

STATE OF \_\_\_\_\_ )

)

CC#

COUNTY OF \_\_\_\_\_ )

**AFFIDAVIT FOR PAYMENT OF CAPITAL CREDITS  
TO AGENT FOR HEIRS**

\_\_\_\_\_ being first duly sworn on  
Named Agent

oath states that \_\_\_\_\_ died [ ] intestate [ ] testate  
Named Decedent

on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_ a resident of \_\_\_\_\_ County,

\_\_\_\_\_ ; that his (her) estate was never administered upon or, if administered upon, has been  
State

closed and the Administrator discharged. The undersigned Agent represents that the following  
named persons are entitled to the capital credits credited to the account of said decedent on the  
record of Eastern Illini Electric Cooperative either as his (her) heirs or as legatees.

**NAMED HEIRS**

**ADDRESS**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The undersigned further represents that he (she) is the duly appointed agent of the above named  
heirs or legatees to receive and receipt for payments of said capital credits and hereby agrees to  
indemnify and save harmless said Eastern Illini Electric Cooperative from any and all claims or  
demands resulting from the payment of said capital credits to the undersigned as such agent.

Signature of Agent \_\_\_\_\_

Address \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public