

Capital Credit Questionnaire

1) Did the Deceased member have a will?

Yes – See Question 1A

No- See Question 1B

1A.) Was the Will ever filed in the Circuit Court of the County where they lived?

If Yes:

You must complete a **Personal Representative Form** (see below) and submit a copy of the *filed Will* or *Certificate of Qualification Letter* and a copy of the *Death Certificate*

If No – See Question 1B

1B.) To your knowledge, has anyone ever appeared before the Circuit Court of the County where they lived, to be named as an Executor or an Administrator of the Estate?

If Yes:

You must complete a **Personal Representative Form** (see below) and submit a copy of the *Certificate of Qualification Letter* and a copy of the *Death Certificate*

If No – See Question #2

2) Was the Deceased member married at the time of their death?

Yes – See 2A

No- See Question #3

2A.) Is that spouse still living?

If Yes:

You must complete a **Member Spouse Form** (see below) and submit a copy of the *Death Certificate*

If No – See Question #3

3) If there is no Executor/Administrator or Spouse...Do they have any living Heirs?

If Yes:

You must complete an **Heir Form** (see below) and submit a copy of the *Death Certificate*

APPLICATION FOR CAPITAL CREDIT RETIREMENT BY PERSONAL REPRESENTATIVE OF DECEASED MEMBER

To: Prince George Electric Cooperative
Post Office Box 168
Waverly, Virginia 23890

From: _____, Personal Representative

(Street Address)

(City, State Zip)

Re: _____ (Decedent's Name)
Date of Death: _____
Member #: _____
Member SS #: _____
Member's Record Address: _____ (Street Address)

(City, State Zip)

Date of Application: _____

STATEMENT OF PERSONAL REPRESENTATIVE

This day personally appeared the undersigned, and stated as follows:

I, the undersigned, Personal Representative of the Estate of _____, deceased, say as follows:

1) _____, decedent, died on the _____ day of _____, 20_____.

2) On the _____ day of _____, 20_____, I qualified as Executor/Executrix/ Administrator of the Estate of _____, deceased, in the Clerk's Office of the Circuit Court of _____ City/County, State of _____.

3) Attached, as part of this application, is a certified copy of my Certificate of Qualification, showing my qualification as Executor/Executrix/Administrator of the Estate of the Decedent.

Name of Personal Representative as it appears on
Certificate of Qualification (Print)

Signature

ACKNOWLEDGEMENT:

Prince George Electric Cooperative

By: _____
Authorized Representative

APPLICATION FOR CAPITAL CREDIT RETIREMENT BY MEMBER SPOUSE

To: Prince George Electric Cooperative
Post Office Box 168
Waverly, Virginia 23890

From: _____, Member Spouse

(Street Address)

(City, State Zip)

Re: _____ (Decedent's Name)
Date of Death: _____
Member #: _____
Member SS #: _____
Member's Record Address: _____ (Street Address)

(City, State Zip)

Date of Application: _____

STATEMENT UNDER OATH

Before me, the undersigned authority, on this day personally appeared the undersigned affiant, who, after being placed under oath by me, stated as follows:

- 1) _____ died on the _____ day of _____, 20_____.
- 2) At the time of his/her death, I was married to the Decedent.

3) As of the date of this Application, there has been no qualification of any personal representative of the Estate of _____, the Decedent; more than 120 days have elapsed since the date of the Decedent's death; and all patronage capital to the credit of the Decedent does not exceed \$10,000.00.

Signature of Affiant _____

State of _____

City/County of _____

Subscribed and sworn before be by

Date _____

Notary Public _____

My Commission expires _____

Registration Number: _____

APPLICATION FOR CAPITAL CREDIT RETIREMENT BY HEIR(S) OF DECEASED MEMBER

To: Prince George Electric Cooperative
 Post Office Box 168
 Waverly, Virginia 23890

From: _____, Sole Heir or Agent for Heirs/Next of Kin
 _____ (Street Address)
 _____ (City, State Zip)

Re: _____ (Decedent's Name)
 Date of Death: _____
 Member #: _____
 Member SS #: _____
 Member's Record Address: _____ (Street Address)
 _____ (City, State Zip)

Date of Application: _____

STATEMENT UNDER OATH

Before me, the undersigned authority, on this day personally appeared the undersigned affiant, who, after being placed under oath by me, stated as follows:

I, the undersigned, sole heir/agent for heirs/next of kin of _____, deceased, after being duly sworn, depose and say as follows:

1) _____ died on the _____ day of _____, 20_____.

2) As of the date of this Application, there has been no qualification of any personal representative of the Estate of _____, the Decedent; more than 120 days have elapsed since the date of the Decedent's death; and all patronage capital to the credit of the Decedent does not exceed \$10,000.00.

3) The following named person(s) are all of the heir(s) at law/next of kin of the Decedent.

NAME OF HEIR	ADDRESS	RELATIONSHIP	AGE

Signature of Affiant _____

State of _____

City/County of _____

Subscribed and sworn before be by _____

Date _____

Notary Public _____

My Commission expires _____

Registration Number: _____