



**AFFIDAVIT FOR REPLACEMENT CHECK
NEVADA UNCLAIMED PROPERTY**

**STATE OF NEVADA
UNCLAIMED PROPERTY**
555 E WASHINGTON AVE #5200
LAS VEGAS, NV 89101
(702) 486-4140

CONTACT NAME	CONTACT TELEPHONE NUMBER	EMAIL ADDRESS
I, the above named claimant, state the following: The check identified below has: (check one)		CLAIM #

- has never been received
- been destroyed
- been received, but was lost;
- other _____

In addition, I state I have never received the dollar amount of the check or any portion of it either directly or indirectly.

Further, I know that it is a violation of the criminal law of the State of Nevada to knowingly make a false affidavit for the purpose of procuring a replacement check for a lost or destroyed check or to negotiate the original state check for which I have caused a replacement check to be issued.

Further, I state that if a replacement check is issued to replace the lost original state check and the original check is then found, the original check will be mailed to the State of Nevada Treasurers Office Unclaimed Property
555 E. Washington Ave Suite #5200 Las Vegas, NV 89101

Claiming another person's money constitutes an act of Larceny pursuant to NRS 205.

I want my replacement check to be mailed to : _____

MUST BE SIGNED IN PRESENCE OF NOTARY	CLAIMANT SIGNATURE 	DATE:
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ADDRESS (STREET, CITY, STATE, ZIP) _____

NOTARY PUBLIC EMBOSSER OR BLACK INK RUBBER STAMP SEAL	STATE	COUNTY
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES
NOTARY PUBLIC NAME(TYPED OR PRINTED)		

TO BE COMPLETED BY ISSUING DEPARTMENT - FOR INTERNAL USE ONLY		
CLAIMANT NAME	COUNTY OF RESIDENCE	
DATE OF CHECK	CHECK NUMBER	AMOUNT OF CHECK
NAME OR NAMES ON CHECK (PAYABLE TO)		