

AFFIDAVIT OF OWNERSHIP AND INDEMNITY AGREEMENT

The undersigned, being first duly sworn on oath, states:

1. That they are the owner of the following unclaimed funds presently being held by the Treasurer's Dept., Columbia County, WI.

Name Listed in Newspaper: _____

Amount: \$ _____ for _____

2. That they are requesting to be paid such unclaimed funds and agree to completely indemnify Columbia County, or any agent thereof, against any claim to such funds which might be made by any other person.

3. That the claimant's right of ownership of such funds arises from the following facts:

4. Proof of identification:

Driver's License: _____ State: _____

Date of Birth: _____ Photo ID: _____

Current Mailing Address: _____

Phone: _____ Email: _____

Signature of Claimant

Witnessed by:

Accounting Department, Columbia County

Date