

## Submitting Resident Account Funds To Unclaimed Property

Per State Law and Medicaid/Social Security Administration policy, when a nursing home resident dies the funds remaining in his/her resident account at the nursing home can only be released to the individual who presents evidence from the probate court that he/she is the personal representative of the resident's estate or to the individual the resident or his/her LEGALLY AUTHORIZED REPRESENTATIVE has named on the Medicaid "Administrator of Estate Designation" form. If there is no court appointed personal representative of the deceased resident's estate or no "Administrator of Estate Designation" form, then funds remaining in the resident account at the nursing home must be submitted to the Alabama Secretary of Treasury's Unclaimed Property Division.

Many of our State's nursing homes have reported difficulties in submitting forms by the required process, which is electronic. HCS worked with the Unclaimed Property Division as well as the Alabama Nursing Home Association to create a process whereby the funds remaining in the resident's account can be submitted to Unclaimed Property through the option of using paper forms. In most instances these funds are needed to pay for burial expenses for the deceased nursing home resident; therefore the goal for this optional process is to allow resident funds submissions to UCP to be identified and processed quickly in order to allow the family the opportunity to file claims to receive the funds in a more timely manner.

In order to assist our facilities and the families of their deceased residents HCS has prepared this packet which contains the forms and instructions you will need to submit funds to unclaimed property as well as the forms and instructions your families will need in order to claim the funds. While it is not mandatory that forms from the facility and claim forms from the family be submitted in the same packet, we encourage you to do so in order to expedite the process of getting the funds to the family as soon as possible. If the family wishes to submit claim forms without assistance from the nursing home, that is, of course, allowable.

This packet contains the following forms/instructions:

- Procedure for Nursing Homes in Reporting Unclaimed Assets from the UCP division.
- HCS template, instructions and blank form for the UCP 1 form.
- HCS template, instructions and blank form for the UCP 2 form.
- Supplemental Form For Claim By Spouse Of A Person Who Died Intestate (without a will).
- Statement of No Estate Form
- Supplemental Form For Claim By Child(ren) Of A Person Who Died Intestate (without a will).
- Statement of No Estate Form

Once your packet is completed it should be submitted to the following address:

State Of Alabama Treasurer's Office  
Unclaimed Property Division  
Attn: Sheila Hall  
P.O. Box 302520  
Montgomery, Alabama 36130-2520

Questions regarding completion of forms and submission of documents should be sent to Liz Hammond ([liz@hcs-online.com](mailto:liz@hcs-online.com) or 334-877-4276) or Thera Herring ([thera@hcs-online.com](mailto:thera@hcs-online.com) or 334-220-9244).

## Procedures for Nursing Homes in Reporting Unclaimed Assets

At the request of the Nursing Home Association, our office has developed an alternate process for Nursing Homes to file their unclaimed assets. This process has been developed in response to the requirement by State Medicaid to the Nursing Homes whereas the residual accounts remaining for as deceased resident must be escheated to State Treasury within 30 days.

### **Standard Method for Filing Unclaimed Property Reports**

The Alabama Disposition of Unclaimed Property Act requires all businesses to electronically file and remit unclaimed assets to the State Treasurer's Office. A link to obtain free reporting software, to view the law, and other related information is available through our website. We encourage all businesses to visit the site or contact our office for assistance with filing your unclaimed property report.

**If the Nursing Home can and elects to report by the standard method of electronic filing of reports and electronic transfer of funds, forms and instructions can be obtained from our website:**

[www.moneyquest.alabama.gov](http://www.moneyquest.alabama.gov)

*For Option Method for Filing Specific to Nursing Homes, See information below:*

### **Optional Method for Filing Unclaimed Property Reports**

In accordance with the State Treasurer's Office Unclaimed Property Division Administrative Code, Chapter 892-2-1, The Treasurer's Office has made allowances to Nursing Homes specific to accounting and account requirements as specified by State of Alabama Medicaid.

**Step 1:** Complete UP Report Form 1 and UP Report 2 (This information should be typed).

**Step 2:** Prepare a check issued by the Holder (Nursing Home Facility) for the total amount shown on UP Report Form 2. Multiple owner names and records should be filed under a single report with only one check being issued for the total of this business report. When remitting unclaimed assets, the check should be made payable to: State of Alabama Treasurer's Office, Unclaimed Property Program

**Step 3: Mail both UP Report and check to:**

State of Alabama Treasurer's Office  
Unclaimed Property Division  
Attn: Sheila Hall  
P O Box 302520  
Montgomery, Al 36130-2520

**OR**

Physical Address:

100 North Union Street, STE 636  
Attn: Sheila Hall  
Montgomery, Al 36104

## Additional Guidelines

### **PROVIDE COMPLETE OWNER INFORMATION**

In accordance with sections 35-12-76 of the Alabama Unclaimed Property Law, the following minimum information is required when filing an unclaimed property report:

- The owner(s) name, last known address, social security number or taxpayer identification number;
- Regarding insurance policies; the policy number, the owner's full name;
- Last known address of the annuitant or insured and of the beneficiary;
- A description of the property;
- The date, if any, on which the property became payable, demandable, or returnable;
- The date of the last transaction with the apparent owner with respect to the property;
- Check number;
- Other information as prescribed by the Treasurer.

### **UPDATING REPORTING BUSINESS CONTACT INFORMATION**

Your responsibility as a business is to keep the Unclaimed Property Division apprised of any changes in your address, contact person, telephone number, facsimile number, email or other business information. All correspondence should include your federal employer identification number and suffix. Updates are accepted by email, postal mail, or fax.

**FOR ASSISTANCE OR INQUIRIES RELATED TO THE REPORTING OF UNCLAIMED OR ABANDONED PROPERTY, PLEASE CONTACT:**

UNCLAIMED PROPERTY DIVISION  
P O BOX 302520  
MONTGOMERY, ALABAMA 36130-2520

TELEPHONE: 334/242-9614 OR 1-888-844-8400 (TOLL FREE)

FACSIMILE: 334/242-9620

EMAIL: [moneyquest@treasury.alabama.gov](mailto:moneyquest@treasury.alabama.gov)

WEBSITE: [www.moneyquest.alabama.gov](http://www.moneyquest.alabama.gov)

## HCS Template/Instructions For UCP 1 Form

The UCP 1 Form is used to report to the Unclaimed Property Division WHO is submitting funds and the amount and method of payment being submitted. Those who use electronic filing should continue to do so if that is working for your facility. If you will be submitting under the option of using the paper forms, please refer to the attached template and follow the instructions below:

**Section 1:** To be completed in its entirety by the nursing home.

**Section 2:** List the number of submissions on the UCP 2 form (this would be the number of individual submissions listed on the UCP 2).

**Section 3:** List the total amount of all submissions on the UCP 2 form.

Do not complete the sections on Securities, DTC or Certificate.

**Section 4:** payment Method, write in "Paid by check"

Do not complete Report Method section

**Section 5:** Name and signature of individual completing the UCP 1 form.

\*\*\*\*\*UCP has requested that all forms be TYPED rather than hand-written.



**ALABAMA STATE TREASURY**  
**UNCLAIMED PROPERTY DIVISION**  
 P. O. Box 302520 Montgomery, AL 36130-2520  
 (334) 242-9614 ~ Toll Free 1-888-844-8400 ~ Fax (334) 242-9620  
 Email: moneyquest@treasury.alabama.gov

