

Fill in this information to identify the case:

Debtor 1 Fair Finance
 First Name Middle Name Last Name

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: Northern District of Ohio

Case number: 10-50494

FILED**2023 MAY -2 AM 9: 09**
**U.S. BANKRUPTCY COURT
 NORTHERN DIST. OF OHIO
 CLEVELAND**
Form 1340 (12/22)**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

***ANY DEVIATIONS FROM THE STANDARDIZED APPLICATION AND EXHIBIT A MUST BE EXPLAINED HERE IN BOLD-FACED TYPE.**

1. Claim Information

For the benefit of the Claimant(s)¹ named below, application is made for the payment of unclaimed funds on deposit with the court. 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.

Note: If there are joint Claimants, complete the fields below for both Claimants.

Amount:

\$14,951.87

Claimant's Name:

Martha Kilway

Claimant's Current Mailing Address, Telephone Number, and Email Address:

Deceased

2. Applicant Information

Applicant² represents that Claimant is entitled to receive the unclaimed funds because (check the statement that apply):

- ☐ Applicant is the Claimant and is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.
- ☐ Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- ☐ Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- ☒ Applicant is a representative of the deceased Claimant's estate.

3. 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

Claimant's Tax ID/Social Security Number and other required documentation are submitted separately with Exhibit A and will be docketed as a private event.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant may be the same person.

³ The Owner of Record is the original payee.



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4. Notice to United States Attorney



Applicant has sent a copy of this Application, Exhibit A, and all supporting documentation, to the United States Attorney, pursuant to 28 U.S.C. § 2042, by regular US Mail Service on 5/1/23, at the following address:

Office of the United States Attorney
Northern District of Ohio
Carl B. Stokes United States Courthouse
801 West Superior Avenue, Suite 400
Cleveland, OH 44113

The United States Attorney is allowed 14 days from the date of service to file an objection to payment of these funds.

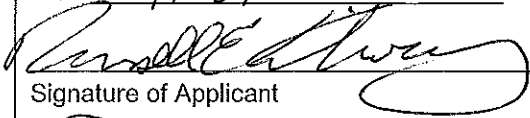
5. Applicant Declaration

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.

Date:

4/28/23

Signature of Applicant



Printed Name of Applicant

Russell E Kilway

Russell E Kilway

Address:

5354 Rochelle Dr
Stow OH 44224

Telephone:

216 256 7495

Email:

RussKilway@AOL.com

5. 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.

Date:

Signature of Co-Applicant (if applicable)

Printed Name of Co-Applicant (if applicable)

Address:

Telephone:

Email:

6. Notarization

STATE OF

OH

COUNTY OF

Summit

This Application for Unclaimed Funds, dated 4/28/23, was subscribed and sworn to before me this 28 day of April, 2023 by

Russell Kilway

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.

(SEAL)

Notary Public

01/29/2027

ANDREA B BLACKLOCK

Notary Public

State of Ohio

My Comm. Expires

January 29, 2027

6. Notarization

STATE OF

COUNTY OF

This Application for Unclaimed Funds, dated _____, was subscribed and sworn to before 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.

(SEAL)

Notary Public

My commission expires:

