

Procedures for Request for Payment of Capital Credits of Deceased Patron

- 1. Provide a completed “Affidavit and Release” notarized by a Notary Public**
- 2. Provide a copy of death certificate and obituary. (Obituaries may be found and printed online)**
- 3. Provide a photo ID, such as a driver’s license of the person claiming the capital credits**
- 4. Power of Attorney, if applicable**

If you have an old capital credit check from SEMO Electric Cooperative, please return the check to us so we may issue a new one. **DO NOT** cash or deposit the check.

Only one check per membership will be processed in paying a capital credit.

Upon receipt by the Cooperative of the properly completed documents, a capital credit check will be issued within 30 days if approved by management. Accounts with a delinquent balance, active or written off, will not be approved for payment.

If the deceased member’s estate was probated, please have the personal representative of the estate contact us.

After completing the required information please bring it to the Sikeston or Bloomfield office, or it may be mailed to:

SEMO Electric Cooperative

P. O. Box 520

Sikeston, MO 63801

Thank you!



AFFIDAVIT AND RELEASE

Request for Payment of Capital Credits of Deceased Patron



The undersigned hereby represents and acknowledges to SEMO Electric Cooperative, Inc.

- Being duly sworn, depose and states that he/she is a legal age and _____ (the deceased), a member of SEMO Electric Cooperative, died at _____ (location) on the _____ day of _____.
- The former patron's estate was not probated. According to the terms of the will of the laws of descent, whichever may be applicable, the name (payee) and address of the heirs entitled to capital contributed by said deceased patron to the Cooperative are as follows:

Name	Address	Phone

- Except as stated above, said decedent left no surviving widow/husband, child or children, no issue to any deceased child of children, no issue of any deceased adopted child of children.
- Agrees the Cooperative will be released and discharged from any and all liability on account thereof, to jointly and severally indemnify and save harmless the Cooperative from any and all further claims, losses and expenses on account thereof, including attorney fees, which the Cooperative may incur, whether or not a law suit is filed.
- Understands and hereby acknowledges that providing false information may constitute theft pursuant to the State of Missouri statutes.

_____ Signature of Claimant	_____ Date	_____ Relationship to Patron
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State of _____
 County of _____
 Subscribed and sworn before me at _____, City of _____,
 State of _____, this _____ day of _____.

My Commission Expires: