ORONDO SCHOOL DISTRICT No. 13

100 Orondo School Rd ORONDO, WA 98843 (509) 784-1333 FAX (509)784-0633

AFFIDAVIT OF LOST WARRANT

State of Washington, Count of	
G ,	"County of" the person's county receiving warrant
I,	, being of lawful age first duly sworn upon
oath, depose and say that I am th	ne proper owner, payee, or legal representative of such
owner or payee of Orondo Schoo	l District #13 warrant(s) dated, issued in
payment for	
and that as of:///	this affidavit has been lost or destroyed and has not
been paid.	
Warrant #	\$
Warrant #	
Warrant #	
the original warrant, it is my responsible. School District. I understand that any misreprese to prosecution for perjury and/or or the control of the contr	t warrant is issued, and I later come into possession of onsibility to return the original warrant to the Orondo ntations which I make on this affidavit could subject me other penalties. I also understand that if I attempt to and the replacement warrant(s), I will be prosecuted to
Signature of Payee	/
Subscribed and sworn to before r	me, this day of,
	Notary Public in and for the
	State of Washington