



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: JACOB KANARI	Daytime Telephone No: (972) 50-695724
Current Address if different than above: 252 BEN GURION GIVATAIM 5332618	
Email Address: KANAJACO@GMAIL.COM	Date of Birth: 5/5/1948
Owner's/Deceased Owner's Social Security Number or Federal Tax Identification Number: 046-78-4964	

B. Property Information	
Property ID: 12135898	
(A) Original Owner Name(s) JACOB KANARI ARIELA KANARI URI KANARI	(B) Original Owner's Address as Reported 252 BEN GURION GIVATAIM 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 Value: \$18.67 Stock Proceeds: \$0.00
Property ID: 12135938	
(A) Original Owner Name(s) ARIELA KANARI JACOB KANARI URI KANARI	(B) Original Owner's Address as Reported 252 BEN GURION GIVATAIM 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 Value: \$31,363.46 Stock Proceeds: \$0.00

Property Information continued.....

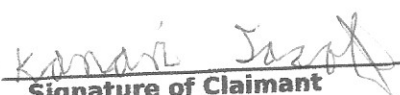
Property ID 12135939

(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 Value: \$17,382.35 Stock Proceeds: \$0.00	
TOTAL CASH CLAIMED		\$48,764.48	TOTAL STOCK PROCEEDS
			\$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.



Signature of Claimant



Signature of Claimant



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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.

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A. Claimant Information

Name(s) if different than above: <u>ARIELA KANARI</u>	Daytime Telephone No: <u>(972) 58-4118 92</u>
Current Address if different than above: <u>252 BEN GURION GIVATAIM 5332619</u>	Date of Birth: <u>1 / 2 / 1958</u>
Email Address: <u>KANASACO@GMAIL.COM</u>	
Owner's/Deceased Owner's Social Security Number or Federal Tax Identification Number: <u>046-78-7340</u>	

B. Property Information

Property ID: 12135898	
(A) Original Owner Name(s) JACOB KANARI ARIELA KANARI URI KANARI	(B) Original Owner's Address as Reported 252 BEN GURION GIVATAIM 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 Value: \$18.67 Stock Proceeds: \$0.00
Property ID: 12135938	
(A) Original Owner Name(s) ARIELA KANARI JACOB KANARI URI KANARI	(B) Original Owner's Address as Reported 252 BEN GURION GIVATAIM 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 Value: \$31,363.46 Stock Proceeds: \$0.00

Property Information continued.....

Property ID 12135939	
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(E) Original Document, Check, Policy or Account Number 00000088901025971809	(F) Property Value Cash Value: \$17,382.35 Stock Proceeds: \$0.00
TOTAL CASH CLAIMED	\$48,764.48 TOTAL STOCK PROCEEDS \$0.00

C. Unclaimed Property Certification/Release and Indemnification/Acknowledgement

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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.
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A. Kanari
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A. Claimant Information	
Name(s) if different than above: <u>Uri Kanari</u>	Daytime Telephone No: <u>(972) 5073086</u>
Current Address if different than above: <u>18 Mesheorim St Petach Tikva</u>	
Email Address: <u>URKANARI@GMAIL.COM</u>	Date of Birth: <u>02/09/1975</u>
Owner's/Deceased Owner's Social Security Number or Federal Tax Identification Number:	

B. Property Information	
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(A) Original Owner Name(s) JACOB KANARI ARIELA KANARI URI KANARI	(B) Original Owner's Address as Reported 252 BEN GURION GIVATAIM 53326 Israel
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Signature of Claimant

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