

West Florida Electric Cooperative Association, Inc.

Deceased Capital Credit Documents, Page _____ of _____

The following information must be submitted prior to payment of capital credits accrued to a deceased member:

Name of deceased member: _____

Date of death: _____ Letter of Administration: _____

Cooperative number: _____ Letter of Testamentary: _____

Separator number: _____ Will: _____ Probate: _____

Certified copy of Dispensation of Personal Property w/o Administration from Court: _____

Documents released to: _____ Certified copy of death certificate: _____

Relationship to member: _____ Deceased account closed: _____

Date documents released: _____ Meter changed to: _____

Contact phone numbers: _____ Deposit paid by: _____

Date documents returned: _____ New member number: _____

If a Will exists, a copy must be furnished. If an Administrator, Executor, or Personal Representative has been appointed, a certified copy of the Letter of Administration must be furnished.

Name of Administrator, Executor, or Personal Representative: _____

Address: _____

Refund for capital should be paid to surviving spouse _____ ? All heirs? _____ Estate? _____

Check payable to: _____

Address: _____

If deceased member did not leave a will or if an Administrator, Executor, or Personal Representative has not been legally appointed to settle the estate, the following must be submitted.

Name of surviving spouse: _____

Address: _____

Name of each living child (natural or adopted) of deceased member, and name of each living child of any deceased child of deceased member. If minor children of the deceased member are involved then the name of the guardian must be furnished.

Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____
Full Legal Name of Heir _____	Relation _____

Please be advised that this is the first document in a set of undetermined number, depending on the number of heirs and the number of signatures that must be obtained. A copy of this document must be made prior to release.

Employee Issuing Document: _____

I (we) hereby certify that the above information is true and correct to the best of my (our) knowledge and agree to hold harmless West Florida Electric Cooperative, Inc., against the claims of other heirs or creditors of said deceased member, _____ on account of any payment made on the basis of the information furnished.

Date: _____

Witness other than Notary _____ (Signature)
Heir: _____ (Signature)

Sworn to and subscribed before me this _____ day of _____ 20____

Personally known
 Other ID _____
Notary Public _____ (Signature)