

GUF-2 Guardianship Unclaimed Funds Registry Claim Form - Individual

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: _____

YOUR ADDRESS: (Please notify the Department if your address changes):

STREET OR PO BOX CITY KY ZIP CODE

YOUR PHONE NUMBER: _____

YOUR SOCIAL SECURITY NUMBER: _____

HOW WERE YOU RELATED TO THE DECEASED? _____

PLEASE ATTACH:

- A COPY OF YOUR BIRTH CERTIFICATE;
- A COPY OF YOUR MARRIAGE CERTIFICATE (IF YOU WERE A SPOUSE);
- A COPY OF YOUR DRIVER'S LICENSE OR IDENTIFICATION CARD; and
- IF THERE WAS A WILL AND A COURT ORDER THAT YOU RECEIVE THE FUNDS, IF APPLICABLE.

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, AND 3) MEDICAID ESTATE RECOVERY.

SIGNATURE

DATE

COMMONWEALTH OF KENTUCKY
COUNTY OF _____

Sworn and subscribed before me by _____ this
____ day of _____, 20____.

NOTARY PUBLIC

ID # _____