



UNCLAIMED PROPERTY

ALLEN MARTIN
DEPUTY TREASURER

CLAIM FORM



Claim ID: 10517282

February 23, 2023

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

A. Claimant 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.

<input type="checkbox"/> 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.
<input type="checkbox"/> 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.
<input type="checkbox"/> Signed Claim Form	Please return the claim form, signed by ALL Claimants, to our office.
<input type="checkbox"/> 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 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.....

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 27023-.086	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 27023-.086	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

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

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 www.NCCash.com. 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 www.NCCash.com/Support to view frequently asked questions regarding the claims process.



AFFIDAVIT AND INDEMNITY AGREEMENT



Claim ID: 10517282

February 23, 2023

Section 1 - To be completed by Claimant and Notarized

I, _____, _____, being duly sworn, deposes and says:
(Authorized Officer's Name) (Title)

1. That I am authorized to act for COUNTY OF ROWAN, hereinafter "Claimant", in matters relating to the unclaimed property which is the subject of this Affidavit and am authorized to make the representations and agreements contained herein.
2. That I have examined relevant company records and the information provided by the North Carolina Unclaimed Property Program relating to the property and have determined (a) that Claimant is the rightful owner of the property identified by Property ID # (s) listed below and located on the claim form attached and (b) that the property is solely property of the Claimant and not property of a franchisee or property previously conveyed by the Claimant or otherwise disposed of to another business entity or individual.
3. That, as required in NCGS 116B-67(e), the Claimant shall indemnify, save harmless, and defend the State, the Treasurer, and the Escheat Fund from any claim arising out of or in connection with refund of this money, and should information be discovered that demonstrates that a particular property actually belongs to another business entity or individual, the Claimant shall return to the State Treasurer a sum equal to the amount of the particular property claimed.
4. That of my personal knowledge I know this Affidavit to be true.

Signature of Authorized 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 Signature of Notary
_____, Notary Public
Notary's Printed Name

(Official Seal)

1. That I am authorized to act as a witness to the execution of this document for the Claimant in matters relating to the unclaimed property which is the subject of this Affidavit.
2. That this Affidavit and Agreement was executed by an officer of the Claimant who is known to me and who is authorized by the Claimant to execute this affidavit and indemnity agreement.

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; do not leave this line blank.

COUNTY OF ROWAN

2 Business name/disregarded entity name, if different from above

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.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

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.

☒ Other (see instructions) ►

LOCAL GOVERNMENT

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) **3**

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

130 WEST INNES STREET

6 City, state, and ZIP code

SALISBURY, NC 28144

Requester's name and address (optional)

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident 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 get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

- -

or

Employer identification number

5 6 - 6 0 0 0 3 3 6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Anna R. Bumgarner

Date ► 01/19/2023

General Instructions

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.

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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- 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.

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





UNCLAIMED PROPERTY

ALLEN MARTIN
DEPUTY TREASURER

CLAIM FORM



Claim ID: 10517157

February 23, 2023

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

A. Claimant 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.

- ☐ **Driver's License** Please provide a copy of current driver's license or other official government issued photo ID (U.S. passport, military ID card) for ALL Claimants.
- ☐ **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.
- ☐ **Notarized Signature** Please obtain valid notarization(s) for ALL signatures.
- ☐ **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 claim form, signed by ALL Claimants, to our office.
- ☐ **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	ROWAN COUNTY CSC 210 N MAIN STREET SALISBURY, NC 28144	2018	REAL PROPERTY PROCEEDS	14866254	\$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 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

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 affirmed) 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 Name

(Official Seal)

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 www.NCCash.com. Your Claim ID can be found in the top right corner of this claim form.
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North Carolina Department of State Treasurer
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Raleigh, North Carolina 27619-0431

