

Name _____ Posse # _____

AFFIDAVIT CONCERNING LOST CHECK(S)

THIS DOCUMENT MUST BE SIGNED BEFORE A NOTARY PUBLIC

The State of Wyoming)
)
County of Sweetwater)

I am the lawful owner and payee of the check(s) listed below. To the best of my knowledge, the check(s) has/ have been lost, stolen or destroyed and not cashed or replaced by duplicate check(s).

I execute this Affidavit for the purpose of obtaining from the Clerk of District Court, the issuance of (a) replacement check(s) for the same amount as the original(s) and, in all other respects, the same as the original check(s). The replacement check(s) will be issued **no sooner** than ten (10) days from the date this Affidavit is received by the Clerk.

I agree to return the check(s) listed below to: *Clerk of District Court, 80 W Flaming Gorge Way, Suite 255, P.O. Box 430, Green River, WY 82935*, should I find said check(s) realizing that a "stopped payment" will be placed on the original(s) prior to the issuance of replacement check(s).

DATED this _____ day of _____, 2009.

Signature Social Security Number

Mailing Address City, State, Zip Code

Telephone Number

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

Notary Public

My commission expires: _____.

COMPLETED AS MUCH INFORMATION AS YOU CAN; THE REST WILL BE FILLED IN BY THE CLERK OF DISTRICT COURT'S OFFICE

CHECK #	WARRANT#	AMOUNT	DATE	CASE#
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Return form to:
Clerk of District Court
80 W Flaming Gorge Way, Suite 255
PO Box 430
Green River, WY 82935