

**NON-RECEIPT/REPLACEMENT
AFFIDAVIT**

STATE of MINNESOTA)
)ss
COUNTY OF YELLOW MEDICINE)

_____ being first duly sworn, do depose and say that the following statements are true and correct to the best of my - our knowledge and belief:

1. That I am - we are the _____ named as payee of County of
(person-firm-corporation)
Yellow Medicine Warrant-Check No. _____ drawn on _____
under the date of _____, 20 ____, in the amount of \$_____.

2. That on or about _____, 20 ____, the above Warrant-Check was lost
or destroyed in the following manner: _____

I - We hereby request that a duplicate Warrant-Check be issued to replace the above
described lost or destroyed Warrant-Check and hereby agree to pay all damages which the
County may sustain if compelled to pay such lost or destroyed Warrant-Check.

(Signature of Affiant)