

SOUTHEASTERN INDIANA REMC

STATE OF INDIANA **CAPITAL CREDITS**

SS:

COUNTY OF RIPLEY **RE:** _____

AFFIDAVIT

I, _____, (S.S.#: _____) am the Personal Representative of the Estate of _____, and being duly sworn upon my oath, make the following statements to the Southeastern Indiana REMC with respect to payment of the capital credits mentioned above:

1. _____ died on _____, 200__, and was a resident of _____ County, Indiana.

2. _____ left a will and named me personal representative.

3. The administration of the estate is completed and there are no matters pending.

4. That all expenses of last sickness and funeral bill have been paid. There are sufficient assets to pay any claims and taxes known to be owing by the estate.

5. That under the provisions of the will, the proceeds of his estate including any capital credits from Southeastern Indiana REMC now belong to:

Name, Full Address, Social Security Number, and Drivers License

6. I accept full responsibility for paying any sums of money to those persons who are entitled to any portion of the capital credit.

7. I agree to indemnify and hold harmless the Southeastern Indiana REMC if any liability is incurred by reason of paying capital credits to him/her.

By

Personal

Representative for the Estate of _____

I AFFIRM UNDER THE PENALTIES FOR PERJURY, That the foregoing representations are true:

Dated: _____, 200__.

_____, Personal Representative

STATE OF INDIANA

COUNTY OF _____

Before me the undersigned, a Notary Public in and for said County and State, personally appeared _____ and the within named.

Notary Public _____

My Commission Expires _____ Printed Name _____