

**COMMONWEALTH OF MASSACHUSETTS
OFFICE OF THE STATE TREASURER & RECEIVER
GENERAL UNCLAIMED PROPERTY DIVISION**

One Ashburton Place, 12th Floor
Boston, MA 02108-1608
(617) 367-0400 or 1-800-647-2300 (toll free Massachusetts only)

Inquiry Number:

Return Name:

Address:

City:

State:

Zip:

Date

Form ABP-10

The division received under General Laws, Chapter 200A, the Unclaimed Property Law, an amount of money which was standing to the credit of the deceased (Name of Deceased) .

What is your relationship to the decedent?

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

- ☐ 1) I, Swear and attest under the pains and penalties of 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 attest 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 ascribed below.

Signature

2a) We the undersigned hereby assent to the release of said property to
By the Massachusetts State Treasurers Office of Unclaimed Property.

Claimant Name: 2nd Claimant Name (if applicable):

3rd Applicant 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 Commonwealth of Massachusetts and hold it harmless for and from all claims and loss, costs, damages, and expenses which the said Commonwealth of Massachusetts may sustain by reason of the turning over of said amount to me and by reason further of its refusal hereafter to pay the said amount or any part thereof to any other person or persons. Further, I swear and attest that all claims, assertions and signatures made above are true.

Claimant Signature - Witnessed by a Notary Public

NOTARY USE ONLY

Subscribed and Sworn before me, this _____ day of _____ 20____ a Notary Public in and for the County of _____ in the State of _____.

(Affix Seal Here)

(Signature of the Notary)

My Commission Expires

_____ 20____

(Name of Notary - Please Print)