



Jane F. Nikolai
Office of County Treasurer
730 Wisconsin Avenue
Racine, WI 53403
262-636-3339
fax: 262-636-3279
RCTreasurer@racinecounty.com

Date: _____

*AFFIDAVIT OF OWNERSHIP OF UNCLAIMED FUNDS / 2019
ACCOUNT # 780.211130 (Muni/Dept, odd years)*

Amount: \$ _____

CLAIMANT #1

Name (Please Print)

Mailing Address

City, State, Zip

Telephone Number

CLAIMANT #2 (if needed)

Name (Please Print)

Mailing Address

City, State, Zip

Telephone Number

I do hereby swear that I am the lawful owner(s) of this money and am lawfully entitled to claim it from Racine County.

Signature(s) - Sign in front of County Treasurer's Office Witness or Notary Public

X _____
Claimant's Signature

X _____
Claimant's Signature

To Be Completed by County Treasurer's Office:

Proof of Identity:

#1 _____

#2 _____

Receipt Acknowledged by

To Be Completed by Notary:

State of _____

County of _____

*This instrument was acknowledged and
Sworn before me on* _____

By _____

Signature of Notary Public

Notary Public

My Commission Expires _____

(Seal)