



**Controller Betty T. Yee**  
California State Controller's Office  
Unclaimed Property Division

**Standard Investigator Agreement- Abandoned Property**

This agreement is entered into by and between \_\_\_\_\_, hereinafter referred to as "Claimant," and \_\_\_\_\_, hereinafter referred to as "Investigator."

- I.** Investigator, through his/her efforts, has located Claimant, who may be entitled to the assets in the possession of the State Controller of California, 10600 White Rock Road, Suite 141, Rancho Cordova, CA 95670 (Mailing Address: P.O. Box 942850-5873) as described below:

**OWNER'S NAME:** \_\_\_\_\_

**OWNER'S ADDRESS AS REPORTED TO THE STATE CONTROLLER'S OFFICE:** \_\_\_\_\_

**REPORTED BY:** \_\_\_\_\_

**TYPE OF ACCOUNT:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_ **PROP REF NBR:** \_\_\_\_\_

**SECURITIES:** \_\_\_\_\_ **PROPERTY ID NO:** \_\_\_\_\_

☐ \_\_\_\_\_ (CHECK HERE IF THERE ARE ATTACHMENTS LISTING ADDITIONAL ACCOUNTS)  
*Claimant's Initials*

- II.** Investigator and Claimant do hereby agree that in consideration of Investigator's efforts in locating Claimant and assisting in the actual recovery of the above-described assets to which Claimant may be entitled, Claimant assigns to the Investigator a percentage not to exceed 10% of the net assets which Claimant in fact recovers. Claimant agrees that the investigator fee will be paid upon payment of the claim.

Agreed percentage \_\_\_\_\_ Claimant's Initials \_\_\_\_\_ Investigator's Initials \_\_\_\_\_

- III.** If Investigator fails to disclose the nature and value of the property prior to the execution of this agreement, and Investigator and Claimant agree that if the existence and whereabouts of the above-described assets are known to the Claimant, and Claimant believes that said assets would have been recovered without the information and advice given by Investigator, then Claimant is under no obligation to Investigator.

- IV.** Investigator and Claimant agree that in the event Claimant is not entitled to assets described above and such assets are not recovered, there is no obligation on either party to the other, all expenses being borne by Investigator.

- V.** This agreement is valid for six (6) months from the date signed by Claimant.

**Claimant:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Claimant's Signature:** \_\_\_\_\_

**Claimant's SSN or Tax Identification Number:** \_\_\_\_\_

**Investigator:** \_\_\_\_\_ **Daytime Phone:** \_\_\_\_\_

**Investigator License #:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Investigator's Signature:** \_\_\_\_\_

**Investigator's Social Security Number or Tax Identification Number:** \_\_\_\_\_



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**Standard Investigator Agreement/Contract Attachment**

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
Reported By: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Amount: \_\_\_\_\_ ID #: \_\_\_\_\_  
Securities: \_\_\_\_\_ Property ID #: \_\_\_\_\_  
Owner's Initials: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
Reported By: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Amount: \_\_\_\_\_ ID #: \_\_\_\_\_  
Securities: \_\_\_\_\_ Property ID #: \_\_\_\_\_  
Owner's Initials: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
Reported By: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Amount: \_\_\_\_\_ ID #: \_\_\_\_\_  
Securities: \_\_\_\_\_ Property ID #: \_\_\_\_\_  
Owner's Initials: \_\_\_\_\_

Owner's Name: \_\_\_\_\_  
Owner's Address: \_\_\_\_\_  
\_\_\_\_\_  
Reported By: \_\_\_\_\_  
Type of Account: \_\_\_\_\_ Amount: \_\_\_\_\_ ID #: \_\_\_\_\_  
Securities: \_\_\_\_\_ Property ID #: \_\_\_\_\_  
Owner's Initials: \_\_\_\_\_