

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

CERTIFICATION OF ENTITLEMENT TO NORTHFORK ELECTRIC COOPERATIVE CAPITAL CREDITS

l,	ASE PRINT FULL NAME)	reby make claim to the patronag	e capital credits	assigned by	
•	ork Electric Cooperative to the	a account of			
NOILIII	ork Electric Cooperative to the	ccount of (NAME OF DECEASED)			
	DECEASED SSN	DOB		DOD	
I certify	/ that:				
-	I am the party legally entitled to claim ownership of these capital credits payments because				
2)	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				
4)	claims to or for these capital credit payments. 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 w letters of testimony to Northfork Electric Cooperative, if the member eligible for patronage					
	credits is now deceased.				
SIGNATURE OF CLAIMANT		DATE	SOCIAL SECURITY NUMBER		
AD	DDRESS	CITY			STATE
710	/DRESS	CITI		3	TATE
PHONE NUMBER(S)			EMAIL ADDRESS		
		<u>ACKNOWLEDGEMENT</u>			
STATE (OF OKLAHOMA	1			
COUNTY OF) ss.)			
Before i		, in and for this state, on this	day of	, 20,	
personally appeared within and foregoing instrument, and ack		to me known to be the identical person(s) who exe nowledged to me that executed the same as			ed the
		uses and purposes therin set forth.			
		Notary Public			
		My Commissi	on Expires		