

Affidavit and Agreement Lost, Stolen or Destroyed Check

STATE OF _____ COUNTY/PARISH OF _____

The undersigned, _____, (if applicable, an authorized representative of _____) who being first duly sworn upon his or her oath or affirming subject to the penalties of perjury, states:

1. I am an adult residing at the following address: _____. I have knowledge of and am competent to testify to the statements in this affidavit.
2. I am the payee of Newfield Exploration Company's check number _____, dated, _____, in the amount of \$_____, made payable to _____, and drawn against WELLS FARGO BANK.
3. Said check has been lost, stolen, or destroyed (*circle one*) before being endorsed.
4. I did not receive any benefits from said check. My loss of possession of the check was not the result of a transfer or lawful seizure.
5. I make this affidavit for the purpose of securing a duplicate check in lieu of the lost, stolen, or destroyed original.
6. I agree to return the original check if found.
7. I guarantee that any holder of original check is not the holder in due course.
8. I agree that if the original check is paid under circumstances indicating I endorsed the check or presented it for payment after presenting the duplicate check for payment, I authorize Newfield to deduct the amount of the duplicate check from any other amounts it owes me.

The above statements are true and correct, to the best of my knowledge, information, and belief.

Signature

(Additional statement to be signed when payee is a business or organization)

I certify that I am an authorized representative of the business entity referenced above as payee of the original check and that I have full and complete authority to execute this agreement and affidavit on behalf of the entity.

Authorized Signature

Sworn to and subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC

My commission expires: _____

