

**UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF ALASKA**

In re:

Case No.
Chapter

Debtor(s).

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

The undersigned claimant applies to this Court for entry of an order directing the Clerk of the Court to remit to the claimant the sum of \$ _____, which amount was paid into the Court on _____ [date(s)] by the case trustee as unclaimed funds for Claim # _____ on behalf of the following creditor/debtor:

Name: _____

Address: _____

Last four digits of SS# or Tax ID#: _____

Please check the option(s) that best describes your relationship to the above-named creditor/debtor. The required supporting documentation for the options below can be found in the ***Instructions for Filing the Application for Payment of Unclaimed Funds***.

- ☐ I am the above-named creditor/debtor, and the owner of the funds appearing on the records of this Court.
- ☐ I am the attorney in fact for the above-named creditor/debtor, with authority to receive such funds.
- ☐ I am the assignee or successor-in-interest of the above-named creditor/debtor, or the assignee's or successor-in-interest's representative.
- ☐ I am a duly authorized corporate officer (if a corporation) or a general partner (if a partnership) and a representative of the above-named creditor/debtor.
- ☐ I am the representative of the estate of the above-named deceased creditor/debtor.

I have no knowledge that any other party may be entitled to these funds and I am not aware of any dispute regarding these funds.

I understand that, pursuant to 18 U.S.C. § 152, I shall be fined, imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document or the accompanying supporting documents.

The undersigned certifies under penalty of perjury, under the laws of the United States of America, that the foregoing statements, information, and attachments submitted in support of this application are true and correct.

Dated: _____

Signature of Claimant

Claimant's Name and Title (Type or Print)

Claimant's Street Address

Claimant's City, State, Zip Code

Claimant's Area Code and Telephone Number

Signature of Joint Claimant (required if two owners of record)

Joint Claimant's Name (Type or Print)

NOTARY:

On, _____, before me, personally appeared (insert name and title of signer(s))

personally known to me, or proved to me on the basis of satisfactory evidence, to be the person(s) who executed the within foregoing instrument, and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and by his/her/their signature(s) on the instrument the person(s), or the entity on behalf of which the person(s) acted, executed the instrument.

Notary Public

(SEAL)

My commission expires _____

State of _____