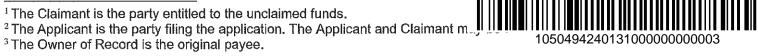
Fill in this l	nformation to identi	fy the case:	· ***** · ·		Docket #3079	Date Filed: 01/31/2024	
Debtor 1	FAIR FINANCE	COMPANY					
Deptor 1	First Name	Middle Name	Last Name	The state of the s	paration design to the second		
Debtor 2				9)		
	ing) First Name	Middle Name	Last Name	7071.355	130 78 2:56		
	es Bankruptcy Court f	or the: Northson Di					
Case number: 10-50494							
Form 1340	(12/22)					T T T T T T T T T T T T T T T T T T T	
APPLICATION FOR PAYMENT OF UNCLAIMED FUNDS							
	DEVIATIONS FI ED HERE IN BO			APPLICATION	N AND EXHIBI	T A MUST BE	
1. Claim in	formation						
	have no knowledge					unds on deposit with are of any dispute	
Note: If the	re are joint Claiman	ts, complete the	fields below for bo	th Claimants.			
Amount:		\$2,215.09					
Claimant's Name:		Shirley R. or Norma J. Risser					
Claimant's Current Mailing Address, Telephone Number, and Email Address:		Shirley R. Risser deceased 12/13/2013 Norma J. Risser deceased 07/30/2021					
2. Applicar	nt Information						
Applicant ² r	epresents that Clai	mant is entitled to	receive the uncla	aimed funds beca	iuse (check the st	atement that apply):	
Applicant is the Claimant and is the Owner of Record ³ entitled to the unclaimed funds appearing on the records of the court.							
Appl succ	Applicant is the Claimant and is entitled to the unclaimed funds by assignment, purchase, merger, acquisition, succession or by other means.						
Appl	Applicant is Claimant's representative (e.g., attorney or unclaimed funds locator).						
✓ Appl	Applicant is a representative of the deceased Claimant's estate.						
3. Support	ing Documentatio	n					
	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.							



Applicant has sent a copy of this Application, Exhibit A, States Attorney, pursuant to 28 U.S.C. § 2042, by regul	and all supporting documentation, to the United lar US Mail Service on 01/26/2024, at the				
following address:					
Northern Dis Carl B. Stokes Unit 801 West Superio	ted States Attorney strict of Ohio ed States Courthouse or Avenue, Suite 400 I, OH 44113				
The United States Attorney is allowed 14 days from the 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: 01/26/2024	Date:				
Denis W. Risser					
Signature of Applicant	Signature of Co-Applicant (if applicable)				
Dennis W. Risser					
Printed Name of Applicant	Printed Name of Co-Applicant (if applicable)				
Address: 1695 Detwiler Drive, York, PA 17404	Address:				
Telephone: (717) 767-9458	Telephone:				
Email: drisser1670@comcast.net	Email:				
6. Notarization STATE OF PENNSYLVANIA	6. Notarization STATE OF				
COUNTY OF YORK	COUNTY OF				
This Application for Unclaimed Funds, dated	This Application for Unclaimed Funds, dated				
me this 24 day of January , 20 24 by	me this day of , 20 by				
Dennis W. Risser					
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 LOBYN K Weiner	(SEAL) Notary Public				
(SEAL) Notary Public Lobyn K Weinter My commission expires: 6/30/27	My commission expires:				
Commonwealth of Pennsylvania - Notary Seal Robyn K. Weimer, Notary Public York County					
My commission expires June 30, 2027 Commission number 1263354 Member, Pennsylvania Association of Notaries					

Form 1340

4. Notice to United States Attorney

Application for Payment of Unclaimed Funds

CERTIFICATE OF SERVICE

I certify that on January 26, 2024, a true and correct copy of an Application for Payment of Unclaimed Funds -- Fair Finance Company (Case 10-50494) was served:

Via Regular U.S. Mail, postage prepaid, on:

Diane Keller, 15150 Steinbeck Lane, Colorado Springs, CO, 80921 Gregory Risser, Boy Scout FL Sea Base, 73800 Overseas Hwy, Islamorada, FL, 33036

Demis W. Risser

York, PA 17404 (717) 767-9458

1695 Detwiler Drive

drisser1670@comcast.net