

STATE OF North Carolina

**AFFIDAVIT AND**

COUNTY OF \_\_\_\_\_

**INDEMNITY BOND**

\_\_\_\_\_, being first duly sworn, deposes and says that check(s) numbered \_\_\_\_\_ in the amount of \_\_\_\_\_ dated \_\_\_\_\_, allegedly issued by the Office of the State Controller for the

\_\_\_\_\_, an agency of the State of North Carolina and drawn on the State Treasurer, and allegedly made payable to the order of this (these) affiant(s)

- \_\_\_\_\_ has/have not been received by this affiant,
- \_\_\_\_\_ has/have been received by this affiant but has/have since been stolen or lost,
- \_\_\_\_\_ has/have been received by this affiant, but has/have since been destroyed.

that I (we) did not cash the check(s) and have never benefited in any manner from said check(s); that this (these) affiant(s) seek(s) to have the State of North Carolina replace said check(s) and,

In consideration of the issuance of the replacement check(s) 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 \_\_\_\_\_ (an amount equal to the sum of the checks 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 and administrators, firmly by these presents, so that if I(we), my(our) heirs, executors or administrators, 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 check(s) in replacement of the check(s) herein above described, then this obligation to be void and of no effect, otherwise to be and remain in full force and effect.

**WITNESS** my (our) hand and seal(s), this the \_\_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_(SEAL)  
Signature of Affiant (Taxpayer/Vendor)

\_\_\_\_\_(SEAL)  
Signature of Affiant (Taxpayer's Spouse)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

Subscribed and sworn to before me,

Subscribed and sworn to before me,

this the \_\_\_\_\_ day of \_\_\_\_\_, 2003.

this the \_\_\_\_\_ day of \_\_\_\_\_, 2003.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Notary Public

My Commission expires: \_\_\_\_\_

My Commission expires: \_\_\_\_\_