

ALLEN MARTIN
DEPUTY TREASURER

**CLAIM FORM** 



February 23, 2023

COUNTY OF ROWAN LESLIE BOYD 130 W INNES ST SALISBURY, NC 28144-4375

A. Clair	mant Information									
Name (	s) if different than above: Anna R. Bumgarner		Daytime Phone:	(704) 216-8171						
Current	Mailing Address if different than above:									
Email A	ddress: leslie.boyd@rowancountync.gov		Last 4 Digits of SSN/Tax ID:	0336						
B. Doc	umentation Required									
You must submit all documents in the following list with this completed claim form, or your claim may be denied. If we do not receive a response from you within ninety (90) days from the date of this claim form, your claim will automatically be dropped from our system, and a new claim would need to be filed. After review, additional documents may be requested.										
	Reported Address	Please provide prod C of the claim form statement, credit re	such as a past ut	ress(es) as shown in Box tility bill, bank						
	Position and Authority	Please provide prod Acceptable proof of organizational char authority issued by	position could incompany letterh	lude a business card, nead, or a letter of						
	Signed Claim Form	Please return the clooffice.	aim form, signed l	by ALL Claimants, to our						
	Affidavit and Indemnity Agreement		d be signed by the	and Indemnity e authorized officer of by another authorized						

C. Property Information									
Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value				
ROWAN CO ENVIRO SER JULIAN RD SALISBURY, NC 28144	COCA COLA BOTTLING CO CONSOLIDATED 4100 Coca Cola Plz Charlotte, NC 28211- 3588	1995	VENDOR CHECKS	441991	\$50.00 or Greater				
ROWAN CTY REGISTER OF DEE P O BOX 2568 SALISBURY, NC 28145	ERIE CONSTRUCTION MID-WEST INC 4271 MONROE ST TOLEDO, OH 43606-	1997	PAYMENTS FOR GOODS & SERVICES	810455	\$12.00				

Property Information continued......

Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
ROWAN COUNTY REGISTER P O BOX 2568 SALISBURY, NC 28145-2568	WELLS FARGO BANK MINNESOTA, N.A. SIXTH AND MARQUETTE MINNEAPOLIS, MN 55479-0113	1999	PRINCIPAL PAYMENTS	929216	\$10.00
ROWAN COUNTY REGISTER P O BOX 2568 SALISBURY, NC 28145-2568	WELLS FARGO BANK MINNESOTA, N.A. SIXTH AND MARQUETTE MINNEAPOLIS, MN 55479-0113	1999	PRINCIPAL PAYMENTS	929217	\$10.00
REGISTER OF DEEDS OF ROWAN COUNTY 402 N MAIN ST SALISBURY, NC 28144	ORIX FINANCIAL SERVICES INC 600 TOWN PARK LAND KENNESAW, GA 30144- 3729	2003	ACCOUNTS PAYABLE	2080275	\$50.00 or Greater
ROWAN COUNTY TAX COLLECTOR 402 NORTH MAIN STREET SALISBURY, NC 28144	TD AUTO FINANCE LLC 27777 INKSTER RD FARMINGTON HILLS, MI 48334	2011	CREDIT BALANCES (3 RETAIL/5 OTHER)	7149530	\$50.00 or Greater
ROWAN COUNTY TAX COLLECTOR 402 NORTH MAIN STREET SALISBURY, NC 28144	TD AUTO FINANCE LLC 27777 INKSTER RD FARMINGTON HILLS, MI 48334	2011	CREDIT BALANCES (3 RETAIL/5 OTHER)	7149531	\$50.00 or Greater
ROWAN COUNTY REGISTER OF DEEDS P O BOX 2568 SALISBURY, NC 28145-2568	DUKE ENERGY CORP GL 400 S TRYON ST - DEC44A CHARLOTTE, NC 28202	2011	VENDOR CHECKS	7389573	\$50.00 or Greater
ROWAN COUNTY REGISTER OF DEEDS PO BOX 2568 SALISBURY, NC 28145-2568	DUKE ENERGY CORP GL 400 S TRYON ST - DEC44A CHARLOTTE, NC 28202	2011	VENDOR CHECKS	7389595	\$50.00 or Greater
ROWAN COUNTY REGISTER OF DEEDS PO BOX 2562 SALISBURY, NC 28145-2568	DUKE ENERGY CORP GL 400 S TRYON ST - DEC44A CHARLOTTE, NC 28202	2011	VENDOR CHECKS	7389615	\$50.00 or Greater
COUNTY ROWAN 402 N MAIN ST ROCKWELL, NC 28138-8138	OFFICE DEPOT INC 6600 N MILITARY TRAIL MC S430A BOCA RATON, FL 33496	2012	MISC OUTSTANDING CHECKS	7773427	\$20.00
ROWAN COUNTY REGISTER OF DEEDS PO BOX 2568 SALISBURY, NC 28145	DUKE ENERGY CORP GL 400 S TRYON ST - DEC44A CHARLOTTE, NC 28202	2013	VENDOR CHECKS	8965435	\$17.00
ROWAN COUNTY REGISTER OF DEEDS PO BOX 2568 SALISBURY, NC 28145	DUKE ENERGY CORP GL 400 S TRYON ST - DEC44A CHARLOTTE, NC 28202	2013	VENDOR CHECKS	8965441	\$50.00 or Greater
ROWAN COUNTY ROD 402 N MAIN ST SALISBURY, NC 28144	ACCURATE GROUP LLC 9013 PERIMETER WOODS DR CHARLOTTE, NC 28216	2013	OUTSTANDING OFFICIAL CHECKS	9428895	\$35.00
ROWAN COUNTY REGISTER 402 N MAIN STREET 102 SALISBURY, NC 28144	INTERBAY FUNDING LLC 4425 PONCE DE LEON BLVD CORAL GABLES, FL 33146	2013	ACCOUNTS PAYABLE	9723623	\$20.00
ROWAN COUNTY OFFICE BLDG 402 N. MAIN STREET SALISBURY, NC 28144	NOVANT HEALTH INC. 1801 California St, #2200 denver, CO 80202	2015	ACCOUNTS PAYABLE	10953765	\$14.00

Property Information continued......

