

**STATE OF INDIANA:**

SS: \_\_\_\_\_ Customer Number: \_\_\_\_\_ Capital Credits: \_\_\_\_\_

**COUNTY OF RIPLEY:**

**AFFIDAVIT**

I, \_\_\_\_\_, am the duly authorized agent 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:

As the duly authorized agent of \_\_\_\_\_, am entitled to receive the payment of the capital credits for the business.

Business Name: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
*First Middle Last*

Address: \_\_\_\_\_  
*Street Address City State Zip Code*

Driver's License #: \_\_\_\_\_ Phone: \_\_\_\_\_

I accept full responsibility for paying any sums of money to those persons who are entitled to any portion of the capital credit because of their interest in the business.

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

By: \_\_\_\_\_ Personal Representative for the Estate of: \_\_\_\_\_

**I AFFIRM UNDER THE PENALTIES OF PERJURY, that the foregoing representations are true:**

STATE OF: \_\_\_\_\_ COUNTY OF: \_\_\_\_\_

Printed Signature: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ personally appeared before me, a Notary Public, in and for said county and state, this \_\_\_\_ day of \_\_\_\_\_ 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: \_\_\_\_\_  
Notary Public Signature: \_\_\_\_\_  
County of Residence: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_