

Member: _____
(Deceased Member's Name)

Customer #: _____

CLAIM AFFIDAVIT

I, _____, residing at _____,
(Print Affiant's Name) (Affiant's Mailing Address)

in _____ with phone number of _____,
(City, State, and Zip Code) (phone number with area code)

being of lawful age and upon oath and penalty of perjury, state the following:

I state that the Member died on _____. (Death certificate attached)

I am entitled to receive the capital credit due to _____ ("Member") because (check one and provide the requested information):
(Member's Name)

- I am the only heir. The Member was my _____.
(Relationship)
- I am one of _____ heirs. The Member was my _____.
(Relationship)
- Other _____.

If other heirs are to be paid and I receive the entire capital credit, I agree to distribute the capital credit in accordance with the will of the deceased Member, if the Member died with a will. If the deceased Member died without a will, I agree to distribute the capital credits to the other heirs entitled to their share of the capital credit in accordance with the law of the State of Oklahoma.

I agree and authorize Canadian Valley Electric Cooperative, Inc., its successors and assigns, to provide and release a copy of the Claim Affidavit to any party making a subsequent claim to these capital credits.

I agree to provide a completed IRS Form W-9 with this claim for capital credits if the capital credit check is \$600.00 or greater.

I agree to indemnify or repay Canadian Valley Electric Cooperative, Inc. in whole or in part if another claimant should assert and prove a superior claim to the capital credit. I also agree to indemnify Canadian Valley Electric Cooperative, Inc. for the payment of the capital credit and attorney's fees should a subsequent audit establish that there was fraud in obtaining the payment of the capital credit.

(Signature of Affiant)

State of _____)
) ss.
County of _____)

Subscribed and sworn to before the undersigned notary this _____ day of _____, 20____.

(Notary Public)

My Commission Expires: _____

Commission No: _____

(Seal)

For Office Use Only

- Completed Claim Affidavit
- Death Certificate
- IRS W-9 (if over \$600.00)