AFFIDAVIT OF LOST CHECK March 18, 2016

The info	rmation in this se	ction is to be either comp	pleted or supplied by the Clerk o	, =
Docket Number:			Check Number:	
Amount:			Issue Date:	
Date mailed to Pa	ayee at last known	address on file in Distric	t Court:	
Addressed and M	lailed to:			Mailing Date
Name		Address		City/State/Zip
		E THE FOLLOWING ADDRESS LISTED B	SECTION, <u>HAVE YOUR SIG</u> ELOW.	NATURE NOTARIZED AN
I hereby state tha	t the following inf	ormation is true and corre	ect: (Mark the correct response)	
	•	I have never received the After due and diligent set that is described above, Other (explain fully):	earch, I cannot locate the check,	
agree to immedia possession. I ack	tely deliver the ch knowledge that if	eck described above to the character of	zation for payment of the origina ne Clerk of District Court if it sho eck listed above that I may be sover any and all amounts to when	ould ever come into my subject to prosecution, and
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(307) 367-4376

PHONE: