UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re: Case No._____

                                                          Chapter _____

APPLICATION FOR PAYMENT FROM UNCLAIMED FUNDS

      The undersigned,_____, applies to the Bankruptcy Court for the Eastern District of Michigan for entry of an order directing the Clerk of Court to remit to the applicant the sum of $_____, said funds having been deposited into the Treasury of the United States pursuant to an order of the court as unclaimed fund for _____.

The applicant further states that:

1. (Indicate one of the following)

    ____   Applicant is the party requesting payment of the unclaimed fund named above and states that no other application for this unclaimed fund has been submitted by or at the request of the claimant.

    ____   Applicant is the duly authorized representative for the business or corporation named above as the claimant. Applicant has reviewed all records of the claimant and states that no other application for this claim has been submitted by or at the request of this claimant. An Affidavit of Claimant is attached and made part of this application.

    ____   Applicant is either a family member of the deceased claimant or a successor in interest to the individual or business named as the claimant. An original "power of attorney" conforming to the official Bankruptcy Form and/or other supporting documents which indicated the applicant's entitlement to this claim is attached and made part of this application.

2. Applicant has made sufficient inquiry and has no knowledge that this claim has been previously paid, that any other application for this claim is currently pending before this court, or that any party other than the applicant is entitled to submit an application for this claim.

Application for Payment of Unclaimed Funds

       Respectfully submitted this _____day of _____20__

_____
Name of Applicant

                                    _____
                                      Signature of Applicant

                                      _____
                                      Name and Title of Applicant

                                      _____
                                      Company Name

                                      _____
                                      Street Address

                                      _____
                                      City and State

                                      _____
                                      Telephone number

                                      _____
                                      Tax Identification

                                      <u>XXX-XX-</u>_____
                                      Social Security Number

_____
Claim Number, if applicable