**Annual Report of Unclaimed Property for Period Ending June 30, 20\_\_ Report Year \_\_\_\_**

BUSINESS INFORMATION				
Business Name (1)			Federal Employer ID# -	
Address		City	State	Zip
Contact Person		Email:		
Telephone ( ) Ext.		Fax ( )		
Previous Business Information				
Previous Business Name (if merger or acquisition)			Federal Employer ID# -	
Address		City	State	Zip
Comments:				
REPORTING INFORMATION				
Property count (2)	Remittance \$ (3)	Securities _____	<input type="checkbox"/> DTC <input type="checkbox"/> Certificate	
Payment Method		Report Method		
**Electronic remittance required for all report		**Electronic NAUPA format required for all report types		
<input type="checkbox"/> ACH/Wire (4) *Confirmation # _____  *Send email confirming your ACH/Wire action and report data file name to: moneyquest@treasury.alabama.gov		<input type="checkbox"/> CD/Disk <input type="checkbox"/> Email <input type="checkbox"/> Online Submission Report File Name: _____		
VERIFICATION				
I, (5) _____, do hereby certify the following: (1) I am duly authorized to execute this report and make the following representations on behalf of the business listed above, (2) Said business has performed due diligence as required by § 35-12-76 (8d), Code of Alabama 1975. (3) To the best of my knowledge this report is an accurate and complete account of all property in the business custody which is presumed abandoned under the Alabama Unclaimed Property Act.				
_____ (Authorized Signature)			_____ Date	
FOR OFFICE USE ONLY				
CHECK NUMBER	DEPOSIT	HOLDER ID#	REPORT ID#	FILE #
PROCESSED BY		VERIFIED BY		
DATE ___/___/___		DATE ___/___/___		



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Email: moneyquest@treasury.alabama.gov

**Annual Report of Unclaimed Property for Period Ending June 30, 20\_\_ Report Year \_\_\_\_\_**

BUSINESS INFORMATION				
Business Name			Federal Employer ID#	
Address		City		State
		Zip		
Contact Person			Email:	
Telephone ( ) Ext.			Fax ( )	
Previous Business Information				
Previous Business Name (if merger or acquisition)			Federal Employer ID#	
Address		City		State
		Zip		
Comments:				
REPORTING INFORMATION				
Property count _____		Remittance \$ _____		Securities _____
				<input type="checkbox"/> DTC
				<input type="checkbox"/> Certificate
Payment Method			Report Method	
**Electronic remittance required for all report			**Electronic NAUPA format required for all report types	
<input type="checkbox"/> ACH/Wire *Confirmation # _____  *Send email confirming your ACH/Wire action and report data file name to: moneyquest@treasury.alabama.gov			<input type="checkbox"/> CD/Disk <input type="checkbox"/> Email <input type="checkbox"/> Online Submission Report File Name: _____	
VERIFICATION				
<p>I, _____, do hereby certify the following: (1) I am duly authorized to execute this report and make the following representations on behalf of the business listed above, (2) Said business has performed due diligence as required by § 35-12-76 (8d), Code of Alabama 1975. (3) To the best of my knowledge this report is an accurate and complete account of all property in the business custody which is presumed abandoned under the Alabama Unclaimed Property Act.</p> <p style="text-align: center;">_____</p> <p style="text-align: center;">(Authorized Signature) <span style="float: right;">_____</span> Date</p>				
FOR OFFICE USE ONLY				
CHECK NUMBER	DEPOSIT	HOLDER ID#	REPORT ID#	FILE #
PROCESSED BY			VERIFIED BY	
DATE ___/___/___			DATE ___/___/___	







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Email: [moneyquest@treasury.alabama.gov](mailto:moneyquest@treasury.alabama.gov)

***Supplemental Form For: Claim by Spouse of a Person Who Died Intestate***

*(This supplemental form must be submitted with the Official Alabama Unclaimed Property Claim Form)*

Section 35-12-84(a), *Code of Alabama 1975*, provides that the spouse of a person who has died intestate (without a Last Will and Testament) may have a right to Unclaimed Property (up to \$3,000) of the deceased spouse under certain circumstances. If your spouse died intestate and no estate has been or will be opened in the probate court, you may complete this form for a determination of eligibility for Unclaimed Property for which your spouse was the Apparent Owner.

**I. Required Documentation**

Claimant (Person Signing the Unclaimed Property Claim form) must submit all of the following documents:

- 1) Executed Unclaimed Property Claim Form.
- 2) This form fully executed.
- 3) A copy of your driver's license or government-issued identification card.
- 4) A copy of the certified death certificate of your spouse.
- 5) Written confirmation from the Probate Court (or other court if residing out-of-state) in the county in which the decedent resided at the time of his or her death, or his or her county of residence if different, stating that no estate has been opened in the name of the decedent (Use form provided by Unclaimed Property Division titled "Statement of No Estate").

