

**COLORADO UNCLAIMED COLLATERAL
NOTICE AND DISCLOSURE STATEMENT**

Name of Licensed Insurance Producer Posting Bail Bond:
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**Lexington National Insurance Corporation
P.O. Box 6098
Lutherville, Maryland 21094-6098
888-888-2245**

(Insurance Producer name, license #, physical address and phone # must be printed or stamped above)

Power of Attorney #	Defendant's Name	Court and Case #

COLLATERAL OWNER	<i>Name and Last Known Address of Person Tendering Collateral</i>
DESCRIPTION OF COLLATERAL	<i>Description of collateral. Description of documents available for reconveyance and release of collateral, if applicable.</i>

RE: IMPORTANT NOTICE CONCERNING UNCLAIMED COLLATERAL

Collateral currently being held in trust is now available for release and return to the collateral owner ("owner"). The bail bond shown above has been released, but the undersigned bail bond Producer does not have the owner's current address or phone number. We are unable to tell the owner that the collateral is no longer necessary and that it can be returned at the owner's convenience. Our file suggests that you may have personal knowledge or information concerning the owner. If so, please contact us so that the collateral can be returned to the owner as required by law.

- Please inform the owner that we wish to return the collateral as soon as possible.
- Please provide the owner's current address and contact information, or the owner's guardian, conservator, or agent under durable power of attorney.
- Please provide contact information for any individual who may know the owner's current whereabouts.
- If the owner is deceased, please provide the name of the personal representative, date and place of death, if known.

Your assistance is greatly appreciated.

CERTIFICATION OF BAIL PRODUCER. I certify that I mailed or hand-delivered the forgoing notice to the Defendant, to Lexington National Insurance Corporation and to each of the persons whose names and addresses appear below:

_____/_____
Bail Producer Signature Date

Bail Producer Print Name

↴ *names and addresses of all persons in the underwriting file who may have knowledge concerning the whereabouts and status of the collateral owner* ↴

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

A completed copy of this notice must be kept in the Producer's permanent file.