

STATE OF MISSISSIPPI

COUNTY OF COAHOMA

APPLICATION FOR CAPITAL CREDIT BENEFITS OF
COAHOMA ELECTRIC POWER ASSOCIATION

1. My name and address are:

_____ (hereinafter referred to as affiant).

2. I have personal knowledge of the facts set forth herein.

3. This application for Capital Credit Benefits to Coahoma Electric Power Association is submitted on behalf of _____, (hereinafter referred to as deceased member), who died on _____, _____.

If No Estate Administration:

4. At the time his/her death, the deceased member was survived by:

_____.

5. As of today, the deceased member is survived by *(Please see Appendix A: Heir Contact Information)*:

_____.

6. That no application or petition for the appointment of a personal representative of the decedent is pending, nor has a personal representative of the decedent been appointed in any jurisdiction, and the value of the entire estate of the decedent, wherever located, excluding all liens and encumbrances thereon, does not exceed Fifty Thousand dollars (\$50,000.00);

7. The relationship existing between the decedent and the affiant is as follows:

_____.

8. The heirs agree that payment of capital credits for distribution amongst them should be payable to:

Name: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

9. As the heirs-at-law of deceased member, we are Successors of the deceased member as contemplated by Mississippi Code Annotated, Sec. 91-7-322. Further, we, the undersigned, do agree to indemnify and hold Coahoma Electric Power Association, their heirs or assigns, harmless for its reliance on this affidavit and against any claim that may be asserted against Coahoma Electric Power Association in response to the payment of capital credits as requested herein. The undersigned persons certify that the information contained herein is true and correct.

IF ESTATE ADMINISTRATION

10. An Estate was administered on the deceased member through the probate Court of _____ County, State of _____. A copy of the Court Order Appointing an Administrator/Executor is provided.

WITNESS MY SIGNATURE, this _____ day of _____, 20_____.

AFFIANT, and other heirs at law of the decedent
whose names are attached hereto and incorporated
herein by reference

STATE OF MISSISSIPPI

COUNTY OF COAHOMA

PERSONALLY APPEARED BEFORE ME, the undersigned authority, in and for said jurisdiction, the
within named, _____, who first being duly sworn, stated under oath that
he/she signed and delivered the above and foregoing Affidavit, on the day and year therein as his/her free and
voluntary act and deed and for the purpose therein stated.

SWORN TO AND SUBSCRIBED BEFORE ME, this the _____ day of _____, 20_____.

NOTARY PUBLIC

MY COMMISSION EXPIRES:

Appendix A: Heir Contact Information

Name: _____

Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Social Security: XXX-XX-_____

Social Security: XXX-XX-_____

Name: _____

Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Social Security: XXX-XX-_____

Social Security: XXX-XX-_____

Name: _____

Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

Social Security: XXX-XX-_____

Social Security: _____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: XXX-XX-_____

Name: _____

Signature: _____

Address: _____

Telephone: _____

Social Security: _____