

John Gabriel, Director
Tennessee Unclaimed Property Division

ClaimItTN.gov
866-370-9429



David H. Lillard, Jr.
Tennessee State Treasurer

A consumer protection program of the
Tennessee Department of Treasury



Claim ID	3235911
Date	6/12/2023
Total Cash	\$45.20
Total Shrs	0.0

The Tennessee Department of Treasury has received your claim for unclaimed property listed in Section A below. The circumstances of your claim require documentation necessary to verify ownership. Please complete Section B of this claim form and provide copies of all documentation requested in Section C. This documentation must be submitted before we can process your claim. This form and requested documentation can be uploaded by logging in to the secure Claims Portal at ClaimItTN.gov, selecting Check Your Claim Status, and entering the Claim ID number provided and the zip code you submitted with your claim. It can also be mailed to the address below.

There is no fee to claim property from the Tennessee Department of Treasury. If you have been working with a third-party for assistance in locating, delivering, or recovering this property, a copy of the contract must be sent to this office or uploaded to the Claims Portal. Additional information is available at [Treasury.tn.gov>Unclaimed Property>Third-Party Locators](https://treasury.tn.gov/Unclaimed-Property/Third-Party-Locators).

Section A. Property / Owner Information

Property ID		354329
Name of Company Who Remitted Property CHEROKEE VALLEY FED SAV BANK CLEVELAND , TN 37320	Property Cash Value \$45.20	Property Description Properties not identified
Name of Owner(s) as listed with the State Treasurer HUGHES ALICIA G	Address of Owner(s) as reported by company OR JAMES E HUGHES CLEVELAND , TN 37311	

Total Shares Claimed

0.0

Total Cash Claimed

\$45.20

Section B. Claimant Information		Claim ID: 3235911		Date: 6/12/2023
OWNERSHIP				
Relationship to owner: Heir - Deceased does NOT have a will				
NAME OF CLAIMANT Hughes Alicia		NAME OF CO-CLAIMANT		
SOCIAL SECURITY / FEIN	TELEPHONE NUMBER (423) 284-7797	SOCIAL SECURITY / FEIN	TELEPHONE NUMBER	
PRESENT MAILING ADDRESS(NUMBER AND STREET) 207 Cedarwood Trail		PRESENT MAILING ADDRESS(NUMBER AND STREET)		
CITY, STATE, ZIP Cleveland, TN 37312		CITY, STATE, ZIP		
CLAIMANT EMAIL hughesalicia13@gmail.com		CO-CLAIMANT EMAIL		
INDEMNIFICATION				
By signing below, I assert that I am the true owner (co-owner). I swear and affirm that the preceding statement and all facts and information set forth herein are true and correct. If I knowingly make any false statement with respect to this claim, I shall repay the Tennessee Department of Treasury Unclaimed Property Division the amount of the claim upon request and shall indemnify the Treasurer and the State of Tennessee in the event of a successful claim by another claimant.				
FULL SIGNATURE OF CLAIMANT		FULL SIGNATURE OF CO-CLAIMANT		

Section C. Documentation Required

Please provide documents for *all* items listed below. Original items will not be returned.

- OWNER SSN: Provide COPY of the owner(s) listed in Section A of the claim form social security number (copy of social security card).
- HEIR'S BIRTH CERTIFICATE: Provide copy of heir's long form birth certificate WITH parents' names displayed.
- OWNER OBITUARY: Provide copy of obituary of owner(s) listed in Section A of claim form; use copy that identifies the heir(s) with list of the survivors of the deceased person.
- OWNER'S DEATH CERTIFICATE: Provide copy of death certificate of owner(s) listed in Section A of claim form.
- CLAIMANT SSN: Provide COPY of claimant's social security number (copy of social security card).
- ORIGINAL ADDRESS: Provide proof of address of owner(s) as listed in Section A.
- CLAIMANT ID: Provide COPY of claimant's ID (such as driver's license).
- FORM COMPLETION: Complete & sign claim form.
- CURRENT ADDRESS: Provide proof of the address you want your check mailed to, using documents such as driver's license, bills, etc.
- COMPLEX CLAIMS: Complex claims may require more documents upon review. This is a free service.

Before returning this claim form, claimant(s) should:

- Review Section **A. Property / Owner Information;**
- Complete and sign Section **B. Claimant Information;**
- Attach the documentation requested in Section **C. Documentation Required.**

You can go to our website at www.ClaimItTN.gov to view additional information about proving your ownership and examples of required documentation. This is where you can also check the status of your claim at any time.

Depending on the complexity of your claim and current claim volume, it may take several weeks to process once all the needed documentation has been received. A check will be mailed to the address listed in Section B above. Checks cannot be picked up in person.

Please mail this completed form to:

Treasury Department • Division of Unclaimed Property • PO Box 190693 • Nashville, TN 37219