



FOR OFFICE USE:  
MEMBER # \_\_\_\_\_

**ESTATE AFFIDAVIT FOR MJM CAPITAL CREDITS  
OVER \$200**

I, \_\_\_\_\_, on oath state:

1. That my address is \_\_\_\_\_  
\_\_\_\_\_;
2. The decedent's name is \_\_\_\_\_;
3. The date of the decedent's death was \_\_\_\_\_, and **I have attached a copy of the death certificate or obituary** hereto;
4. The decedent's place of residence immediately before death was \_\_\_\_\_, \_\_\_\_\_;
5. Please mark the paragraph below (A or B) that is applicable.  
  
\_\_\_\_\_ a) No Court probate proceeding has been opened for the decedent's estate and no petition for letters is contemplated or pending in Illinois or in any other jurisdiction, to my knowledge;  
  
\_\_\_\_\_ b) The decedent's estate was probated in the Circuit Court of \_\_\_\_\_ County and I was the named personal representative of that estate.
6. All of the decedent's funeral expenses have been paid;
7. There are no taxes owed by the decedent including income, Federal or State estate taxes.
8. There is no known unpaid claimant or contested claim against the decedent.

9. The name and places of residence of any surviving spouse, minor children and adult dependent children of the decedent are follows:

Name and Relationship	Address	Age of MINOR

10. Please mark the paragraph below (A, B, or C) that is applicable.

\_\_\_\_\_ a) The decedent left no will. The names, places of residence and relationships of the decedent's heirs, and the portion of the estate to which each heir is entitled under the law where decedent died without a will are as follows;

Name and Relationship	Address	Age of MINOR	Portion of Estate

\_\_\_\_\_ b) The decedent left a will, a copy of which is attached hereto. To the best of my knowledge and belief, the will is the decedent's last will and was signed by the decedent and the attesting witnesses as required by law and would be admissible to probate. The names and places of residence of the legatees and portions of the estate, if any, to which each legatee is entitled are as follows:

Name and Relationship	Address	Age of MINOR	Portion of Estate

\_\_\_\_\_ c) Affiant is unaware of any dispute or potential conflict as to the heirship or will of the decedent. MJM's Capital Credits should be paid as follows:

Name and Relationship	Address	Specific sum/portion to be distributed

I, the undersigned, hereby state and affirm that the information contained in this Estate Affidavit is true and correct including that the distribution outlined above is the person or entity which is entitled to receive this Capital Credit distribution. Further, I hereby agree to indemnify and hold MJM Electric Cooperative, Inc. harmless from any and all liability that they might incur as a result of payment of this Capital Credit based upon this affidavit.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

---

**Affiant's Signature**

**Please return this form to: MJM Electric Cooperative, Inc.  
ATTN: Membership Dept  
PO Box 80  
Carlinville, IL 62626**