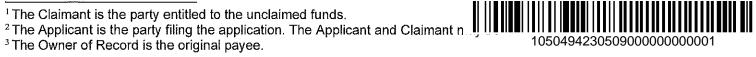
Fill in this Information to identify	y the case:		
	The case.	Docket #2917 Date Filed: 5/9/2023	
Debtor 1 Fair Finance First Name	Middle Name Last Name	FILED	
Debtor 2 (Spouse, if filing) First Name	Middle Name Last Name	2023 MAY -9 PM 1: 39	
United States Bankruptcy Court for	r the: Northern District of Ohio	- Mo Danna	
Case number: 10-50494		NP PANALITICY COURT NPRILED DIST. OF OHIO	
Form 1340 (12/22)		THE RING POTEN	
APPLICATION FOR PAY	MENT OF UNCLAIMED FUNDS		
AT LIGATION ON TATMICK OF CHOCAMILED FORDS			
*ANY DEVIATIONS FROM THE STANDARDIZED APPLICATION AND EXHIBIT A MUST BE EXPLAINED HERE IN BOLD-FACED TYPE.			
EXPLAINED HERE IN BO	LD-FACED TYPE.		
1. Claim Information			
·	· · · · · · · · · · · · · · · · · · ·	the payment of unclaimed funds on deposit with	
the court. I have no knowledge tregarding these funds.	hat any other party may be entitled to th	ese funds, and I am not aware of any dispute	
Note: If there are joint Claimants	s, complete the fields below for both Clai		
Amount:	\$6,640.36 Eugene N. C 5844 Longvio Massillon o		
Claimant's Name:	Eugene N. C	Lupp	
Claimant's Current Mailing	5844 Longvi	ew St. SW	
Address, Telephone Number, and Email Address:	Maccill	11 1111 111	
and Email Address.	11193311194 0	0 H 44646	
2. Applicant Information			
Applicant ² represents that Claim	ant is entitled to receive the unclaimed f	unds because (check the statement that apply):	
Applicant is the Claimant and is the Owner of Record ³ 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.			



1050494230509000000000001

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, 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.	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: $5/2/23$	Date:		
Signature of Applicant	Signature of Co-Applicant (if applicable)		
France N. Cuel			
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)		
Address: 5844 Longview St. SW Massillon OH 44646	Address:		
Telephone: <u>330-462-4956</u>	Telephone:		
Email:	Email:		
6. Notarization STATE OF ONLO	6. Notarization STATE OF		
COUNTY OF STARL	COUNTY OF		
This Application for Unclaimed Funds, dated was subscribed and sworn to before me this day of which is the sworn to be fore	This Application for Unclaimed Funds, dated was subscribed and sworn to before		
me this 10 day of 1000 day of	me thisday ofby		
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.		
SHANNON CHARLTON NOTATIVE PUBLIC, State of Ohio	(SEAL) Notary Public		
My Comm. Expires March 01, 2026 Wy Commission expires:	My commission expires:		