



**AFFIDAVIT OF LOST/DESTROYED OR FORGED ENDORSEMENT CHECK**

**SQUAXIN ISLAND TRIBE )** \_\_\_\_\_  
**10 SE SQUAXIN LANE )** \_\_\_\_\_  
**SHELTON, WA 98584 )** \_\_\_\_\_

**LOST OR DESTROYED CHECK:**

I, \_\_\_\_\_, having been duly sworn, depose and say that I am the proper owner, payee, or legal representative of such owner or payee of the SQUAXIN ISLAND TRIBE Check No. \_\_\_\_\_ dated \_\_\_\_\_, in the amount of \_\_\_\_\_ dollars and that said check has been lost, destroyed, or not delivered to me, and to the best of my knowledge has not been paid nor replaced.

**FORGED ENDORSEMENT CHECK:**

I, \_\_\_\_\_, being the rightful owner of the SQUAXIN ISLAND TRIBE Check No. \_\_\_\_\_ dated \_\_\_\_\_ 20\_\_\_\_, in the amount of \_\_\_\_\_ dollars, do hereby certify that my name as signed on the back of the said check is a forgery, and that I have not received nor endorsed the said check: neither have I been benefited in any way from the proceeds there from.

\_\_\_\_\_  
(Signature)

**NOTARY:**

SUBSCRIBED AND SWORN before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Washington  
Residing at \_\_\_\_\_

**ACCOUNTING USE ONLY**

**CHECK CANCELLATION AUTHORIZATION**

BANK	ISSUED DATE	FISCAL YEAR	CHECK NO.	AMOUNT
FUND/SOURCE	DEPT. CODE	PROGRAM CODE	GLA CODE	SESSION ID

**REPLACEMENT CHECK**

BANK	CHECK NO.	DATE	SESSION ID

**AUTHORIZED BY**

NAME (Print)	SIGNATURE	TITLE	DATE

**PLEASE RETURN ORIGINAL COMPLETED FORM WITHIN 10 DAYS UPON RECEIPT TO:**  
SQUAXIN ISLAND TRIBE 10 SE SQUAXIN LANE, SHELTON, WA 98584