

Debtor 1 Fair Finance Co.
 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

2024 AUG 27 PM 1:20

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)¹ 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:	\$4264.42
Claimant's Name:	Estate of Merwin Gene Glossner aka Gene Glossner
Claimant's Current Mailing Address, Telephone Number, and Email Address:	Jeanette M. Starr, Executor 100 Willow Brook Way S., Apt. 2018 Delaware, OH 43015 (740) 816-0362 starrjeanie@gmail.com

2. Applicant Information

Applicant² 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 Record³ 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.

¹ The Claimant is the party entitled to the unclaimed funds.

² The Applicant is the party filing the application. The Applicant and Claimant n

³ 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 7-19-2024 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: 06/24/2024

Jeanette M. Starr
Signature of Applicant

Jeanette M. Starr, Executor
Printed Name of Applicant

Address:

100 Willow Brook Way S., Apt. 2018, Delaware,
OH 43015
Telephone: (740) 816-0362
Email: starrjeanie@gmail.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 OHIO

COUNTY OF DELAWARE

This Application for Unclaimed Funds, dated 06/24/2024 was subscribed and sworn to before me this 24 day of JUNE, 2024 by

Jeanette M. Starr, Executor

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)  Matthew R. Johnson
Notary Public
My commission has no expiration date

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: _____