

Check Payable to:

Check was:

Declaration of Loss for Lost, Destroyed or Stolen Cashier's Check

I certify as follows: 1. I swear that I am the lawful owner or payee of the following cashier's check: Account Number: Check Number: Check Date:

2. I understand that I do not have the right to stop payment on this check.

□ lost □ stolen □ destroyed

Check Amount: \$_____

- 3. I have lost possession of this check. This loss of possession was not the result of a transfer of possession by me or a lawful seizure of the check. I cannot reasonably obtain possession of the check because the check was destroyed, its whereabouts cannot be determined, or 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.
- 4. I agree that if Synchrony Bank (the "Bank") pays the amount of the check to me (or issues a replacement check to me) after 90 days from the date of this check and the check is later presented for payment by a person having the rights of a holder in due course, then I am obliged to (a) refund the payment to the Bank if the check is paid by the Bank, or (b) pay the amount of the check to the person having the rights of a holder in due course if the check is dishonored by the Bank.
- 5. If I later find or recover possession of this check, I will not negotiate or transfer it. Instead, I will deliver it to the Bank for cancellation.
- 6. I hereby agree to indemnify, defend and hold the Bank harmless from any and all claims, demands, loss, liability, and expense (including reasonable attorney's fees) that the Bank may incur in acting in reliance on this Affidavit.



SIGNATURE

X	x
Claimant's Signature	Claimant's Signature
Print Claimant's Name	Print Claimant's Name
Claimant's Address:	Claimant's Address:
NOTARY ACKNOWLEDGMENT	
State of:	
County of:	
Sworn to and acknowledged before me,	, by the claimant named (Notary)
above on this day of	, 20
X (Notary Signature)	
My commission expires:	