**For Treasury Use:**

Reference property # \_\_\_\_\_ Claim # \_\_\_\_\_ Total assets held \$ \_\_\_\_\_

**Section II. Affidavit by Spouse of Person Who Died Intestate**

I am over the age of nineteen (19) years and I have personal knowledge of the information contained in this affidavit. The information is true and correct to the best of my knowledge.

I am the surviving spouse of \_\_\_\_\_, Decedent, and was lawfully married to him/her at the time of his/her death. The Decedent was a resident of the State of \_\_\_\_\_, County of \_\_\_\_\_ at the time of death. The Decedent died without having a Last Will and Testament and no estate has been or will be opened in the Decedent’s name in any court.

The records of the Unclaimed Property Division show that the Decedent was the Apparent Owner of property that has been submitted to the Unclaimed Property Division and I have filed a claim for that property. I understand that I may be requested to provide additional or other documentation or evidence to establish my right to the property and that if I fail to do so my claim may be denied without further action.

I hereby release, indemnify and hold harmless the Office of State Treasurer, the Unclaimed Property Division, its officers, employees and agents, against all claims based upon actions taken in reliance upon information I have provided in support of my claim.

I understand that if other persons are entitled to share or claim this property but did not receive said property, he or she may enforce their rights in a legal proceeding against me. You are authorized to release my name and address to any subsequent claimant.

Done this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who is known to me and who, upon being duly sworn, deposed and said that he/she has read the **foregoing Affidavit**, signed it voluntarily, and that it is true and correct to the best of his/her knowledge and belief.

Sworn to and Subscribed before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

( Affix Seal Here )

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**For Treasury Use:**

Reference property # \_\_\_\_\_

Claim # \_\_\_\_\_

Aff-Spouse-04302014



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Website: www.moneyquest.alabama.gov  
Email: moneyquest@treasury.alabama.gov

*Statement of No Estate*

*(To be completed by county probate office where decedent was domiciled)*

**Notice to Probate Court:** Section 35-12-84(a)(2), Code of Alabama, requires that a person seeking Unclaimed Property of a decedent in the possession of the Alabama State Treasury submit a written confirmation by the probate court that no estate in the name of the decedent has been opened or filed. This confirms that a search of the probate records of \_\_\_\_\_ County, Alabama, reveals that **no estate has been opened or filed** for:

\_\_\_\_\_  
(Name of Decedent)

**For Probate Office Use Only (for additional comments):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Done this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Affix Seal Here

\_\_\_\_\_  
Printed name of Judge of Probate  
or other authorized personnel

\_\_\_\_\_  
Signature of Judge of Probate  
or other authorized personnel

\_\_\_\_\_ County, Alabama

**For Treasury Use:**

Reference property # \_\_\_\_\_ claim # \_\_\_\_\_ Total assets held \$ \_\_\_\_\_



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***Supplemental Form For: Claim by Child(ren) of a Person Who Died Intestate***

*(This supplemental form must be submitted with the Official Alabama Unclaimed Property Claim Form)*

Section 35-12-84(a), *Code of Alabama 1975*, provides that the surviving child or children of a person who has died intestate (without a Last Will and Testament), and who did not have a surviving spouse, may have a right to Unclaimed Property (up to \$3,000) of the deceased parent under certain circumstances. If your parent (1) died intestate, (2) has no surviving spouse, and (3) no estate has been or will be opened in the probate court, you may complete this form for a determination of eligibility for Unclaimed Property for which your parent was the Apparent Owner.

If approved, one check will be issued and payable to claimant (person signing the claim form). Only one child will be considered the claimant and sign the claim form. However, each surviving child must complete the affidavit.

