



# Affidavit - Request for Unclaimed Assets

## Section 1: Representative Information (the person filling out this form)

Name of Representative: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relationship to Decedent: \_\_\_\_\_

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## Section 2: Decedent (deceased person the Representative is claiming assets from)

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

**\*\*\* Please include a copy of the decedent's death certificate with this form.**

EIEC Account # or Membership # (if known): \_\_\_\_\_

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## Section 3: Representative for Heir

I, \_\_\_\_\_, do hereby attest and certify that I am the legally authorized representative of the estate of the above named former member of Eastern Illini Electric Cooperative, Inc. and empowered to act in order to obtain payment of available capital credits. I do further attest that any capital credit amounts obtained by me as a result of this request will be distributed to the lawful owners/heirs in a timely manner. The undersigned shall indemnify and hold harmless Eastern Illini Electric Cooperative, Inc. from any claims including costs and reasonable attorney fees, which may arise out of the payment of these capital credits to me as agent and representative hereunder.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name or Entity the check should be made payable to, if different than the named Representative in Section 1:

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Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

County: \_\_\_\_\_ State: \_\_\_\_\_

**Please mail this completed form to:**

Eastern Illini Electric Cooperative

Attention: Capital Credits

PO BOX 96

Paxton, IL 60957