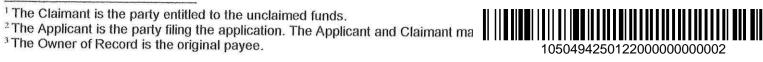
Fill in this Information to identify the case:	Docket #3111 Date Filed: 01/17/2025	
Debtor 1 First Name Middle Name Last Name		
Debtor 2	2025 JAN 17 AM 11: 50	
United States Bankruptcy Court for the: Northern District of Ohio	LIS PANKHIETCY CXXXV	
Case number: 10-50494	IS BANGE OF OUR	
Form 1340 (12/22)		
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: 2492, 79 Claimant's Name: Lois Hubbard		
Claimant's Name: LOIS HUBBARD		
Claimant's Current Mailing Address, Telephone Number, and Email Address: DECEASED		
2. Applicant Information		
Applicant ² 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 ³ 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.		



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		
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.	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: 1/10/2025	Date:	
Signature of Applicant	Signature of Co-Applicant (if applicable)	
LYNNETTE M. SPADER Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)	
Address: 80 CRESTMONT COURT LITITZ, PA 17543	Address:	
Telephone: 717-799-4507	Telephone:	
Email: LYNNETTEKY @ AOL. COM	Email:	
6. Notarization PA	6. Notarization STATE OF	
COUNTY OF LANCOSTER	COUNTY OF	
This Application for Unclaimed Funds, dated was subscribed and sworn to before me this, 20_25by	This Application for Unclaimed Funds, datedwas subscribed and swom to before me thisday of, 20by	
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	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	
Commonwealth of Pennsylvania - Notary Seal Nicole N. Zimmerman, Notary Public Lancaster County My commission expires March 1, 2027 Commission number 1344428	wy commission expires.	

Member, Pennsylvania Association of Notaries

UNITED STATES I Noethern DISTI	BANKRUPTCY COURT RICT OF <i>OH-10</i>
In Re: FAIR FINANCE COMPANY AKA FAIR FINANCIAL SERVIC	X
Debtor(s).	
CERTIFICA	TE OF SERVICE
	ivery, e.g., USPS First-Class Mail postage prepaid)
Office of the United States Attorney Northern District of OHID [Enter current address]	CARL B. STOKES US COURTHOUSE. BOI SUPERIOR AVE, SUITE 400 CLEVELAND, DH 44113
I certify that a copy of the Application	for Payment of Unclaimed Funds was sent by:
(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 pro application addressing why service is not pos	evious owner served, or provide statement with your sible.]
	3
Dated: 1/10/2025	Signature Print Name: LYNNETTE M. SPANEA Address: 80 CRESTMONT COURT LITITZ, PA 17543 Phone: 717-799-4507 Email: LYNNETTE KY & AOL. Com