



Deborah B. Goldberg  
Treasurer and Receiver

**COMMONWEALTH OF MASSACHUSETTS**

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

**CLAIM NUMBER**

AFFIDAVIT OF ENDORSEMENT – ORIGINAL CHECK

NOTE: This form is in a fillable PDF format. Tab to each open field and key in the desired information as the original purchaser or claimant. The original Payee must complete the bottom section of the form and have it notarized. Upload the document on our website or mail to the address above.

TO BE COMPLETED BY ORIGINAL PURCHASER/CLAIMANT

I, \_\_\_\_\_ (original purchaser/claimant), being duly sworn upon oath, submit the following which may be relied and acted upon by the MA Unclaimed Property Division:

I, \_\_\_\_\_, (original purchaser/claimant), purchased a check in the amount of \$\_\_\_\_\_ and had the check made payable to \_\_\_\_\_(payee). After due consideration, I determined that the check was no longer needed for its intended purpose and I retained ownership of the check.

ONCE THE CLAIMANT HAS COMPLETED THE ABOVE SECTION, THEY MUST HAVE THE PAYEE OF THE ORIGINAL CHECK FILL OUT AND HAVE NOTARIZED THE SECTION BELOW.

TO BE COMPLETED BY ORIGINAL PAYEE

I, \_\_\_\_\_, (intended payee) have consented to allow \_\_\_\_\_ (original purchaser/claimant) to make a claim of the above mentioned check. I authorize MA Unclaimed Property Division to make payment of the check in the amount of \$ \_\_\_\_\_ to \_\_\_\_\_(original purchaser/claimant). In consideration of the payment to \_\_\_\_\_ (original purchaser/claimant) 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 \_\_\_\_\_(original purchaser/claimant) and by reason further of its refusal hereafter to pay the said amount to any other person or persons.

\_\_\_\_\_  
Original Payee 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 \_\_\_\_\_