LOST PASSBOOK AFFIDAVIT Date: To: Washington Savings Bank The undersigned, under oath, does hereby make the following affidavit: issued by your institution in the name(s) of The passbook for deposit account # has been lost, stolen or destroyed and the undersigned has/have no knowledge of the whereabouts of said passbook. The undersigned is/are the lawful owner(s) of said passbook and no lawful owner has in any way transferred, pledged or 2. assigned said passbook or any interest in the deposits therein. The undersigned hereby agrees as provided by Massachusetts law to indemnify this institution from and against any and all claims, expenses and liabilities in any way resulting from this institution's action on this affidavit, the payment of the amount due on said passbook deposit, or the issuance of a duplicate passbook. Furthermore the undersigned acknowledges and agrees to the assessment of a Lost Passbook Fee at the rate shown on the Bank's Fee Schedule in effect at the time this document is executed. MASSACHUSETTS GENERAL LAW CHAPTER 167D, SECTION 18 REQUIRES THIS AFFIDAVIT TO BEAR THE NOTARIZED SIGNATURE OF ALL ACCOUNT HOLDERS AND AUTHORIZED SIGNERS Signature Signature Signature Signature COMMONWEALTH OF MASSACHUSETTS On this ______ day of ________,20 , before me, the undersigned notary public, personally appeared , proved to me through satisfactory evidence of identification, which were IDENTIFICATION PROVIDED to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief. OFFICIAL SIGNATURE OF NOTARY **Notary Seal** My commission expires Date: ,ss. , before me, the undersigned notary public, personally appeared , proved to me through satisfactory evidence of identification, which were IDENTIFICATION PROVIDED to be the person whose name is signed on the preceding or attached document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of their knowledge and belief. OFFICIAL SIGNATURE OF NOTARY **Notary Seal** My commission expires DATE For Bank Use Only Employee & Date New Passbook #: Fee Collected Official Check # Issued: Yes No If No then Supervisor's Initials Official Check Amount: