

The items below will need to be furnished to Jefferson Davis Electric Cooperative, Inc. in order that payment may be made on the above.

**MULTIPLE HEIRS RECEIPT FORM:**

This form must be completed showing a. Name of deceased member; b. Deceased Social Security Number; c. Date of death; and d. Signature of surviving spouse and all heirs. Each signature is to be accompanied by the signatures of two witnesses.

**AFFIDAVIT OF DEATH AND HEIRSHIP; or  
JUDGMENT OF POSSESSION**

An Affidavit of Death and Heirship is required if Louisiana Law does not require that a succession be opened for the deceased. This Affidavit can be executed in the presence of an Attorney or Notary Public and should contain the marital status of the deceased (i.e. first and second marriages as well as divorces). A copy has been enclosed for your convenience.

A certified copy of the Judgment of Possession is required in all other cases. A Judgment of Possession is acquired through a succession of the estate and you should contact an attorney to obtain this Judgment.

A certified copy of the Death Certificate is required on all accounts.

Should you have any questions regarding this matter, please feel free to contact our office

**REQUEST FOR PAYMENT OF CAPITAL CREDITS BY HEIRS**

Name on Jeff Davis Electric Account : \_\_\_\_\_

Date of Death : \_\_\_\_\_

Heir Requesting Capital Credits : \_\_\_\_\_

Mailing Address : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

**A certified copy of the Death Certificate is required.**

**TO BE COMPLETED BY 2 PEOPLE (NOT HEIRS) WHO KNEW DECEDENT AND NOTARIZED**

STATE OF \_\_\_\_\_ : AFFIDAVIT OF DEATH  
: DOMICILE AND HEIRSHIP  
PARISH (COUNTY) OF \_\_\_\_\_ :

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in and for

the Parish (County) of \_\_\_\_\_, State of \_\_\_\_\_,

personally came and appeared:

\_\_\_\_\_ And \_\_\_\_\_ (1)

Who, after being first duly sworn, did depose and say:

That they were well and personally acquainted with \_\_\_\_\_  
\_\_\_\_\_ (2) and with his/her family.

That decedent was married \_\_\_\_\_ (3) to \_\_\_\_\_ (4)  
on \_\_\_\_\_ (5), in \_\_\_\_\_  
\_\_\_\_\_ (6), which marriage ended with the death/divorce of decedent on \_\_\_\_\_  
\_\_\_\_\_ (7), and at the time of his/her death and for many years prior thereto,  
domiciled and had a fixed place of residence in \_\_\_\_\_ (8)  
Parish/County.

That of decedent's marriages, \_\_\_\_\_ (9) children were born, to-wit:

(10) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

That decedent never adopted anyone nor were they ever adopted by anyone, and were survived by the above named children, and by no other descendants or forced heirs whatsoever.

\_\_\_\_\_  
APPEARER

\_\_\_\_\_  
APPEARER

SWORN TO AND SUBSCRIBED before me, Notary, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC #

(1) Name of appearers;

(2) Name & ssn of decedent;

(3) # of marriages

(4) Name of spouse(s)

(5) Date(s) of marriage(s)

(6) Parish/County & State of marriage(s)

(7) Date of death/divorce

(8) Parish/County & State of last domicile of decedent

(9) # of children

(10) Names of children

**TO BE COMPLETED BY ALL HEIRS AND NOTARIZED**

STATE OF \_\_\_\_\_ : MULTIPLE HEIRS RECEIPT  
: AND ASSIGNMENT  
PARISH (COUNTY) OF \_\_\_\_\_ :

BEFORE ME, the undersigned Notary Public, duly commissioned and qualified in and for the Parish (County) of \_\_\_\_\_, State of \_\_\_\_\_, personally came and appeared:

NAME: \_\_\_\_\_ RELATIONSHIP TO DECEASED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Who, after being duly sworn did depose and state that:

They are the sole legal heirs of and/or the surviving spouse in community with \_\_\_\_\_ (SS# - - ), hereinafter referred to as "deceased", who died on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_, State of \_\_\_\_\_. That they are the only persons entitled to ownership and possession of any property belonging to the deceased, including but not limited to the Capital Credits of the deceased with Jefferson Davis Electric Cooperative, Inc. That no other heirs, creditors, or other persons are entitled to ownership and/or possession of said property.

That no formal succession proceedings have been opened and none are contemplated and/or required by law.

That this Receipt and assignment is being made for the purpose of transferring all of appearers undivided interest in and to the deceased Capital Credits listed on the books of Jefferson Davis Electric Cooperative, Inc.

That the total Capital Credits of the deceased as of the date of death, are in the sum of \$\_\_\_\_\_. Payment will be in an amount equal to book value minus any outstanding debts of the deceased to the Cooperative. This amount will be paid as directed herein by Jefferson Davis Electric Cooperative, Inc., herein referred to as the "Cooperative".

That in consideration of said payment, we do jointly hereby accept said amount in full settlement of all amounts due or to become due to the deceased member or the undersigned as Capital Credits. We do further jointly, severally and in solido bind ourselves to hold the Cooperative harmless against any and all claims by any heirs or creditors, or other persons, who may make claim against the Cooperative, for and on account of payment of said sum to us and to reimburse any expenses incurred by the Cooperative, arising by reason of said payment to us, including, but not limited to the cost of defending any actions, all court costs, attorney fees and any judgment rendered thereon. Each of the undersigned here declares that he is over 18 years of age.

For valuable consideration, the amount and sufficiency of which is hereby acknowledged; Appearers do hereby assign, transfer and deliver unto \_\_\_\_\_ (Name, address & social security # of assignee) all Capital Credits established to the account number and listed in the records of the Cooperative as follows:

Account # \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

That Appearers have read the above Multiple Heirs Receipt and Assignment and that all facts contained therein are to the best of Appearers knowledge true and correct.

THUS DONE AND SIGNED before me, Notary Public, and in the presence of the undersigned competent witnesses, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_ Parish (County), State of \_\_\_\_\_.

WITNESSES:

\_\_\_\_\_  
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HEIRS:

Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
SS # \_\_\_\_\_  
  
Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
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Signature \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
SS # \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC #