

**ARIZONA FORM  
600E**

**Arizona Department of Revenue  
Claim for Escheated Estate**

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

Arizona Property ID Number or Probate Case Number ▼

Original Owner's Name ▼

Claimant's Name ▼

Heir Finder's Name ▼

Claimant's Social Security Number ▼

Heir Finder's Tax ID Number ▼

Claimant's Date of Birth ▼

Heir Finder's Private Investigator's License Number ▼

Telephone Number ▼

E-mail Address ▼

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

City or town ▼

State ▼

ZIP Code ▼

**PLEASE READ EACH OF THE STATEMENTS BELOW CAREFULLY BEFORE SIGNING THIS FORM.**

- This form, Arizona Form 600E, and the accompanying instructions and declarations have been read.
- Official photo identification of the claimant and their Attorney in Fact is included. This form may be notarized in lieu of photo identification for the signor.
- Death Certificates of the Original Owner and all intermediate heirs. *Your claim may be initiated but payment will not be allowed without this documentation.*
- Proof of the relationship between the claimant and any intermediate heirs/devisees to the Original Owner. Acceptable evidence is limited to written official documentation from a government entity or court of competent jurisdiction. *Your claim may be initiated but payment will not be allowed without this documentation.*
- An Escheated Estate Affidavit, ADOR 11168, has been executed and included. *Your claim may be initiated but payment will not be allowed without this documentation.*
- A photocopy of any Will or Trust executed by the Original Owner and intervening heirs/devisees. *Your claim may be initiated but payment will not be allowed without this documentation.*

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

**Claimant's Signature ▲**

**Date ▲**

STATE OF \_\_\_\_\_

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_

(NOTARY SEAL)

20\_\_\_\_\_, BY:

PRINT NAME OF SIGNOR

NOTARY PUBLIC