

GUF-1 Guardianship Unclaimed Funds Registry Claim Form - Creditor

Please complete and mail this form with required supporting documentation to:

Guardianship Unclaimed Fund Registry
Fiduciary Management Branch
275 East Main Street, 3E-F
Frankfort, KY 40621

YOU MAY NOT FAX OR EMAIL THIS FORM TO US.

NAME AND NUMBER OF THE ACCOUNT YOU ARE CLAIMING: _____

YOUR FULL NAME AND TITLE: _____

COMPANY ADDRESS: (Please notify the department if your address changes):

STREET OR PO BOX CITY STATE ZIP CODE

YOUR PHONE NUMBER: _____

PLEASE DESCRIBE THE SERVICES FOR WHICH YOU CLAIM PAYMENT IS OWED BY THE DECEDENT:

PLEASE ATTACH:

_ AN ITEMIZED STATEMENT DESCRIBING THE DATE OF SERVICE, THE SERVICE PROVIDED, AND THE AMOUNT OF THE CHARGES.

FAILURE TO ATTACH THE REQUIRED DOCUMENTATION MAY RESULT IN A DENIAL OF YOUR CLAIM.

A DECISION REGARDING YOUR CLAIM MAY NOT BE MADE UNTIL THE EXPIRATION OF ONE YEAR AFTER THE ACCOUNT IS POSTED ON THE REGISTRY. CLAIMS WILL BE PRIORITIZED IN THE FOLLOWING ORDER: 1) FINAL LIVING EXPENSES, 2) FUNERAL EXPENSES, 3) MEDICAID ESTATE RECOVERY.

SIGNATURE

DATE

COMMONWEALTH OF KENTUCKY
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20__.

NOTARY PUBLIC

ID # _____