Incomplete forms cannot be processed



CAPITAL CREDITS ESTATE REFUND FORM

INFORMATION CONCERNING		, (print name of deceased member		
l,	(Print your name) was personally acc	quainted with the above named decedent.		
My relationship to said decedent is _	((spouse, child, sibling, etc).		
The following document checklist pro Capital Credits Estate Reference Certified copy of the Deat	und Form (this form notarized)	(NWEC only) Date Received		
Final Decree or Distribu	Idministered pursuant to a probate or ac I tion of Decedent's Estate Implete, attach a copy of Letters Testam			
	complete an Affidavit of Heirship (on the	•		
	narmless against any subsequent claim to or ion will be released to any party making subs			

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	DATE		PHONE NUMBER OR EMAIL ADDRESS	
ADDRESS		CITY	STATE	ZIP CODE	
STATE OF	ACKNOWLEDGM	<u>ENT</u>			
COUNTY OF) ss:)				

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:

Name and Address, City, State, and Zip Code		<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 ______, showing that the decedent died a resident of ______ County, at the time of death.

Signature Date _____