

**IN THE UNITED STATES BANKRUPTCY COURT
FOR THE DISTRICT OF MARYLAND**

IN RE:

*

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Case No. _____

*

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Chapter _____

Debtor(s)

CERTIFICATE OF SERVICE

Notice is hereby given to the Court that on _____ (Date), the U.S. Attorney for the District of Maryland at 36 S. Charles Street, Baltimore, MD, 21201, was advised via first class mail of the intent of the individual(s) or entity below (hereafter "Claimant") to request the withdrawal of funds from the Court's Registry of Unclaimed Funds.

Complete Name of Claimant

Complete Address of Claimant

I certify that a copy of the Application for Payment of Unclaimed Funds was sent via first class mail 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.]

Respectfully Submitted,

Signature of Claimant or Claimant's Representative

Printed Name of Claimant or Claimant's Representative

Complete Address of Claimant or Claimant's Representative

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____,
20 _____, in the County of _____, State of _____.

Signature of Notary Public

Date Commission Expires: _____