Fill in this Information to iden	tify the case:		Docket #2919 Date Filed: 05/16/2023		
Debtor 1 Fair Finance		-			
First Name	Middle Name	Last Name	- FLED		
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	2023 MAY 16 PM 3: 06		
United States Bankruptcy Court			2023 1781 10 111 0 00		
Case number: 10-50494			US BANGAGETCY COURT NO REFERENCEST, OF OPIO OF ARCUSE		
Form 1340 (12/22)					
ADDITOATION EOD DA	VESTAIT OF UA	IAI AIRREM PIIKIS			
APPLICATION FOR PA	TWENT OF UN	ICLAIMED FUND	5		
*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	THE TAXABLE CONTRACTOR OF THE PARTY OF THE P				
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, Tompo	os ,			
Claimant's Current Mailing Address, Telephone Number, and Email Address:	66 Kendal Drive Oberlin, OH 440 330-466-1695 gracet@oberlin.	074			
2. Applicant Information	_ <u></u>				
Applicant ² 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 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/Soci Exhibit A and will be do	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.				



1050494230517000000000001

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

	Applicant has sent a copy of this Application, Exhibit A, a States Attorney, pursuant to 28 U.S.C. § 2042, by regula following address:	and all supporting documentation, to the United ar US Mail Service on <u>04/24/2023</u> , at the			
Anna Contract Contrac	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 fur				
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: 04/24/2023	Date:			
	M. M.				
	Signature of Applicant	Signature of Co-Applicant (if applicable)			
	Grace M. Tompos				
	Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)			
	Address: 66 Kendal Drive, Oberlin OH 44074	Address:			
	Telephone: <u>330-466-1695</u>	Telephone:			
	Email: gracet@oberlin.net	Email:			
		C Nationalism			
	6. Notarization STATE OF	6. Notarization STATE OF			
	COUNTY OF LORAIN	COUNTY OF			
		 -			
	This Application for Unclaimed Funds, dated 04/24/2023 was subscribed and sworn to before	This Application for Unclaimed Funds, dated was subscribed and sworn to before me thisday of, 20by			
	me this dy day of Acri , 2023 by	me thisday ofby			
	brace M. Tompos	who signed above and is personally known to me (or			
	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.	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			
	(SEAL) Notary Public Julie D. Mull				
	My commission expires:	My commission expires:			
	5/16/2024				
	The state of the s				

4. Notice to United States Attorney

Fill in this Information to ident	ify 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 f	or the: Northern District of Ohio				
Case number: 10-50494	Case number: 10-50494				
Form 1340 (12/22)					
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS					
*ANY DEVIATIONS FI	ROM 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:	\$2491.67				
Claimant's Name:	Grace M. Tompos				
Claimant's Current Mailing	66 Kendal Drive Oberlin, OH 44074				
Address, Telephone Number,	330-466-1695				
and Email Address:	gracet@oberlin.net				
2. Applicant Information					
Applicant ² represents that Clair	nant is entitled to receive the unclaimed funds because (check the statement that apply):				
the court.					
Applicant is the Claiman succession or by other n	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 r	Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).				
Applicant is a representa	Applicant is a representative of the deceased Claimant's estate.				
3. Supporting Documentation					
Applicant has read the co	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/Socia	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.

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.	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: 04/24/2023	Date:				
Gran M. Jompor					
Signature of Applicant V	Signature of Co-Applicant (if applicable)				
Grace M. Tompos					
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)				
Address: 66 Kendal Drive, Oberlin OH 44074	Address:				
Telephone: <u>330-466-1695</u>	Telephone:				
Email: gracet@oberlin.net	Email:				
6. Notarization STATE OF OHD	6. Notarization STATE OF				
COUNTY OF LORMIN	COUNTY OF				
This Application for Unclaimed Funds, dated 04/24/2023 was subscribed and sworn to before me this 27 day of 12 day of 2023 by	This Application for Unclaimed Funds, dated was subscribed and sworn to before me this day of 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 Author Multiple Control of the co	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:	My commission expires:				
5/16/2024					

4. Notice to United States Attorney