



**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 # 70090.2350 (C of CC, even yrs) or 10340.8500.00010 (Muni's, odd yrs)

Year Published: \_\_\_\_\_

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

**CLAIMANT #1**

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

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

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

\_\_\_\_\_  
 (Area Code) Telephone #

\_\_\_\_\_  
 Date of Birth

**CLAIMANT #2 (if needed)**

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

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

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

\_\_\_\_\_  
 (Area Code) Telephone #

\_\_\_\_\_  
 Date of Birth

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 \_\_\_\_\_  
 Claimants Signature

X \_\_\_\_\_  
 Claimants 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)