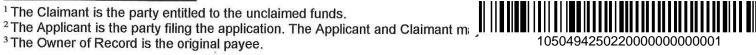
Fill in this Information to identif	v the case:	,	Docket	#3121 Date Filed: 02/19/2025
Mai 2	y tile case.	,	α <sub>e</sub>	Ø.
Debtor 1First Name	Middle Name	Last Name	- CILET	
		zaot Haino		,
Debtor 2 (Spouse, if filing) First Name	Middle Name	Last Name	2025 FEB   9 PM	1:24
United States Bankruptcy Court for the: Northern District of Ohio				
Case number: 10-50494 U.S. BANKEUPTCY COURT NORTHERN DIST, OF OHO				
Form 1340 (12/22)				
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS				
ATTEIOATIONTONTAL	WEIGH OF ON	CLAIMED FOND	3	
*ANY DEVIATIONS FR			PLICATION AND EX	CHIBIT A MUST BE
EXPLAINED HERE IN BO	LD-FACED T	YPE.		
1. Claim Information	,			
For the benefit of the Claimant(s	s) <sup>1</sup> named below	application is made	for the payment of uncla	imed funds on denosit with
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.			e e	:h 8/
Note: If there are joint Claimants	s, complete the fi	elds below for both (	Claimants.	
Amount:	2002 7	9		
Amount.	2492.		WORKS CONTROL OF THE PARTY OF T	-
Claimant's Name:	ESTATE	of Lois	RT HUBBARD	
Claimant's Current Mailing	80 CRES	MONT COU	RT	
Address, Telephone Number,	LITITZ,	PA 17543		
and Email Address:				
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.				
yphodit is a representative of the deceased Cialifiant'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.				
		***************************************		



1050494250220000000000001

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				
	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: 2 11 2025	Date:			
Lymatte M. Scale				
Signature of Applicant	Signature of Co-Applicant (if applicable)			
LYNNETTE M. SPADEA	200 200 200 200			
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)			
Address: 80 CRESTMONT COURT LITITZ, PA 17543	Address:			
Telephone: 717-799-4507  Email: Lynnettery @ Aol. Com	Telephone:			
Email: LYNNETTERY @ AOL. COM	Email:			
6. Notarization STATE OF TWYSUND	6. Notarization			
1 DOLOGO	STATE OF			
COUNTY OF LANCOSTEY	COUNTY OF			
This Application for Unclaimed Funds, dated  Original 2025 was subscribed and sworn to before me this \ day of \ VYVXV, 20 \ by	This Application for Unclaimed Funds, dated was subscribed and sworn to before me this day of, 20by			
Lynutte 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.	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	(SEAL) Notary Public			
Commonwealth of Pennsylvania - Notary Public Yesenia Raisa Vasquez Notary Public Lancaster County Commission expires: My commission expires August 1, 2028 Commission number 1450789  Member, Pennsylvania Association of Notaries	My commission expires:			

UNITED STATES BA	more transfer transfer
In Re: FAIR FINANCE COMPANY AND FAIR FINANCIAL SERVICES	W.
ANA FAIR FINANCIAL SERVICES	Chapter
Debtor(s).	
CERTIFICATI	E OF SERVICE
supporting documentation were sent by: Us	r Payment of Unclaimed Funds and the required
(Specify Method of Delive	ry, e.g., USPS First-Class Mail postage prepaid)
to the following:  Office of the United States Attorney	CARL B. STOKES US COURTHOUSE 801 SUPERIOR AVE SUITE 400 CLEVELAND, OH 44113
Northern District of OH10 [Enter current address]	Cleveland, OH 44113
I certify that a copy of the Application for USPS  (Specify Method of Delivery, e.g., USPS First-C	or Payment of Unclaimed Funds was sent by:
	uss with postage prepatay
to Previous Owner(s) of Claim (if applicable):	
[Enter name and current address for each previ application addressing why service is not possib	ous owner served, or provide statement with your ole.f
	9 "
Dated: 2/11/2025	Signature Print Name: LYNNETTE M. SPADEA Address: 80 CRESTMONT COURT LITTIZ, PA 17543 Phone: 717-799-4507 Email: LYNNETTE RY @ AOL. COM