

Newton County REMC

Assignment of Capital Credit Account of Deceased Natural Person

Name of deceased member: Last: _____ First: _____ Middle Initial: _____

REMC Account # _____

STATE OF INDIANA COUNTY OF NEWTON, SS:

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

1. That _____ died on the _____ day of _____ year _____, was a member of Newton County Rural Electric Membership Corporation, and as such member had credited to him certain patronage capital.
2. The undersigned are each over the age of 21 years and represent that they are all either heirs at law of said decedent or the beneficiaries 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 his estate, if any, have been paid, and that the undersigned are the sole and only persons entitled to payments and distributions from said patronage capital and that any estate in the name of the member is closed.
3. The undersigned do hereby constitute and appoint _____, as the Agent to receive and receipt for payments and distributions of and from said patronage capital hereafter made, and do hereby authorize and direct Newton County Rural Electric Membership Corporation to make all such payments and distributions of and from said patronage capital to said Agent. The appointed 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 Newton county Rural Electric Membership Corporation.
4. The affidavit is made for the purpose of inducing Newton 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 Newton 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, each undersigned hereby forever releases any and all claims and rights which he or she had, has, or may hereafter have against Newton 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.

PLEASE RETURN PAPERWORK COMPLETED AND NOTARIZED

Please mail back to:

NC REMC P.O. Box 400 Goodland, IN 47948

Or Email to:

candice.krug@newtoncountyremc.com

amy.babcock@newtoncountyremc.com

If you have any questions or concerns please call N.C. REMC at 219.297.3118.

Name of New Person Claiming Capital Credit: _____
(Please Print)

Relationship to Original Account Holder: _____

Social Security #: _____

Driver's License #: _____

Telephone #: _____

Mailing Address:

City: _____ State: _____ Zip: _____

Signature of Person Claiming Capital Credits _____

Subscribed and sworn before me this _____ day of _____, 20_____.

My Commission Expires: _____

Signature of Notary Public: _____