



**RACINE COUNTY**  
**OFFICE OF THE RACINE COUNTY TREASURER**  
**JANE F. NIKOLAI**  
 730 Wisconsin Avenue  
 Racine, WI 53403  
 (262) 636-3239

Date \_\_\_\_\_

**AFFIDAVIT OF OWNERSHIP OF UNCLAIMED FUNDS**  
 ACCOUNT # 780.211130 (Muni's, odd years)

Year Published: **2017**

Amount \$ \_\_\_\_\_

**CLAIMANT #1**

**CLAIMANT #2 (if needed)**

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Name (Please Print)

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 Mailing Address

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 City, State, Zip

\_\_\_\_\_  
 Telephone Number

\_\_\_\_\_  
 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:

To Be Completed by Notary:

*Proof of Identity:*

State of \_\_\_\_\_

#1 \_\_\_\_\_

County of \_\_\_\_\_

#2 \_\_\_\_\_

*This instrument was acknowledged and*

*Sworn before me on* \_\_\_\_\_

*By* \_\_\_\_\_

\_\_\_\_\_  
*Receipt Acknowledged by*

\_\_\_\_\_  
*Signature of Notary Public*

*Notary Public*

*My Commission Expires* \_\_\_\_\_

(Seal)