

**CHRISTOPHER J. LAUZEN, CPA MBA  
KANE COUNTY TREASURER/COLLECTOR**

**Uncashed Check Replacement Form**

Information About Uncashed Check:

1. Payee Name(s)/Company Name			
2. Check Number	3. Check Date	4. Amount	
5. Parcel Number			

**NOTE: We are required to issue replacement check in the name(s) of the original Payee(s)**

Information About Person Submitting Claim for Replacement Check:

6. Last Name	7. First Name	8. M.I.
9. Mailing Address		
10. City	11. State	12. Zip Code
13. Telephone Number		

Claimant's Relationship to the Check Payee(s)

15. I am related to the original payee(s) as follows (check one):	
<input type="checkbox"/> A. I am the payee	<input type="checkbox"/> E. I am the payee's heir and there has been no probate
<input type="checkbox"/> B. I am an officer or authorized employee of the payee	<input type="checkbox"/> F. I have power of attorney for the payee
<input type="checkbox"/> C. I am legal guardian of the payee	<input type="checkbox"/> G. Other (please explain):
<input type="checkbox"/> D. I am executor or administrator of the payee's estate	

**The following should be included with this form:**

- 1. Clear copy of your Valid State Photo Identification Card or Driver's License
- 2. Proof of the original owner's address
- 3. Claimant must have signature notarized (not required if returning original check or if amount less than \$5,000.00)
- 4. Additional documentation, as applicable, described in the instructions

**ACKNOWLEDGEMENT**

The named claimant hereby certifies that this claim for uncashed check is valid and just, that all statements herein are true and correct, and that upon payment of this claim, said claimant will indemnify and hold harmless the County of Kane, The Kane County Treasurer's office, it's officers and employees, from any other valid claims to said above check amount.

I (the claimant) swears and affirms that they are the proper claimant in the foregoing claim and that all statements in the application are true and correct to the best of my knowledge. If I negotiate the original check listed above, I will reimburse the Kane County Treasurer for the check amount plus any associated costs of recovery.

**SIGNATURE OF CLAIMANT(S):**

X \_\_\_\_\_

X \_\_\_\_\_

**SUBSCRIBED AND SWORN TO BEFORE ME BY**

\_\_\_\_\_ (Claimant(s))

THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_

Return completed form to:  
Kane County Treasurer's Office  
Unclaimed Property Division  
719 S. Batavia Ave Bldg A  
Geneva, IL 60134

\_\_\_\_\_  
Signature of Notary Public County/State  
Notary Seal:

## INSTRUCTIONS FOR COMPLETING AND SUBMITTING KANE COUNTY TREASURER UNCASHED CHECK CLAIM FORM

**INFORMATION ABOUT UNCASHED CHECK:** (Boxes 1 through 5) List the individual or the company name and address EXACTLY as it appears on the list. Include the property parcel number

**INDIVIDUAL SUBMITTING CLAIM:** (Boxes 6 through 14) The person filling out and submitting the claim form must clearly print their full name, current mailing address, daytime phone number on the form.

**We need to protect the uncashed checks we are responsible for. This requires us to ask for some simple proofs of ownership. For all claims please:**

1. Provide a clear copy of your Valid State Photo Identification Card or Driver's License
2. Provide proof of the owner's address listed in the account information
3. Have your signature notarized on the claim form if uncashed check is over \$5,000 (or if you returned original uncashed check)

Below are examples to help prove address:

- Driver's License or other ID Card
- College Transcript
- Marriage Certificate
- Old Billing Statement
- W-2 Statement
- Bank Statement
- Court Document
- Insurance Policy
- Birth Certificate
- Divorce Decree
- Personal Check or Deposit Slip
- Brokerage Statement
- Auto Registration
- Income Tax Return
- Report Card
- Pay Stub
- Postmarked Envelope
- Death Certificate

**IDENTIFY THE TYPE OF CLAIM YOU ARE SUBMITTING:** (Box 15): You must check one box. Depending upon which box you check, you will be required to submit additional documentation to prove your claim. See further instructions below.

### ADDITIONAL DOCUMENTATION TO SUPPORT PROOF OF CLAIM

**Owner of property:** If you are the original payee of the check, providing the information requested above will be adequate proof to process your claim. If your name has changed from the way it was reported to us you will need to provide copies of the legal document reflecting the change, e.g. marriage certificate, adoption papers, divorce decree, etc.

**Guardian or other representative:** You must provide a copy of the court documents or other signed legal documents giving you authority to act on the other person's behalf

**Executor or administrator of an estate:** You must provide copy of the owner's death certificate, court certified copy of your appointment, and/or certified copy of the will and final distribution order

**Heir where there has been no probate:** You must provide copy of the owner's death certificate and proof of your relationship to the decedent

**Power of Attorney:** You must provide a notarized copy of legal documentation giving you the authority to act on behalf of the owner.

**Other – Explain:** You must provide proof of ownership and explanation of your relationship to the owner are required. Upon review of the documentation submitted further information may be requested. If you are claiming for a business entity, please provide a copy of the business FEIN and documentation that you are authorized to act for the business entity shown as the original owner

**Once we receive and review your completed form we will:**

1. Contact you if additional documentation is needed to process your claim, or
2. If we determine there are other owners listed on the account that you are claiming, we will send additional claim forms for their signatures.
3. Replacement check will be issued to the original payee within 45 days of receiving form and all required documentation
4. If this replacement check needs to be reissued for any reason, there will be a \$25.00 replacement fee cost charged