



**Jordan Kaufman**  
Treasurer and Tax Collector

**Chase Nunneley**  
Assistant Treasurer and Tax Collector

**AFFIDAVIT TO SECURE COUNTY CHECK  
DECLARATION OF LOSS OR DESTRUCTION OF ORIGINAL COUNTY CHECK  
(Gov't Code Sec. 29850-29854 and Code of Civil Procedure Sec. 2015.5)**

SECTION I				INFORMATION			
<b>Kern County Treasurer- Tax Collector shall consider each claim within 180 days after it is filed to determine if the claimant is the owner. KCTTC shall give written notice to the claimant if he or she denies the claim.</b>							
NAME:		CITY:		PHONE:		STATE: ZIP:	
ADDRESS:		CITY:		STATE:		ZIP:	
CHECK NUMBER:		AMOUNT:		REASON:			
CHECK NUMBER:		AMOUNT:		REASON:			
CHECK NUMBER:		AMOUNT:		REASON:			
CHECK NUMBER:		AMOUNT:		REASON:			
CHECK NUMBER:		AMOUNT:		REASON:			
CHECK NUMBER:		AMOUNT:		REASON:			
Explanation:							
SECTION II				REQUIRED DOCUMENTS			
<b>Incomplete or missing documents will be rejected.</b>							
The following documents must be submitted along with this claim form:							
<input type="checkbox"/> Valid ID		<input type="checkbox"/> Proof of Address and Mailing		Proof of Ownership / Verification			
Heir or asset finders must also include:							
<input type="checkbox"/> Contract		<input type="checkbox"/> Power of Attorney		All signatures must be notarized			
SECTION III				DECLARATION			
I hereby declare that I am the legal owner or custodian of the above-referenced County check issued by the County Auditor of the County of Kern, State of California, on the County Treasury of said County in the amount and on the date indicated above.							
PAYEE NAME:							
<b>I hereby declare under penalty of perjury that the foregoing is true and correct, and that I have not presented this check for payment.</b>							
SIGNATURE:				DATE:			
WITNESSED:				DATE:			
NAME:		CITY:		PHONE:		STATE: ZIP:	
ADDRESS:		CITY:		STATE:		ZIP:	
SECTION IV				JURAT			
<b>A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.</b>							
State of California County of Kern							
Subscribed and sworn to (or affirmed) before me on this      day of      , 20      by      , proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.							
SIGNATURE: _____							



## REQUEST TO REISSUE OF STALE DATED WARRANT CLAIM FILED WITH TREASURER TAX COLLECTOR

TO: **Kern County Treasurer Tax Collector**  
**1115 Truxtun Ave, 2nd Flr**  
**Bakersfield, CA 93301**

- ☐ Voided Warrant is attached  
☐ Warrant has been lost or destroyed  
Affidavit is attached

I, \_\_\_\_\_, hereby declare that I am the legal owner or custodian of County Warrant No. \_\_\_\_\_ issued by the Kern County Auditor -Controller on the County Treasury in the amount of \$ \_\_\_\_\_ Dated \_\_\_\_\_ and the name of the payee show is \_\_\_\_\_.

This warrant is now void because it was not timely cashed in accordance with Section 29802 of the Government Code.

I hereby request the Kern County Auditor-Controller to reissue this warrant. My present address is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

### TTC certification:

The attached affidavit was filed by the above in our office. The claimant has provided sufficient evidence to validate their claim.

Tax Payer Service Representative: \_\_\_\_\_ Supervisor Approval \_\_\_\_\_ (initials)

### AUDITOR-CONTROLLER USE ONLY

Replaced by Warrant Number: \_\_\_\_\_ Dated \_\_\_\_\_

Claimant Telephone Number: \_\_\_\_\_

By: \_\_\_\_\_