Property miormation continued	1		1		
Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
ROWAN COUNTY OFFICE BLDG 402 N. MAIN STREET SALISBURY, NC 28144	NOVANT HEALTH INC. 1801 California St, #2200 denver, CO 80202	2015	ACCOUNTS PAYABLE	10953766	\$14.00
ROWAN COUNTY REGISTER OF DEEDS 402 N MAIN ST SALISBURY, NC 28144	NOVANT HEALTH INC. 1801 California St, #2200 denver, CO 80202	2015	ACCOUNTS PAYABLE	10953767	\$14.00
ROWAN COUNTY TAX COLLECTOR 402 N MAIN ST SALISBURY, NC 28144	HSBC FINANCE CORP 2929 WALDEN AVE C7A DEPEW, NY 14043	2015	CASHIER'S CHECKS	11407930	\$50.00 or Greater
ROWAN COUNTY REGISTER OF DEEDS 402 N MAIN ST SALISBURY, NC 28144	NOVANT HEALTH INC. 1801 California St, #2200 denver, CO 80202	2016	ACCOUNTS PAYABLE	12924623	\$14.00
ROWAN CO GOVERNMENT WEST END PLAZA STEVE 1935 JAKE ALEXANDER BLVD SALISBURY, NC 28147	SONOCO PRODUCTS COMPANY 1 N 2ND ST TREASURY B01 HARTSVILLE, SC 29550	2017	ACCOUNTS PAYABLE	14044631	\$50.00 or Greater
ROWAN COUNTY REGISTER OF DEEDS 402 N MAIN ST SALISBURY, NC 28144	NOVANT HEALTH INC. 1801 California St, #2200 denver, CO 80202	2017	ACCOUNTS PAYABLE	14439969	\$26.00
ROWAN COUNTY REGISTER OF DEED 402 N MAIN ST SALISBURY, NC 28144	SERVICE CORP INTL 1929 ALLEN PARKWAY HOUSTON, TX 77019	2017	VENDOR CHECKS	14567730	\$20.00
ROWAN COUNTY PO BOX 863 LEWISVILLE, NC 27023	UNITED OF OMAHA LIFE INSURANCE CO 3300 MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	2017	INDIVIDUAL POLICY BENEFITS OR CLAIM PAYMENTS	14741931	\$50.00 or Greater
ROWAN COUNTY PO BOX 863 LEWISVILLE, NC 27023-0863	WISCONSIN PHYSICIANS SERVICE INSURANCE CORPORATION 1717 WEST BROADWAY MADISON, WI 53708- 8190	2018	INDIVIDUAL POLICY BENEFITS OR CLAIM PAYMENTS	15408120	\$50.00 or Greater
COUNTY OF ROWAN PO BOX 863 LEWISVILLE, NC 27023	WASHINGTON NATIONAL INS CO P O BOX 1922 CARMEL, IN 46082	2018	OTHER AMOUNTS DUE UNDER POLICY TERMS	15923044	\$50.00 or Greater
ROWAN COUNTY AMBULANCE PO BOX 863 LEWISVILLE, NC 27023086	NC DEPT OF PUBLIC SAFETY 2020 YONKERS RD RALEIGH, NC 27699	2019	WAGES, PAYROLL, SALARIES	19096000	\$50.00 or Greater
ROWAN COUNTY, AMBULANCE PO BOX 863 LEWISVILLE, NC 27023086	NC DEPT OF PUBLIC SAFETY 2020 YONKERS RD RALEIGH, NC 27699	2020	PAYMENTS FOR GOODS & SERVICES	20542728	\$50.00 or Greater
ROWAN COUNTY REGISTER OF DEEDS 402 N. MAIN ST. STE 102 SALISBURY, NC 28144	CITIZENS BANK N.A. (060-2) 525 WILLIAM PENN PL PITTSBURGH, PA 15219	2021	OUTSTANDING OFFICIAL CHECKS	21837743	\$26.00
ROWAN COUNTY SHERIFFS OFFICE 232 N MAIN STREET SALISBURY, NC 28144	BELL DAVIS & PITT PA P O BOX 21029 WINSTON SALEM, NC 27120	2021	EXPENSE CHECKS	22600207	\$50.00 or Greater

Property Information continued......

Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
ROWAN COUNTY ANIMAL CONTROL 1465 JULIAN RD SALISBURY, NC 28146	GALLS LLC 1340 RUSSELL CAVE RD LEXINGTON, KY 40505	2022	ACCOUNTS PAYABLE	23521790	\$13.90
ROWAN COUNTY EMS PO BOX 663 LEWISVILLE, NC 27023	ELEVANCE HEALTH INC  ********* CINCINNATI, OH 45209	2022	GROUP POLICY BENEFIT OR CLAIM BENEFITS	23882769	\$50.00 or Greater

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D.	4		-1	VI	T

All claimants to the listed property must sign this claim form below. If the claimant is a business entity, this claim must be executed by an officer of the business entity and must include evidence of the officer's position and/or authority to act on behalf of the business entity.

The named claimant(s) hereby certifies that this claim for the listed property and any other property identified by the North Carolina Department of State Treasurer ("Department"), is valid and just, that all statements and documents produced by claimant(s) are true and correct, and that upon payment of this claim, said claimant(s) shall indemnify, save harmless, and defend the Escheat Fund, the State of North Carolina, the Department, the North Carolina State Treasurer, and their officers, employees, and agents, from any other claim arising out of or in connection with the payment of this claim, or from any loss or liability resulting from the payment of this claim. **Any person making a fraudulent claim may be subject to criminal prosecution.** 

Signature of Claimant	Date
Additional Claimant Signature (if Applicable)	Date

#### **Final Instructions**

Please submit the completed claim form, along with the required documents listed in Section B, at your earliest convenience. Failure to follow these instructions could result in a delay of processing your claim.

- You may securely upload your documents directly on our website using the green 'Claim Document
  Upload' tile at <a href="https://www.NCCash.com">www.NCCash.com</a>. Your Claim ID can be found in the top right corner of this claim
  form.
- You may mail your documents to the address below. However, mailing documents may lengthen the processing time.

North Carolina Department of State Treasurer PO Box 20431 Raleigh, North Carolina 27619-0431

NOTE: Due to the Department's established business procedures for processing mail, we are unable to honor special requests for mail, such as returning original document, using self-addressed prepaid envelopes, etc. If you have questions, please visit <a href="https://www.NCCash.com/Support">www.NCCash.com/Support</a> to view frequently asked questions regarding the claims process.



ALLEN MARTIN
DEPUTY TREASURER

#### AFFIDAVIT AND INDEMNITY AGREEMENT



February 23, 2023

<u>Se</u>	ction 1 - To be complet	ed by Claimant a	nd Notarized		
۱, _				. being duly	sworn, deposes and says:
	(Authorized Officer	s Name)	(Title)		owom, acposes and says.
1.	That I am authorized to unclaimed property which agreements contained h	ch is the subject of	ROWAN, herein this Affidavit ar	after "Claimant", in d am authorized to	matters relating to the make the representations and
2.	owner of the property id	ram relating to the entified by Property is solely property	e property and h y ID # (s) listed of the Claimant	below and located of and not property of	that Claimant is the rightful on the claim form attached a franchisee or property
3.	money, and should infor	scheat Fund from a mation be discover ty or individual, the	any claim arising red that demons c Claimant shall	g out of or in connective trates that a particular	less, and defend the State, tion with refund of this lar property actually belongs reasurer a sum equal to the
4.	That of my personal know	wledge I know this	Affidavit to be t	rue.	
	County of		tate of		Date
	Signed and sworn to	(or affirmed) bef	ore me this da		1 1 0 55
	Witness my hand an	d official seal, thi	s the c		Authorized Officer
	My Commission	Expires —	Official	Signature of Nota	ry
			Notary's	Printed Name	, Notary Public
	(Official Seal)				
			Ps	age 1 of 2 - Both page	es must be completed and return

