



**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 / 2020  
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)