



1991 Flatbush Avenue, 2nd Fl. - Brooklyn, NY 11234 • Tel. (718) 253-0077 - Fax (718) 253-0071 • Toll free (888) 253-0047

Address: _____

Date: _____

We have reviewed our records and have verified that as of the date of this letter a check that was issued to you from I&Y Senior Care has never been cashed. The information regarding this check is set forth below:

Check Number: _____

Date: _____

Amount: _____

Payee: _____

You have advised us that the subject check has either been lost or misplaced, and therefore have requested a replacement check be issued.

Upon receipt of this Notarized Claim Letter, we will issue a replacement check. **No check will be reissued without this original claim letter completed, notarized and signed. Most importantly, this Claim Letter must be returned by the due date listed below.** Please submit this Notarized Claim Letter to the address below:

I&Y Senior Care
1991 Flatbush ave, 2nd floor
Brooklyn, NY 11234

Under penalties of perjury, I (we) hereby certify that the foregoing information is true and correct, I (we) further certify that I (we) have not received payment on the (check) claimed, and am (are) not entitled to it and know of no other person who claims to be entitled to any portion. If found, the above referenced check will be returned to I&Y Senior Care.

Print Name: _____ Phone #: _____

Signature: _____

Please indicate change of address (if any):

Address: _____

City: _____ State: _____ Zip: _____

Notary to Complete:

Sworn and subscribed to before me this the _____ day of _____, 200_____

Notary Public: _____ My Commission Expires: _____

Notary Seal: