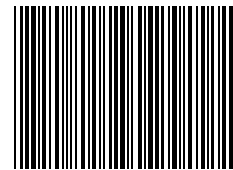


State of Delaware
Department of Finance
Office of Unclaimed Property
P.O. Box 8931
Wilmington, DE 19899-8931



Claim Form



ID: 547489

June 28, 2023

JANET J&J FERRAZ SUPER FUND
P O BOX 1675
BUNBURY, WA 6231
AUS AUSTRALIA

A. Claimant Information

Relationship to Owner (circle one): Self Parent Guardian Trustee Heir Executor/Administrator Business Other _____

Name(s) if different:	Daytime Phone:
Current Address:	SS# or FEIN#:
City, State, Zip:	Date of Birth:
Email Address:	

B. Property Information

Name Of Owner(s) of Property as reported to the department	Holder Name	Holder Address	Property ID
JANET RAE, FERRAZ PO BOX 1675 BUNBURY , WA 06231 JOHN DARRYL, FERRAZ PO BOX 1675 BUNBURY , WA06231	TWENTY FIRST CENTURY FOX INC	1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	31334349
JANET RAE, FERRAZ PO BOX 1675 BUNBURY , WA 06231 JOHN DARRYL, FERRAZ PO BOX 1675 BUNBURY , WA06231	TWENTY FIRST CENTURY FOX INC	1211 AVENUE OF THE AMERICAS NEW YORK, NY 10036	31335241
JANET RAE, FERRAZ PO BOX 1675 BUNBURY , WA 06231 JOHN DARRYL, FERRAZ PO BOX 1675 BUNBURY , WA06231	Walt Disney Co		44466399

C. Documentation Required

You must submit all documents in the following list with this completed claim form. If we do not receive a response from you within ninety (90) days from the date of this claim form, your claim will automatically be dropped from our system, and a new claim would need to be filed. After review, additional documents may be requested.

- Proof of Property Address** Please provide legible documentation of the claimant's association to the address listed on the property, as shown in Box B. If no address listed, or claimant is unable to provide address documentation, then proof of the claimant's association to the reporting organization/Holder at or before the time of escheatment will be required.
- ID 1 - Claimant** Please provide a legible color copy of the claimant's government issued photo ID. This must include front & back of ID or cover, data page, and photo page of passport.
- ID 2 - Claimant** Please provide a legible color copy of claimant's second government issued photo ID. This must include front & back of ID or cover, data page, and photo page of passport.
- Current Address** Please provide two of the following for proof of your current mailing address:
1. Mortgage statement
 2. Rental Lease agreement
 3. Deed showing property address
 4. Most recent property tax bill
 5. Photo ID if shows address
 6. Current Utility bill
 7. Current Bank statement

D. Affidavit

Under penalties of perjury, I certify that the information provided on this claim form is true, and all supporting documentation presented are either original or true unaltered copies of the original documents. Upon payment of this claim, said claimant will indemnify and hold harmless the State of Delaware, its Officers and Employees from any damages, claims or losses of any kind resulting in payment of the above described property to the claimant under the provisions of Delaware Revised Statutes.

Signature of Claimant

Printed Name of Claimant

Date

Signature of Claimant

Printed Name of Claimant

Date

Final Instructions

Please upload the **Completed Claim Form and Documentation listed in Section C** using the below secured website.

<https://unclaimedproperty.delaware.gov/app/claim-doc-upload>

****Please note that failure to provide all requested information and documentation will delay the claims process****