Sec	ction 2 - To be completed by an Offic	cer (Other tha	n the Officer w	ho signed above) and Notari	zed:
l, _				, hereby witness and declar	re:
	(Authorized Officer's Name )		(Title)		
1.	That I am authorized to act as a witness relating to the unclaimed property which	s to the executi th is the subject	on of this docume t of this Affidavit.	ent for the Claimant in matters	
2.	That this Affidavit and Agreement was is authorized by the Claimant to execut	executed by an e this affidavit	officer of the Cla and indemnity ag	imant who is known to me and reement.	who
	Signature of Author	rized Officer		Date	
	County of	, State of			
	Signed and sworn to (or affirmed)	before me th		me of Authorized Officer	
	Witness my hand and official seal	, this the	day of	, 20	
	My Commission Expires	Off	icial Signature d	of Notary	
		Nota	ry's Printed Nan	, Notary Public ne	
	(Official Seal)				
Pr	operty IDs				
100	52765 10052766 10052767 11405	7020 720245	22 7 42 4 4 5 5 7		

10953765, 10953766, 10953767, 11407930, 12924623, 14044631, 14439969, 14567730, 14741931, 15408120, 15923044, 19096000, 20542728, 2080275, 21837743, 22600207, 23521790, 23882769, 441991, 7149530, 7149531, 7389573, 7389595, 7389615, 7773427, 810455, 8965435, 8965441, 929216, 929217, 9428895, 9723623

# (Rev. October 2018) Department of the Treasury Internal Revenue Service

### Request for Taxpayer **Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	4 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_				-					
	1 Name (as shown on your income tax return). Name is required on this line; COUNTY OF ROWAN	do not leave this line blank.											
	2 Business name/disregarded entity name, if different from above			_					_				
on page 3	3 Check appropriate box for federal tax classification of the person whose national following seven boxes.	ame is entered on line 1. Ch	neck only	one	of the	cer	tain e	ption	s, no	t ind	ividu		
e. ns on	Individual/sole proprietor or Corporation S Corporation Single-member LLC	on Partnership	☐ Tr	ust/e	estate			ons o				3	ı
r type.	Limited liability company. Enter the tax classification (C=C corporation,	S=S corporation, P=Partner	rship) ►					payor		· (// c			
rint o	Note: Check the appropriate box in the line above for the tax classificat LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax	from the single-member of from the owner unless the opurposes. Otherwise, a single-member of	wner. Do	not the l	LLC is		50	on fro any)	m FA	ATCA	\ rep	orting	ļ
ecific	is disregarded from the owner should check the appropriate box for the   ✓ Other (see instructions) ► LOCAL GC	OVERNMENT	ier.			(App	lies to	account	s main	tained	outside	the !!	91
-	5 Address (number, street, and apt. or suite no.) See instructions.	VERTICIAL	Reques	ter's	name						0013/01	are o.	0.)
See	30 WEST INNES STREET							, ,					
	6 City, state, and ZIP code												
	SALISBURY, NC 28144												
	List account number(s) here (optional)												
Part													
Enter y	our TIN in the appropriate box. The TIN provided must match the national withholding. For individuals, this is generally your social accurity by	me given on line 1 to av	oid	So	cial se	curity	nun	ber	_				
resider	withholding. For individuals, this is generally your social security nut alien, sole proprietor, or disregarded entity, see the instructions for	Part I. later. For other					_		_				
entities	it is your employer identification number (EIN). If you do not have a	number, see How to ge	t a										
TIN, lat				or									
Numbe	the account is in more than one name, see the instructions for line To Give the Requester for guidelines on whose number to enter.	1. Also see What Name a	and	Em	ploye		T	T					
	7			5	6	- 6	0	0	0	3	3	6	
Part	Certification												_
	enalties of perjury, I certify that:				-								
	umber shown on this form is my correct taxpayer identification num	ber (or I am waiting for a	a numbe	er to	he is	haus	to m	اما. اما	nd				
2. I am Servi	not subject to backup withholding because: (a) I am exempt from bace (IRS) that I am subject to backup withholding as a result of a failunger subject to backup withholding; and	ackup withholding, or (b)	I have r	not b	peen r	otifie	d by	the	Inter	nal I	Reve	nue at I a	ım
	U.S. citizen or other U.S. person (defined below); and												
	ATCA code(s) entered on this form (if any) indicating that I am exem	ent from EATCA reporting	a io corr	o o t									
	tion instructions. You must cross out item 2 above if you have been n					ioot ta		aler in	اطفاده	الما ما			
acquisiti other tha	failed to report all interest and dividends on your tax return. For real estant of abandonment of secured property, cancellation of debt, contribut n interest and dividends, you are not required to sign the certification, in the certification of the certification, is a sign to the certification.	state transactions, item 2 ions to an individual retire	does no	t app	ply. For	r mor	tgag	e inte	erest	paid	d, avme	nte	ise
Sign Here	Signature of U.S. person Dungainer	D	ate >	01/1	19/202	3							
Gen	eral Instructions	• Form 1099-DIV (div	idends,	incl	uding	those	fro	m sto	cks	or n	nutu	al	_
Section noted.	references are to the Internal Revenue Code unless otherwise	<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> </ul>											
elated t	evelopments. For the latest information about developments Form W-9 and its instructions, such as legislation enacted were published, go to www.irs.gov/FormW9.	<ul> <li>Form 1099-B (stock transactions by broke</li> </ul>		ual f	fund s	ales a	and o	certai	n ot	her			
		<ul> <li>Form 1099-S (proce</li> </ul>	eds from	m re	eal est	ate tr	ansa	ction	ns)				
_	se of Form	<ul> <li>Form 1099-K (mercl)</li> </ul>	hant car	d ar	nd thi	d par	ty ne	etwo	rk tra	ansa	ctio	ns)	
nformat	dual or entity (Form W-9 requester) who is required to file an on return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home m 1098-T (tuition)</li> </ul>	nortgage	inte	erest)	1098	8-E (	stude	ent lo	oan i	inter	est),	
SSN), ir	tion number (TIN) which may be your social security number dividual taxpayer identification number (ITIN), adoption	• Form 1099-C (cance		,									
axpayer	identification number (ATIN), or employer identification number	• Form 1099-A (acquis								•			
mount	report on an information return the amount paid to you, or other eportable on an information return. Examples of information clude, but are not limited to, the following.	Use Form W-9 only alien), to provide your	correct	TIN	l.		(57)		700				
T-man	099-INT (interest earned or paid)	If you do not return be subject to backup											

later.



