

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

FILED

2023 MAY 31 PM 12:39

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.**

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:	\$ <u>1367.³⁶</u>
Claimant's Name:	<u>FRALEY LIVING TRUST</u>
Claimant's Current Mailing Address, Telephone Number, and Email Address:	<u>C/O CHERYL TLAPEK TTEE</u> <u>1319 BATBRIAR RD.</u> <u>MURFREESBORO, TN 37128</u> <u>847-254-4577 cheryl+tlapek5@gmail.com</u>

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 must

³ The Owner of Record is the original payee.



1050494230531000000000001

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 5-23-2023, 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: 5-23-2023

Signature of Applicant

CHERYL TLAPEK

Printed Name of Applicant

Address: 1319 BATBRUE RD
MURFREESBORO, TN 37128

Telephone: 847-254-4577

Email: cherylthapek5@gmail.com

6. Notarization

STATE OF Tennessee

COUNTY OF Rutherford

This Application for Unclaimed Funds, dated 5-23-2023
Cheryl Thapek was subscribed and sworn to before
me this 23 day of May, 20 23 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)

STATE
OF
TENNESSEE
NOTARY
PUBLIC

Notary Public

My commission expires:

Sept. 21, 2024

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 _____

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:

U.S. Courts Unclaimed Funds Locator

Home About

Court / OHNB

Creditors | 1

Back to Search

	Court	Case	Creditor Name	Debtor Name	Amount
	OHNB	10-50494	The Fraley Living Trust	Fair Finance Company	\$1,367.36

Version 2.00e - © 2015-2023 US Courts - Collaboratively Developed Software (VAEB)
This site requires Microsoft Edge, Safari, Firefox, Google Chrome or IE 9+ (Compatibility Mode OFF)