

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

XXX-XX-_____
Last 4 digits of Social Security Number

Claim Number, if applicable