

**Affidavit to Obtain Duplicate
of
Lost or Destroyed Check**

State of California)
) ss.
County of El Dorado)

_____ (Preparer of Affidavit)

being duly sworn, says:

That s/he the said legal owner of that certain County Check numbered _____ dated _____, _____, and drawn by the County Auditor of the County of El Dorado on the Payroll Clearing Fund of said County, in favor of _____ as payee/s thereof, for

_____ dollars;
(net amount)

That said check has not been paid but was (check/fill-in applicable reason):

lost, stolen, destroyed, _____, before the same was paid by the County

Treasurer of said County of El Dorado, and cannot now be produced by the said OWNER;

That the circumstances and all facts relative thereto, are as follows:
(Explanation of reason of request for duplicate by claimant)

_____ Signature of claimant

Subscribed and sworn to before me this

_____ day of _____, _____

_____ District signature

District:

I understand that if lost check is found, that I am not to cash it, but to return check to the district office. _____ Claimant initials
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