UNITED STATES BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

I n 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 the 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 funds for creditor _____
The applicant further states that:

1.   (Indicate one of the following)

_____   Applicant is the creditor named in the above case and states that
no other application for this claim has been submitted by or at the
request of the creditor

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

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

_____   Other please explain _____

_____

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 from 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

XXX-XX-_____
Social Security Number

_____
Claim Number