



# AFFIDAVIT

## (REQUEST FOR CAPITAL CREDIT REFUND OF DECEDENT)

I, \_\_\_\_\_, being first duly sworn upon oath, depose and state:

1. I am the surviving \_\_\_\_\_, of \_\_\_\_\_,  
(spouse, daughter, son, or representative of decedent estate) (Name of Decedent)

who passed away on \_\_\_\_\_.

A copy of the Death Certificate is attached to this Affidavit.

2. At least **ten (10) days** have elapsed since the death of Decedent and no application or petition for appointment of a personal representative is pending or has been granted in any jurisdiction of an estate proceeding of Decedent. Please check the box that applies:

I represent this as a true statement

I represent that I am the authorized personal representative  
**Please attach the official court appointed/legal documents**

3. The Decedent was a member of *Delta-Montrose Electric Association* for service provided at the residence located at: \_\_\_\_\_

4. As the surviving \_\_\_\_\_, I hereby request the Capital Credit Refund being held  
(spouse, daughter, son, or representative of estate)

By *Delta-Montrose Electric Association* be paid to me in accordance with the provisions of Article VIII, Section 2 of the Bylaws of *Delta-Montrose Electric Association*, and it is represented that in my capacity to receive such refund *Delta-Montrose Electric Association* is hereby released from any other request or claim for a Capital Credit Refund on behalf of the above-named Decedent or any proceeding thereto.

I further verify my identification by providing: \_\_\_\_\_  
Driver License Number State

\_\_\_\_\_  
Social Security Number Date of Birth Telephone Number

Signed on this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
(Signature)

MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

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

The within instrument was subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, by \_\_\_\_\_  
\_\_\_\_\_. WITNESS my hand and official seal.

My Commission expires: \_\_\_\_\_

NOTARY PUBLIC

(Notarial Seal)