



JULIE A. ADKINS  
SENECA COUNTY AUDITOR

The undersigned makes claim to Unclaimed Funds currently in the custody of the Seneca County Auditor's Office, pursuant to Chapter 9.39 of the Ohio Revised Code.

**AFFIDAVIT**  
**REQUEST FOR UNCLAIMED/EXCESS FUNDS**

**This form must be completed and submitted along with proper documentation to verify claim  
MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC**

I hereby make application for excess money in the sum of \$\_\_\_\_\_. This excess money is the result of overpayment of \_\_\_\_\_ and is supported by the following documentation attached and incorporated by reference:

Owner of the excess funds \_\_\_\_\_ SSN or Tax ID# \_\_\_\_\_  
Owner's Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Amount of Unclaimed Funds \$ \_\_\_\_\_

If not original owner please provide further documentation of your right to claim these excess funds. (Power of Attorney required for paid professional finders)

Claimant's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Claimant's relationship to original owner of excess funds \_\_\_\_\_

Claimant's Address \_\_\_\_\_

The Owner/Claimant \_\_\_\_\_, being first duly cautioned that he or she is the only lawful person who is justly entitled to excess funds; said excess funds have been deposited in the county treasury; and that said claimant be paid aforesaid amount, as evidenced by said claim.

Under penalties of perjury, I certify that the information provided in this claim is true and correct and all supporting documents presented are original or true unaltered copies of the original documents. I also certify that I have a legal or equitable interest in the Unclaimed/Excess Funds.

Owner/Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

State of \_\_\_\_\_ County of \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

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