Lisa F. Bevis
Assistant Finance Director

## Rowan County Finance Department

130 West Innes Street • Salisbury, NC 28144-4326 Telephone 704-216-8170 • Fax 704-216-8166





ALLEN MARTIN
DEPUTY TREASURER

**CLAIM FORM** 



February 23, 2023

COUNTY OF ROWAN LESLIE BOYD 130 W INNES ST SALISBURY, NC 28144-4375

A. Claimant Information			AND DESCRIPTION		Maria de Santaria de la companya de				
Name (s) if different than above	e: Anna R. Bumgarn		Daytim	ne Phone: (7	04) 216-8171				
Current Mailing Address if diffe	Current Mailing Address if different than above:								
Email Address: leslie.boyd	@rowancountync.gov			Last 4 SSN/Ta	Digits of ox ID:	36			
<b>B.</b> Documentation Require	ed								
You must submit all documents in the following list with this completed claim form, or your claim may be denied. If we do not receive a response from you within ninety (90) days from the date of this claim form, your claim will automatically be dropped from our system, and a new claim would need to be filed. After review, additional documents may be requested.									
☐ Driver's License	of	ease provide a co ficial government ard) for ALL Claima	issued	rrent driver's photo ID (U.S	license or other . passport, military ID				
Reported Address	С	Please provide proof of reported address(es) as shown in Box C of the claim form, such as a past utility bill, bank statement, credit report, etc.							
☐ Notarized Signatu	ure	Ple	ease obtain valid i	notariza	tion(s) for AL	L signatures.			
☐ Position and Auth	ority	Ac or	ease provide proo ceptable proof of ganizational chart thority issued by	position, compa	n could includ any letterhead	e a business card,			
Signed Claim Form	n		ease return the cla fice.	aim forn	n, signed by A	ALL Claimants, to our			
	Affidavit and Indemnity Agreement  Please provide the attached Affidavit and Indemnity Agreement. It should be signed by the authorized officer of the company claiming the funds and by another authorized officer of the company as a witness.								
C. Property Information									
Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	/	Property ID	Value			
ROWAN CO 402 NORTH MAIN STREET SALISBURY, NC 28144	2018	REAL PROPERTY							

Property Information continued......

Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
ROWAN CO 402 N MAIN STREET SALISBURY, NC 28144	ROWAN COUNTY CSC 210 N MAIN STREET SALISBURY, NC 28144	2018	OTHER COURT DEPOSITS	14866256	\$50.00 or Greater

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D.		ď	-1	VI	T

All claimants to the listed property must sign this claim form below. If the claimant is a business entity, this claim must be executed by an officer of the business entity and must include evidence of the officer's position and/or authority to act on behalf of the business entity.

The named claimant(s) hereby certifies that this claim for the listed property and any other property identified by the North Carolina Department of State Treasurer ("Department"), is valid and just, that all statements and documents produced by claimant(s) are true and correct, and that upon payment of this claim, said claimant(s) shall indemnify, save harmless, and defend the Escheat Fund, the State of North Carolina, the Department, the North Carolina State Treasurer, and their officers, employees, and agents, from any other claim arising out of or in connection with the payment of this claim, or from any loss or liability resulting from the payment of this claim. **Any person making a fraudulent claim may be subject to criminal prosecution.** 

Signature	of Claimant	Date
County of	, State of	
Signed and sworn to (or affire	ned) before me this day by	
		Name of Claimant
Witness my hand and official	seal, this the day of	, 20
My Commission Expires	Official Signat	ure of Notary
	Notary's Printed	, Notary Public Name

#### **Final Instructions**

Please submit the completed claim form, along with the required documents listed in Section B, at your earliest convenience. Failure to follow these instructions could result in a delay of processing your claim.

- You may securely upload your documents directly on our website using the green 'Claim Document
  Upload' tile at <a href="https://www.NCCash.com">www.NCCash.com</a>. Your Claim ID can be found in the top right corner of this claim
  form.
- You may mail your documents to the address below. However, mailing documents may lengthen the processing time.

North Carolina Department of State Treasurer PO Box 20431 Raleigh, North Carolina 27619-0431

NOTE: Due to the Department's established business procedures for processing mail, we are unable to honor special requests for mail, such as returning original document, using self-addressed prepaid envelopes, etc. If you have questions, please visit <a href="https://www.NCCash.com/Support">www.NCCash.com/Support</a> to view frequently asked questions regarding the claims process.



ALLEN MARTIN
DEPUTY TREASURER

#### AFFIDAVIT AND INDEMNITY AGREEMENT



February 23, 2023

		, being duly sworn, deposes and says:
(Authorized Officer's Name)	(Title)	
That I am authorized to act for COU unclaimed property which is the su agreements contained herein.	JNTY OF ROWAN, hereinafter being bei	"Claimant", in matters relating to the authorized to make the representations an
Unclaimed Property Program relation owner of the property identified by and (b) that the property is solely property is solely property.	ng to the property and have Property ID # (s) listed belo property of the Claimant and	nation provided by the North Carolina determined (a) that Claimant is the rightful w and located on the claim form attached not property of a franchisee or property to another business entity or individual.
the Treasurer, and the Escheat Fun money, and should information be	nd from any claim arising out discovered that demonstrate dual, the Claimant shall return	nnify, save harmless, and defend the State, of or in connection with refund of this es that a particular property actually belongs on to the State Treasurer a sum equal to the
. That of my personal knowledge I kr	now this Affidavit to be true.	
County of	thorized Officer  State of	Date
Signed and sworn to (or affirm	ned) before me this day b	Name of Authorized Officer
		Name of Authorized Officer
Witness park band and official		•
Witness my hand and official s	seal, this the day o	of, 20
Witness my hand and official s	seal, this the day	of, 20
Witness my hand and official s		nature of Notary
		nature of Notary
		nature of Notary, Notary Public
	Official Sign	nature of Notary, Notary Public
	Official Sign	nature of Notary, Notary Public

Se	ction 2 - To be completed by an Off	icer (Other than the Offic	er who signed above) and Notarized:
Ι, _		,	, hereby witness and declare:
	(Authorized Officer's Name )		
1.	That I am authorized to act as a witnes relating to the unclaimed property whi		
2.	That this Affidavit and Agreement was is authorized by the Claimant to execu		ne Claimant who is known to me and who ity agreement.
	Signature of Author	orized Officer	Date
	County of	, State of	
	Signed and sworn to (or affirmed	d) before me this day by	Name of Authorized Officer
	Witness my hand and official sea	al, this the day of	, 20
	My Commission Expires	Official Signa	ture of Notary
		Notary's Printe	, Notary Public d Name
	(Official Seal)		
Pr	operty IDs		
148	366254, <u>14866256</u>		

Page 2 of 2 - Both pages must be completed and returned.



