

**Complete the TOP HALF if your name appears on this list**  
*If you are completing the top half of this form, it does not need to be notarized.*

<b>Capital Credit Unclaimed List</b>  <i>REMC Use Only</i> <i>Customer Number</i>  <hr/> <i>Unclaimed Amounts</i>  <hr/>	Member Name:
	Date of Birth:
	Address, City, State, Zip:
	Phone:

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Complete the BOTTOM HALF if you are an heir to a name on this list**  
*If you are completing the bottom half to this form, it must be notarized*

Decedent	Member Name:
	Date of Death: <i>(month, day, year)</i>
Applicant	Name:
	DOB:
	Relationship to Decedent:
	Address, City, State, Zip:
	Phone:
	The above person DID or DID NOT leave a will.
	The court administration of said estate IS or IS NOT pending. If pending, the personal representative named in the will is _____.
	All expenses of last sickness, funeral, accounts, claims, and taxes known to be owing are PAID or UNPAID.
	<i>REMC Use Only</i> <i>Customer Number</i> <hr/> <i>Unclaimed Amounts</i> <hr/>
	That under provisions of the controlling authority, either a will or state law, the proceeds of stated estate, including any capital credits from Orange County REMC, now belong to _____ and this affiant agrees to indemnify and hold harmless said Orange County REMC of any liability in incurred by reason of paying said last named person.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Notary Signature \_\_\_\_\_

Subscribed and sworn to before me a Notary Public

This \_\_\_\_\_ day of \_\_\_\_\_, 2021