

UNITED STATE BANKRUPTCY COURT
EASTERN DISTRICT OF MICHIGAN

In re:

Case No. _____

Chapter _____

AFFIDAVIT OF CLAIMANT

I, _____, do hereby state that I am the claimant to the unclaimed funds released in this application and that I am, to the best of my knowledge, the legal owner of these funds.

Mailing address: _____

Phone number: _____

Social security number **XXX-XX-**_____ **Last 4 digits**

If claimant is a corporation, the federal tax ID number _____

1. Claimant History: Substantiate claimant's right to the claim; i.e. if the payment is to an individual, include a copy of driver's license or state identification card. If a corporation, include purchase agreements regarding the right to ownership. Attached are certified copies of all necessary documentation.

2. I (or the company which I represent) neither have previously received remittance for this claim nor contracted with any other party other than the person

Page 2 of 2

Affidavit of Claimant

I declare under penalty of perjury that the foregoing copy is true and correct.

Dated: _____

Signature of Claimant

Sworn to and Subscribed before me this
____ day of _____ 20 ____

NOTARY PUBLIC AT LARGE
STATE OF _____