# Lisa F. Bevis Assistant Finance Director

## Rowan County Finance Department

130 West Innes Street • Salisbury, NC 28144-4326 Telephone 704-216-8170 • Fax 704-216-8166

Equal Opportunity Employer



(Rev. October 2018) Department of the Treasury

### Request for Taxpayer **Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

Interna	Revenue Service	► Go to www.irs.gov/FormW9 for	or instructions and the late	est infor	mation	1.						
	1 Name (as shown on	your income tax return). Name is required on this	line; do not leave this line blank.									
	COUNTY OF RO	VAN										
	2 Business name/disre	egarded entity name, if different from above										
က်												
	3 Check appropriate be following seven box	ox for federal tax classification of the person who	se name is entered on line 1. Ch	eck only	one of t			tions (c				
page								itities, n			us; se	ee
on on	Individual/sole pr		oration  Partnership	☐ Tru	ust/estat	te						
pe.	single-member L	_C				Exe	mpt pa	ayee co	de (if a	any)_	3	
r ty	Anne de la companya d	ompany. Enter the tax classification (C=C corporat		100.00		_						
Print or type. c Instructions	LLC if the LLC is another LLC that	appropriate box in the line above for the tax classi classified as a single-member LLC that is disregar is <b>not</b> disregarded from the owner for U.S. federal	rded from the owner unless the of tax purposes. Otherwise, a sing	owner of	the LLC	is	Exemption from FATCA reporting code (if any)					
cific		m the owner should check the appropriate box for		ier.								
Spe	✓ Other (see instruction of Address (number, st.)	reet, and apt. or suite no.) See instructions.	GOVERNMENT	Pagues	tor's no			counts ma		outside	the U.	S.)
99	130 WEST INNES			neques	ter s nar	me and a	aaress	(option	nai)			
Š	6 City, state, and ZIP of											
	SALISBURY, NC											
	7 List account number											
Par	Taxpayer	Identification Number (TIN)										
Enter	your TIN in the approp	oriate box. The TIN provided must match the	e name given on line 1 to avo	oid	Social	security	numb	er				
backu rosido	p withholding. For inc	lividuals, this is generally your social security	y number (SSN). However, for	or a								
entitie	s, it is your employer	or, or disregarded entity, see the instructions identification number (EIN). If you do not have	s for Part I, later. For other ve a number, see <i>How to ge</i> :	ta		.	-		-			
TIN, la	ter.	(	vo a mambon, occ mon to go		or							
Note:	If the account is in mo	ore than one name, see the instructions for I	ine 1. Also see What Name a	and	Emplo	yer iden	tificati	on nun	nber			
Numb	er To Give the Reques	ster for guidelines on whose number to ente	r.		5 6	- 6	0	0 0	3	3	6	
D		•			3 0		U	0 0	3	3	0	
Part												
	penalties of perjury, I											
2. Lam	number snown on the	s form is my correct taxpayer identification in p withholding because: (a) I am exempt from	number (or I am waiting for a	a numbe	er to be	issued	to me	); and		D		
Sen	rice (IRS) that I am su	bject to backup withholding as a result of a	failure to report all interest o	r divider	nds, or	(c) the I	RS ha	ne inte	ernai i fied m	Reve	nue at I a	m
no I	onger subject to back	up withholding; and	•			, ,						
		er U.S. person (defined below); and										
		ed on this form (if any) indicating that I am ex										
ou na acquisi	ve failed to report all in tion or abandonment o	terest and dividends on your tax return. For real secured property, cancellation of debt, controlled, you are not required to sign the certification.	al estate transactions, item 2 or ributions to an individual retire	does no	t apply. rangem	For more	rtgage	interes	st paid	d, avme	nts	ise
Sign	Signature of	1 00										
Here	U.S. person ▶	anna & Dumgainer	D	ate >	01/19/2	023						
Ger	eral Instruc		• Form 1099-DIV (divi	idends,	includi	ng those	e from	stock	sorr	nutua	al	
Section oted.	references are to the	Internal Revenue Code unless otherwise	• Form 1099-MISC (v proceeds)	arious t	ypes of	income	, prize	es, aw	ards,	or gr	oss	
elated	to Form W-9 and its i	he latest information about developments nstructions, such as legislation enacted	Form 1099-B (stock transactions by broke)		ual fund	d sales a	and ce	rtain d	other			

after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

• Form 1099-INT (interest earned or paid)

- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



ALLEN MARTIN
DEPUTY TREASURER

**CLAIM FORM** 



February 23, 2023

COUNTY OF ROWAN LESLIE BOYD 130 W INNES ST SALISBURY, NC 28144-4375

A. Claii	mant Information									
Name (	s) if different than above: Anna R. Bumgarner		Daytime Phone:	(704) 216-8171						
Current	Current Mailing Address if different than above:									
Email Ad	ddress: leslie.boyd@rowancountync.gov		Last 4 Digits of SSN/Tax ID:	0336						
B. Docu	mentation Required									
You must submit all documents in the following list with this completed claim form, or your claim may be denied. If we do not receive a response from you within ninety (90) days from the date of this claim form, your claim will automatically be dropped from our system, and a new claim would need to be filed. After review, additional documents may be requested.										
	Driver's License	Please provide a copy of current driver's license or other official government issued photo ID (U.S. passport, militar card) for ALL Claimants.								
	Reported Address	Please provide prod C of the claim form statement, credit re	, such as a past u	ress(es) as shown in Box tility bill, bank						
	Notarized Signature	Please obtain valid	notarization(s) fo	r ALL signatures.						
	Position and Authority	Please provide proof of the claiming officer's position. Acceptable proof of position could include a business conganizational chart, company letterhead, or a letter of authority issued by a corporate officer.								
	Signed Claim Form	Please return the clooffice.	aim form, signed	by ALL Claimants, to our						
	Affidavit and Indemnity Agreement		d be signed by th ng the funds and	and Indemnity e authorized officer of by another authorized						

Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
DSS DIRECTOR ROWAN 1236 W INNES ST SALISBURY, NC 28144	NC DHHS - DIV OF SOCIAL SERVICES (DSS) 2019 MAIL SERVICE CENTER RALEIGH, NC 27699	2006	WARRANTS	3568586	\$50.00 or Greater

Property Information continued......

Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
ROWAN COUNTY 402 NORTH MAIN STREET SALISBURY, NC 28144	ROWAN COUNTY CSC 210 N MAIN STREET SALISBURY, NC 28144	2018	REAL PROPERTY PROCEEDS	14866255	\$50.00 or Greater
ROWAN COUNTY ADMIN 130 W INNES ST SALISBURY, NC 28144-4375	STATE FARM MUTUAL AUTO INS CO 3 STATE FARM PLAZA SOUTH P-4 BLOOMINGTON, IL 61791-0001	2018	INDIVIDUAL POLICY BENEFITS OR CLAIM PAYMENTS	15689371	\$50.00 or Greater
ROWAN COUNTY OFFICE ROWAN COUNTY TA 402 N MAIN ST SALISBURY, NC 28144	Delhaize America Shared Service Grp LLC PO BOX 1330 SALISBURY, NC 28146	2018	WAGES, PAYROLL, SALARIES	16022257	\$16.30

#### D. Affidavit

All claimants to the listed property must sign this claim form below. If the claimant is a business entity, this claim must be executed by an officer of the business entity and must include evidence of the officer's position and/or authority to act on behalf of the business entity.

