

REQUEST FOR DECEASED MEMBER'S CAPITAL CREDITS

DATE: _____

MEMBER NUMBER: _____

ESTATE OF: _____

Print full name of deceased: _____

Address of deceased: _____

County: _____ County Seat: _____

(City, State, Zip Code)

Date of Death: _____

CHECK APPROPRIATE PARAGRAPH

Pay amounts due the fiduciary of the estate. Attached is the letter of administration notarized by the Clerk of Court for the above-referenced estate.

Pay amounts due the estate of _____ . Attached is the death certificate. No fiduciary was appointed for this estate. (You may need to make an appointment with the Clerk of Court to request documentation to process the check.)

Requested by: _____
(Print full name)

Mailing Address: _____

Relationship to Decedent: _____

Signature: _____

Contact Phone Number: _____

Mail the completed form to: Carteret-Craven Electric Co-op, PO Box 1490, Newport, NC 28570