

LOST/STOLEN CHECK AFFIDAVIT

I, _____, _____ declare as follows:
(Type or Print Name) Tax ID/Social Security Number

- 1. Children's Home Society of California (CHS) issued check number _____ payable to my order in the amount of \$_____ for services rendered on behalf of CHS. This check is referred to as the "Missing Check" below.
2. I cannot locate the Missing Check and, to the best of my knowledge and belief, the Missing Check is either lost or stolen.
3. I have not presented the Missing Check for payment. I have not transferred the Missing Check to any third party. I have not endorsed the Missing Check. I have not authorized any third party to endorse the Missing Check on my behalf.
4. If I later locate the Missing Check, I will notify CHS immediately and will return the Missing Check to CHS within five (5) days.
5. If I later locate the Missing Check, I will not present the Missing Check for payment. I will not transfer possession of the Missing Check to any third party. I will not endorse the Missing Check. I will not authorize any third party to endorse the Missing Check on my behalf.
6. If the Missing Check is presented to CHS' financial institution for payment, I agree to cooperate with CHS and take such actions as CHS may reasonably request to establish that I did not authorize the payment or transfer of the Missing Check.
7. I agree to indemnify and hold CHS harmless for all personal losses and expenses I incur, including all attorney's fees related to the Missing Check.
8. I hereby request CHS to issue a replacement check. I acknowledge that CHS is issuing the replacement check in reliance on this Affidavit. I understand that if CHS determines that I have participated in any of the above actions, my agreement with CHS will be terminated.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Affiant Signature

Date

STATE OF CALIFORNIA

COUNTY OF _____

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

Subscribed and sworn to (or affirmed) before me on this _____ day of _____, 20_____, by _____, proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Notary Seal

Notary Signature