## UNITED STATES BANKRUPTCY COURT DISTRICT OF MINNESOTA

| In re:           |  | Case No.   |  |  |  |
|------------------|--|--|--|--|--|
|                  |  | Debtor(s).   |  |  |  |
|                  | PET  | TITION FOR RELEASE OF FUNDS FROM COURT REGISTRY ACCOUNT  |  |  |  |
| In sup<br>follow | -  | f this Petition, I,, declare under penalty of perjury the  |  |  |  |
| 1.               | Clerk<br>repre   | , the trustee in the above-referenced case deposited with the confidence of Bankruptcy Court for the District of Minnesota the sum of \$esenting the amount of an uncashed dividend check payable toand sent to the following address: |  |  |  |
|                  | Street Address:  |  |  |  |  |
|                  | City, State, Zip Code:   |  |  |  |  |
| 2.               | I am the administrator/executor/representative of the estate of the original claimant, now deceased, of the funds referred to in paragraph 1 and as proof thereof, have attached to this petition: |  |  |  |  |
|                  | a.   | Proof of identity of the original claimant in the form of a photo copy of the original claimant's driver's license or other government-issued identification bearing the claimant's signature;   |  |  |  |
|                  | b.   | Certified copies of probate documentation establishing my authority to act on behalf of the decedent's estate; and   |  |  |  |
|                  | C.   | Proof of my identity in the form of a photo copy of my driver's license or other government-issued identification bearing my signature.  |  |  |  |
| 3.               | My current address is:   |  |  |  |  |
|                  | Street Address:  |  |  |  |  |
|                  | City, State, Zip Code:   |  |  |  |  |

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| 4.      | I have served a copy of this petition and attachments on the U.S. Attorney for the District of Minnesota at 300 South 4 <sup>th</sup> Street, Suite 600, Minneapolis, MN 55415. |   |           |  |
|---------|---|---|-----------|--|
| 5.      | I request entry of an order author court's registry fund account.   | izing the release to me of \$                                 | from the  |  |
|         |   |   |           |  |
| Date    | :   | (Signature of Administrator/Executor/Representative of        | claimant) |  |
|         |   | (Printed name of Administrator/Executor/Representative of     | claimant) |  |
|         |   | (Telephone number of Administrator/Executor/Representative of | claimant) |  |
|         | TE OF MINNESOTA<br>INTY OF  |   |           |  |
| This ir | nstrument was acknowledged befor  | e me on the day of,   | 20        |  |
| by:     |   |   |           |  |
|         |   |   |           |  |
|         |   | (Signature of notarial officer)                               |           |  |
|         |   | (Title)   |           |  |
|         |   | My commission expires:dd/m                                    | m/yyyy    |  |