

UNITED STATES

BANKRUPTCY COURT

EASTERN DISTRICT OF MISSOURI

In Re:

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Case No.

Chapter

AFFIDAVIT OF CREDITOR

Debtor(s)

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 of claim number _____ (if no claim was filed write "scheduled" in blank space) in the amount of \$ _____ due and owing to 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:
3. Creditor History: Substantiate creditor's right to 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. Attach certified copies of all necessary documentation.
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.

Date

Creditor
S.S. # (last 4 digits)
Business ID # (last 4 digits)

Sworn to and Subscribed before me this _____ day of _____, 20____.

NOTARY PUBLIC, AT LARGE
STATE OF