



Robert M. McCord
Treasurer

UNCLAIMED PROPERTY ~ TANGIBLE ASSETS INVENTORY LIST ~ *(MUST BE TYPED)*

REPORT OF _____
(Name of Reporting Organization) Holder (Address) (Branch) (Reporting Year)

NAME OF INDIVIDUAL PREPARING REPORT _____ PHONE NUMBER (____) _____
(Signature)

EMAIL ADDRESS _____ EIN _____

TYPE OF PROPERTY

{ REFERENCE NUMBER SOCIAL SECURITY NO. <small>(optional)</small>	OWNER NAME	STREET ADDRESS	CITY	STATE	ZIP CODE	LAST ACTIVITY DATE
	PROPERTY DESCRIPTION	EXAMPLE				QUANTITY
1 {						
2 {						
3 {						
4 {						
5 {						
6 {						
7 {						
8 {						