

**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: \_\_\_\_\_

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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:** \_\_\_\_\_

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Listing No: \_\_\_\_\_ Year: \_\_\_\_\_ Page No.: \_\_\_\_\_

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

Director of Banking and Insurance  
On behalf of the Abandoned Property Administrator

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Signature