

**AFFIDAVIT FOR MJM CAPITAL CREDITS**



I, \_\_\_\_\_, on oath state:

1. That my address is \_\_\_\_\_;
2. The decedent's name is \_\_\_\_\_;
3. The date of the decedent's death was \_\_\_\_\_;
4. The decedent's place of residence immediately before death was  
\_\_\_\_\_;
5. 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.)*

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

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

*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 in paragraph 5 above 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 \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ (Sign here)  
**Affiant**

Please return this form to: MJM Electric Cooperative, Inc.  
PO Box 80  
Carlinville, IL 62626