

INSTRUCTIONS FOR COMPLETING THE ASD-127

Please Type or Print in Black Ink

Note: This form is used to report tangible property and is predominately used by hospitals and financial institutions. This form is in Excel format and is easiest to complete using Excel.

Holder Name - name of your company or institution

Holder FIN - your company's financial identification number or tax ID

Location - city or branch location

Name of Contact Person - name of person responsible for completing the form

Phone number of Contact Person - phone number of person completing the form

DL # and State - owner's drivers license number, if known, and state of issuance

Safe Deposit Box or Identifier Number - safe deposit box number, account number, patient number, etc.

Owner(s) Name(s) - last name, first name, middle name

Owner(s) Date of Birth - owner's date of birth, if known, MM-DD-YY

SSN - owner's social security number, if known

E-mail Address - owner's e-mail address, if known

Address - last known address of owner, per holder's records

Past Due Rent - amount of RENT DUE only, DO NOT INCLUDE DRILLING FEES

Description of Items - This area is **very important** and must be completed in detail. The more detail the description, the easier it will be to identify the property at a later time should the owner come forward to claim it.

Please list one item per line **ONLY**. Note any specific identifying marks or characteristics of each piece of property. Submit currency and/or coins as is. Do not send a check in lieu of these items. If listing coins, you may group like coins together as a separate "item" being sure to indicate the quantity in the description. [Example: 12 buffalo nickels, etc.]

Avoid sending bio-hazardous contaminated items. Ensure items are **clean** BEFORE shipment.

FOR SAFE DEPOSIT BOX ITEMS ONLY: You may deduct, from any current currency of the lessee in the safe deposit box, an amount equal to the accumulated rental charges. You must submit to the Treasurer a verified statement of such charges and deduction.

Office Use Only: This section will inform you as to which items will need to be submitted to the Unclaimed Property Fund. The Treasurer may decline to receive property reported which the Treasurer considers to have a value less than the expenses of notice and sale. Items marked destroyed should not be sent. Any unwanted items may be disposed of as you deem appropriate.

Please include a copy of form ASD-127 with the items you submit. The form allows you to list items for three owners per page. We have created 100 extra owner content description boxes. If you need more room to submit property, the form may be duplicated. ***This form must be accompanied by form ASD-159. Form ASD-159 must be completed, signed, and notarized.***

Before you submit any property to us, please be sure that you are in compliance with the provisions of North Carolina General Statute 53-43.7, GS 116B-55, 116B-59 and 116B-69(a). Once forms **ASD-127** and **ASD-159** are received and reviewed, you will receive a photocopy of your completed ASD-127 indicating which items to submit to the Unclaimed Property Fund. If the provisions of the statute have been met, please forward only the ITEMS CHECKED 'SUBMIT' by **AN INSURED OR SECURED MEANS, SUCH AS, REGISTERED MAIL, FEDERAL EXPRESS, UPS, OR DELIVER IN PERSON (BY APPOINTMENT - PLEASE CALL 919 508-5933)** to the following address as soon as possible.

North Carolina Department of State Treasurer
Unclaimed Property Program
ATTN: Granger Roseberry
4021 Barrett Drive
Raleigh, NC 27609

If an owner should claim property from you during this process, and you have not yet submitted the property, please note this fact next to the item on form ASD-127 along with the signature of the person authorizing the recovery of the property.