



APPLICATION FOR PAYMENT OF  
ALGER DELTA COOPERATIVE ELECTRIC  
ASSOCIATION

CAPITAL CREDIT ACCOUNT OF DECEASED PERSON

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WHEREAS, ALGER DELTA COOPERATIVE ELECTRIC ASSOCIATION,  
hereinafter called **Alger Delta** has a capital credit account credited to:

**Deceased Member Information:**

First: \_\_\_\_\_ Middle: \_\_\_\_\_ Last: \_\_\_\_\_

**Address where electric service was provided by Alger Delta Cooperative Electric:**

\_\_\_\_\_

whose death occurred on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_,

a resident of \_\_\_\_\_ County, \_\_\_\_\_ State;

and WHEREAS, under current bylaws and policies as determined by the Board of Directors of Alger Delta, may pay capital credit accounts of persons, who are deceased:

NOW THEREFORE, the undersigned person represents that he/she is the person legally entitled thereto by reason of the following facts: **(check one)**

- Personal Representative of the Estate of the Decedent, which is currently open, *(copy of current letters of administration or letters testamentary attached)*.
- 2. Where the decedent's solvent estate has been administered upon and closed, but this asset was not collected.
- 3. Person where no administration of the estate has been held or contemplated.
- 4. The claim is being made pursuant to the terms of a living trust. Written verification of the existence of the living trust will be provided to Alger Delta.

The undersigned person does hereby request Alger Delta to pay to him/her the asset as recorded in Alger Delta capital credit allocation records, and I agree to accept the amount according to the current Alger Delta estate bylaws as payment in full of the capital credit account due the decedent. By completing and signing this form, I am stating that I am a legal heir and entitled to receive these assets. As the Alger Delta will only issue one check per estate, **I will be responsible for distributing any other heir's portions.**

The undersigned represents the above statements are true and correct. The undersigned acknowledges that Alger Delta shall and does rely upon the representations contained herein as being true and correct. The undersigned agrees to indemnify and hold Alger Delta harmless on all claims, damages and reasonable attorney fees for any misstatement of any fact made herein.

Capital credits allocations and payments shall be subject to the authority of the board of Directors of the Alger Delta. The board may amend it policies and procedures for the payment of capital credits from time to time as circumstances merit. This Application is made subject to the policies and procedures as established from time to time by the board. The undersigned understands that if the board of directors determines that the payment of the capital credit account cannot now be made without impairing the financial condition of Alger Delta, that such payment will be made as soon as it can be paid without such impairment, and in the order of priority in which such agreements are made with Alger Delta, before any other retirements are made.

Finally, to the extent that you have additional supporting documentation on your claim as referenced in your Claim Form, please provide us with copies of one or all of the following:

- Court Order Appointing you the Personal Representative of the member's estate.
- Last Will and Testament or Trust of deceased member appointing you executor.
- Death certificate showing you as the informant.

*Sign in the presence of a Notary.*

**Print Name:** \_\_\_\_\_ X \_\_\_\_\_  
*Signature*

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

For Notary to verify identity:

**STATE OF** \_\_\_\_\_,

**COUNTY** \_\_\_\_\_,

*SS: Subscribed and sworn to before me a Notary Public in and for said county and state, the above stated person personally appeared before me and freely and fully acknowledged the execution of this document on the date set forth as follows:*

\_\_\_\_\_ **Day of** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ **Printed Name:** \_\_\_\_\_

**A Resident of** \_\_\_\_\_ **County, State** \_\_\_\_\_

**My Commission Expires:** \_\_\_\_\_

Seal