

West Florida Electric Cooperative Association, Inc.

Deceased Capital Credit Signature Form, Page _____ of _____

Name of Deceased Member: _____

Member Number: _____

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: _____

Heir: _____
(Signature)

Print Name: _____

Witness other than Notary _____
(Signature)

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

Personally known

Other ID _____

Notary Public _____
(Signature)

Date: _____

Heir: _____
(Signature)

Print Name: _____

Witness other than Notary _____
(Signature)

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

Personally known

Other ID _____

Notary Public _____
(Signature)

Date: _____

Heir: _____
(Signature)

Print Name: _____

Witness other than Notary _____
(Signature)

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

Personally known

Other ID _____

Notary Public _____
(Signature)

Date: _____

Heir: _____
(Signature)

Print Name: _____

Witness other than Notary _____
(Signature)

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

Personally known

Other ID _____

Notary Public _____
(Signature)

Date: _____

Heir: _____
(Signature)

Print Name: _____

Witness other than Notary _____
(Signature)

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

Personally known

Other ID _____

Notary Public _____
(Signature)

Please be advised that this is one document in an undetermined number depending on the number of heirs and number of signatures that must be obtained.