



If your name appears on this list -

Complete the TOP HALF of this form and return to our office.

If you are an HEIR to a name on this list -

Complete the BOTTOM HALF of this form and return to our office.

Mail the completed form to:
ORANGE COUNTY REMC
CAPITAL CREDITS
P.O. Box 208
Orleans, IN 47452

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 _____ Date of Birth _____

Phone # _____

Capital Credit Number(s) _____ Unclaimed Amount \$ _____
(To be completed by Orange County REMC) (To be completed by Orange County REMC)

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.

Member's name as it appears on the list _____ Date of Death _____
(must include Month, Day, & Year)

Capital Credit Number(s) _____ Unclaimed Amount \$ _____
(To be completed by Orange County REMC) (To be completed by Orange County REMC)

Name of Heir Making Claim _____ Date of Birth _____
Phone # _____

Address of Heir _____ City _____, State _____, Zip _____

Being duly sworn upon oath, and upon penalties of perjury, makes the following statements to Orange County REMC with respect to payment of capital credits mentioned above.

PLEASE CIRCLE THE CORRECT ANSWER IN THE FOLLOWING STATEMENTS

1. _____ died on _____
Name of Deceased Date (must include MONTH, DAY, YEAR for claim to be processed)
2. The above mentioned person DID or DID NOT leave a will.
3. The court administration of said estate IS or IS NOT pending. If pending, the personal representative named in the will is _____.
4. That all expenses of last sickness, funeral, accounts, claims, and taxes known to be owing are PAID or NOT PAID.
5. That under provisions of the controlling authority, either a will or state law, the proceeds of stated estate, including any capital credits from Orange County REMC, now belong to _____ and this affiant agrees to indemnify and hold harmless said Orange County REMC of any liability in incurred by reason of paying said last named person.

Dated this _____ Day of _____, 20 _____.
Signature _____

Subscribed and sworn before me a Notary Public

This _____ Day of _____, 20 _____.

State Of _____ County Of _____ Notary Signature
My Commission Expires: _____