DECLARATION TO OBTAIN DUPLICATE OF LOST OR DESTROYED CHECK

I, Carol C. Pramann, declare:

1. That I am the legal owner of a check legally drawn by the Auditor of the County of Lake, State of California.
2. That the check, dated 06/03, 20 11 was numbered 630185.
3. That the check was drawn in favor of the declarant herein, as payee, and was in the amount of $ 630.34.
4. That the check has not been paid but was lost/destroyed in the following manner:

The check was misplaced with medical paperwork during a relocation and recovery from a serious car accident of Feb.-Mar. 2011.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE FOREGOING IS TRUE AND CORRECT.

EXECUTED AT Loma Linda, (City) CA (State), ON 08/08/2017

Carol C. Pramann
(Signature)

11171 Oakwood Dr. Apt. G-310
Loma Linda, CA 92354
(Address)

COUNTY OF LAKE USE ONLY- Requesting Department

Submitted By: Auditor-Controller
(Agency/Department)

By: [signature], Asst. Aud. Controller
(Authorized Personnel) (Title)

Date September 21, 2017

Check Drawn on Fund # 100

Conclusion:
Lost ○ Destroyed ○ Fraudulent Endorsement ○ Other

REISSUE APPROVED BY _____ _____
(Deputy Auditor-Controller) (Date)

STOP PAYMENT DATE: _____

CHECK CANCEL DATE: _____ JE# _____

Revised Dec 2009

E:\FORMS\ACCOUNTS PAYABLE\DUP_CHK.DOC 5/07

000003
348679

VOUCHER #	AMOUNT	INVOICE #	DESCRIPTION	DEPTDIV
004286	630.34	042203350001	RC TAX REFUND	0000

REMOVE DOCUMENT ALONG THIS PERFORATION

THIS DOCUMENT IS PRINTED IN TWO COLORS. DO NOT ACCEPT UNLESS BLUE AND BURGUNDY ARE PRESENT.

County of Lake
Office of the Auditor Controller
Lakeport, California
General Clearing

Wells Fargo Bank
11-24/1210

CHECK # 630185
DATE 06/03/2011

$**********630.34

PAY SIX HUNDRED THIRTY AND 34/100 DOLLARS **********

VOID AFTER SIX MONTHS

TO THE ORDER OF
CAROL PRAMANN
P O BOX 5266
CLEARLAKE CA 95422

Pam Cochrane

⑈00630185⑈ ⑆121000248⑆4579 034034⑈

Sheriff 25 July Calif amanda

County of Lake
255 N. Forbes Street
Lakeport, CA 95453

neopost
06/03/2011
US POSTAGE
FIRST-CLASS
1121
$00.4
ZIP 954
041L1120

assessor 263-2302
recorder 263-3703
8311
auditor

CAROL PRAMA
P O BOX 5266
CLEARLAKE CA

T 949 FE 1 711C 00 07/31/11
PRAMANN'CAROL C
PO BOX 583
BIG BEAR CITY CA 92314-0583
BC. 92314068383 *0605-07434-03-42

95422-5266 BCMB

TCW0100 - Megabyte Property Tax System - County of LAKE

File Edit View Tax Bill Reports Help

TCW0100v2.4.0.6108: R/C Refunds **Current Secured [A,B,S]** *Aug 25, 2017 9:15:05 AM (-07:00)*

Asmt: 042-203-350-001 Tax Year 2010 As Of Date 08/25/2017 Owner's Name PRAMANN CAROL C

RandT Code

Amount ($630.34)

Authorized Date 06/02/2011

Authorized By EM

Check Num 630185

Create Date 05/17/2011

Return Date

Letter Sent

Refunded to

PRAMANN CAROL C
P O BOX 5266
CLEARLAKE CA 95422

Remarks

DECLINE IN VALUE

Drag a column header here to group by that column

Asmt	Tax Year	Refund Num	Base Assessment	Roll Change Type	DTS	UserID
042-203-350-001	2010	A13413	042-203-350-000	BR	6/23/2011	elizm

ASMT | Owners | Values | Tax Codes | Taxes | Part Pays\Four Pays | Coll. Refunds | R/C Refunds | Suppl. Index

1/1 Summary Images

1 Record(s) Found 2010 elizm, 06/23/2011 2:41:17 PM

Aug 25, 2017 9:09:38 AM PDT

File Edit List Commands Help

SUNGARD PUBLIC SECTOR
NavLine

Check Detail Inquiry

Check Information

Check number: 630185 **Date:** 06/03/2011 **Amount:** 630.34

Vendor name: CAROL PRAMANN

Vendor number: 999997

Check status: VOIDED **Cleared/voided date:** 01/31/2012

Invoice Number	Transaction Amount	Transaction Date	Account Number
042203350001	630.34	06/06/2011	500-0000-840.99-19
042203350001	630.34-	01/31/2012	500-0000-840.99-19

✔ OK

✕ Exit

Cancel