

AFFIDAVIT OF OWNERSHIP AND INDEMINITY AGREEMENT

The undersigned claims:

1. That he/she is the owner of the following unclaimed funds presently being held by the Sawyer County Clerk of Circuit Court.
2. That his/her ownership of such funds arises from the following facts:

Check No.	Date Issued	Amount \$
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3. That he/she hereby requests Sawyer County to pay such unclaimed funds to him/her and hereby agrees to completely indemnify Sawyer County against any claim to such funds which might be made by any other person.

Dated this _____ day of _____, 20_____

Name	Telephone No.
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Address	City, State, Zip
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(Photocopy of Valid driver’s license or photo identification card MUST be attached)

Accepted By: _____

Subscribed and sworn to before me this

_____ day of _____, 20_____.

Notary Public, State of Wisconsin

Signature of Applicant

My Commission Expires: _____

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Check # Issued : _____ Amount: _____ Date: _____

Return form to: Sawyer County Clerk of Circuit Court
10610 Main Street, Suite 74
Hayward, WI 54843