Fill in this	Information to identif	y the case:					
Debtor 1			•				
	First Name	Middle Name	Last Name				
Debtor 2 (Spouse, if	filing) First Name	Middle Name	Last Name				
United Sta	ates Bankruptcy Court fo	or the Central Distri	ct of California				
Case number:							
Form 134	10 (12/23 <u>)</u>						
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS							
1. Clair	n Information						
the court.	•	` '	r, application is made for tarty may be entitled to the			•	
Note: If th	ere are joint Claimant	ts, complete the f	ields below for both Clain	nant			
Amount:							
Claimant's Name:							
Claimant's Current Mailing Address, Telephone Number, and Email Address:							
2. Clair	mant Information	<u>- L</u>					
Applicant	<sup>2</sup> represents the follow	ving:					
☐ The Claimant is the Owner of Record³ entitled to the unclaimed funds appearing on the records of the court.							
ac	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 to the control of the control	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. Appl	icant Information						
Applicant	represents the follow	ing:					
□ Ар	Applicant is the Claimant.						
-	Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).						
□ Ар	Applicant is a representative of the deceased Claimant's estate.						

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

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:					
Central D <i>Civil Proc</i> ess 300 North Los Ar	United States Attorney istrict of California Clerk-Federal Building ngeles Street, Room 7516 geles, CA 90012				
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 crimina penalties, see, e.g, 18 U.S.C. § 152.  Date:	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 Applicant	Signature of Co-Applicant (if applicable)				
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)				
Address:	Address:				
Telephone:	Telephone:				
Email:	Email:				
7. Notarization					
A notary public or other officer completing this certificate verifies which this certificate is attached, and not the truthfulness, accurately	s only the identity of the individual who signed the document to racy, or validity of that document.				
STATE OF	-				
COUNTY OF	_				
This Application for Unclaimed Funds, dated w thisday of, 20by	as subscribed and sworn to (or affirmed) before me on				
who proved to me on the basis of satisfactory evidence to	be the person(s) who appeared before me.				
(SEAL) Notary Public	_				

**Supporting Documentation**