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Affidavit of Check Fraud Forged Endorsement

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NAME OF PAYEE	WELLS FARGO ACCOUNT NUMBER	Date

Endorsement Forged

My endorsement on the reverse of the check listed below is a forgery, missing, or not as drawn. I did not sign the check and I did not authorize the signature

PLEASE RETURN THIS COMPLETED CLAIM FORM ALONG WITH A PHOTOCOPY OF THE CHECK SSUED BY THE STATE OF WYOMING TO:

State Treasurer's Office 200 W. 24th Street, Suite 122 Cheyenne, WY 82002

Please provide the name of the agency that issued the check

- If you have any questions about completing the forms, please call us at 1-800-278-6256 Monday through • Friday 7:30 a.m. to 5:30 p.m. PT.
- If you are claiming more than one check as "Endorsement Forged", please make photocopies of this form and submit each check with a separate signed affidavit page.
- Please include the following information for the fraudulent check:

Check #	Date	Amount	Made payable to:

BY SIGNING BELOW. YOU ARE MAKING THE FOLLOWING DECLARATIONS:

- The statement(s) indicated above are true. •
- I did not receive any benefit or value from the proceeds of the check(s) listed above.
- I have not arranged with the person(s) who misused the check(s) listed above to be reimbursed for any • portion of the proceeds of the check(s).
- I will cooperate in any investigation, promptly disclose any information requested by the Bank, and if • necessary, cooperate fully with any prosecution.
- I will testify to the truth of these statements in any case, which may result from this affidavit.
- All information I have provided in this document is true.

I DECLARE UNDER THE PENALTY OF PERJURY THAT THE ABOVE STATED IS TRUE. PAYEE/ENDORSER SIGNATURE (FORGED ENDORSEMENT CLAIMS ONLY)

Signature of Payee and Title	Date	Place Notary Stamp Here:
Address	Phone Number	

NOTARY INFORMATION		Signature of Notary Public
State of:	_ County of:	
Subscribed and sworn before me this	day of, (year	·)
My Commission Expires		
		Undated 06.1