

**GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING, INSURANCE AND FINANCIAL REGULATION**

**CLAIM OF ABANDONED PROPERTY
(Deceased)**

The Claim of Abandoned Property is made pursuant to Title 28, Chapter 29 Virgin Islands Code

Name of Deceased: _____

Last Address of Deceased: _____

Claimant's Names: _____

Mailing Address of Claimant: _____

Telephone Number: Home: _____ Work: _____ Other: _____

Relationship to Deceased: _____

Name of Institution _____

Account No.: _____ Safe Deposit Box No.: _____

Policy No.: _____ Certificate No.: _____

Amount: _____

Description of Contents: _____

The following documents are attached in support of this claim:

- | | |
|---|--|
| <input type="checkbox"/> Passbook | <input type="checkbox"/> Bank Certificate of Ownership |
| <input type="checkbox"/> Certificate of Deposit | <input type="checkbox"/> Death Certificate |
| <input type="checkbox"/> Safe Deposit Receipt | <input type="checkbox"/> Marriage Certificate |
| <input type="checkbox"/> Picture I.D. | <input type="checkbox"/> Birth Certificate |
| <input type="checkbox"/> Affidavit of Lost Instrument <input type="checkbox"/> Copy of Judicial determination, i.e., Probate Will, Order, Decree. | |

DATE: _____ **CLAIMANT'S SIGNATURE:** _____

For Office Use Only

Listing No: _____ Year: _____ Page No.: _____

The claim has been allowed The claim has been denied: In Whole/In Part

Director of Division of Banking, Insurance and Financial Regulation
On behalf of the Abandoned Property Administrator

Signature