

PART A

Name of Deceased Member in whose name the Capital Credits have accrued: _____

Deceased Member Social Security Number: _____ Deceased Member Date of Death: _____
(A certified copy of the Death Certificate must be provided with this Application)

Did the Deceased Member have a Last Will & Testament: Yes _____ No _____
(If Yes, a copy of the Last Will & Testament must be provided with this Application)

Has a probate proceeding been filed with the Court: Yes _____ No _____

IF YES, has the Court appointed a Personal Representative: Yes _____ No _____
(If a Personal Representative has been legally appointed, a Certified Copy of the Letters of Administration must be provided with this Application)

IF YES, please provide the Personal Representative's name, address, and telephone number:

NAME _____ TELEPHONE NO. _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

DECEASED MEMBER'S HEIRS

By completing the section of the Application below, I certify that I am personally familiar with the family and marital history of the decedent and have personal knowledge of the information provided below. I have written "Unknown" if I do not have knowledge of certain information; "None" where there are no individuals of a particular class; "No Descendants" where an individual has died without any descendants; and "N/A" for the date of death for any heir who has not died.

PART B

As of the Date of Death, the Deceased Member was: Married _____ Divorced _____ Widowed _____

If the Deceased Member was Married as of the date of death, please provide the name, address, phone, and social security number of the surviving spouse:

NAME _____ TELEPHONE NO. _____ SSN: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PART C

Please provide the following information regarding the Deceased Member's natural born and adopted children. This includes any children of the Deceased Member from any previous marriage(s) or relationship(s). **(If necessary, list additional names and ages on separate sheet and indicate "Part C")**

	CHILD'S FIRST & LAST NAME	AGE	DATE OF DEATH	NAME OF CHILD'S OTHER PARENT

PART D

If any of the Deceased Member's children have died, please include the names of the Deceased Member's Grandchildren (born only to the deceased children in Part C above)

	GRANDCHILD'S FIRST & LAST NAME	AGE	DATE OF DEATH	NAME OF DECEASED PARENT

If Part B, Part C, and Part D do not apply to the Deceased Member, please list the name and age of the Deceased Member's Closest Surviving Relatives:

_____	_____
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PART E

To Whom are You Requesting the Capital Credits Be Made Payable: _____ (Recipient)

Address of Recipient: _____

Social Security Number of Recipient: _____ Phone Number: _____

(If multiple Recipients, the Name, Address and Social Security Number of each Recipient is required.)

I, the below signed Applicant, hereby certify that the information provided above is true and correct to the best of my knowledge and I agree to hold harmless and indemnify Talquin Electric Cooperative, Inc. against any other claims by heir(s) or creditors of the Deceased Member identified above because of any payments made based on the information I have provided or failed to provide in this Application.

Witness Signature _____ Witness Print Name _____	Applicant Signature: _____ Print Name: _____ Phone: _____ Address: _____
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STATE: _____ COUNTY OF: _____

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this ____ day of _____, _____, by _____, who says that the foregoing is true and correct, and is personally known to me or has produced _____ as identification.

(SEAL) Signature of Notary Public: _____
Print, Type or Stamp Name of Notary: _____