

The Klamath Tribes Affidavit Concerning Lost Check

Today's Date _____	Office Use Only
Date of Check: _____	Payee Name _____
Check No. : _____	Address _____
Amount of Check: _____	City & State _____
Program: _____	Tribal ID# _____
Stop Pymt (Y/N) _____	Is this a new address? (Y/N) _____

Information below to be complete by the payee.

Check: _____ Not Received _____ Lost _____ Stolen _____ Other _____

If the check listed above was lost, stolen or destroyed: _____ I did **NOT** endorse it _____ I **DID** endorse it.

I, _____ being first duly sworn, say: I reside at _____
 _____ in the city of _____
 _____, State of _____ Zip _____.

Check or payment was due to me from the Klamath Tribes on or about the _____ day of _____, 20____. Neither I, nor anyone on my behalf has received benefit from this check. I am completing this form to get a replacement check from the Klamath Tribes. I understand I must return the first check if I receive it.

If the first check is cashed, I will examine the signature of the original endorser. If I believe that the signature is not mine, I will put my belief in writing. If the Klamath Tribes must defend a legal action for payment of the first check, I will appear as a witness. I understand that giving false information for the purpose of obtaining benefit from the Klamath Tribes can result in legal action against me.

Payee signature _____

Other information you would like us to know:

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public Signature _____

For the State of Oregon: _____ County _____

My Commission expires: _____