



Clerk COMMUNICATION

Karen E. Rushing | Clerk of the Circuit Court and County Comptroller

P.O. Box 3079 | 2000 Main Street, Sarasota FL 34237 | 941. 861. 4000 | www.SarasotaClerk.com

Date: July 21, 2010

From: Karen E. Rushing, Clerk of the Circuit Court and County Comptroller

RE: Instructions for Submitting an Unclaimed Moneys Claim

Pursuant to Florida Statute Chapter 116.21, a list of unclaimed moneys held by Karen E. Rushing, Sarasota County Clerk of the Circuit Court and County Comptroller was published in the July 28, 2010 edition of the Venice Gondolier.

Persons having or claiming interest in such funds (payees) shall file their written claim with the Sarasota County, Florida Clerk of the Circuit Court on or before the first day of September 2010. After such date the unclaimed moneys shall be declared forfeited to the Clerk.

To file a written claim, an Affidavit for Stop Payment form must be completed, notarized and submitted to the Sarasota County Clerk of the Circuit Court and County Comptroller. This form must be received by the Clerk's office at one of the addresses below* on or before September 1, 2010.

A written claim may be filed in several different ways. Instructions are included for each below.

Online:

- **Print** the "Affidavit for Stop Payment" form
- **Call** the **Fiscal Services Department** at (941) 861-7400 to obtain the following information:
 - Check date
 - Check number
 - Amount of original check
 - D0.escription
- **Complete** the0
- **Take the form to a Notary Public**
- **Sign** the form in the presence of the Notary Public
- **Mail** the completed and signed form to:

Karen E. Rushing
Clerk of the Circuit Court and County Comptroller
attn: Fiscal Services Department
P.O. Box 3079
Sarasota FL 34230-3079

- Upon receipt of a fully completed, signed and notarized "Affidavit for Stop Payment" form, the Fiscal Services department will reissue the referenced check and will mail it to the address identified on the form.

By Telephone:

- **Call** the **Fiscal Services Department** at (941) 861-7400.
- **Advise** that you claim an interest in the funds advertised in the newspaper.
- Fiscal Services will complete the "Affidavit for Stop Payment" and will mail it to you for your signature.
- **Take the form to a Notary Public**
- **Sign** the form in the presence of the Notary Public

DIVISION

FISCAL

AFFIDAVIT FOR STOP PAYMENT

CASE NUMBER

Petitioner

Respondent

CLOCK IN

BEFORE ME, the undersigned authority, personally appeared, _____, who after being duly cautioned, deposes and says:

- 1. Your Affiant did not receive in the United States Mail a check dated _____, being check number _____, in the amount of \$ _____, which check was for _____.
2. This Affidavit is made for the purpose of inducing KAREN E. RUSHING, Clerk, to issue a "STOP PAYMENT" Order for the check described in Paragraph #1 above, and to issue a replacement check therefore.
3. Your Affiant in signing this Affidavit is advised that it is a violation of the criminal laws of the State of Florida to make and give false Affidavit under oath.

AFFIANT

(Address)

STATE OF FLORIDA
COUNTY OF _____

Before me personally appeared _____, who is personally known to me or who produced _____ as identification, known to me to be the person described in and who executed the foregoing instrument, and acknowledged to and before me that she/he executed said instrument for the purposes therein expressed.

WITNESS my hand and official seal this _____ day of _____, 19____.

MY COMMISSION EXPIRES:

NOTARY PUBLIC/DEPUTY CLERK