



AFFIDAVIT FOR MJM CAPITAL CREDITS

I, _____, on oath state:

That my address is _____;

The decedent's name is _____;

1. The date of the decedent's death was _____;
2. The decedent's place of residence immediately before death was
_____;
3. The decedent's capital credits from MJM should be paid as follows:

(Below, please write the information of the person or persons to whom we should reissue the capital credits.)

Name	Address	Relationship to the decedent	Dollar amount or percentage (%) of capital credits to be distributed

(May be completed on the back page, if more room is required.)

Example:

<i>Jane Doe</i>	<i>123 Main St., Anytown, IL 65432</i>	<i>daughter</i>	<i>50%</i>
<i>John Doe</i>	<i>123 Example St., Smalltown, IL 67890</i>	<i>son</i>	<i>50%</i>

By signing, I also state on oath that:

- a. All of the decedent's funeral expenses have been paid.
- b. There are no taxes owed by the decedent, including income, Federal or State estate taxes.
- c. There is no unpaid claimant or contested claim against the decedent.
- d. I am unaware of any dispute or potential conflict as to the heirship or will of the decedent.

I, the undersigned, hereby state and affirm that the information contained in this Estate Affidavit is true and correct including that the distribution outlined on page 1 of this document is the person or entity which is entitled to receive this capital credit distribution. Further, I hereby agree to indemnify and hold M.J.M. Electric Cooperative, Inc. harmless from any and all liability that they might incur as a result of payment of this capital credit based upon this affidavit.

Dated this _____ day of _____, 202_____.

(Sign here) **Affiant**

Please return this form to:

**MJM Electric Cooperative, Inc.
ATTN: Membership Dept
PO Box 80
Carlinville, IL 62626**