

# SAFE DEPOSIT BOX INVENTORY FORM

Section I			Safe Deposit Box #:	Lien Amount:	
	Branch #		Date of Abandonment:	Last Notification Date:	
			Date of Inventory:	SSN:	
HOLDER NAME			OWNER NAME 1 (Last, First, and Middle Names)		
ADDRESS		OWNER NAME 2 (Last, First, and Middle Names)			
CITY,STATE, ZIP		MAILING ADDRESS			
		CITY,STATE, ZIP			
Section II					
Please check the box if these items are included in the Safe Deposit Box. A count or itemized description is not needed					
Vital Statistics Birth Certificates Death Certificates Marriage Certificates		Life Insura	Other Documents Miscellaneous Papers   Life Insurance Polices □Letters/Postcards/School   Income Tax Records/Receipts Info/Licenses   Bank Statements/Cancelled Checks/Etc. □Receipts and Other Misc. Paper   Service Records/Military or Other □		
Legal Documents/Agreements Last Will and Testament Divorce Decrees Adoption Papers Abstracts/Agreements/Deeds/Property Titles Mortgages Car Titles Passports		SSN Records Media Photos/Negatives/Videos   Naturalization Papers Cassettes/Diskettes/CDs/Etc.   Additional Tangible Contents   Use form SDU-090103B Superior		Cassettes/Diskettes/CDs/Etc. ditional Fangible Contents	
Section III					
WE HEREBY CERTIFY THAT THIS IS A COMPLETE AND ACCURATE INVENTORY OF THE CONTENTS OF THE ABOVE SAFE DEPOSIT BOX OPENED IN OUR PRESENCE. (PLEASE INDICATE THE NUMBER OF ADDITIONAL INVENTORY PAGES INCLUDED WITH THIS REPORT)					
Signature of bank officer Date		Date	Signature of other bank employee present Date		
		Date	Printed name and title of above employee Date		
Section IV					
RELEASE OF CONTENTS					
On/, upon receipt of \$ , which represents:					
Past Due Rent Drill Costs Storage Fees					
The contents described in this inventory were released to , who has signed below to acknowledge receipt of all of the contents as itemized and who hereby releases this institution from all responsibility.					
Signature of person receiving contents Date		Date	Name and identification of recipient Date		
Signature of bank officer present		Date	Signature of other bank employee present Date		

State Controller's Office, Unclaimed Property Division P.O. Box 942850, Sacramento, CA 94250-5873

## General Instructions for completing the Safe Deposit Box Inventory Form (SDU-090103A)

The Safe Deposit Box Inventory Form (SDU-090103A) may be prepared and submitted for each box owner, regardless of the content value, by all holders reporting abandoned safe deposit box contents. Each owner's contents must be reported and inventoried individually, and not commingled with the contents of other owners.

If there are tangible contents in addition to documents and miscellaneous papers, the items must be recorded on the Safe Deposit Box Detail Sheet (SDU-090103B). It is not necessary to submit the detail sheet if there are no contents other than documents or miscellaneous papers.

Please type or print clearly.

### **Complete Section I**

Complete all holder information. Provide the safe deposit box number, box owner(s) name(s), and other pertinent information as required.

**Complete Section II** 

Check all appropriate boxes as they relate to the contents being inventoried.

### **Complete Section III**

Inventories should be prepared, signed, and dated in dual custody.

#### **Complete Section IV**

Complete this section if the contents are claimed by the box owner(s) or heirs prior to escheatment.