The named claimant(s) hereby certifies that this claim for the listed property and any other property identified by the North Carolina Department of State Treasurer ("Department"), is valid and just, that all statements and documents produced by claimant(s) are true and correct, and that upon payment of this claim, said claimant(s) shall indemnify, save harmless, and defend the Escheat Fund, the State of North Carolina, the Department, the North Carolina State Treasurer, and their officers, employees, and agents, from any other claim arising out of or in connection with the payment of this claim, or from any loss or liability resulting from the payment of this claim. **Any person making a fraudulent claim may be subject to criminal prosecution.** 

Signature	of Claimant	Date
County of	, State of	
Signed and sworn to (or affirn	ned) before me this day by	
		Name of Claimant
Witness my hand and official:	seal, this the day of	, 20
My Commission Expires	Official Signature	of Notary
		, Notary Public
	Notary's Printed Nar	ne

Please submit the completed claim form, along with the required documents listed in Section B, at your earliest convenience. Failure to follow these instructions could result in a delay of processing your claim.

- You may securely upload your documents directly on our website using the green 'Claim Document
  Upload' tile at <a href="https://www.NCCash.com">www.NCCash.com</a>. Your Claim ID can be found in the top right corner of this claim
  form.
- You may mail your documents to the address below. However, mailing documents may lengthen the processing time.

North Carolina Department of State Treasurer PO Box 20431 Raleigh, North Carolina 27619-0431

NOTE: Due to the Department's established business procedures for processing mail, we are unable to honor special requests for mail, such as returning original document, using self-addressed prepaid envelopes, etc. If you have questions, please visit <a href="https://www.NCCash.com/Support">www.NCCash.com/Support</a> to view frequently asked questions regarding the claims process.



ALLEN MARTIN
DEPUTY TREASURER

#### AFFIDAVIT AND INDEMNITY AGREEMENT



February 23, 2023

		, being duly sworn, deposes and says:
(Authorized Officer's Name)	(Title)	
		after "Claimant", in matters relating to the days and authorized to make the representations an
Unclaimed Property Program relationship owner of the property identified by and (b) that the property is solely	ing to the property and had Property ID # (s) listed property of the Claimant	formation provided by the North Carolina ave determined (a) that Claimant is the rightful below and located on the claim form attached and not property of a franchisee or property of to another business entity or individual.
the Treasurer, and the Escheat Fur money, and should information be	nd from any claim arising discovered that demonst idual, the Claimant shall	demnify, save harmless, and defend the State, out of or in connection with refund of this rates that a particular property actually belongs eturn to the State Treasurer a sum equal to the
That of my personal knowledge I k	now this Affidavit to be to	ue.
County of	uthorized Officer, State of	Date
Signed and sworn to (or affire	ned) before me this da	y by
		Name of Authorized Officer
Witness my hand and official	seal, this the d	ay of, 20
My Commission Expires	Official	Signature of Notary
		, Notary Public
	Notary's	Printed Name
(Official Seal)		

<u>5e</u>	ction 2 - 10 be completed by an Offic	cer (Other than the Officer )	
', _	(Authorized Officer's Name )	(Title)	, hereby witness and declare:
1.	That I am authorized to act as a witnes relating to the unclaimed property which	s to the execution of this docur	
2.	That this Affidavit and Agreement was is authorized by the Claimant to execut		
	Signature of Autho	rized Officer	Date
	County of	, State of	
	Signed and sworn to (or affirmed) Witness my hand and official seal	N	ame of Authorized Officer, 20
	My Commission Expires	Official Signature	of Notary
		Notary's Printed Na	, Notary Public
	(Official Seal)		
Pr	operty IDs		
148	366255, 15689371, 16022257, 3568	586	

Anna R. Bumgarner Finance Director



Lisa F. Bevis
Assistant Finance Director

## Rowan County Finance Department

130 West Innes Street • Salisbury, NC 28144-4326 Telephone 704-216-8170 • Fax 704-216-8166

**Equal Opportunity Employer** 



(Rev. October 2018) Department of the Treasury Internal Revenue Service

### Request for Taxpayer **Identification Number and Certification**

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	The territorial of the territori	notification and the late	oot milon	iiiai								
1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. COUNTY OF ROWAN												
	2 Business name/disregarded entity name, if different from above											
on page 3.	following seven boxes.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):					
							mpt p	ayee	code	(if ar	ny) _	3
rint or type. Instructions	Limited liability company. Enter the tax classification (C=C corporation Note: Check the appropriate box in the line above for the tax classification LLC if the LLC is classified as a single-member LLC that is disregarded	tion of the single-member of	wner. Do owner of t	he L	LC is						rting	
E D	another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	e tax classification of its own	gle-memb ner.	er L	LC that	COO	ie (ii a	riy)				
Seci		OVERNMENT				(Appli	ies to ac	counts	mainte	ained o	utside	the U.S.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions.		Request	er's	name a	nd a	ddres	s (op	tiona	l)		
See	130 WEST INNES STREET											
	6 City, state, and ZIP code											
-	SALISBURY, NC 28144											
- 1	7 List account number(s) here (optional)											
Part												
Enter y	our TIN in the appropriate box. The TIN provided must match the national withholding. For individuals, this is generally your social security of	ame given on line 1 to av	oid	So	cial sec	urity	num	per	1 ,	_		
resider	o withholding. For individuals, this is generally your social security not alien, sole proprietor, or disregarded entity, see the instructions for	or Part I. later. For other	or a			_						
entities	s, it is your employer identification number (EIN). If you do not have a	a number, see How to ge	et a									
TIN, la			_	or								_
	If the account is in more than one name, see the instructions for line	1. Also see What Name	and	Em	ployer i	dent	ificat	on n	umb	er		
IVUITIDE	er To Give the Requester for guidelines on whose number to enter.		-	5	6 -	6	0	0	0	3	3	6
Dout				_				Ŭ				
Part												
1. The 2. I am Serv	penalties of perjury, I certify that:  number shown on this form is my correct taxpayer identification nur  not subject to backup withholding because: (a) I am exempt from b  ice (IRS) that I am subject to backup withholding as a result of a fail  onger subject to backup withholding; and	ackup withholding, or (b)	I have n	ot k	een no	tifie	d by	the I	nterr	nal F	Reve e tha	nue at I am
	a U.S. citizen or other U.S. person (defined below); and											
	FATCA code(s) entered on this form (if any) indicating that I am exer	nnt from EATCA reporting	a is corre	act								
	ation instructions. You must cross out item 2 above if you have been	A78	_			ot to	haa	leum i	i+h.l	اماما	n = h	
you hav	re failed to report all interest and dividends on your tax return. For real extion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	estate transactions, item 2 tions to an individual retire	does not ement arr	ap	ply. For ement	mor	tgage	e inte	erest erally	paid	l, vme	nts
Sign Here	Signature of U.S. person • Anna R. Bumgainen		Date ►	01/1	9/2023							
Gen	eral Instructions	<ul> <li>Form 1099-DIV (div funds)</li> </ul>	vidends, i	incl	uding t	nose	fron	n sto	cks	or m	nutua	al
Section noted.	references are to the Internal Revenue Code unless otherwise	• Form 1099-MISC (v	various ty	/pe	s of inc	ome	, priz	es, a	awar	ds, (	or gr	oss
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted by were published, go to www.irs.gov/FormW9.	Form 1099-B (stock transactions by broke)		ual f	fund sa	es a	nd c	ertai	n otł	ner		
	ose of Form	• Form 1099-S (proce										
•		• Form 1099-K (merc										
informa	vidual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer ation number (TIN) which may be your social security number	• Form 1098 (home n 1098-T (tuition)			erest),	1098	)-⊏ (S	tude	nt Io	an II	ntere	est),
	ndividual taxpayer identification number (ITIN), adoption	• Form 1099-C (canc			-		12				9	
taxpaye	er identification number (ATIN), or employer identification number	• Form 1099-A (acqui									.,	
(EIN), to	EIN), to report on an information return the amount paid to you, or other  Use Form W-9 only if you are a U.S. person (including a resident						i .					

