

United States Bankruptcy Court  
Southern District of Indiana

IN RE:

--

DEBTOR(S)

)  
)  
)  
)  
)

CASE NO.

--

AFFIDAVIT OF CREDITOR

I, 



, the undersigned creditor in the above referenced case declare as follows:

1. 



  
(Name and Address)

has been granted a Power of Attorney by me to submit an Application for Payment from Unclaimed Funds seeking payment in the amount of 



 due and owing me as a creditor in the above referenced bankruptcy case.

2. My name, position with company (if applicable), address and telephone number are as follows:

Name:	<table border="1" style="width: 340px; height: 25px;"></table>
Position:	<table border="1" style="width: 340px; height: 25px;"></table>
Address:	<table border="1" style="width: 340px; height: 25px;"></table>
City/State/ZIP:	<table border="1" style="width: 340px; height: 25px;"></table>
Area code/telephone number:	<table border="1" style="width: 230px; height: 25px;"></table>

3. That the undersigned substantiate the creditor has rights to the claim, including but not limited to documents relating to sale of company; i.e., purchase agreements and/or stipulation by prior and new owner as to right of ownership of funds by the attachment of certified copies of all necessary documents.

4. I (or the company which I represent) have neither previously received remittance for this claim nor have contracted with any other party other than the person named in item one above to recover these funds.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated

\_\_\_\_\_  
Creditor

Sworn to and Subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, AT LARGE  
STATE OF \_\_\_\_\_