

**FORM NH-1**

REPORT AND REMITTANCE are due November 1



FOR TREASURY USE ONLY

**Tate Reeves**  
State Treasurer

**STATE OF MISSISSIPPI  
NURSING HOME  
UNCLAIMED PROPERTY REPORT  
(Medicaid Patients)**

REPORT YEAR \_\_\_\_\_

<i>Name of Holder:</i> _____	<i>Contact Person</i> _____	<i>Phone</i> _____
<i>Mailing Address</i> _____	<i>City, State, Zip</i> _____	

Pursuant to Mississippi Code Annotated, Section 43-13-120 of the Laws of Mississippi the above holder hereby reports the following property subject to the Act:

OWNER'S LAST NAME, FIRST NAME STREET ADDRESS / CITY, STATE, ZIP CODE (LIST ALPHABETICALLY BY LAST NAME)	OWNER'S SOCIAL SECURITY NUMBER	NAME & LAST KNOWN ADDRESS OF EACH PERSON WHO MAY POSSESS AN INTEREST IN SUCH FUNDS	AMOUNT REPORTED AS DUE OWNER

**AFFIDAVIT** State of \_\_\_\_\_ County/City of \_\_\_\_\_

I, \_\_\_\_\_ of the company, or holder, for which this report is made,  
(Type in name of officer owner etc., signing) (Type in title of person signing)  
being duly sworn (or affirmed) according to law do depose and say that (his report is true and contains all facts required by law to be reported,

Signature of officer, owner, etc. \_\_\_\_\_ Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

<b>TOTAL</b>	
MAIL REPORT & CHECK PAYABLE TO:	
State Treasurer of Mississippi Unclaimed Property Division P. O. Box 138 Jackson, MS 39205-0138	