



# COUNTY OF TULARE AFFIDAVIT

\_\_\_\_\_  
*Claimant*

declares under penalty of perjury:

1. The undersigned is the Payee of the following County warrant(s) drawn on Account # 7020024113 at Union Bank of California

<b>Warrant Number</b>	<b>Warrant Date</b>	<b>Payee</b>	<b>Amount</b>
_____	_____	_____	_____

2. Payee believes that warrant was

\_\_\_\_\_  
*(Not received, stale-dated, lost, stolen, destroyed, or forged)*

3. Payee understands that he/she cannot cash this missing warrant if it comes into his/her possession. If it does, he/she agrees to immediately return it to the COUNTY OF TULARE.

4. Payee has never endorsed the warrant(s), and has neither directly or indirectly received any part of the proceeds of the warrant(s). No part of the proceeds of the warrant(s) has been applied to any use or purpose on Payee's behalf.

\_\_\_\_\_  
*Payee Name (Typed or Printed)*

\_\_\_\_\_  
*Payee Signature*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City, State, Zip Code*

**NOTARY ACKNOWLEDGMENT**

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.

State of California \_\_\_\_\_ )  
County of \_\_\_\_\_ )

On \_\_\_\_\_  
*Date*

before me, \_\_\_\_\_,  
*Notary Public*

personally appeared \_\_\_\_\_,  
*Name(s) of Signer(s)*

who 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 he/she/they executed the same in his/her/their authorized capacity(ies), and by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) 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 (seal) of Notary Public*

**IF WARRANT IS MORE THAN \$100  
AFFIDAVIT MUST BE NOTARIZED  
OR  
PAYEE MUST PROVIDE PROOF  
OF IDENTIFICATION IN PERSON**

*RETURN AFFIDAVIT TO:*  
TULARE COUNTY AUDITOR CONTROLLER  
CLAIMS DIVISION  
221 S MOONEY BLVD ROOM 101 E  
VISALIA CA 93291-4593

### AUDITOR'S USE ONLY

Replaced by Warrant # \_\_\_\_\_  
AUD -189 (01/15)

Initials: \_\_\_\_\_

Dated: \_\_\_\_\_