SAN JOAQUIN COUNTY
WARRANT REPLACEMENT AFFIDAVIT

IF NOT PRESENTED IN PERSON, THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN $100.

A.   BASIC DATA

NAME OF PAYEE (LAST, FIRST, MIDDLE)	WARRANT NUMBER
ADDITIONAL PAYEE (if applicable)	WARRANT AMOUNT
ADDITIONAL PAYEE (if applicable)	DATE ISSUED
CURRENT ADDRESS ,	

PHONE NUMBER	FAX NUMBER

B. ☐ WARRANT LOST, STOLEN, DESTROYED OR NOT RECEIVED:

I certify that the above warrant was

XX   ☐ LOST   ☐ STOLEN   ☐ DESTROYED   ☐ NOT RECEIVED

The facts about its loss, theft, destruction or nonreceipt are as follows:

XX _____

If I receive this warrant, I understand that I cannot cash it, and I agree to immediately return it to the County Auditor-Controller at 44 N San Joaquin St. Ste. 550, Stockton, CA 95202 or call (209) 468-3925. I understand it is a felony to cash the original warrant once I have signed this form.

C. ☐   **FORGED WARRANT**

I have seen the warrant, and the endorsement of the back is not my signature, nor was it executed or authorized by me, nor have I received any or part of the amount payable.

Claimants's signature: _____ Date:_____

D.   I DECLARE THAT:

(1)   I have not received any benefit from the money represented by said alleged forged warrant.

(2)   I did not agree to give up any or my rights in and to said warrant.

(3)   I agree that I shall, at all times, indemnify and hold harmless the County of San Joaquin from all claims, costs, suits, liability and/or damages. The indemnification and hold harmless provisions shall cover attorneys fees and court costs.

(4)   I understand that if I have knowingly made any false statement, it can be alleged that I have violated certain criminal laws.

(5)   I agree to fully cooperate with all law enforcement officials in connection with the matter of said warrant.

PAYEE #1

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and was executed on the _____

XX day of _____ 20_____ at Stockton, California.

Sworn to and subscribed before me on this _____ day of

XX _____, 20_____,

XX _____   XX _____
Payee and/or Claimant signature   Witness Signature

PAYEE #2 (if applicable)

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and was executed on the _____

XX day of _____ 20_____ at Stockton, California.

Sworn to and subscribed before me on this _____ day of

XX _____, 20_____,

XX _____   XX _____
Payee and/or Claimant signature   Witness Signature

PAYEE #3 (if applicable)

I declare under penalty of perjury that the above information is true and correct to the best of my knowledge and was executed on the _____

XX day of _____ 20_____ at Stockton, California.

Sworn to and subscribed before me on this _____ day of

XX _____, 20_____,

XX _____   XX _____
Payee and/or Claimant signature   Witness Signature

IF NOT PRESENTED IN PERSON, THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN $100.

NAME OF PAYEE (LAST, FIRST, MIDDLE)	WARRANT NUMBER
ADDITIONAL PAYEE (if applicable)	WARRANT AMOUNT
ADDITIONAL PAYEE (if applicable)	DATE ISSUED

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 _____ **before me,** _____
(insert name and title of the officer)

personally appeared _____

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 that 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)**