COUNTY OF SACRAMENTO UNCLAIMED WARRANT AFFIDAVIT FOR A BUSINESS

| its | I,(NAME OF SIGNOR) | | , do hereby state that I am au | thorized to make this |
|--|--|--------------|-------------------------------------|------------------------|
| its | , | | | |
| its | statement on behalf of | (NAME | OF ORGANIZATION, TRUST OR ESTATE) | as |
| authorized representative for Sacramento County Warrant No | its | | | that I am an |
| | (TITLE OF SIG | NOR-IF APPL | ICABLE) | |
| I declare under penalty of perjury that the above information is true and correct to the best of m knowledge and was executed on the | authorized representative for Sacr | ramento C | County Warrant No | , dated |
| Signature of Authorized Representative City, State and Zip code | , in the amount of | of | · | |
| Signature of Authorized Representative City, State and Zip code | I declare under penalty of perjury | that the ε | above information is true and co | rrect to the best of m |
| Signature of Authorized Representative City, State and Zip code | knowledge and was executed on | the | day of | , 20, a |
| Street Address City, State and Zip code State of | Sacramento, California. | | | |
| Street Address City, State and Zip code State of | | | | |
| Street Address City, State and Zip code State of | Signature of Authorized Representative | ve | Telephone | |
| Street Address City, State and Zip code State of | | | | |
| Street Address City, State and Zip code State of | | | | |
| City, State and Zip code State of | Business Name | | | |
| City, State and Zip code State of | | | | |
| State of | Street Address | | | |
| State of | | | | |
| State of | Oite Otata and Zin and | | | |
| State of | | | | |
| Subscribed and sworn to (or affirmed) before me on this day of, by Date Month Year (1) Name of Signer proved to me on the basis of satisfactory evidence to be | | | | |
| Subscribed and sworn to (or affirmed) before me on this day of,, by Date Month Year (1) Name of Signer proved to me on the basis of satisfactory evidence to be | State of | —)) SS. | | |
| day of,, by Date Month Year (1) Name of Signer proved to me on the basis of satisfactory evidence to be | County of |) | | |
| (1) | | S | Subscribed and sworn to (or affirme | d) before me on this |
| (1) | | _ | day of | ,, by |
| proved to me on the basis of satisfactory evidence to be | | | | |
| | | (. | Name of Signer | |
| | | | | |
| Affix Notary Seal Above Signature of Notary Public | Affix Notary Seal Above | _ | Signature of Notary Pub | olic |

THIS AFFIDAVIT MUST BE NOTARIZED IF THE CLAIM AMOUNT IS GREATER THAN \$100.