

DONIPHAN ELECTRIC

COOPERATIVE ASSOCIATION, INC.



PO BOX 699
530 West Jones
Troy Kansas 66087
PH 785-985-3523

CLAIM FOR REFUND OF CAPITAL CREDITED TO CAPITAL ACCOUNT OF

(First Name) (MI) (Last Name)
Deceased.

Comes now _____ and claims all capital credited on your books to the capital account of _____, now deceased, and in support of this claim states:

That _____ died on the _____ day of _____, 20____, being then a resident of _____ County, in the state of _____; that no will has been filed for probate and no administration had of his estate; and that he left surviving him as only heirs at law:

(Please list Full Names and Addresses below)

That said _____ had no spouse or children or adopted children, nor issue of deceased children, natural or adopted, who survived him, other than the persons above named.

Claimant files herewith an assignment to her by each of the above-named children, of all their interests in the capital credited to the capital account of said decedent.

Claimant makes this claim and statement for the purpose of inducing the Doniphan Electric Cooperative Association, Inc. to pay to her, or to all of the above named heirs, all of the capital credited to said account, and agrees to hold said Association harmless from any damages or costs that it might sustain by reason of such payment.

By signing below, I certify under penalty of perjury that the information provided herein is true and correct to the best of my knowledge and belief, and that I am legally entitled to such payment.

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

Notary Public

My Appt. Expires

Residing in _____ County, _____