



Deborah B. Goldberg
Treasurer and Receiver

COMMONWEALTH OF MASSACHUSETTS

**Department of the State Treasurer
Unclaimed Property Division
One Ashburton Place, 12th Floor
Boston, MA 02108-1608
www.findmassmoney.com
(617) 367-0400**

CLAIM NUMBER

LOST STOCK AFFIDAVIT

NOTE: This form is in a fillable PDF format. Tab to each open field and key in the desired information. Print the form, add your signature and have it notarized. Upload the document on our website or mail to the address above.

1. Being duly sworn under the penalties of perjury, I _____ state that I am of legal age (18 years or older) and reside at _____.
(Street) (City/Town) (State) (Postal Code)
2. I am the recorded owner of the below listed stock and entitled to the full and exclusive possession of the stock.
3. I have not sold, assigned, transferred, nor pledged the lost stock certificate and balance, nor given it away, nor authorized nor empowered any person or persons, corporation or association, to draw any amount on the same.
4. A diligent search has been conducted by the undersigned to locate the stock certificate(s), but they remain lost or missing.
5. In the event that the original certificates are located, I agree to submit them promptly to the Commonwealth of Massachusetts Unclaimed Property Division.
6. In consideration of the payment to the undersigned of the said amount, I agree to indemnify THE COMMONWEALTH OF MASSACHUSETTS and hold harmless for and from all claims and loss, costs, damages, and expenses which THE COMMONWEALTH OF MASSACHUSETTS may sustain by reason of the turning over of the said amount to me and by reason further of its refusal hereafter to pay the said amount to any other person or persons.

Stock Name

Claimant's Signature – Witnessed by a Notary Public

Subscribed and Sworn to before me,

This _____ day of _____, _____. A Notary Public in and for the County of _____ in the State of _____.

Signature of Notary Public

My Commission Expires _____