

STEPHENSON COUNTY TREASURER

State of Illinois }
County of Stephenson } ss:

AFFIDAVIT OF LOST, MISSING, OR STOLEN CHECK
(STEPHENSON COUNTY CHECKS)

I, _____, being first duly sworn on oath, state the following:
(Name of person submitting the affidavit)

1. I am the payee, or payee's designee to whom the lost, missing, or stolen check is written.
2. The payee mailing address is _____
3. The payee telephone number is (daytime) _____, (evening, if different) _____
4. Check(s) were issued by Stephanie Helms, Stephenson County Treasurer, and are identified below:

Check No. _____	Date _____	Amount \$ _____
Check No. _____	Date _____	Amount \$ _____
Check No. _____	Date _____	Amount \$ _____

5. That the above checks have been LOST DESTROYED STOLEN OTHER describe)

6. By this affidavit, I am requesting that the Stephenson County Treasurer void the check(s) indicated above and issue a replacement check(s).
7. I further understand that by presentation of this affidavit, and the issuance of a replacement check by the Stephenson County Treasurer, that I may be held legally liable both under criminal and civil laws of the State of Illinois if any attempt is made to cash or present any check listed above to any financial institution, currency exchange, or any other third party.

Signature of Submitter

Signed and sworn before me on this _____ day of _____, 20_____.

Notary Public Signature and Stamp

FORM MUST BE NOTARIZED