

**DONIPHAN ELECTRIC COOPERATIVE ASSOCIATION, INC.
P O BOX 699 / 530 W JONES ST
TROY, KANSAS 66087
785-985-3523 • 800-699-0810**

My spouse, _____, passed away on
_____. I request that the membership in Doniphan
Electric Cooperative Association, Inc. and all records be changed into my legal name,
_____. My Social Security Number is
_____.

Date

Signature

Address