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UNCLAIMED PROPERTY

ALLEN MARTIN
DEPUTY TREASURER

AFFIDAVIT AND INDEMNITY AGREEMENT



Claim ID: 10517157

February 23, 2023

Section 1 - To be completed by Claimant and Notarized

- I, _____, _____, being duly sworn, deposes and says:
- (Authorized Officer's Name) (Title)
1. That I am authorized to act for COUNTY OF ROWAN, hereinafter "Claimant", in matters relating to the unclaimed property which is the subject of this Affidavit and am authorized to make the representations and agreements contained herein.
 2. That I have examined relevant company records and the information provided by the North Carolina Unclaimed Property Program relating to the property and have determined (a) that Claimant is the rightful owner of the property identified by Property ID # (s) listed below and located on the claim form attached and (b) that the property is solely property of the Claimant and not property of a franchisee or property previously conveyed by the Claimant or otherwise disposed of to another business entity or individual.
 3. That, as required in NCGS 116B-67(e), the Claimant shall indemnify, save harmless, and defend the State, the Treasurer, and the Escheat Fund from any claim arising out of or in connection with refund of this money, and should information be discovered that demonstrates that a particular property actually belongs to another business entity or individual, the Claimant shall return to the State Treasurer a sum equal to the amount of the particular property claimed.
 4. That of my personal knowledge I know this Affidavit to be true.

Signature of Authorized 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 Signature of Notary

_____, Notary Public
Notary's Printed Name

(Official Seal)

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

1. That I am authorized to act as a witness to the execution of this document for the Claimant in matters relating to the unclaimed property which is the subject of this Affidavit.
2. That this Affidavit and Agreement was executed by an officer of the Claimant who is known to me and who is authorized by the Claimant to execute this affidavit and indemnity agreement.

_____ <i>Signature of Authorized Officer</i>	_____ <i>Date</i>
---	----------------------

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 Signature of Notary _____

_____, Notary Public
Notary's Printed Name

(Official Seal)

Property IDs

14866254, 14866256

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



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.

Print or type.
See Specific Instructions on page 3.

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	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ 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. <input checked="" type="checkbox"/> Other (see instructions) ► LOCAL GOVERNMENT	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) See instructions. 130 WEST INNES STREET	Requester's name and address (optional)
6 City, state, and ZIP code SALISBURY, NC 28144	
7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident 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 get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
5	6		-	6	0	0	0	3	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Anna R. Bumgarner</i>	Date ► 01/19/2023
------------------	---	-------------------

General Instructions

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.

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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- 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.



UNCLAIMED PROPERTY

ALLEN MARTIN
DEPUTY TREASURER

CLAIM FORM



Claim ID: 10517167

February 23, 2023

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

A. Claimant 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.

- | | |
|---|--|
| <input type="checkbox"/> Driver's License | Please provide a copy of current driver's license or other official government issued photo ID (U.S. passport, military ID card) for ALL Claimants. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Notarized Signature | Please obtain valid notarization(s) for ALL signatures. |
| <input type="checkbox"/> 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. |
| <input type="checkbox"/> Signed Claim Form | Please return the claim form, signed by ALL Claimants, to our office. |
| <input type="checkbox"/> 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
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 affirmed) 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 Name

(Official Seal)

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 www.NCCash.com. 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 www.NCCash.com/Support to view frequently asked questions regarding the claims process.



UNCLAIMED PROPERTY

ALLEN MARTIN
DEPUTY TREASURER

AFFIDAVIT AND INDEMNITY AGREEMENT



Claim ID: 10517167

February 23, 2023

Section 1 - To be completed by Claimant and Notarized

I, _____, _____, being duly sworn, deposes and says:
(Authorized Officer's Name) (Title)

1. That I am authorized to act for COUNTY OF ROWAN, hereinafter "Claimant", in matters relating to the unclaimed property which is the subject of this Affidavit and am authorized to make the representations and agreements contained herein.
2. That I have examined relevant company records and the information provided by the North Carolina Unclaimed Property Program relating to the property and have determined (a) that Claimant is the rightful owner of the property identified by Property ID # (s) listed below and located on the claim form attached and (b) that the property is solely property of the Claimant and not property of a franchisee or property previously conveyed by the Claimant or otherwise disposed of to another business entity or individual.
3. That, as required in NCGS 116B-67(e), the Claimant shall indemnify, save harmless, and defend the State, the Treasurer, and the Escheat Fund from any claim arising out of or in connection with refund of this money, and should information be discovered that demonstrates that a particular property actually belongs to another business entity or individual, the Claimant shall return to the State Treasurer a sum equal to the amount of the particular property claimed.
4. That of my personal knowledge I know this Affidavit to be true.