be subject to backup withholding. See What is backup withholding,

If you do not return Form W-9 to the requester with a TIN, you might

alien), to provide your correct TIN.

later.

amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)



ALLEN MARTIN
DEPUTY TREASURER

**CLAIM FORM** 



February 23, 2023

COUNTY OF ROWAN LESLIE BOYD 130 W INNES ST SALISBURY, NC 28144-4375

A. Clair	mant Information							
Name (s) if different than above: Anna R. Bumgarner			Daytime Phone:	(704) 216-8171				
Current Mailing Address if different than above:								
Email Address: leslie.boyd@rowancountync.gov			Last 4 Digits of SSN/Tax ID:	0336				
B. Documentation Required								
You must submit all documents in the following list with this completed claim form, or your claim may be denied. If we do not receive a response from you within ninety (90) days from the date of this claim form, your claim will automatically be dropped from our system, and a new claim would need to be filed. After review, additional documents may be requested.								
	Reported Address  Please provide proof of reported address(es) as shown in Box C of the claim form, such as a past utility bill, bank statement, credit report, etc.							
	Position and Authority  Please provide proof of the claiming officer's position.  Acceptable proof of position could include a business card, organizational chart, company letterhead, or a letter of authority issued by a corporate officer.							
	Signed Claim Form	Please return the cl office.	aim form, signed	by ALL Claimants, to our				
	Affidavit and Indemnity Agreement		ld be signed by thing the funds and	and Indemnity e authorized officer of by another authorized				

C. Property Information					
Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
ROWAN COUNTY GOVERNMENT DEBBIE HOLSHOUSE 130 WEST INNES STREET SALISBURY, NC 28144	RELIASTAR LIFE INSURANCE CO 5780 POWERS FERRY RD ATLANTA, GA 30327	2014	OTHER AMOUNTS DUE UNDER POLICY TERMS	10835764	\$50.00 or Greater
ROWAN COUNTY GOVERNMENT 130 WEST INNES STREET SALISBURY, NC 28144	CONTINENTAL AMERICAN INSURANCE 1932 Wynnton Rd Columbus, GA 31999- 0001	2017	PREMIUM REFUNDS	14722058	\$30.96

Property Information continued......

Reported Owner(s) and Address(es)	Holder / Security Issue	Report Year	Type of Property	Property ID	Value
ROWAN COUNTY GOVERNMENT 130 WEST INNES STREET SALISBURY, NC 28144	CONTINENTAL AMERICAN INSURANCE 1932 Wynnton Rd Columbus, GA 31999- 0001	2017	PREMIUM REFUNDS	14722059	\$50.00 or Greater
ROWAN COUNTY GOVERNMENT 130 WEST INNES ST ATTN: DEBBIE HOLSHOUSER SALISBURY, NC 28144	AMERICAN HERITAGE LIFE INS CO 8209 IBM DRIVE CHARLOTTE, NC 28237- 7946	2019	INDIVIDUAL POLICY BENEFITS OR CLAIM PAYMENTS	19310168	\$18.60
ROWAN COUNTY GOVERNMENT 130 WEST INNES STREET SALISBURY, NC 28144	CONTINENTAL AMERICAN INSURANCE 1932 Wynnton Rd Columbus, GA 31999- 0001	2020	PREMIUM REFUNDS	20951608	\$13.46
ROWAN COUNTY GOVERNMENT 130 WEST INNES ST SALISBURY, NC 28144	AMERICAN HERITAGE LIFE INS CO 8209 IBM DRIVE CHARLOTTE, NC 28237- 7946	2021	INDIVIDUAL POLICY BENEFITS OR CLAIM PAYMENTS	22813769	\$50.00 or Greater
ROWAN COUNTY GOVERNMENT 130 WEST INNES STREET SALISBURY, NC 28144	CONTINENTAL AMERICAN INSURANCE 1932 Wynnton Rd Columbus, GA 31999- 0001	2021	PREMIUM REFUNDS	22820224	\$24.72

MILE POWER	State of the last	100	ALC: UNK	W1112-20	200
D. A	EE:	ᆲ		621	74
			. 1	741	E

All claimants to the listed property must sign this claim form below. If the claimant is a business entity, this claim must be executed by an officer of the business entity and must include evidence of the officer's position and/or authority to act on behalf of the business entity.

The named claimant(s) hereby certifies that this claim for the listed property and any other property identified by the North Carolina Department of State Treasurer ("Department"), is valid and just, that all statements and documents produced by claimant(s) are true and correct, and that upon payment of this claim, said claimant(s) shall indemnify, save harmless, and defend the Escheat Fund, the State of North Carolina, the Department, the North Carolina State Treasurer, and their officers, employees, and agents, from any other claim arising out of or in connection with the payment of this claim, or from any loss or liability resulting from the payment of this claim. **Any person making a fraudulent claim may be subject to criminal prosecution.** 

Signature of Claimant	Date

#### **Final Instructions**

Please submit the completed claim form, along with the required documents listed in Section B, at your earliest convenience. Failure to follow these instructions could result in a delay of processing your claim.

- You may securely upload your documents directly on our website using the green 'Claim Document
  Upload' tile at <u>www.NCCash.com</u>. Your Claim ID can be found in the top right corner of this claim
  form.
- You may mail your documents to the address below. However, mailing documents may lengthen the processing time.

North Carolina Department of State Treasurer PO Box 20431 Raleigh, North Carolina 27619-0431

NOTE: Due to the Department's established business procedures for processing mail, we are unable to honor special requests for mail, such as returning original document, using self-addressed prepaid envelopes, etc. If you have questions, please visit <a href="https://www.NCCash.com/Support">www.NCCash.com/Support</a> to view frequently asked questions regarding the claims process.



