

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: _____, 2017.

Personal Representative

STATE OF INDIANA)
)
COUNTY OF _____)

_____ Personally appeared before me, a Notary Public in and for said county and state, this _____ day of _____, 2017, 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 _____

My Commission Expires: _____

(Seal)