



Jane F. Nikolai
Office of County Treasurer
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Racine, WI 53403
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RCTreasurer@racinecounty.com

Date: _____

**AFFIDAVIT OF OWNERSHIP OF UNCLAIMED FUNDS / 2018
ACCOUNT # 790.211155 (CCC, even 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)