



**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:

| | | |
|------------------|---------------|----------------------|
| | | |
| <u>Check No.</u> | <u>Amount</u> | <u>Date of Check</u> |
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.

County Treasurer

Kathy M. Du Bois
County Treasurer

Dated this _____ day of _____, 2012.

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 _____, 2012

Notary Public in and for the State of Wisconsin
My commission expires: _____

Signature of Applicant

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: _____