



AFFIDAVIT OF LOST OR DESTROYED CHECK

STATE OF WASHINGTON

COUNTY OF KING

CHECK NO. \_\_\_\_\_

I, \_\_\_\_\_ have been duly sworn, deposed, and say that I am the proper owner, payee, or legal representative of such owner or payee of Shoreline Community College, State of Washington's 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.

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

Witness if signed by "X":

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

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

I certify that I know or have satisfactory evidence that (name of person) \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that they signed this instrument and acknowledged it to be their free and voluntary act for the uses and purposes mentioned in the instrument.

\_\_\_\_\_  
Notary Public in and for the State of Washington (Signed)

\_\_\_\_\_  
Notary Public in and for the State of Washington (Printed)

\_\_\_\_\_  
My Commission Expiration Date