

UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF NEBRASKA

IN THE MATTER OF:)	
)	
)	Case No.
)	Chapter
)	
DEBTOR(S))	

APPLICATION AND AFFIDAVIT FOR RELEASE OF UNCLAIMED DIVIDEND

(Name of Claimant) being duly sworn, deposes and says: That he/she is a claimant of the above-named debtor. That the above-named debtor was adjudged a debtor in the United States Bankruptcy Court for the District of Nebraska. That said claimant duly filed his/her claim, which was thereafter duly allowed. Dividends amount to the sum of \$ _____, due this claimant remain unpaid and are being held in the Registry of the Court.

That the said claim has not been sold or assigned, and that it is still the property of the deponent.

It is therefore requested that the Clerk of the U.S. Bankruptcy Court be directed to pay the funds being held in the Registry of the Court to this claimant at the address listed below.

Signature of Claimant

Affix Corporate Seal

The foregoing instrument was acknowledged before me this _____ day of _____, 20 ____

Notary Public

UNITED STATES BANKRUPTCY COURT
 DISTRICT OF NEBRASKA
 111 SO 18TH PLAZA, SUITE 1125
 OMAHA, NE 68102-1321

DIANE L. ZECH
 CLERK OF COURT

(402) 661-7444
 FAX (402) 661-7492

Application Checklist

Case Number Chapter

Debtor(s) Name

How are you filing the application for Unclaimed Funds?

Claimant Information

First Name Middle Initial Last Name

Business (or N/A)

Address City State Zip

Last 4 of SSN / EIN Last 4 of Identification

Is the redacted ID attached? Telephone Number

Please provide the address in which the funds should be sent below:

If same as above, check here

First Name Middle Initial Last Name

Business (or N/A)

Address City State Zip

As the filing claimant, I hereby understand that I am solely responsible for the supporting documents and other requested documents by the Court. I understand and acknowledge that it is my responsibility to redact any personal identifying information and understand that when the application is filed, the application cannot be altered at a later date.

I hereby understand and acknowledge.

I hereby understand and acknowledge that I have sent a copy of the application and supporting documents to the United States Attorney.

I hereby understand and acknowledge.

I hereby understand and acknowledge that the application for said funds is said to be true to the best of my knowledge.

I hereby understand and acknowledge.

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Supporting Documentation Checklist

The following information is required pursuant to General Order 06-04 and Local Rule 3011-1.

Filing as a Single / Individual:

Is a brief history of the claim attached? Yes No

Filing as a Business:

Is a brief history of the claim attached? Yes No

Is a corporate power of attorney signed by an officer or a statement of signing officer's authority attached? Yes No

Is a corporate seal attached? Yes No

Is documentation establishing a complete chain of succession to the original claimant shown in the court records attached? Yes No

Filing as a Locator:

Are you filing on behalf of:

 A Single / Individual

 A Business

Is a brief history of the claim attached? Yes No

Is a notarized, original power of attorney signed by the claimant on whose behalf the locator is acting attached? Yes No

Is documentation sufficient to establish the claimant's entitlement to the funds attached?
 Yes No

Any indications of fraud will be reported to the United States Attorney's office. Additional information is available on the Court's website at: www.neb.uscourts.gov.

I hereby understand and acknowledge