

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

In re: _____ Claimant(s)	Bankruptcy Case No. _____ Chapter _____
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**DECLARATION OF SOCIAL SECURITY NUMBER
AND/OR TAXPAYER ID NUMBER**

A Social Security Number and/or Tax Identification Number is required in order to receive payment of unclaimed funds. Please check the appropriate boxes and if applicable, provide the required information:

1. Individual Claimant

- Name: _____
- Social Security Number or Tax Identification Number: _____

Joint Claimant, if applicable:

- Joint Claimant Name: _____
- Social Security Number or Tax Identification Number: _____

2. Claimant Representative

- Claimant representative name: _____
- Social Security Number or Tax Identification Number: _____
- Name of individual or business being represented: _____
- Social Security Number or Tax Identification Number: _____

3. Successor Claimants

Successor

Business Name: _____

Social Security Number or Tax Identification Number: _____

Transferred Claim

Name: _____

Social Security Number or Tax Identification Number: _____

Decedent's Estate

Decedent's Name: _____

Decedent's Social Security Number: _____

Name of Administrator, Executor, or Representative: _____

Social Security Number or Tax Identification Number: _____

I (We) declare under penalty of perjury that all information contained in this document is true and correct to the best of my (our) knowledge, information, and belief.

Dated: _____

(Claimant's Signature)

Dated: _____

(Joint Claimant's Signature)

Penalty for making a false statement – Fine of up to \$250,000 or up to 5 years imprisonment or both. 18 U.S.C. §§152 and 3571.