
Please mail inquiries to: **FDIC, Attention: Unclaimed Funds, 40 Pacifica, Irvine, CA 92618**

FDIC CLAIMANT VERIFICATION

Current Name: _____ FDIC Reference #: **10051**

Other Name used at Institution (if different than current) _____

Current Address: _____

City _____ State _____ Zip _____

Telephone (____) ____ - _____ Social Security Number _____

Signature _____

Name of Financial Institution: **Great Basin Bank of Nevada**

City of Financial Institution: **Elko**

State of Financial Institution: **NV**

AFFIDAVIT OF CLAIMANT

State of _____ }

County of _____ }

I, _____, do hereby solemnly swear (or affirm) that I am a depositor, general creditor, or shareholder of a financial institution that was liquidated by the Federal Deposit Insurance Corporation as indicated above.

I understand that presenting a false or fraudulent claim, in whole or in part, to the Federal Deposit Insurance Corporation may subject me to criminal and/or civil penalties as provided for in 18 U.S.C. §287 and 31 U.S.C. §3729, respectively.

Affiant (Signature)

Signed and sworn to (affirmed) before me

_____, this _____ day of _____, 201_, by
(Notary Public)

(Affiant Name)

_____ My commission expires _____
NOTARY PUBLIC