

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 16 PM 3: 06

U.S. BANKRUPTCY COURT
NORTHERN DIST. OF OHIO
CLERK**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.

Moved from Wooster 44691 to Oberlin 44074 in 12/2012

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:

\$2491.67

Claimant's Name:

Grace M. Tompos

Claimant's Current Mailing
Address, Telephone Number,
and Email Address:66 Kendal Drive
Oberlin, OH 44074
330-466-1695
gracet@oberlin.net**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.



105049423051700000000001

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 04/24/2023, 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: 04/24/2023

Grace M. Tompos
Signature of Applicant

Grace M. Tompos

Printed Name of Applicant

Address:

66 Kendal Drive, Oberlin OH 44074

Telephone: 330-466-1695

Email: gracet@oberlin.net

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 OHIO

COUNTY OF LORAIN

This Application for Unclaimed Funds, dated 04/24/2023, was subscribed and sworn to before me this 24th day of April, 2023 by

Grace M. Tompos
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 Judith A. Miller

My commission expires:

5/16/2024

6. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____, was subscribed and sworn to before me this _____ day of _____, 20____ by

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Notary Public _____

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Middle Name

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Printed Name of Co-Applicant (if applicable)

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(SEAL)

Notary Public

Judith A. Miller

My commission expires:

5/16/2024

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STATE OF _____

COUNTY OF _____

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(SEAL)

Notary Public _____

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