

**STATE OF RHODE ISLAND
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, 2nd Flr.
Warwick, RI 02886