

Po Box 400 Sayre, OK 73662 (580) 928-3366 Fax (580) 928-3105

CERTIFICATION OF ENTITLEMENT TO NORTHFORK ELECTRIC COOPERATIVE CAPITAL CREDITS

I,	SE PRINT FULL NAME)	hereby make claim to the patron	age capital credits	assigned by	
•	k Electric Cooperative to	the account of			
Northiol	K Licetile Cooperative to	(NAME OI	account of (NAME OF DECEASED)		
	DECEASED SSN	DOB		DOD	
I certify t	hat:				
•	I am the party legally entitled to claim ownership of these capital credits payments because				
- 2) I	I will be responsible for distributing the capital credits claimed in accordance with the will of the				
	deceased member;				
	3) I will indemnify, defend and hold Northfork Electric Cooperative harmless against any subsequent claims to or for these capital credit payments.				
4) I	I understand that a copy of this certification statement will be released to any party making				
	subsequent claims to these capital credits; 5) I will be required to provide a certified copy of the death certificate as well as a copy of a will or				
I	letters of testimony to Northfork Electric Cooperative, if the member eligible for patronage capital				
	credits is now deceased. If a will or letters of testimony cannot be provided, I will provide a signed Affidavit for Collection of Personal Property.				
		. ,			
Signature of Claimant		DATE	DATE SOCIAL SECURITY NUMBER		
ADDI	RECC		CITY	STATE	
אסטו	NE33			317(12	
PHONE NUMBER(S)			EMAIL ADDRESS		
		<u>ACKNOWLEDGEMENT</u>			
STATE OF	OKLAHOMA	}			
COUNTY OF		SS.			
		J			
Before mepersonally appeared		, in and for this state, on this to me known to be		, 20, n(s) who executed the	
within an	d foregoing instrument, and		executed th		
nec and v	rolantally act and accaron a	ic uses and purposes them section			
		Notary Pu	<u>blic</u>		
		-	My Commission Expires:		