

FRANK DAVIES, CPA AUDITOR-CONTROLLER

AFFIDAVIT

I/We,	, Payee of	check numbered	, dated,
20, and issued by the County of Or	ange Auditor-Contro	oller's Office on the Acc	counts Payable or Trust Fund in the amount of
\$ dollars, hereby declar-	e and certify that sai	d check has been undeli	vered, lost or destroyed, and further that I/we did
not cash said check, cause said check to b	be cashed or receive	proceeds therefrom.	
I/We also declare and certify that any end	dorsement that may i	now appear on said chec	k was not made by me/us or under my/our
direction, nor made by any second party	with whom I/we hav	re a joint tenancy agreen	nent, and further that I/we am/are the rightful
payee and have first-hand knowledge of	the truth of the fact	s contained therein for t	his check which was issued in payment for
(Invoice #/Case #/Parcel #, etc.)			
My/Our address at the date the check was	s issued was:		
•			
I/We certify (or declare) under penalty of	e perjury under the la	aws of the State of California	ornia that the foregoing is true and correct.
Executed this day of	, 20		
Signature (and Title, if applicable)			
Signature (and True, if applicable)			
Signature (and Title, if applicable)		Address if different from	om shove
Signature (and True, if applicable)		Address if different fro	on above
		Telephone Number	
			f the individual who signed the document to
which this certificate is attached, and not	the truthfulness, acc	curacy, or validity of tha	t document.
STATE			
COUNTY OF			
	NO [']	TARIZATION	
On this day of, 2			(insert name and title of the officer),
personally appeared			
			e the person(s) whose name(s) is/are subscribed
to the within instrument and acknowledge	ed to me that they ex	xecuted the same in their	authorized capacity(ies), on behalf of the
person(s)/entity therein named and ackno	wledged to me that	the person(s)/entity acte	d, executed the instrument.
I certify under penalty of perjury under the	_	_	
Witness my hand and official seal.			
,			
Signature		(Seal)	
(General) Form updated 10/28/19		` ,	