

Debtor 1 _____
 First Name Middle Name Last Name

FILED

Debtor 2 _____
 (Spouse, if filing) First Name Middle Name Last Name

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United States Bankruptcy Court for the: Northern District of Ohio

Case number:

10-50494

U.S. BANKRUPTCY COURT
NORTHERN DIST. 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:

2492.⁷⁹

Claimant's Name:

ESTATE of LOIS HUBBARD

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

80 CRESTMONT COURT
LITITZ, PA 17543

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 must be the same person.

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 2/11/25, 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: 2/11/2025

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 Pennsylvania

COUNTY OF Lancaster

This Application for Unclaimed Funds, dated 02/11/2025 was subscribed and sworn to before me this 11 day of February, 20 25 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

Commonwealth of Pennsylvania - Notary Seal
Yesenia Raisa Vasquez, Notary Public
Lancaster County

My commission expires August 1, 2028
Commission number 1450789

Member, Pennsylvania Association of Notaries

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:

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: 2/11/2025

Lynnette M. Spadea

Signature

Print Name: LYNNETTE M. SPADEA

Address: 88 CRESTMONT COURT
LITITZ, PA 17543

Phone: 717-799-4507

Email: LYNNETTEKY@aol.com