

**IN THE DISTRICT COURT OF THE VIRGIN ISLANDS  
BANKRUPTCY DIVISION**

**IN RE:**

**Debtor(s)**

**Bankruptcy No.**

**Chapter:**

**AFFIDAVIT OF CLAIMANT**

1. I, \_\_\_\_\_, am (indicate status of claimant)
  - a.  the individual creditor (or authorized personal representative of the individual creditor) in whose name funds were deposited with the court who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney to submit an application to withdraw unclaimed funds on my behalf;
  - b.  the duly authorized representative for the claimant “business” \_\_\_\_\_;
  - c.  the debtor claiming funds deposited in the name of a creditor in this case who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney, to submit an application on my behalf;
  - d.  the debtor claiming funds deposited in the name of the debtor in this case who has granted a power of attorney to \_\_\_\_\_, a “funds locator” or attorney, to submit an application on my behalf; or
  - e.  the duly authorized representative for claimant “business” as indicated in the attached corporate power of attorney who has granted a power of attorney to a “funds locator” or attorney, to submit an application to withdraw unclaimed funds on my behalf; and I am seeking payment of unclaimed funds in the amount of \$ \_\_\_\_\_ deposited in this court in the name of \_\_\_\_\_ and representing claim number (if no claim was filed write “scheduled” in blank space).
2. Claimant History: Substantiate claimant’s right to funds, including but not limited to documents relating to sale of company, i.e., purchase agreements and/or stipulation by

prior and new owner as to right of ownership of funds.

Attach certified copies of all necessary documentation, including those which establish the chain of ownership of the original corporate claimant. Also attach a copy of an official government photo ID to prove your identity.

I hereby certify that the foregoing statements are true and correct to the best of my knowledge and belief.

Dated:

\_\_\_\_\_  
Signature of Claimant or  
Representative of "Business" Claimant

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Last Four Digits of SSN, Tax ID, or EIN

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Signature of Joint Debtor (If Applicable)

\_\_\_\_\_  
Last Four Digits of SSN, Tax ID, or EIN  
(Note: Attach a Copy of an Official  
Government Photo ID Such as a Driver's  
License or Passport.)

State of \_\_\_\_\_

Country of \_\_\_\_\_

Sworn to and Subscribed before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

[Seal]