



If your NAME appears on this list – Complete the **TOP HALF** of this form and return to our office.

If your PREVIOUS NAME appears on this list - Complete the **TOP HALF** of this form and return to our office with a copy of your driver's license.

If you are an HEIR to a name on this list- Complete the **BOTTOM HALF** of this form and return to our office.

## Capital Credit Unclaimed List (if you are completing the top half of this form, it does not need to be notarized.)

My name as it appears on this list: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Unclaimed Amount \$ \_\_\_\_\_

Address the check should be mailed to: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## Heir Claim Form (if you are completing the bottom half of this form, it MUST be notarized and returned with a copy of death certificate or obituary.)

Former Members Name as it appears on this list: \_\_\_\_\_ Date of Death: \_\_\_\_\_

Name of Heir Making Claim: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address of Heir: \_\_\_\_\_ City \_\_\_\_\_, State \_\_\_\_\_ Zip \_\_\_\_\_

Being duly sworn says he accepts and acknowledges appointment as agent for the receipt and distribution of Warren County REMC capital credit payments due decedent; represents that his signature constitute all the heirs and beneficiaries in the estate or under the will of decedent.

1. \_\_\_\_\_ died on \_\_\_\_\_  
Name of Deceased Date (must include MONTH, DAY, YEAR in order for claim to be processed)

### I/We hereby certify and declare that:

2. I/We attest to the fact that I/We were former member(s) of Warren County REMC and legally entitled to claim ownership of the capital credit allocations for the service locations listed, the years of service listed, and warrant that all information supplied is true and correct.
3. I/We understand that the disbursement will be reduced by any outstanding sums owed to Warren Co. REMC.
4. I/We will be responsible for the proper distribution of the capital credit refund to any parties who may be entitled to a portion of the proceeds.
5. I/We agree to indemnify, defend and hold the Warren County REMC Membership Corporation harmless from and against any subsequent claims by any person or persons regarding payment of the capital credits.
6. I/We understand that this form will be disclosed to any individual who makes any subsequent claim or demand upon the capital credits being claimed hereunder.

Subscribed and sworn before me a Notary Public this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

My Commission expires \_\_\_\_\_, \_\_\_\_\_

Notary Signature

\_\_\_\_\_  
Signature of Heir

\_\_\_\_\_  
Date

**Mail the completed form and documentation to: 15 MIDWAY ST., P.O. BOX 37 WILLIAMSPORT, IN 47993 Phone: 765-762-6114 | Fax: 765-762-6117**