

**SELF-CLAIM – 2020  
STATE OF INDIANA  
COUNTY OF RIPLEY**

**PATRONAGE CAPITAL # \_\_\_\_\_  
PREVIOUS ADDRESS**

\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**

I, \_\_\_\_\_, being duly sworn upon my oath, make the following statements to Southeastern Indiana REMC with respect to payment of patronage capital:

1. I am the fore mentioned and duly entitled to this patronage refund and did reside at the location mentioned above and accept full responsibility for paying any sums of money to those persons who are entitled or may be entitled to any portion of the patronage capital.
2. I agree to indemnify and hold harmless Southeastern Indiana REMC if any liability is incurred pursuant to my receipt of patronage capital.

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

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Driver's License: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

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

Dated: \_\_\_\_\_.

By \_\_\_\_\_

Printed \_\_\_\_\_

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

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

\_\_\_\_\_ personally appeared before me, a Notary Public in and for said county and state, this \_\_\_\_\_ day of \_\_\_\_\_, 2020, who after having been duly sworn according to law, that he/she has read the matters and facts stated above, and that the same are true.

(Seal)

Notary Public \_\_\_\_\_

Printed: \_\_\_\_\_

County of Residence \_\_\_\_\_

My Commission Expires \_\_\_\_\_