

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: Northern District of Ohio

Case number: 10-50494

FILED

2025 JAN 17 AM 11:50

U.S. BANKRUPTCY COURT  
 NORTHERN DISTRICT OF OHIO

**Form 1340 (12/22)**

**APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS**

\*ANY DEVIATIONS FROM THE STANDARDIZED APPLICATION AND EXHIBIT A MUST BE EXPLAINED HERE IN BOLD-FACED TYPE.

**1. Claim Information**

For the benefit of the Claimant(s)<sup>1</sup> 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 Claimants.

Amount:

2492.<sup>79</sup>

Claimant's Name:

LOIS HUBBARD

Claimant's Current Mailing Address, Telephone Number, and Email Address:

DECEASED

**2. Applicant Information**

Applicant<sup>2</sup> represents that Claimant is entitled to receive the unclaimed funds because (check the statement that apply):

- Applicant is the Claimant and is the Owner of Record<sup>3</sup> entitled to the unclaimed funds appearing on the records of the court.
- Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.
- Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).
- Applicant is a representative of the deceased Claimant's estate.

**3. 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

Claimant's Tax ID/Social Security Number and other required documentation are submitted separately with Exhibit A and will be docketed as a private event.

<sup>1</sup> The Claimant is the party entitled to the unclaimed funds.

<sup>2</sup> The Applicant is the party filing the application. The Applicant and Claimant ma

<sup>3</sup> The Owner of Record is the original payee.



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4. Notice to United States Attorney

Applicant has sent a copy of this Application, Exhibit A, and all supporting documentation, to the United States Attorney, pursuant to 28 U.S.C. § 2042, by regular US Mail Service on 1/11/25, at the following address:

Office of the United States Attorney  
Northern District of Ohio  
Carl B. Stokes United States Courthouse  
801 West Superior Avenue, Suite 400  
Cleveland, OH 44113

The United States Attorney is allowed 14 days from the date of service to file an objection to payment of these funds.

5. 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.

Date: 1/10/2025

Lynnette M. Spadea  
Signature of Applicant

LYNNETTE M. SPADEA  
Printed Name of Applicant

Address: 80 CRESTMONT COURT  
LITITZ, PA 17543

Telephone: 717-799-4507

Email: LYNNETTEKY@AOL.COM

5. 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.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Co-Applicant (if applicable)

\_\_\_\_\_  
Printed Name of Co-Applicant (if applicable)

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

6. Notarization

STATE OF PA

COUNTY OF Lancaster

This Application for Unclaimed Funds, dated \_\_\_\_\_ was subscribed and sworn to before me this 10 day of Jan, 2025 by

Lynnette M Spadea

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.

(SEAL) Notary Public Nicole N. Zimmerman

My commission expires: 3-27

6. 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.

(SEAL) Notary Public \_\_\_\_\_

My commission expires: \_\_\_\_\_

Commonwealth of Pennsylvania - Notary Seal  
Nicole N. Zimmerman, Notary Public  
Lancaster County  
My commission expires March 1, 2027  
Commission number 1344428

Member, Pennsylvania Association of Notaries

UNITED STATES BANKRUPTCY COURT  
Northern DISTRICT OF OHIO

In Re: FAIR FINANCE COMPANY  
AKA FAIR FINANCIAL SERVICES  
Debtor(s).

Case No. 10-50494  
Chapter

CERTIFICATE OF SERVICE

I certify that a copy of the Application for Payment of Unclaimed Funds and the required supporting documentation were sent by: USPS  
(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)  
to the following:

Office of the United States Attorney  
Northern District of OHIO  
[Enter current address]

CARL B. STOKES US Courthouse  
801 SUPERIOR AVE. SUITE 400  
CLEVELAND, OH 44113

I certify that a copy of the Application for Payment of Unclaimed Funds was sent by:  
USPS  
(Specify Method of Delivery, e.g., USPS First-Class Mail postage prepaid)

to Previous Owner(s) of Claim (if applicable):

[Enter name and current address for each previous owner served, or provide statement with your application addressing why service is not possible.]

Dated: 1/10/2025

Lynette M. Spadea  
Signature  
Print Name: LYNETTE M. SPADEA  
Address: 80 CRESTMONT COURT  
LITITZ, PA 17543  
Phone: 717-799-4507  
Email: LYNETTEKY @ AOL.COM