Fill in this Information to identify the case:

Debtor 1 _____
First Name Middle Name Last Name

Debtor 2 _____
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the District of Nebraska

Case number:

Form 1340 (2/26)

APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS

1. Claim Information

For the benefit of the Claimant(s)[1] named below, application is made for the payment of unclaimed funds on deposit with the court. I have no knowledge that any other party may be entitled to these funds, and I am not aware of any dispute regarding these funds.

Note: If there are joint Claimants, complete the fields below for both Claimant

Amount:	
Claimant's Name:	
Claimant's Current Mailing Address, Telephone Number, and Email Address:	Street Address: _____ City: _____ State:_____ Zip Code: _____ Phone Number: _____ Email Address: _____

2. Claimant Information

Applicant[2] represents the following:

☐ The Claimant is the Owner of Record[3] entitled to the unclaimed funds appearing on the records of the court.

☐ The Claimant (Successor Claimant) is entitled to the unclaimed funds by transfer, assignment, purchase, merger, acquisition, or succession by other means, and below are the name(s) of the Owner of Record and all previous owner(s) of the claim:

_____
_____.

☐ If the Claimant is a Successor Claimant, Applicant has sent a copy of the application to the Owner of Record and all other previous owner(s) of the claim at their current address or Applicant has enclosed a statement explaining why Applicant was not able to do so or an explanation of why doing so is not necessary.

3. Applicant Information

Applicant represents the following:

☐ Applicant is the Claimant.

☐ Applicant is Claimant's representative (*e.g.,* attorney or unclaimed funds locator).

☐ Applicant is a representative of the deceased Claimant's estate.

[1] The Claimant is the party entitled to the unclaimed funds.
[2] The Applicant is the party filing the application. The Applicant and Claimant may be the same.
[3] The Owner of Record is the original payee.

4. Supporting Documentation

☐ Applicant has read the court's instructions for filing an Application for Unclaimed Funds and is providing the required supporting documentation with this application.

5. Notice to United States Attorney

☐ Applicant has sent a copy of this application and supporting documentation to the United States Attorney, pursuant to 28 U.S.C. § 2042, at the following address:

Office of the United States Attorney
Attn: Shereece Dendy-Sanders
1620 Dodge Street, #1400
Omaha, NE 68102-1506

6. Applicant Declaration

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g, 18 U.S.C. § 152.

.

Date: _____

_____
Signature of Applicant

_____
Printed Name of Applicant

Address: _____
_____

Telephone: _____

Email: _____

6. Co-Applicant Declaration (if applicable)

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury under the laws of the United States of America that the foregoing is true and correct and any fraud in the application or supplemental materials may result in criminal penalties, see, e.g. 18 U.S.C. § 152.

Date: _____

_____
Signature of Co-Applicant (if applicable)

_____
Printed Name of Co-Applicant (if applicable)

Address: _____
_____

Telephone: _____

Email: _____

7. Notarization

STATE OF _____

COUNTY OF _____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this_____day of_____, 20_____by

_____
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

[Notarial wording to be adjusted based on state requirements]

(SEAL) Notary Public _____

My commission expires: _____

7. Notarization

STATE OF_____

COUNTY OF_____

This Application for Unclaimed Funds, dated _____ was subscribed and sworn to before me this_____day of_____, 20_____by

_____
who signed above and is personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument. WITNESS my hand and official seal.

[Notarial wording to be adjusted based on state requirements]

(SEAL) Notary Public_____

My commission expires: _____

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