



OFFICE OF THE
ORANGE COUNTY AUDITOR-CONTROLLER

ANDREW N. HAMILTON, CPA
AUDITOR-CONTROLLER

AFFIDAVIT (Multiple Individuals)

We (insert names of payees) _____ and _____,
payees of check numbered _____ dated _____ and
issued by the County of Orange in the amount of _____ dollars;
declare and certify that we are the rightful payees for this check.

In substantiation of our claim, we:

Have attached the original above-identified check, or

Certify that the original above-identified uncashed check was lost or destroyed under the following circumstances:

IF THE CHECK IS MORE THAN 2 ½ YEARS OLD, THE ORIGINAL MUST BE ATTACHED TO THE AFFIDAVIT.

We understand that the County of Orange will **only** reissue checks in the names of the original payees and will send the reissued check to the original address unless otherwise indicated below.

Our mailing address has changed. The attached proof shows the original payees are now located at:

Street Address City & State Zip Code

By making this claim for reissuance of an uncashed check, we agree that we will not attempt to enforce the original uncashed check should it be subsequently discovered, and that any attempt to do so may result in criminal prosecution. Furthermore, we agree to indemnify and hold harmless the County of Orange, its officers, and its employees from any loss resulting from the payment of this claim. We certify under penalty of perjury that the foregoing is true and correct under the laws of the State of California and made with the knowledge that filing a false claim may result in criminal prosecution.

1st Signer's Signature

Executed this date _____

Signature _____

Signer's printed name _____

Signer's email and Telephone Number _____



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2nd Signer's Signature

Executed this date _____

Signature _____

Signer's printed name _____

Signer's email and Telephone Number _____

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

NOTARIZATION

STATE OF _____

COUNTY OF _____

On this _____ day of _____, before me the undersigned, a Notary Public in and for said County and State, personally appeared _____ (insert payee name and title of the officer, if applicable) **and** _____ (insert payee name and title of the officer, if applicable), personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that they executed the same in their authorized capacity(ies), on behalf of the person(s)/entity therein named and acknowledged to me that the person(s)/entity acted, executed the instrument.

I certify under penalty of perjury under the laws of the State of California that the foregoing paragraph is true and correct. Witness my hand and official seal.

Signature _____

Date _____ (Seal)