

**STATE OF RHODE ISLAND PROVIDENCE PLANTATIONS  
CLAIM FOR RETURN OF PROPERTY**

**BROKER AFFIDAVIT**

Claim is hereby filed for a return of a deposit on a Real Estate Escrow Deposit turned over to the General Treasurer in accordance with Rhode Island General Laws §5-20.5-26. The deposit was transmitted to the General Treasurer on \_\_\_\_\_.

Complete and mail to the address below.

1. Name of Broker: \_\_\_\_\_ SS# or Tax ID #: \_\_\_\_\_

Brokerage: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_ Phone #: \_\_\_\_\_

2. Name of Buyer(s): \_\_\_\_\_

\_\_\_\_\_

Name of Sellers(s): \_\_\_\_\_

\_\_\_\_\_

3. Description of property:

\_\_\_\_\_

\_\_\_\_\_ Amount of deposit: \_\_\_\_\_

4. This claim is made by (Please check appropriate type):

Broker

Other (Please specify and explain)

\_\_\_\_\_

5. State of \_\_\_\_\_

County of \_\_\_\_\_

Each of the undersigned affiants (signatory), being duly sworn, deposes and states: That affiant(s) is/are the claimant(s) in the foregoing claim; that affiant(s) has read the foregoing claim and knows the contents therefore; that the same is true of affiant's own knowledge; that the money or property involved has not been received by affiant(s); that affiant(s) of said claim and sole person(s) entitled to receive the property set forth in said claim; and that affiant(s) agree to indemnify and hold harmless the State of Rhode Island, its officers and employees, from any loss resulting from the payment of said claim.

Affiant \_\_\_\_\_

(Broker's Signature)

Subscribed and sworn before me \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

Notary Public

My commission expires: \_\_\_\_\_

Please attach supporting Buyers Release and Sellers Release or Court Order.

Return this form to:  
Office of the General Treasurer  
Maria DeMelo-Olsson  
50 Service Avenue, 2<sup>nd</sup> Flr.  
Warwick, RI 02886