

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MONTANA**

In re: _____)
) Case No. _____)
))
) **APPLICATION FOR PAYMENT OF**)
) **UNCLAIMED FUNDS**)
 _____ Debtor(s))

1.	Full legal name of Claimant(s)	
2.	Name and Title of Authorizing Officer or Representative <i>(If Claimant is an individual, skip to Question No. 3)</i>	
3.	Type of Entity <i>(corporation, LLC, partnership, individuals)</i>	
4.	Current Mailing Address	
5.	Telephone Number	
6.	SS# <i>(last 4 digits only)</i> or EIN #	
7.	Amount Being Claimed	

I, the undersigned, certify that I am authorized to submit this application and entitled to receive the requested funds based upon *(check the applicable statement)*:

- Applicant is the original creditor and owner of the funds as it appears on the record of this Court;
- Applicant is the assignee of the original creditor’s claim to said funds, as evidenced in the attached documentation;
- Applicant is the original creditor’s successor in interest, as evidenced in the attached documentation; Applicant is an attorney or “Funds Locator” named in an original and notarized special/limited power of attorney, which document is attached hereto, that is valid under the laws of the State of Montana; that empowers Applicant to collect the unclaimed funds described above on behalf of the Claimant. Applicant states that the Claimant is the *(check applicable statement)*:
 Original creditor and owner of the claim;
 Original creditor’s attorney with authorization to receive said funds;
 Assignee of the original creditor’s claim to said funds;
 Successor in interest of the original creditor; or
 Personal representative of the original creditor’s estate.

In accordance with 28 U.S.C. § 2042, the undersigned hereby certifies that on the date designated below, a true and correct copy of the foregoing application with all attachments was mailed to: Office of the United States Attorney, 2601 2nd Ave. North, Billings, MT 59101.

Applicant requests the Court enter an order directing payment of unclaimed funds described above to the Applicant, or if the Applicant is not the Claimant, to the Applicant and Claimant in accordance with the documents submitted in support of the Application.

I understand that, pursuant to 18 U.S.C. 152, I may be fined not more than \$5,000, or imprisoned not more than five years, or both, if I have knowingly and fraudulently made any false statements in this document.

SIGNATURE BLOCK FOR INDIVIDUAL

(signature block for an entity below)

Dated: _____

Signature of Individual Applicant

Signature of Individual Applicant

Printed Name(s)

Street Address:

City/State/Zip:

Telephone (including area code):

State of _____)

) ss.

County of _____)

Before me, _____, a notary public for said state, on this _____ day of _____, 20____, personally appeared _____, known to be the identical person(s) who executed the within foregoing instrument, and acknowledge to me that he/she executed the same as his/her free and voluntary act and deed for the uses and purposes therein set forth.

[SEAL]

Notary Public

My commission expires: _____

SIGNATURE BLOCK FOR AN ENTITY

(signature block for individual above)

Dated: _____

Name of Applicant (entity)

By:

Printed Name and Title:

Street Address:

City/State/Zip:

Telephone (including area code):

State of _____)

) ss.

County of _____)

Before me, _____, a notary public for said state, on this _____ day of _____, 20____, personally appeared _____ as _____ [capacity, e.g. President, Treasurer] who executed the within foregoing instrument on behalf of _____ [name of entity], and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed on behalf of said _____ [type of entity, e.g. corporation, limited liability company, partnership] for the uses and purposes therein set forth.

[SEAL]

Notary Public

My commission expires: _____