

DECLARATION OF LOST, STOLEN, OR DESTROYED CASHIER'S CHECK



CASHIERS CHECK ISSUED TO (PAYEE)		DATE ISSUED
CHECK NUMBER		AMOUNT
PAYEE ADDRESS		CITY, STATE
ZIP CODE	PAYEE PHONE	
NAME OF REMITTER (PURCHASER)		
ACCOUNT PURCHASED FROM		DATE OF DECLARATION
REMITTER ADDRESS		CITY, STATE
ZIP CODE	REMITTER PHONE	

I, the above-named  remitter, or  payee, do hereby declare the following in regards to the above-described check (herein after referred to as "the item"):

\_\_\_\_ 90 days have elapsed from the date of purchase of the item.  
initial

\_\_\_\_ I am not in possession of the item.  
initial

\_\_\_\_ I am the remitter, or payee named on the item.  
initial

\_\_\_\_ My loss of possession of the item was not the result of a transfer by me or lawful seizure.  
Initial

I cannot reasonably obtain possession of the item because, (please check one):

- The item was destroyed.
- The item's whereabouts cannot be determined.
- The item is in the wrongful possession of an unknown person or a person that cannot be found, or is not amendable to service of process.

**I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct:**

NAME	CITY	STATE	COUNTY
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SIGNATURE	DATE
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**Claim for Amount of Lost, Destroyed, or Stolen Cashier's Check**

REISSUE CHECK? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAIL CHECK TO ADDRESS ABOVE OF: <input type="checkbox"/> Remitter <input type="checkbox"/> Payee	REISSUED CHECK NUMBER:	REDEPOSIT FUNDS: <input type="checkbox"/> No <input type="checkbox"/> Yes, Acct #: _____
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CLAIMANT'S NAME	CLAIMANT'S PHOTO ID
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CLAIMANT'S SIGNATURE	DATE
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