## COUNTY OF SACRAMENTO UNCLAIMED WARRANT AFFIDAVIT FOR AN INDIVIDUAL

dated		, in the amount of
best of my know	vledge and was ex	y that the above information is true and correct to the secuted on: 20 , Sacramento, California.
Payee Signature		 Payee Telephone
Payee Address		
Payee City, State		
		RIZED IF THE CLAIM AMOUNT IS GREATER THAN \$10
THIS AFFIDAV State of	IT MUST BE NOTA	
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THIS AFFIDAV State of	IT MUST BE NOTA	) SS.  Subscribed and sworn to (or affirmed) before me on this day of,, by
THIS AFFIDAV State of	IT MUST BE NOTA	) SS.  Subscribed and sworn to (or affirmed) before me on this
THIS AFFIDAV State of	IT MUST BE NOTA	) SS.  Subscribed and sworn to (or affirmed) before me on this day of,, by