**II. Required Documentation**

Claimant (Person Signing the Unclaimed Property Claim form) must submit all of the following documents:

- 1) Executed Unclaimed Property Claim Form.
- 2) A copy of your driver's license or government-issued identification card.
- 3) A copy of the certified death certificate(s) of your deceased parent(s).
- 4) A list of the surviving children complete with: current mailing address, telephone number, and e-mail address. If a surviving child is under the age of nineteen (19) years, provide the name and address of the legal guardian of the minor child.
- 5) A copy of the birth certificates for all surviving children.
- 6) A signed and notarized affidavit by each surviving child (See "Affidavit of Claimant/Children of Decedent").
- 7) Written confirmation from the Probate Court (or other court if residing out-of-state) in the county in which the decedent resided at the time of his or her death, or his or her county of residence if different, stating that no estate has been opened in the name of the decedent (use form provided by Unclaimed Property Division titled "Statement of No Estate").

**For Treasury Use:**

Reference property # \_\_\_\_\_ Claim # \_\_\_\_\_ Total assets held \$ \_\_\_\_\_

**III. Affidavit of Claimant/Children of Decedent**

*(The Claimant and each Surviving Child of the Deceased Must Complete this Affidavit)*

I am a surviving child of \_\_\_\_\_ (Decedent), over the age of nineteen (19) years, and have personal knowledge of the information contained in this affidavit. The information is true and correct to the best of my knowledge. The surviving children of the Decedent have amicably agreed among ourselves on how any Unclaimed Property received will be divided. The Unclaimed Property Division is hereby authorized to release any property to which I may be entitled to \_\_\_\_\_ (The Claimant and Sibling Signing the Unclaimed Property Claim form).

The Decedent has no surviving spouse and was a resident of the State of \_\_\_\_\_, County of \_\_\_\_\_ at the time of death. The Decedent died without having a Last Will and Testament and no estate has been or will be opened in the Decedent’s name in any court. The list of surviving children provided to the Unclaimed Property Division is true and correct.

The records of the Unclaimed Property Division show that the Decedent was the Apparent Owner of property that has been submitted to the Unclaimed Property Division and a claim for that property has been filed. I understand that I may be requested to provide additional or other documentation or evidence to establish ownership rights to the property and that if I fail to do so the claim may be denied without further action.

I hereby release, indemnify and hold harmless the Office of State Treasurer, the Unclaimed Property Division, its officers, employees and agents, against all claims based upon actions taken in reliance upon information I have provided in support of this claim.

I understand that if other persons are entitled to share or claim this property but did not receive said property, they may enforce their rights in a legal proceeding against the persons who did receive the property, including me if I received any of the property. The Unclaimed Property Division is hereby authorized to release my name and address to any subsequent claimant.

Done this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Name Signature

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_-

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Before me, the undersigned authority, personally appeared \_\_\_\_\_, who is known to me and who, upon being duly sworn, deposed and said that he/she has read the **foregoing Affidavit**, signed it voluntarily, and that it is true and correct to the best of his/her knowledge and belief.

Sworn to and Subscribed before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

( Affix Seal Here )

\_\_\_\_\_  
Notary Public  
My Commission Expires: \_\_\_\_\_

**For Treasury Use:**  
Reference property # \_\_\_\_\_ Claim # \_\_\_\_\_ Aff-Children-04302014



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**Statement of No Estate**

*(To be completed by county probate office where decedent was domiciled)*

**Notice to Probate Court:** Section 35-12-84(a)(2), Code of Alabama, requires that a person seeking Unclaimed Property of a decedent in the possession of the Alabama State Treasury submit a written confirmation by the probate court that no estate in the name of the decedent has been opened or filed. This confirms that a search of the probate records of \_\_\_\_\_ County, Alabama, reveals that **no estate has been opened or filed** for:

\_\_\_\_\_  
(Name of Decedent)

**For Probate Office Use Only (for additional comments):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Done this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

Affix Seal Here

\_\_\_\_\_  
Printed name of Judge of Probate  
or other authorized personnel

\_\_\_\_\_  
Signature of Judge of Probate  
or other authorized personnel

\_\_\_\_\_ County, Alabama

**For Treasury Use:**

Reference property # \_\_\_\_\_ claim # \_\_\_\_\_ Total assets held \$ \_\_\_\_\_