



Claim ID: 7680939

Shawn T. Wooden  
State Treasurer

**State of Connecticut  
Office of the Treasurer  
Unclaimed Property Division  
P.O. Box 5065  
Hartford, CT 06102**

July 25, 2022

BENNY HOCHSTER  
252 BEN GURION  
GIVATAIM 53326  
ISRAEL,

Thank you for filing a claim for unclaimed property being held by the State of Connecticut. By law, unclaimed property is turned over to the Treasury for safekeeping until returned to its rightful owner. Details relating to the property being claimed are included on this claim form. If you have any questions about this claim, please contact (800) 833-7318.

*Please note that if you are filing this claim through a third party (finder), Connecticut law limits the finder's fee to 10% of the total value of the claim.*

**Securities held by the state may have been sold and you may receive cash proceeds in lieu of securities.**

A. Claimant Information	
Name(s) if different than above:	Daytime Telephone No: (     )     -
Current Address if different than above:	
Email Address:	Date of Birth:     /     /
Owner's/Deceased Owner's Social Security Number or Federal Tax Identification Number:	

B. Property Information	
<b>Property ID 12135898</b>	
(A) Original Owner Name(s) JACOB KANARI ARIELA KANARI URI KANARI	(B) Original Owner's Address as Reported 252 BEN GURIONGIVATAIM 53326 Israel
(C) Holder Reporting Funds BANK OF AMERICA - NORTH CAROLINA     2021	(D) Type of Property AC01: CHECKING ACCOUNTS
(E) Original Document, Check, Policy or Account Number 00000000009393879669	(F) Property Value Cash     Stock Value: \$18.67     Proceeds: \$0.00
<b>Property ID 12135938</b>	
(A) Original Owner Name(s) ARIELA KANARI JACOB KANARI URI KANARI	(B) Original Owner's Address as Reported 252 BEN GURIONGIVATAIM 53326 Israel
(C) Holder Reporting Funds BANK OF AMERICA - NORTH CAROLINA     2021	(D) Type of Property AC03: MATURED CD OR SAVE CERT
(E) Original Document, Check, Policy or Account Number 00000088901022619892	(F) Property Value Cash     Stock Value: \$31,363.46     Proceeds: \$0.00

Property Information continued.....

Property ID		12135939	
(A) Original Owner Name(s) JACOB KANARI ARIELA KANARI ARIELA KANARI URI KANARI		(B) Original Owner's Address as Reported 252 BEN GURIONGIVATAIM 53326 Israel	
(C) Holder Reporting Funds BANK OF AMERICA - NORTH CAROLINA      2021		(D) Type of Property AC03: MATURED CD OR SAVE CERT	
(E) Original Document, Check, Policy or Account Number 00000088901025971809		(F) Property Value Cash      Stock Value: \$17,382.35      Proceeds: \$0.00	
<b>TOTAL CASH CLAIMED</b>		\$48,764.48	<b>TOTAL STOCK PROCEEDS</b>
			\$0.00

**C. Unclaimed Property Certification/Release and Indemnification/Acknowledgement**

**In consideration of the State of Connecticut accepting the representations of ownership, the payment of the above unclaimed property, and other good and valuable consideration, the undersigned Claimant hereby certifies to the following:**

1. Claimant resides at the address set forth above and is filing this claim with the Connecticut Unclaimed Property Division for return of the proceeds of certain unclaimed property now in the custody of the Connecticut State Treasurer.
2. Claimant is the legal owner and is entitled to possession of the attached described personal property.
3. Claimant has not sold, transferred, assigned, pledged, encumbered, hypothecated or borrowed against the property, or the money it represents.
4. If this claim is being made on behalf of a Corporation, Company, Limited Liability Company, General or Limited Partnership the undersigned acknowledges that he/she is an officer and authorized to act on behalf of said entity and the entity continues to exist.
5. If this claim is made on behalf of a deceased owner, then the undersigned acknowledges that he/she is the duly appointed personal representative of the estate of said decedent. The undersigned has attached a letter or certificate of his/her appointment, under seal of the Court having jurisdiction of decedent's estate, which such letter or certificate has not been rescinded or revoked.
6. Claimant certifies as true the statements and information contained in this Unclaimed Property form and documents submitted in support thereof.
7. Claimant releases the State of Connecticut and its officers, agents and employees from any and all claims or demands which Claimant may have now or in the future in connection with the State of Connecticut's custody and control of the unclaimed property.
8. Claimant shall indemnify and hold harmless the State of Connecticut, its officers, agents and employees, and in particular, the Connecticut State Treasurer and his/her successor and his/her agents and/or employees against any and all liabilities, losses, damages, claims, demands, costs or expenses, including payment of the unclaimed property and interest of a later claim that is equal or superior to Claimant, together with Court costs and attorney fees which may be suffered or incurred by the State of Connecticut for now paying Claimant the unclaimed property.
9. This release and indemnification document shall be binding on Claimant and his/her/its heirs, personal representatives, successors or assigns.
10. Claimant acknowledges and understands that a false statement made in claiming personal property under this form can subject the Claimant to criminal penalties under the laws of the State of Connecticut, including, but not limited to, under C.G.S. 53a-119 for larceny, C.G.S. 53a-139 for forgery, and 53a-157b for making a false statement, and can result in imprisonment and/or a fine.
11. Claimant has read this document, understands its terms and executes it freely and voluntarily for the purpose herein set out.

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**Signature of Claimant**


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**Signature of Claimant**

**D. Documentation Required to File Claim**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>PHOTO ID</b>                | Please provide a photocopy of your driver's license or other official government identification displaying your photo, signature and date of birth.                           |
| <input type="checkbox"/> <b>TAX ID - OWNER</b>          | Please provide a photocopy of an official government document displaying the reported owner's Social Security Number.   |
| <input type="checkbox"/> <b>SIGNATURE ON CLAIM FORM</b> | Please return the enclosed claim form with your signature. Each reported owner must sign the claim form.  |
| <input type="checkbox"/> <b>PHOTO ID - JOINT OWNERS</b> | Each person signing the claim must provide a photocopy of their driver's license or other official government identification displaying a photo, signature and date of birth. |
| <input type="checkbox"/> <b>TAX ID - JOINT OWNERS</b>   | Please provide a photocopy of an official document (i.e.: social security card, tax return, W-2, etc.) displaying each owner's social security number.                        |

**Final Instructions**

Please return the completed claim form along with the documentation listed in Section D to our Office at your earliest convenience.

You have two options available to file your claim:

- (1) You may upload the claim form and documentation via our website at <https://ctbiglist.com/app/claim-doc-upload>.

**Please note, at this time our office is not accepting documents by email.** If you are unable to upload the documents to our website you may follow option 2 below.

- (2) You may mail the documents to our office at the address listed below:

State of Connecticut  
Office of the Treasurer  
Unclaimed Property Division  
P.O. Box 5065  
Hartford, CT 06102

Always keep a copy of your claim packet for your records!

If you have questions, please call (800) 833-7318.