Signature of Authorized 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 Signature of Notary

_____, Notary Public
Notary's Printed Name

(Official Seal)

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

1. That I am authorized to act as a witness to the execution of this document for the Claimant in matters relating to the unclaimed property which is the subject of this Affidavit.
2. That this Affidavit and Agreement was executed by an officer of the Claimant who is known to me and who is authorized by the Claimant to execute this affidavit and indemnity agreement.

3200 ATLANTIC AVENUE • RALEIGH, NORTH CAROLINA 27604
WWW.NCCASH.COM

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



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.

Print or type. See Specific Instructions on page 3.	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	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ 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. <input checked="" type="checkbox"/> Other (see instructions) ► LOCAL GOVERNMENT	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. 130 WEST INNES STREET	Requester's name and address (optional)
	6 City, state, and ZIP code SALISBURY, NC 28144	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident 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 get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-				-		
or									
Employer identification number									
5	6		-	6	0	0	0	3	3

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ► <i>Anna R. Bumgarner</i>	Date ► 01/19/2023
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General Instructions

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.

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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- 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.



UNCLAIMED PROPERTY

ALLEN MARTIN
DEPUTY TREASURER

CLAIM FORM



Claim ID: 10517173

February 23, 2023

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

A. Claimant 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 claim form, signed by ALL Claimants, to our office.
- ☐ **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 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

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

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 www.NCCash.com. 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 www.NCCash.com/Support to view frequently asked questions regarding the claims process.



UNCLAIMED PROPERTY

ALLEN MARTIN
DEPUTY TREASURER

AFFIDAVIT AND INDEMNITY AGREEMENT



Claim ID: 10517173

February 23, 2023

Section 1 - To be completed by Claimant and Notarized

I, _____, _____, being duly sworn, deposes and says:
(Authorized Officer's Name) (Title)

1. That I am authorized to act for COUNTY OF ROWAN, hereinafter "Claimant", in matters relating to the unclaimed property which is the subject of this Affidavit and am authorized to make the representations and agreements contained herein.
2. That I have examined relevant company records and the information provided by the North Carolina Unclaimed Property Program relating to the property and have determined (a) that Claimant is the rightful owner of the property identified by Property ID # (s) listed below and located on the claim form attached and (b) that the property is solely property of the Claimant and not property of a franchisee or property previously conveyed by the Claimant or otherwise disposed of to another business entity or individual.
3. That, as required in NCGS 116B-67(e), the Claimant shall indemnify, save harmless, and defend the State, the Treasurer, and the Escheat Fund from any claim arising out of or in connection with refund of this money, and should information be discovered that demonstrates that a particular property actually belongs to another business entity or individual, the Claimant shall return to the State Treasurer a sum equal to the amount of the particular property claimed.
4. That of my personal knowledge I know this Affidavit to be true.

Signature of Authorized 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 Signature of Notary

_____, Notary Public
Notary's Printed Name

(Official Seal)

1. That I am authorized to act as a witness to the execution of this document for the Claimant in matters relating to the unclaimed property which is the subject of this Affidavit.
2. That this Affidavit and Agreement was executed by an officer of the Claimant who is known to me and who is authorized by the Claimant to execute this affidavit and indemnity agreement.

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



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.

Print or type. See Specific Instructions on page 3.	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	
	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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ 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. <input checked="" type="checkbox"/> Other (see instructions) ► LOCAL GOVERNMENT	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 3 Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions. 130 WEST INNES STREET	Requester's name and address (optional)
	6 City, state, and ZIP code SALISBURY, NC 28144	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident 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 get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number										
			-				-			
or										
Employer identification number										
5	6		-	6	0	0	0	3	3	6

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Anna R. Bumgarner

Date ► 01/19/2023

General Instructions

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.

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-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- 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.