

UNITED STATES BANKRUPTCY COURT  
SOUTHERN DISTRICT OF FLORIDA  
\_\_\_\_\_ DIVISION

In re:

DEBTOR'S NAME,

Case No. xx-xxxxx-xxx

Debtor.

Chapter \_\_

\_\_\_\_\_/

**CERTIFICATE OF SERVICE**

**OF APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

**(\*\*File concurrently with your Application.\*\*)**

I certify that on [date], a copy of the Application for Payment of Unclaimed Funds and all supporting documentation was served via [specify method of delivery, e.g., First Class Mail] pursuant to 28 U.S.C. §2042 on the following:

- Office of the United States Attorney  
Southern District of Florida  
99 NE 4<sup>th</sup> St.  
Miami, Florida 33132
- Office of the U.S. Trustee, Region 21  
51 SW First Ave., Room 1204  
Miami, Florida 33130
- [Insert Trustee name and address, if applicable.]  
\_\_\_\_\_  
\_\_\_\_\_
- [Insert Debtor's Name and address.]  
\_\_\_\_\_  
\_\_\_\_\_
- [Insert Debtor's Attorney name and address, if applicable.]  
\_\_\_\_\_  
\_\_\_\_\_

If the Claimant is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, I further certify that on [date] I

served a copy of the Application for Payment of Unclaimed Funds and all supporting documentation on [the following party(ies)]:

- [Insert name and address of original Owner of Record AND each previous owner at their current address OR Applicant has enclosed a statement explaining why Applicant was not able to do so OR an explanation why doing so is not necessary. *This is not applicable if you are the Owner of Record.*]

Date:\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Claimant's Name or Representative

\_\_\_\_\_  
\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email