

**AFFIDAVIT TO OBTAIN DUPLICATE OF LOST OR DESTROYED CHECK**



Sonoma County Employees' Retirement Association  
433 Aviation Boulevard, Suite 100, Santa Rosa, CA 95403  
Tel: (707) 565-8100 / Fax: (707) 565-8102 / 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