

**AFFIDAVIT FOR PAYMENT OF CAPITAL CREDIT ACCOUNT OF DECEASED PERSON**

The undersigned hereby gives notice to Johnson County REMC of the death of \_\_\_\_\_. The decedent's death occurred on \_\_\_\_\_ in the county of \_\_\_\_\_, State of \_\_\_\_\_.

**\*\*\*\*\* PLEASE COMPLETE ONLY PART A OR PART B. PLEASE NOTE FORM MUST BE NOTARIZED. \*\*\*\*\***

**A. TO BE COMPLETED BY QUALIFIED EXECUTOR OR ADMINISTRATOR**

The undersigned, represents that he/she is the duly appointed, registered and acting executor or administrator of the estate of the aforementioned decedent. As such, all current and future capital credit retirements earned by the decedent should be paid to the following persons/entities in accordance with the policy of Johnson County REMC:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**B. IF NO EXECUTOR OR ADMINISTRATOR**

The undersigned, hereby gives notice that no executor or administrator of the decedent's estate is now in existence. The affiant further represents that:

1. No petition for the appointment of a personal representative of his/her estate is pending or has been granted.
2. More than forty-five (45) days have elapsed since the death of said decedent.
3. The value of the gross probate estate (entire assets of the estate) of said decedent, wherever located, less liens and encumbrances, does not exceed \$50,000.00.
4. The individual(s) listed below is entitled to payment or assignment of the property because they are the surviving spouse of the decedent, an heir-at-law, or a beneficiary named in the decedent's Last Will and Testament. Notice of this affidavit has been given by the Affiant to each of the individual(s) here listed: \_\_\_\_\_

Affiant makes this Affidavit pursuant to the provisions of Indiana Code 29-1-8-1 providing for dispensing with administration in small estates in which assets are not in excess of \$50,000.00. Affiant makes this Affidavit for the purpose of inducing persons, firms, or institutions to release all assets payable to said decedent to affiant, whose name and address is:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_, SS:  
 SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
 My commission expires: \_\_\_\_\_  
 County of Residence: \_\_\_\_\_  
 Typed or Printed Name: \_\_\_\_\_ Signature of Notary Public: \_\_\_\_\_