

SOUTHEASTERN INDIANA REMC- DECEASED FORM

STATE OF INDIANA

CAPITAL CREDITS

COUNTY OF RIPLEY

RE: -----

AFFIDAVIT

I, _____, am the Personal Representative 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 _____, 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 IN REMC now belong to:

Full Name: _____

Address: _____

Social Security Number: _____

Driver's License: _____

Contact Phone Number: _____

- 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: _____, 2018.

Personal Representative

STATE OF INDIANA)
)
COUNTY OF _____)

_____ Personally appeared before me, a Notary Public in and for said county and state, this _____ day of _____, 2018, who after having been duly sworn according to law, that he has read the matters and facts stated above, and that the same are true.

Notary Public

County of Residence _____

(Seal)

My Commission Expires: _____