



Affidavit in Support of Loss

STATE OF FLORIDA
COUNTY OF DUVAL

BEFORE ME, the undersigned authority, personally appeared, _____
("Declarer"), who being first duly sworn, deposes and says, under penalty of perjury, that:

1. Declarer lost possession of () cashier's check or () official check # _____ in the amount of \$_____.
2. Declarer is the () remitter or () payee of the check.
3. The loss of possession of the check was not the result of a transfer by Declarer of a lawful seizure.
4. Declarer cannot reasonably obtain possession of the check because:
 - a. () it was destroyed
 - b. () its whereabouts cannot be determined, or
 - c. () it is in the wrongful possession of an unknown person or a person that cannot be found or is not amenable to service of process.
5. In consideration for payments of the amount of the check to Declarer by Alive Credit Union ("Credit Union"), Declarer agrees that if Credit Union incurs any loss, liability, damage, cost or expense (including expense of employing legal council to defend the Credit Union) as a result of any claim, demand, action, suit or proceeding brought or made by any party in any way related to the check, Declarer will indemnify and hold Credit Union harmless from and against such loss, liability or damage to reimburse Credit Union for such cost or expense.

Signature of Declarer

Account Number

Sworn to and subscribed before me this _____ day of _____, 20____, by
_____, who is personally known to me or who has produced
_____ as identification.

Signature

Type or print name

Notary Public
My Commission

Expires: _____