

**YAMPA VALLEY ELECTRIC ASSOCIATION
 2211 ELK RIVER ROAD STEAMBOAT SPRINGS, CO 80487
 TELEPHONE 970-871-2284 or 888-873-9832 Toll Free
 FAX 970-871-2271 email capitalcredits@yvea.com**

APPLICATION FOR PAYMENT OF CAPITAL CREDITS OF DECEASED CONSUMER

Name of Decedent: _____ Name & Address of Applicant: _____

Social Security # _____ _____

*Copy of Death Certificate Required
 Type of Payment Requested: (Check One)
 Immediate Lump Sum Payment
 Normal Retirement
 Applicant's Social Security# _____
 Telephone # _____

For the purpose of obtaining payment of Capital Credits belonging to a deceased patron of the Yampa Valley Electric Association, Inc. (from monies previously set aside to be repaid by the corporation), the applicant states as follows:

1. The decedent at the time of death lived at _____
2. Decedent died _____, 20____. Decedent was _____ years of age at time of death.
 (Strike out word or words that do not apply)
3. Applicant is related to the decedent as (heir, executor, or administrator.) If as heir, state how related
 _____.
4. Administration of the estate has been started in _____ County, State of _____.
5. The decedent (did, did not) leave a will which has been submitted to probate.
6. Administration of estate (is, is not) still pending.
7. If administration has not been started it (will, will not) be started at a later date.
8. The name and address of the executor(s), administrator(s). _____
9. The names and addresses of all heirs and legatees of descendent and relationship as follows:

<u>Name and Address</u>	<u>Relationship & Age</u> (at descendant's date of death)
_____	_____
_____	_____
_____	_____
10. If estate has been probated and closed, copy of order of final settlement and distribution must be supplied. If checks are to be endorsed by executor or administrator, proof of authority must be supplied.
11. Applicant agrees to make proper distribution of funds to the respective heirs and legatees of the descendent in the event that payment is to be made to applicant. Applicant further agrees that he will indemnify Yampa Valley Electric Association, Inc., and save it harmless for any loss it may incur, arising from the payment of capital credits based upon the information contained in this application of failure of applicant to make proper distribution of funds.

Applicant

STATE OF _____)
)SS
 COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20____ by

_____.

Witness my hand and official seal.

 Notary Public

My Commission Expires: _____