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REQUEST FOR RETIREMENT OF CAPITAL CREDITS

Capital Credit No. _____
(DMREMC will provide.)

To be completed by Qualified Executor, Administrator or Heir

I, the undersigned, hereby give notice to Daviness Martin County Rural Electric Membership Corporation, of the death of _____ on the ____ day of _____, _____. The Decedent died in the County of _____, State of _____.

Decedent's Social Security Number (if known) is: _____.

The above name decedent has a:

- Estate Trust Will None

**Please sign and attach affidavit for options "Will" and "None"*

I, the undersigned, further represent that I am the duly appointed, registered and acting executor or administrator of the estate/trust of the above named person having been so appointed by the _____ County Court on the _____ day of _____, _____, in Cause Number _____. As such, I request that the capital credits earned by the decedent be paid to the below listed persons/entities in accordance with the policy of the Cooperative. In exchange therefore, the undersigned agrees to (a) guarantee and certify to the correctness of this document, and (b), agrees to release the Daviness Martin County Rural Electric Membership Cooperative from any and all claims for patronage refunds, capital credits or other, which the Decedent may have had or claimed, and (c) agrees to hold the Cooperative harmless and indemnify said cooperative if there is a determination that the capital credits were wrongfully or improperly paid.

Alternately, I represent that no estate was opened for the Decedent pursuant to the laws and requirements of the State of _____. I hereby agree that I will pay to the lawful heirs or legatees of said decedent the amount so received by me, in accordance with the laws of intestate distribution and /or the Decedent's last will & testament. In exchange therefore, the undersigned agrees to (a) guarantee and certify to the correctness of this document, and (b), agrees to release the Daviness Martin County Rural Electric Membership Cooperative from any and all claims for patronage refunds, capital credits or other, which the Decedent may have had or claimed, and (c) agrees to hold the Cooperative harmless and indemnify said cooperative if there is a determination that capital credits were wrongfully or improperly paid.

The amount of capital credits earned as of the close of the last calendar year is hereby accepted in full and final settlement of any and all claims and demands whatsoever against the Daviness Martin County Rural Electric Cooperative.

Please make check payable to the following:

Name: _____

Address: _____

City _____ State _____ Zip _____

Phone Number(s) _____

Relationship to deceased REMC Member(s) _____

Listed below are the known heirs or legatees of said decedent.

<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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<i>Name</i>	<i>Address</i>	<i>Phone</i>
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Please attach any additional sheets necessary to list all immediate heirs.

If this form is not signed in the presence of an REMC employee, it must be notarized and include a legible copy of one form of government issued identification for person completing this form.

Date: _____

Signature of Executor, Administrator or Heir

Printed Name

Subscribed and sworn to before me this _____ day of _____, _____

Notary Public

Printed Name

My Commission Expires:

County of Residence:

CHECKLIST:

Please include the following items to avoid your request being delayed.

- Complete** and return the attached IRS Form W-9 - Request for Taxpayer Identification Number and Certification for the person completing this form.
- Attach** copy of one form of government issued identification for person completing this form.
- Attach** documentation to establish date of death of Decedent, such as a death certificate, newspaper clipping, memorial card, etc.
- Attach** affidavit when filing for will or no will.
- Attach** paperwork stating who is the executor of the will, estate or trust if applicable.
- Attach** dissolution paperwork from the court for closed estate, trust or will.

DECEASED MEMBER NAME

CUSTOMER NUMBER

PAYMENT OF CAPITAL CREDITS OF DECEASED MEMBER TO HEIR

(for use when member is due payment of capital credit)

**Not required when filing with an estate or trust.*

1. I swear that the above-named member was deceased on _____ while domiciled in _____ County, Indiana. The member passed away (check one)

_____ (a) with a will and a copy of the will is attached to this Affidavit as Exhibit "A" and that the will was not probated as the estate was of minimal value wherein the opening of an estate and probating of the will was not required.

_____ (b) without a will.

2. Forty-five (45) days have elapsed since the death of the member.

3. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction, or is contemplated to be filed.

4. The following named persons are the only persons listed on the will as beneficiaries of the member or, are the only heirs at law if the member died without a will:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

All of these individuals have been notified of this Affidavit by me.

5. Pursuant to State law, the value of the member's gross probate estate, less liens and encumbrances, does not exceed the sum of One Hundred Thousand Dollars (\$100,000.00) as provided by Indiana Code § 29-1-8-1 and did not require the opening of an estate.
6. The member, at the time of his/her death, had certain patronage capital credited to his/her account because decedent was a member of Daviess-Martin County REMC.
7. By reason of the above matters, I request that the patronage capital account in the name of _____ be transferred to me pursuant to (a) the laws of intestate distribution; or (b) in accordance with the provisions of the decedent's Last Will and Testament, and in accordance with the provisions of Indiana Code §29-1-8-1 and 29-1-8-2.
8. I am entitled to the payment or delivery of the property and request immediate distribution to me pursuant to the provisions of Indiana Code §29-1-8-3 on behalf of each person listed in paragraph 4.
9. Pursuant to the terms of Indiana Code §29-1-8-2, Daviess-Martin County REMC released from any liability for payment of the capital credits to me.
10. I hereby request that the capital account be released to me and that distribution of this account releases Daviess-Martin County REMC from any liability with regard to the proper application and disbursement of the personal property and that I, _____, hereby accept responsibility for the proper disbursement of the funds according the provisions of Indiana law and hereby agree to hold harmless Daviess-Martin County REMC from any liability with regard to the transfer of the patronage account.

(Personal Representative signature)

STATE OF INDIANA)
) SS.
COUNTY OF _____)

Before me, the undersigned, a Notary Public in and for said county and state, this _____ day of _____, 20__ , came _____ and acknowledged the execution of the foregoing.

Witness my hand and notary seal.



(Notary Public)
Residing in _____ County, Indiana.

My Commission Expires:

_____.