

AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED CHECK



Sonoma County Employees' Retirement Association
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403
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www.scretire.org

I, _____, being duly sworn, state:
that being the legal owner of check numbered _____, dated _____
drawn by the Sonoma County Employees' Retirement Association (SCERA) on State Street Bank
and Trust in the amount of \$ _____ dollars and _____ cents;
that said check has not been paid but was lost or destroyed before the same was paid by SCERA.
I realize that if said check is recovered after signing and submitting this affidavit, the check is
non-negotiable and I will return the check to SCERA.

Claimant's Signature

Date