

OZARK ELECTRIC

PO Box 420, 10943 Hwy. 39
Mt. Vernon, MO 65712

Cooperative, Inc.

To request "Affidavit of Heirship" form:

Please scroll down to find the "**Affidavit of Heirship**" that pertains to the Patronage Capital refunds. The affidavit is to be completed by the heir(s) and returned to Ozark Electric Cooperative. *The affidavit must be signed and notarized before being returned to Ozark Electric.*

Upon receipt of the affidavit by Ozark Electric Cooperative, the records will be updated with the current information to insure that future correspondence will be directed to the correct heir(s).

Please mail all correspondence to the name and address here:

Jim Barb, Manager of Office Services
Ozark Electric Cooperative, Inc.
P. O. Box 420
Mt Vernon, MO 65712

Thank you.

Date: _____

STATE OF: _____)

COUNTY OF: _____)

AFFIDAVIT OF HEIRSHIP

RE: Patronage Capital

_____ (Deceased) _____ (Account #)

_____ (heir), first being duly sworn on oath states: That affiant(s)

is/are the sole and only heir(s) at the law of _____ (deceased), who died on the

_____ day of _____ (month), of _____ (year).

That this affidavit is made for the purpose of establishing the right of the affiant(s) to the aforesaid Patronage Capital refund check issued by Ozark Electric Cooperative, Inc.;

That as a part of the consideration for the delivery of the aforesaid check to your affiant(s), affiant(s) individually and jointly agree to indemnify and hold the Cooperative harmless from any claims by others that the aforesaid Patronage Capital refund check or any part thereof was due to those others; and that your affiant(s) will defend any action brought against the Cooperative as a result of such claims and pay any judgments which might be obtained against the Cooperative with regard to such claims.

Signature of Affiant

Affiant Social Security #

Typed or printed name of Affiant

Affiant telephone # (include area code)

Affiant street address

Affiant State

Affiant ZIP code

Subscribed and sworn to before me this _____ day of _____, _____.
Month Year

Notary Public

My Commission Expires