



**AFFIDAVIT OF OWNERSHIP
AND
INDEMNITY AGREEMENT**

The undersigned claims:

1. That he/she is the owner of the following unclaimed funds presently being held by the Walworth County Treasurer.

2. That his/her ownership of such funds arises from the following facts:

County Treasurer

Check No. _____ Amount _____ Date of Check _____

Valerie Etzel
County Treasurer

3. That he/she hereby requests Walworth County to pay such unclaimed funds to him/her and hereby agrees to completely indemnify Walworth County against any claim to such funds which might be made by any other person.

Dated this _____ day of _____, 20____.

Name Telephone No.

Mailing Address City, State, Zip

(Photocopy of valid driver's license or photo identification card MUST be attached)

SUBSCRIBED AND SWORN TO before me
this _____ day of _____, 20____

Notary Public in and for the State of Wisconsin

Signature of Applicant

My commission expires: _____

Return form to: Walworth County Treasurer
PO Box 1001
Elkhorn, WI 53121

Accepted By: _____
Walworth County Treas. Dept.

100 W. Walworth
PO Box 1001
Elkhorn, WI 53121
262.741.4251 tel
262.741.4383 fax

Check # Issued: _____ Amount: _____ Date: _____