ALLEN MARTIN
DEPUTY TREASURER

#### AFFIDAVIT AND INDEMNITY AGREEMENT



February 23, 2023

		la minor alculus accessor al accessor al
(Authorized Officerda Name)	_ '	, being duly sworn, deposes and says:
unclaimed property which is the subject agreements contained herein.	OF ROWAN, hereinafter "C t of this Affidavit and am a	Claimant", in matters relating to the uthorized to make the representations an
Unclaimed Property Program relating to owner of the property identified by Prop and (b) that the property is solely proper	perty ID # (s) listed below a erty of the Claimant and no	etermined (a) that Claimant is the rightful and located on the claim form attached of property of a franchisee or property
the Treasurer, and the Escheat Fund from money, and should information be disconto another business entity or individual,	om any claim arising out of overed that demonstrates t , the Claimant shall return t	f or in connection with refund of this that a particular property actually belongs
That of my personal knowledge I know	this Affidavit to be true.	
Signature of Author	rized Officer	Date
County of	, State of	
Signed and sworn to (or affirmed)	before me this day by	
		Name of Authorized Officer
Witness my hand and official seal	, this the day of	, 20
My Commission Expires	Official Signat	ture of Notary
		Natara Dulalia
		. Notary Public
	Notary's Printed	d Name
	Notary's Printed	
	unclaimed property which is the subject agreements contained herein.  That I have examined relevant compart Unclaimed Property Program relating to owner of the property identified by Pro and (b) that the property is solely prop previously conveyed by the Claimant of That, as required in NCGS 116B-67(e), the Treasurer, and the Escheat Fund from oney, and should information be disc to another business entity or individual amount of the particular property claim. That of my personal knowledge I know  Signature of Authority Signed and sworn to (or affirmed).	That I am authorized to act for COUNTY OF ROWAN, hereinafter "unclaimed property which is the subject of this Affidavit and am a agreements contained herein.  That I have examined relevant company records and the informal Unclaimed Property Program relating to the property and have do owner of the property identified by Property ID # (s) listed below and (b) that the property is solely property of the Claimant and no previously conveyed by the Claimant or otherwise disposed of to That, as required in NCGS 116B-67(e), the Claimant shall indemnithe Treasurer, and the Escheat Fund from any claim arising out of money, and should information be discovered that demonstrates to another business entity or individual, the Claimant shall return amount of the particular property claimed.  That of my personal knowledge I know this Affidavit to be true.  Signature of Authorized Officer  County of, State of

Page 1 of 2 - Both pages must be completed and returned.

Sec	ction 2 - To be completed by an Offi	cer (Other than the Offic	icer who signed above) and Notarized:
١, _		,	, hereby witness and declare:
	(Authorized Officer's Name )	(Title	
1.	That I am authorized to act as a witnes relating to the unclaimed property which		
2.	That this Affidavit and Agreement was is authorized by the Claimant to execut	executed by an officer of the this affidavit and indemn	the Claimant who is known to me and who nity agreement.
	Signature of Autho	rized Officer	Date
	County of	, State of	
	Signed and sworn to (or affirmed	) before me this day by _	Name of Authorized Officer
	Witness my hand and official sea	, this the day of	
	My Commission Expires	Official Signal	ature of Notary
		Notary's Printed	, Notary Public ed Name
	(Official Seal)		
Pr	operty IDs		
108	335764, 14722058, 14722059, 1931	0168, 20951608, 22813	3769, 22820224

Page 2 of 2 - Both pages must be completed and returned.



Lisa F. Bevis
Assistant Finance Director

### Rowan County Finance Department

130 West Innes Street • Salisbury, NC 28144-4326 Telephone 704-216-8170 • Fax 704-216-8166

**Equal Opportunity Employer** 



## Form W-9

(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

_											
	1 Name (as shown on your income tax return). Name is required on this line COUNTY OF ROWAN	e; do not leave this line blank.	•								
	2 Business name/disregarded entity name, if different from above										
age 3.	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.					4 Exemptions (codes apply only to certain entities, not individuals; see					
e. ns on page	Individual/sole proprietor or Corporation S Corporation Single-member LLC	tion Partnership	☐ Trus	t/estate		ructions				3	
tio it	Limited liability company. Enter the tax classification (C=C corporation	. S=S corporation. P=Partner	rship) ▶					,	•		
Print or type.	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.						Exemption from FATCA reporting code (if any)				
မ	✓ Other (see instructions) ► LOCAL G	OVERNMENT			(Appli	es to acco	ounts	maintain	ed outsi	de the U.S.	.)
Sp	5 Address (number, street, and apt. or suite no.) See instructions.		Requeste	r's name	and ac	ddress	(opt	ional)			
See	130 WEST INNES STREET										
0)	6 City, state, and ZIP code		1								
	SALISBURY, NC 28144										
ł	7 List account number(s) here (optional)										_
	- List deseart Harrison (s) Here (optional)										
Par	Taxpayer Identification Number (TIN)										
Entery	our TIN in the appropriate box. The TIN provided must match the n	name given on line 1 to av	oid	Social se	curity	numbe	er				
	withholding. For individuals, this is generally your social security n		or a	TT			$\neg$		T	TT	
	t alien, sole proprietor, or disregarded entity, see the instructions for				-			-			
TIN, la	, it is your employer identification number (EIN). If you do not have er.	a number, see How to ge	0 C	r							_
	f the account is in more than one name, see the instructions for line	1 Also see What Name		Employer	ident	ificatio	n n	umber	,		
	r To Give the Requester for guidelines on whose number to enter.	1. Also see what realine									
				5 6	- 6	0	0	0 3	3 3	6	
Part	Certification										_
											_
	penalties of perjury, I certify that:										
2. I am Serv	number shown on this form is my correct taxpayer identification nu not subject to backup withholding because: (a) I am exempt from to ice (IRS) that I am subject to backup withholding as a result of a fail nger subject to backup withholding; and	backup withholding, or (b)	I have no	t been n	otifie	d by th	ne Ir	nterna			m
3. I am	a U.S. citizen or other U.S. person (defined below); and										
_	FATCA code(s) entered on this form (if any) indicating that I am exe	mpt from FATCA reportin	a is corre	ct.							
Certific you hav acquisi	ation instructions. You must cross out item 2 above if you have been e failed to report all interest and dividends on your tax return. For real ion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification	notified by the IRS that yo estate transactions, item 2 utions to an individual retire	does not a	ently sub apply. Fo	r mor	tgage i	inte	rest parally,	aid, paym	nents	se
Sign Here	Signature of U.S. person Dungainer		Date ▶ 0	1/19/2023							
Gen	eral Instructions	• Form 1099-DIV (div	vidends, ir	ncluding	those	from	sto	cks o	r mut	ual	
Section references are to the Internal Revenue Code unless otherwise noted.  Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.		<ul> <li>Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)</li> <li>Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)</li> </ul>									
		<ul> <li>Form 1099-S (proceeds from real estate transactions)</li> </ul>									
Purp	ose of Form	<ul> <li>Form 1099-K (merchant card and third party network transactions)</li> </ul>									
informa	ridual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home named)</li> <li>1098-T (tuition)</li> </ul>	nortgage	interest),	1098	3-E (stu	ude	nt loa	n inte	erest),	
which has be to be	ation number (TIN) which may be your social security number	<ul> <li>Form 1099-C (cancel)</li> </ul>	eled debt	)							
	ndividual taxpayer identification number (ITIN), adoption r identification number (ATIN), or employer identification number	er Form 1099-A (acquisition or abandonment of secured property)									
	report on an information return the amount paid to you, or other										

amount reportable on an information return. Examples of information

returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

alien), to provide your correct TIN.

later.

If you do not return Form W-9 to the requester with a TIN, you might

be subject to backup withholding. See What is backup withholding,