

STATE OF MISSISSIPPI  
COUNTY OF GEORGE

APPLICATION FOR CAPITAL CREDIT BENEFITS OF  
SINGING RIVER 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 Singing River 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 Singing River Electric Power Association, their heirs or assigns, harmless for its reliance on this affidavit and against any claim that may be asserted against Singing River 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 GEORGE

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: \_\_\_\_\_

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: XXX-XX-\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security: XXX-XX-\_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Social Security: XXX-XX-\_\_\_\_\_