

**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF FLORIDA**

www.flsb.uscourts.gov

In re:

Case No.

Chapter

_____ Debtor _____ /

AFFIDAVIT OF CLAIMANT

1. I, _____, am (indicate status of claimant)

() the individual creditor (or authorized personal representative of the individual creditor) in whose name funds were deposited with the court who has granted a power of attorney to _____, a "funds locator" or attorney to submit an application to withdraw unclaimed funds on my behalf; or

() the duly authorized representative for the claimant "business" _____; or

() the debtor claiming funds deposited in the name of a creditor in this case who has granted a power of attorney to _____, a "funds locator" or attorney, to submit an application on my behalf; or

() the debtor claiming funds deposited in the name of the debtor in this case who has granted a power of attorney to _____, a "funds locator" or attorney, to submit an application on my behalf; or

() the duly authorized representative for claimant "business" as indicated in the attached corporate power of attorney who has granted a power of attorney to _____ a "funds locator" or attorney, to submit an application to withdraw unclaimed funds on my behalf;

and I am seeking payment of unclaimed funds in the amount of \$ _____ deposited in this court in the name of _____ and representing claim number _____ (if no claim was filed write "scheduled" in blank space).

2. Claimant History: Substantiate claimant's right to funds, including but not limited to documents relating to sale of company, i.e. purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds. Attach certified copies of all necessary documentation, including those which establish the chain of

ownership of the original corporate claimant. Also attach a copy of an official government photo id to prove your identity.

3. I (or the "business" I represent as claimant) have neither previously received remittance for these funds nor have contracted with any other party other than the person named as a "funds locator" or attorney in paragraph one above to recover these funds.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated: _____

signature of claimant or representative of "business"
claimant

print name

title

Last Four Digits of Social Security # or Tax ID# (EIN #)
(Note: attach a copy of an official government photo id
such as a driver's license or passport")

address

Phone number

signature of joint debtor (if applicable)

print name

Last Four Digits of Social Security # or Tax ID# (EIN #)
(Note: attach a copy of an official government photo id
such as a driver's license or passport")

Sworn to and Subscribed before me
on _____.

NOTARY PUBLIC, AT LARGE

STATE OF _____