

WEST FLORIDA ELECTRIC COOPERATIVE ASSOCIATION, INC.

Deceased Capital Credit Document(s) Page _____ of _____

Name of Deceased Member _____ Member Number _____

Date of Death _____ Final Bill(s) Paid by Heirs _____ Final Bill(s) Paid by Capital _____

SUPPORTING DOCUMENTS PROVIDED

If a Will is being used to apply for deceased capital, a copy must be furnished, or If an Administrator, Executor, or Personal Representative has been appointed, a certified copy of the Letter of Administration must be furnished. ALL supporting documents will remain permanently on file with WFEC.

- Certified Copy of Death Certificate
- Will Probate Letter of Testamentary Letter of Administration
- Certified copy of Dispensation of Personal Property w/o Administration from court
- Obituary

DISTRIBUTION OF CAPITAL INFORMATION

Refund of capital paid to Surviving Spouse All Heirs (*Refer to Attached*) Estate

Name of Administrator, Executor, or Personal Representative of Estate _____

Check payable to _____

Address _____

Phone Number(s) _____

HEIRS OF DECEASED MEMBER

If deceased member did not leave a Will or if an Administrator, Executor, or Personal Representative has not been legally appointed to settle the estate, the following names of the deceased heirs must be submitted:

Full Legal Name of Surviving Spouse _____

Name of each living child (*natural or adopted*) and name of each living child or any deceased child of deceased member. If minor children of the deceased member are involved, then the name of the guardian must be furnished. *If no children, list name and relationship of heir to deceased.*

- Full legal Name of Heir _____ Relation to Deceased _____
- Full legal Name of Heir _____ Relation to Deceased _____
- Full legal Name of Heir _____ Relation to Deceased _____
- Full legal Name of Heir _____ Relation to Deceased _____
- Full legal Name of Heir _____ Relation to Deceased _____
- Full legal Name of Heir _____ Relation to Deceased _____

I (we) hereby certify that the information provided is true and correct to the best of my (our) knowledge and agree to hold harmless West Florida Electric Cooperative, Inc., against the claims of other heirs or creditors of the deceased member on account of any payment made on the basis of the information furnished.

Date _____, 20____ Signature of Heir _____

Signature of Witness other than Notary Printed Name of Heir _____

Sworn to and subscribed before me this _____ day of _____, 20____

- Personally Known
- Other ID _____ Notary Public Signature _____

Stamp

HEIR ACCOUNT INFORMATION FOR OFFICE USE ONLY			
Full Legal Name of Heir _____	Member Number _____		
Employee Issuing documents _____	Date Issued _____		
District	10	11	12