Fill in this Information to identif	fy the case:			
Debtor 1				
First Name	Middle Name	Last Name		
Debtor 2 (Spaying if filling) First Name	Middle Name	Last Name		
(Spouse, if filing) First Name United States Bankruptcy Court for		District of		
•	JI (IIE L	(State)		
Case number:				
Form 1340 (12/23)				
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS				
1. Claim Information				
the court. I have no knowledge regarding these funds.	that any other pa	irty may be entitled to the	the payment of unclaimed funds ones to the payment of a see funds, and I am not aware of a	•
Note: If there are joint Claiman	ts, complete the f	ields below for both Clain	nant	
Amount:				
Claimant's Name:				
Claimant's Current Mailing Address, Telephone Number, and Email Address:				
2. Claimant Information				
Applicant ² represents the follow	wing:			
			nds appearing on the records of t	
The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:				
☐ If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.				
3. Applicant Information				
Applicant represents the follow	ving:			
□ Applicant is the Claimant.				
 □ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator). □ Applicant is a representative of the deceased Claimant's estate. 				
☐ Applicant is a represent	auve of the decea	sed Claimant's estate.		

The Claimant is the party entitled to the unclaimed funds.
 The Applicant is the party filing the application. The Applicant and Claimant may be the same.
 The Owner of Record is the original payee.

4. Supporting Documentation				
Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.				
5. Notice to United States Attorney				
☐ Applicant has sent a copy of this application and suppopursuant to 28 U.S.C. § 2042, at the following address:				
	ited States Attorney			
Disi Court enter	trict of s address here]			
6. Applicant Declaration Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.	6. Co-Applicant Declaration (if applicable) Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.			
Date:	Date:			
Signature of Applicant	Signature of Co-Applicant (if applicable)			
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)			
Address:	Address:			
Telephone:	Telephone:			
Email:	Email:			
7. Notarization	7. Notarization			
STATE OF	STATE OF			
COUNTY OF	COUNTY OF			
This Application for Unclaimed Funds, dated	This Application for Unclaimed Funds, dated			
was subscribed and sworn to before me thisday of, 20by	me this day of 20 by			
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.	who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.			
[Notarial wording to be adjusted based on state requirements]	[Notarial wording to be adjusted based on state requirements]			
(SEAL) Notary Public	(SEAL) Notary Public			
My commission expires:	My commission expires:			