

GOVERNMENT OF THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR
DIVISION OF BANKING AND INSURANCE

AFFIDAVIT OF LOST INSTRUMENT

I/WE, _____, after being first duly sworn, depose and state that:

1. I/WE am the record owner of a _____ account, No. _____ maintained at _____ (Name of Institution) in the amount of \$ _____. Said account is presumed abandoned and is being held in trust by the Administrator.
2. After due diligence I have not been able to locate the passbook or other instrument for said account.
3. I/WE request that the Administrator pay the amount in trust, to _____.
4. I/WE agree to be responsible and indemnify the Administrator for any and all losses which the Administrator may sustain from any claims arising from the Administrator's reliance on this Affidavit. I agree to repay any such claim together with the Administrator's costs and expenses.
5. This Affidavit shall be binding on my heirs, executors, administrators and assigns.

Claimant's Signature

Subscribed and Sworn to before me this _____ day of _____, _____.

NOTARY PUBLIC

NP# _____

EXPIRES.: _____