



SAFE DEPOSIT BOX INVENTORY STATEMENT
 NORTH DAKOTA STATE LAND DEPARTMENT
 UNCLAIMED PROPERTY DIVISION
 PO BOX 5523
 BISMARCK ND 58506-5523
 (701) 328-2800
 SFN 19370 (03/00)

Do Not Complete This Form Or Report The Name Of The Owner If The Box Is Empty When Drilled.

Holder ID # _____

Name and Address of Financial Institution

Branch Location
Contact Person

Box Owner's Name and Last Known Address

Social Security Number
Date Lease Expired

Contents of Box (Continue on back if necessary)

I hereby certify that the above statements and the items listed on the front and back of this form are true and correct.

Signature of Authorized Personnel

Date

Signature of Authorized Personnel

Date

