

STATE OF NORTH CAROLINA DEPARTMENT OF REVENUE P.O. Box 1168 Raleigh, North Carolina 27602-1168

## CHECK ONE Escheat / DOR Stop Payment Forgery

**Financial Services Division** 

## AFFIDAVIT AND INDEMNITY BOND

I (We): \_\_\_\_\_

(Affiant - Please type or print Name(s) of Taxpayer(s) or Business)

Of: \_\_\_\_\_

(Address of Affiant - Please type or print Street Address, City, State, and Zip Code)

## CHECK ONE

- \_\_\_\_\_ has not been received by affiant(s),
- \_\_\_\_\_ has been received by affiant(s), was endorsed, but has since been destroyed, stolen, or lost,
- has been received by affiant(s), was not endorsed, and has since been destroyed, stolen or lost,
  has been examined by affiant(s), and the first endorsement is not my (our) handwriting, and I (we) have not at any time authorized anyone to endorse the warrant on my (our) behalf.

That I (we) did not cash the warrant and have never benefited in any manner from said warrant; That I (we) seek to have the State of North Carolina replace said warrant; and,

in consideration of the issuance of the replacement warrant by the State of North Carolina, I (we), the undersigned, am (are) held and firmly bound unto the State of North Carolina in the sum of <u></u>dollars (an amount equal to the sum of the warrant involved herein), to be paid to the State of North Carolina, to the payment whereof, well and truly to be made, I (we) bind myself (ourselves) and each of my (our) heirs, executors, administrators, or successors firmly by these presents, so that I (we), my (our) heirs, executors, administrators, or successors shall at all times save harmless and keep indemnified the State of North Carolina against any claim, demand, loss or expense of any character, and against all loss and damages whatever that shall or may result at any time to the State of North Carolina, or any agency thereof, arising out of and by reason of the issuance to the undersigned of the duplicate warrant in replacement of the warrant hereinabove described.

WITNESS my hand and seal, this the	day of		, 20		·
BUSINESS			INDIVIDUAL(S)		
Business Name	(SEAL)	Signature of Taxpayer			(SEAL)
Signature of Affiant		Social Security Number			
Title			ayee		
Federal Employee Identification Number	Social Security Number				
Subscribed and sworn to before me,		Subscribed and sworn to before me,			
This the day of, 20		This the	day of	, 20	·
Notary Public		Notary Public			
My commission expires My commission expires					
THIS FOI	RM MUST BE SUBM	ITTED IN DU	PLICATE		