

AFFIDAVIT

(REQUEST FOR CAPITAL CREDIT REFUND OF DECEDENT)

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

1. I am the surviving _____, of _____, who died
(spouse, daughter, son, or representative of decedent estate) (Name of Decedent)
 on _____.

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

2. I am the person named in the attached Death Certificate as being surviving _____
(relationship)
 of the Decedent.

3. At least ten 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 and please attach the official court appointed/legal documents.

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

5. 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 Expires

Social Security Number

Telephone Number

Signed on this _____ day of _____.

(Signature)

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)