



CITY OF SALEM, MASSACHUSETTS

OFFICE OF THE TREASURER
98 WASHINGTON ST. 3RD FLOOR
TEL. (978) 619-5647
RBLAISDELL@SALEM.COM

KIMBERLEY DRISCOLL

MAYOR

KATHLEEN MCMAHON

TREASURER

DECEASED PAYEE CLAIM FORM

The City of Salem, under General Laws, Chapter 200A, the Abandoned Property Law, is in possession of an amount of money, which was standing to credit the deceased: _____ (Name of Deceased)

CHECK ONE OF THE FOLLOWING, IF 2 IS CHECKED COMPLETE 2a:

__1) I, _____, swear and attest under the pains
perjury that I am the person entitled to the return of the paid amount as the only person holding a legal or equitable interest therein.

(Signature)

__2) I, _____, swear and arrest under the pains
And penalties of perjury that I have notified all other persons holding a legal and equitable
Interest in the said amount and they have authorized me to act on their behalf as described below.

(Signature)

2a) We the undersigned hereby assent to the release of said property to _____
by the City of Salem- Office of the Treasurer.

(Claimant Name) (2ND Claimant Name if applicable) (3rd Claimant Name if applicable)

In consideration of the payment to me of said amount less costs and expenses provided by the law, I agree to indemnify the City of Salem and hold it harmless for and from all claims and loss, costs, damages, and expenses which the City of Salem may sustain by reason of turning over of said amount to me and by reason further of its refusal hereafter to pay the said amount or any part of thereof to any other person or persons. Further, I swear to attest that all claims, assertions, and signatures made above are true.

(Claimant Signature)

Date: _____

(Witness Signature)