

Office Use Only

Amount of Gains: _____

Transferred to Member #: _____

Parke County REMC

Assignment of Capital Credit Account of Deceased Natural Person

Name of Deceased Member: _____

REMC Member # _____

The undersigned, being first duly sworn on oath, depose and say:

1. That _____ died on the ____ day of _____, _____, was a member of Parke County Rural Electric Membership Corporation, and as such member had credited to him certain patronage capital.
2. The undersigned is over the age of 21 years and represent that they are an heir at law of said decedent or the beneficiary of the Last Will and Testament of said decedent, duly admitted to probate and to their knowledge there are no other individuals that can make a valid claim against the estate of the decedent. That all debt, claims, taxes and liabilities of said decedent and the estate, if any, have been paid, and that the undersigned is entitled to payments and distributions from said patronage capital and that any estate in the name of the member is closed.
3. The undersigned does hereby constitute and accept as the Agent to receive payments and distributions of and from said patronage capital hereafter made, and do hereby authorize and direct Parke County Rural Electric Membership Corporation to make all such payments and distributions of and from said patronage capital to said Agent. The Agent hereby assumes all responsibility for distributing the patronage capital, pursuant to the decedent's Last Will and Testament and any and all applicable laws, rules, and regulations, paid to Agent by Parke County Rural Electric Membership Corporation.
4. The affidavit is made for the purpose of inducing Parke County Rural Electric Membership Corporation to make said payments and distributions to said agent, for and on behalf of the undersigned, and the undersigned further agree to indemnify and save Parke County Rural Electric Membership Corporation harmless from any and all claims, demands, actions or loss of any kind arising out of such payments and distributions. In consideration of the release of patronage capital to Agent, the undersigned hereby forever releases any and all claims and rights which he or she had, has, or may hereafter have against Parke County Rural Electric Membership Corporation arising out of or associated with the payment of any patronage capital due to the above-named decedent in the past, present, or future.

Agent Name

Street Address

City, State, Zip

Phone Number

Last 4 digits of Social Sec #

Agent Signature

Date

State of Indiana

County of Parke

I, _____, a Notary Public, hereby certify that _____,
whose name is signed to the foregoing instrument or conveyance, and who is known to me,
acknowledged before me on this day that, being informed of the contents of the conveyance,
he/she/they executed the same voluntarily on the day the same bears date.

Given under my hand this the _____ day of _____, 20_____.

Signature of Notary Public

(Seal, if any)

Printed Name of Notary Public

My Commission Expires: _____