

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA

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In re:

Case No.  
Chapter

\_\_\_\_\_ Debtor \_\_\_\_\_ /

**AFFIDAVIT OF CLAIMANT**

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 \_\_\_\_\_