

ASSIGNMENT OF INTEREST

I, _____, (the “Assignor”) residing or doing business at _____ (Street, City, State, and Zip Code), do hereby assign to _____ (the “Assignee”), residing or doing business at _____ (Street, City, State, and Zip Code), the consideration held by the Brevard County Clerk of the Circuit Court (the “Clerk”) in the amount of \$_____, originally issued to me via check number _____ dated _____, 20____, that has been lost, stolen, or misplaced (the “Consideration”) by me.

I hereby agree to hold harmless and indemnify the Clerk from any and all future liability regarding the Consideration upon the Clerk’s remittance of the Consideration to the Assignee, contingent upon the filing of a Lost Check Affidavit with the Clerk. I understand that upon execution of this Assignment of Interest, any and all interest I have in the specified Consideration immediately transfers to the Assignee.

Further, I affirm that should I come into possession of the original check which I have indicated as lost, stolen, or misplaced, that I will return the same to the Clerk in care of the Clerk’s Finance Department at P.O. Box 999, Titusville, Florida 32781-0999. I agree that I shall not cash or otherwise attempt to deposit the lost, stolen, or misplaced check and understand that in the event I do cash or otherwise deposit the check, that the Clerk may refer the matter to the State Attorney for the 18th Judicial Circuit for investigation and that I may be subject to prosecution under the laws of the State of Florida.

Signature of Assignor

STATE OF _____
COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20____, by _____, who is personally known or who produced _____ as identification.

Signature of Notary Public/Deputy Clerk

Printed Name of Notary Public/Deputy Clerk

Return the original to:

Brevard County Clerk of the Circuit Court
Finance Department
P.O. Box 999
Titusville, Florida 32781-0999
Telephone: (321) 637-2002
Facsimile: (321) 264-5227