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**CAPITAL CREDITS ESTATE REFUND FORM**

INFORMATION CONCERNING \_\_\_\_\_, (print name of deceased member)

I, \_\_\_\_\_ (Print your name) was personally acquainted with the above named decedent.

My relationship to said decedent is \_\_\_\_\_ (spouse, child, sibling, etc).

The following document checklist produces a **complete** application:

(NWECC only) Date Received

\_\_\_\_\_ **Capital Credits Estate Refund Form** (this form notarized)

\_\_\_\_\_ **Certified copy of the Death Certificate**

**ONE** of the Following:

\_\_\_\_\_ If decedent's estate was administered pursuant to a probate or administration proceeding, provide the **Final Decree or Distribution of Decedent's Estate**

\_\_\_\_\_ If the proceeding is not complete, attach a copy of **Letters Testamentary or Letters of Administration**

\_\_\_\_\_ If there is no proceeding, complete an **Affidavit of Heirship** (on the back of this form)

I will indemnify, defend and hold NWECC harmless against any subsequent claim to or for these capital credit payments.

I understand that a copy of this certification will be released to any party making subsequent claim of the capital credits.

I am electing for this estate to receive a one-time refund of any unretired capital credits at a discounted present value rate.

\_\_\_\_\_  
SIGNATURE OF CLAIMANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PHONE NUMBER OR EMAIL ADDRESS

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

**ACKNOWLEDGMENT**

STATE OF OKLAHOMA )

) ss:

COUNTY OF \_\_\_\_\_ )

BEFORE ME, the undersigned, a Notary Public, in and for said County and State on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, to me known to be the identical person(s) who executed the within and foregoing instrument and acknowledged to me that he/she/they executed the same as his/her/their free and voluntary act and deed for the uses and purposes therein set forth.

Given under my hand and seal the day and year above written.

\_\_\_\_\_  
Notary Public

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

My Commission Number: \_\_\_\_\_

(Seal)

**AFFIDAVIT OF HEIRSHIP**

Title 58 Oklahoma Statute Section 393

Now on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I, \_\_\_\_\_, heir of \_\_\_\_\_, deceased, of lawful age, being duly sworn, state as follows:

1. More than ten (10) days have elapsed since the death of the decedent.

2. No application or petition for the appointment of a personal representative is pending or has been granted in any jurisdiction.

3. Each claiming successor is entitled to payment or delivery of the property in the respective proportions set forth as follows:

	<u>Name and Address, City, State, and Zip Code</u>	<u>Relationship</u>	<u>Share</u>
a)	_____	_____	_____
b)	_____	_____	_____
c)	_____	_____	_____
d)	_____	_____	_____
e)	_____	_____	_____

4. All taxes and debts of the estate have been paid or otherwise provided for or are barred by limitations.

5. There is attached hereto a certified copy of the death certificate of \_\_\_\_\_, deceased, date of death \_\_\_\_\_, issued by the Department of Health for the State of Oklahoma showing that the decedent died a resident of \_\_\_\_\_ County, Oklahoma, at the time of death.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date