

AFFIDAVIT OF OWNERSHIP AND INDEMNITY AGREEMENT

The undersigned, being first duly sworn on oath states:

1. That I am the owner of unclaimed funds presently being held by Fond du Lac County and identified in the public notice by the Treasurer.
2. That proof of my ownership of such funds arises from the following facts:

Check # _____ **Check Date** _____ **Amount \$** _____

3. That I hereby request Fond du Lac County to pay such unclaimed funds to me and hereby agree to completely indemnify Fond du Lac County against any claim to such funds which might be made by any person, in the event that person is determined to be the rightful owner of such funds.

Claimant Signature

Date

Copy of Photo Identification must be attached.

Current Contact Information:

Name

Address

City, State, Zip

Phone Number

**Subscribed and sworn to and before me
this _____ day of _____, 20____**

**Notary Public Fond du Lac County
My Commission Expires: _____**

For Office Use Only - County Treasurer

Acknowledgement:

Office Representative

Originating Department/Municipality

Brenda A Schneider, County Treasurer

Photo Identification attached (unexpired):

___ Driver's License ___ Passport

___ State-Issued ID _____(State)

___ Military ID ___ Veteran's ID