



# CANDICE ADAMS

Clerk of the 18th Judicial Circuit Court

Send to: 505 N. County Farm Rd, Accounting Department, Wheaton IL 60187

Email: [cccaccounting@18thjudicial.org](mailto:cccaccounting@18thjudicial.org)

Call: (630) 407-8594

## Affidavit of Claim for Payment

Name:	Last	First	Middle
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Current Address: \_\_\_\_\_  
(Cheques will be mailed to this address)

City:	State:	Zip Code:
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Email address: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Case Number(s) with unclaimed funds: \_\_\_\_\_

I, the undersigned, am rightfully entitled to these monies.

I, the undersigned, am the (select one below; please circle):

- |                |                |
|----------------|----------------|
| Owner          | Heir           |
| Trust – Active | Trust – Closed |

Business Name: \_\_\_\_\_

If you are an heir or trustee, you may be contacted by our office to provide proof of your relationship to the owner and/or your right to any unclaimed funds.

Based upon my personal knowledge, this information provided and set forth above on this form is true and correct.

Holder Signature

Sign Here: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

State of _____
County of _____
This record (document) was acknowledged before me
on _____ (date) by _____ (name).
[SEAL]
Signature of Notary _____
My commission expires: _____