Standard Investigator Agreement – Estates

	This agreement is entered into by and between	, hereinafter referred
	to as Claimant," and	
I.	Investigator, through their efforts, has located Claimant, who may be entitled to the assets in the possession of the State Controller of California, 10600 White Rock Road, Suite 141, Rancho Cordova, CA 95670 (Mailing Address: P.O. Box 942850-5873)	
	NAME OF ESTATE:	
		_ COUNTY OF PROBATE:
	AMOUNT:	PROPERTY ID:
II.	Investigator and Claimant do hereby agree that in consideration of Investigator's efforts in locating Claimant and assisting in the actual recovery of the above-described assets to which Claimant may be entitled, Claimant assigns to the Investigator % of the net assets that Claimant in fact recovers. Claimant agrees the investigator fee will be paid upon payment of the claim.	
III.	Investigator and Claimant agree that in the event Claimant is not entitled to assets described above and such assets are not recovered, there is no obligation on either party to the other, all expenses being borne by Investigator.	
	Claimant:	Date:
	Mailing Address:	
	Claimant's Email:	Phone:
	Claimant's Signature:	
	Claimant's SSN or Tax Identification Number:	
	Investigator:	Date:
	Mailing Address:	
	Investigator's Email:	
	Investigator's Signature:	
	Investigator's SSN or Tax Identification Number:	