



Your Touchstone Energy® Cooperative

Capital Credit Request Form Heir Claiming Payment

Patron's Name _____

Capital Credit Number(s) _____

Amount of Claim \$ _____ Contact Phone Number _____

Name of Heir Making Claim _____ Date of Birth _____

Current Address of Heir _____

City _____ State _____ Zip _____

Being duly sworn upon oath, and upon penalties of perjury, makes the following statements to RushShelby Energy with respect to payment of the capital credits mentioned above.

1. _____ died on _____.
Name of Deceased Date (must include MONTH, DAY, YEAR in order for claim to be processed)

PLEASE CIRCLE THE CORRECT ANSWER IN THE FOLLOWING STATEMENTS

- 2. The above mentioned person **did** or **did not** leave a will.
- 3. That court administration of said estate **is** or **is not** now pending. If pending, the personal representative named in the will is _____.
- 4. That all expense of last sickness, funeral, accounts, claims, and taxes known to be owing are **paid** or **not paid**.
- 5. That under provisions of the controlling authority, either a will or state law, the proceeds of stated estate, including any capital credits from RushShelby Energy, now belong to _____ and this affiant agrees to indemnify and hold harmless said RushShelby Energy if any liability is incurred by reason of paying said last named person.

Dated this _____ day of _____, 20_____.

Signature

Subscribed and sworn before me a Notary Public

this _____ day of _____, 20_____.

Notary Signature

My Commission Expires: _____