

**MONTEREY COUNTY SUPERINTENDENT OF SCHOOLS  
AFFIDAVIT TO OBTAIN DUPLICATE  
OF LOST OR DESTROYED WARRANT**

Date received: \_\_\_\_\_ Check one: Payroll  Bill Warrant

STATE OF CALIFORNIA  
County of \_\_\_\_\_

Dist. \_\_\_\_\_

XX \_\_\_\_\_  
(SIGNATURE) in ink

**CERTIFIES**

That (name) \_\_\_\_\_ is the legal owner of  
that certain warrant numbered \_\_\_\_\_, dated \_\_\_\_\_,  
20\_\_\_\_, and drawn by the county auditor of the County of \_\_\_\_\_,  
on the \_\_\_\_\_ Fund  
of said county, in favor of XX \_\_\_\_\_  
(SIGNATURE) in ink  
as payee thereof, for \_\_\_\_\_ dollars;

That said warrant has not been paid but was \_\_\_\_\_  
\_\_\_\_\_, and cannot now be produced by the said payee.

That the circumstances of such loss and all material facts relative thereto are as follows:  
\_\_\_\_\_

**I UNDERSTAND THAT BY FILING THIS AFFIDAVIT FOR LOST WARRANT THAT A  
STOP PAYMENT WILL BE PLACED ON THE ORIGINAL WARRANT SO A DUPLICATE  
WARRANT MAY BE ISSUED. I UNDERSTAND A BANK/STOP PAYMENT FEE OF  
\$18.00 WILL BE COLLECTED UPON FILING THIS AFFIDAVIT.**

**I certify under the penalty of perjury that the foregoing is true and correct.**

Subscribed at \_\_\_\_\_, Monterey County, California, this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

XX \_\_\_\_\_  
(SIGNATURE) in ink