

Form W-9 Request for Taxpayer Identification Number and Certification.

Claimant declares under penalty of perjury, under the laws of the United States of America, that the foregoing is true and correct. The claimant understands that they may be subject to a fine or imprisonment, or both, if they have knowingly and fraudulently made any false statements in this document.

Wherefore, claimant requests that the Court enter an Order Directing Payment of the Unclaimed Funds described above to:

Claimant's Name _____
Address _____

Telephone # _____

DATED: _____
Claimant's Signature

SUBSCRIBED AND SWORN before me this _____ day of _____, 20____.

[SEAL]

NOTARY PUBLIC in and for the State of _____, Residing in _____ County.
My commission expires: _____

CERTIFICATE OF SERVICE

Pursuant to 28 U.S.C. §2042, on _____ [date], claimant mailed a copy of this completed petition (with all supporting documentation) to:

Civil Chief
United States Attorney's Office
District of Wyoming
P.O. Box 668
Cheyenne, WY 82003

DATED: _____
Claimant's Signature

IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF WYOMING

In re)
)
) Case No. _____
) Chapter _____
Debtor.)

ORDER DIRECTING PAYMENT OF UNCLAIMED FUNDS

The court has considered the Verified Petition for Unclaimed Funds filed by _____ **[claimant]** requesting payment of unclaimed funds in the amount of \$ _____. The verified petition and the documents attached establish that the claimant is entitled to the unclaimed funds; and the court having verified that the funds are available for distribution to this claimant.

Accordingly,

IT IS ORDERED that the Verified Petition for Payment of Unclaimed Funds is GRANTED.

IT IS FURTHER ORDERED that the Clerk of Court issue a check in the amount of \$ _____ payable to _____ **[claimant]** at the following address: _____
_____.

DATED: _____

UNITED STATES BANKRUPTCY JUDGE