section 3, and provide the requested information:	
3a.	<input type="checkbox"/> As a rightful heir of the decedent, I am claiming the payment of the decedent's personal property held by the Arizona Department of Revenue's Unclaimed Property Unit that I am entitled to because of my relationship to the decedent of: Your relationship to the decedent ►
3b.	<input type="checkbox"/> I hereby unconditionally and irrevocably assign, grant, and transfer all rights, title, interest, and obligation in all unclaimed property held by the Arizona Department of Revenue's Unclaimed Property Unit in the name of the decedent to: Name of heir you are assigning to ►
Each heir that wishes to assign their rights must fully complete this affidavit, choose option 3b, and name the heir they wish to assign rights to. The heir accepting payment must file a claim and provide supporting evidence including their own affidavit.	

4 Please print or type your answers to each question:			
4a. Name of Decedent's Descendants (children, grandchildren, etc.) <input type="checkbox"/> Decedent had no children	4b. Relationship to Decedent	4c. Relationship to You	4d. Date of Death (if now deceased)
To list more than six descendants, attach a page showing additional names.			

Form must be signed and notarized.

YOU MUST LIST BELOW ANY ADDITIONAL HEIRS AS DEFINED BY A.R.S. §§14-2102-14-2106.

5 If the decedent was not survived by a spouse or descendants, provide the following parent information:	
5a. Name of Decedent's Father ▼	5b. Father's Date of Death (if now deceased) M M D D Y Y Y Y
5c. Name of Decedent's Mother ▼	5d. Mother's Date of Death (if now deceased) M M D D Y Y Y Y

6 If the decedent was not survived by any family member previously listed, list in Section 6 the decedent's parents' descendants (siblings, nieces, nephews):			
6a. Name of Decedent's Parents' Descendants (children, grandchildren, etc.)	6b. Relationship to Decedent	6c. Relationship to You	6d. Date of Death (if now deceased)
To list more than four decedent's parents' descendants, attach a page showing additional names.			

7 If the decedent was not survived by any family member previously listed, provide the following information:			
7a. Decedent's Paternal Grandfather ▼	Date of Death M M D D Y Y Y Y	7b. Decedent's Maternal Grandfather ▼	Date of Death M M D D Y Y Y Y
7c. Decedent's Paternal Grandmother ▼	Date of Death M M D D Y Y Y Y	7d. Decedent's Maternal Grandmother ▼	Date of Death M M D D Y Y Y Y

8 If the decedent was not survived by any family member previously listed, list in Section 8 the decedent's grandparents' descendants (aunts, uncles, cousins):			
8a. Name of Decedent's Grandparents' Descendants (children, grandchildren, etc.)	8b. Relationship to Decedent	8c. Relationship to You	8d. Date of Death (if now deceased)
To list more than four decedent's grandparents' descendants, attach a page showing additional names.			

I swear and attest that all claims, assertions and signatures made in this affidavit are true and material, and I acknowledge that any false statement in this affidavit may subject me to penalties related to perjury and the subornation of perjury.

Signature ▲	Date ▲
STATE OF _____)	
COUNTY OF _____)	
Subscribed and sworn before me this ____ day of _____,	(Notary Seal)
20____, by:	
_____ <i>PRINT NAME OF SIGNOR</i>	_____ NOTARY PUBLIC