

COMMONWEALTH OF MASSACHUSETTS
Department of the State Treasurer
Unclaimed Property Division
One Ashburton Place, 12th Floor
Boston, MA 02108-1608
(617) 367-0400

LOST PASSBOOK/CD AFFIDAVIT

1. Being duly sworn under the penalties of perjury I _____
(Name)
state I am of full age and reside at _____
(Street) (City/Town) (State) (Postal Code)

(COMPLETE THE FOLLOWING SECTION IF YOU ARE THE ORIGINAL OWNER)

2. I have not sold, assigned, transferred, nor pledged lost passbook/CD and balance, nor given it away, nor authorized nor empowered any person or persons, corporation or association, to draw any amount on same.

The last time I saw the certificate it was with _____
at _____ on or about _____

(Date) _____; that I missed it for the first time on or about _____
(Date)
that I have made diligent search for it _____
(place)
that I do not know in whose possession it is, nor where it could be found.

(ALL CLAIMANTS SHOULD COMPLETE THIS SECTION)

3. In consideration of the payment to one of the said amount, I agree to indemnify THE COMMONWEALTH OF MASSACHUSETTS and hold harmless for and from all claims and loss, costs, damages, and expenses which THE COMMONWEALTH OF MASSACHUSETTS may sustain by reason of the turning over of the said amount to me and by reason further of its refusal hereafter to pay the said amount to any other person or persons.

Bank Name _____ Passbook or CD Number _____ Claimant's Signature _____

Subscribed and Sworn to before me,

This _____ day of _____, _____ A Notary Public in and
for the County of _____ in the State of _____

Signature of Notary Public

My Commission Expires _____

ID# _____

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