

**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 Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone No: \_\_\_\_\_

**\* A copy of ID must be attached.**

\_\_\_\_\_  
Signature of Claimant

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Reviewed by:

\_\_\_\_\_  
Accounting Department, Columbia County

Date: \_\_\_\_\_

Please send **completed form** and a **copy of the ID** to:  
Columbia County Accounting, PO Box 473, Portage, WI 53901.