

**FILED**

2023 MAY 17 PM 1:33

U.S. BANKRUPTCY COURT  
NORTHERN DIST. OF OHIO  
CLEVELAND

**Fill in this information to identify the case:**

Debtor 1	Fair	Finance	Company
	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			

**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)<sup>1</sup> 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:	\$672.60
Claimant's Name:	David W McKenzie
Claimant's Current Mailing Address, Telephone Number, and Email Address:	6846 Scottsville Rd Floyds Knobs, IN 47119 (330) 421-6786

**2. Applicant Information**

Applicant<sup>2</sup> 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<sup>3</sup> 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.**

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant may be the same.

<sup>3</sup> 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 05-18-2023 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: 05-08-2023

David W. McKenzie  
Signature of Applicant

David W McKenzie  
Printed Name of Applicant

Address:

**6846 SCOTTSVILLE RD  
FLOYDS KNOBS, IN 47119**

Telephone: (330) 421-6786

Email: WDMCKENZ@ME.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 Indiana

COUNTY OF Floyd

This Application for Unclaimed Funds, dated 05/08/2023 was subscribed and sworn to before me this 08 day of May, 2023 by

David W McKenzie  
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 Donald D. SAPP, JR.

My commission expires: 08/19/2028

**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: \_\_\_\_\_

