

## **GUF-1 Guardianship Unclaimed Funds Registry Claim Form - Creditor**

Please complete and mail this form with required supporting documentation to:

Guardianship Unclaimed Fund Registry  
Department for Aging and Independent Living  
275 East Main Street, 3E-F  
Frankfort, KY 40621

**YOU MAY NOT FAX OR EMAIL THIS FORM TO US.**

NAME AND NUMBER OF THE ACCOUNT YOU ARE CLAIMING: \_\_\_\_\_  
\_\_\_\_\_

YOUR FULL NAME AND TITLE: \_\_\_\_\_

COMPANY ADDRESS: (Please notify the department if your address changes):

\_\_\_\_\_  
STREET OR PO BOX                      CITY                      STATE                      ZIP CODE

YOUR PHONE NUMBER: \_\_\_\_\_

PLEASE DESCRIBE THE SERVICES FOR WHICH YOU CLAIM PAYMENT IS OWED BY THE DECEDENT:  
\_\_\_\_\_

PLEASE ATTACH:

\_ AN ITEMIZED STATEMENT DESCRIBING THE DATE OF SERVICE, THE SERVICE PROVIDED, AND THE AMOUNT OF THE CHARGES.

**FAILURE TO ATTACH THE REQUIRED DOCUMENTATION MAY RESULT IN A DENIAL OF YOUR CLAIM.**

**A DECISION REGARDING YOUR CLAIM MAY NOT BE MADE UNTIL THE EXPIRATION OF ONE YEAR AFTER THE ACCOUNT IS POSTED ON THE REGISTRY. CLAIMS WILL BE PRIORITIZED IN THE FOLLOWING ORDER: 1) FINAL LIVING EXPENSES, 2) FUNERAL EXPENSES, 3) MEDICAID ESTATE RECOVERY.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

COMMONWEALTH OF KENTUCKY  
COUNTY OF \_\_\_\_\_

Sworn and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
ID # \_\_\_\_\_