

GRAHAM COUNTY ELECTRIC COOPERATIVE, INC.

PO DRAWER B PIMA, AZ 85543

AFFIDAVIT FOR COLLECTING CAPITAL CREDIT PAYMENTS

DECEASED MEMBER NAME	DATE	MEMBER #
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STATE OF ARIZONA)
)ss
County of _____)

The undersigned intending to be legally bound hereby does apply to Graham County Electric Cooperative, Inc. (GCEC) for payment of the capital credits due from the Cooperative unto said deceased member estate, declaring that the following facts are true and correct:

I certify that the above named decedent died on the _____ day of _____, 20____, and more than 30 days have passed since then. The undersigned is entitled to payment of the capital credits as successor of the decedent because:

(Check One)

- 1. The undersigned is the personal representative of the Estate of the above-named decedent as evidenced by the attached Letters of Appointment of Personal Representative; or
- 2. An application or petition for the appointment of a personal representative is not pending and a personal representative has not been appointed in any jurisdiction and the value of all personal property in the decedent's estate, wherever located, less liens and encumbrances, does not exceed \$75,000.00 as valued as of the date of death; or
- 3. The personal representative has been discharged or more than one year has elapsed since a closing statement has been filed and the value of all personal property in the decedent's estate, wherever located, less liens and encumbrances, does not exceed \$75,000.00 as valued as of the date of this Affidavit.

If box 2 or 3 above has been checked, please check and complete one of the following:

- a. The undersigned is the surviving spouse of the decedent and the decedent did not have children from a previous marriage or relationship.
- b. The undersigned is one of ____ Beneficiary(ies) of the decedent's Last Will and Testament or the decedent's Trust. The other beneficiaries, if any, and their percentage interests are as follows: _____
- c. The undersigned is one of _____ lawful heir(s) of decedent, who died intestate, the names of all of the heirs, their percentage interests and their relationship(s) to deceased are: _____

- d. Other: _____

(Please provide a copy of the death certificate and/or estate documentation as applicable)

I fully understand the two options of payment offered by the Cooperative, and I have elected to *(Circle Elected Option)*:

1. Receive a lump sum settlement equal to the present day value of the capital credits. The present day value of the capital credits is \$ *(This option is only available if the date of death is after 9/3/2014)*
2. Assign all of the capital credits of the deceased member on the books of the Cooperative as of December 31st of the previous year to the undersigned individual. This would then be paid on a normal retirement basis, which is presently a percentage basis. The current book value of the capital credits is \$

Receipt of payment under payment options (1) or (2) is in full discharge and redemption of all ownership interest of said decedent, his heirs and representatives in said Cooperative. I hereby agree to deliver the proper shares to other beneficiaries or heirs. I, the undersigned, acknowledge receipt of said funds and hereby agree to indemnify and save Graham County Electric Cooperative, Inc. harmless from any claim or liability it may incur by reason of payment of the capital credits to the undersigned.

Dated this _____ day of _____, 20_____ .

Social Security # of Affiant/Payee:

Phone #

Print Name of Affiant/Payee

Sign Name

Mailing Address

City, State, and Zip Code

This instrument was acknowledged before me, a Notary Public, this _____ day of _____, 20_____, by _____.

Notary Public