IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF KANSAS

(version 6/16)

In re:	
	Case No.
	Chapter
[Debtor(s) name(s)]	
Debtor.	
VERIFIED PETITION FOR PAYM	IENT OF UNCLAIMED FUNDS
1. The undersigned	[claimant], hereby requests that the med Funds, and in support of the petition
2. In the case identified in the caption above, a che	eck(s) issued to [owner of record] in the
following amount(s) was (were) tendered to the Cl	
3. The owner of record did not receive or negotiate	e the check(s) for the following reason(s):
4. Claimant is entitled to receive the requested fun statement that applies. Please redact all supporting 9037:]	· · · · · · · · · · · · · · · · · · ·
	ands as indicated on the records of this Court, ding a copy of the photo identification of the

Claimant is the attorney in fact for the owner of record and is authorized by the owner of record to submit this petition, as shown by the following documents: a copy of the photo identification of the owner of record; an attached notarized, original power of attorney authorizing the claimant to file this petition on behalf of the owner of record; a photocopy of the photo identification of the attorney in fact; and documentation establishing the owner of record's entitlement to the funds.

Claimant is entitled to the funds as a successor business or assignee as shown by the following documents: proof of identity of the owner of record; a notarized power of attorney signed by an officer of the successor business or the assignee; a statement of the signing officer's authority; and documentation establishing chain of ownership from the original business claimant.

Claimant is the representative of the owner of record's estate (i.e., administrator, executor, or representative) as shown by the following documents: proof of identity of the owner of record; proof of personal identity of the estate administrator; certified copies of probate documents establishing the representative's right to act on behalf of the decedent's estate.

- 5. Claimant has no knowledge that any other party may be entitled to these funds and is not aware of any dispute regarding these funds.
- 6. The Social Security Number (SSN) or Tax Identification Number (TIN) of the owner of record is provided to the court on the enclosed IRS Form W-9 Request for Taxpayer Identification Number and Certification. [Please include the full SSN or TIN.]

Wherefore, claimant requests that the Court enter an Order Directing Payment of the Unclaimed Funds described above to:

Claimant's Name:	
Fund Locator's Name (if applicable):	
Address	
Email Address: (optional):	
Telephone Number (optional):	
Pursuant to 11 U.S.C. § 1746, I of the United States of America that the fo	declare under penalty of perjury under the laws of pregoing is true and correct.
Claimant's Signature	Date

CERTIFICATE OF SERVICE

Pursuant to 28 U.S.C. § 2042 and Local Bankruptcy Rule 2 claimant mailed a copy of this completed petition (with all the appropriate box]:	· / / =================================
Office of United States Attorney Robert J. Dole U.S. Courthouse, Ste 360 500 State Avenue Kansas City, KS 66101	
Office of United States Attorney U.S. Courthouse, Suite 290 444 Southeast Quincy Street Topeka, KS 66683	
Office of United States Attorney 1200 Epic Center 301 N. Main Wichita, KS 67202	
Claimant's Signature	Date