



DS&O Electric Cooperative, Inc.

HEADQUARTERS
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Telephone (785) 655-2011

DISTRICT OFFICE
Lindsborg, KS 67456
1292 Highway 4 • P.O. Box 469
Telephone (785) 227-2186

A Touchstone Energy® Cooperative



**AFFIDAVIT FOR CHANGING NAME ON
CAPITAL CREDIT ACCOUNT**

_____, certifies that he/she resides at _____
_____ and is the Administrator of the Estate of _____,
deceased, who died on the _____ day of _____, _____; at the time of his/her death
the residence of said decedent was in the County of _____, State of
_____.

I certify that the decedent's estate is closed, and that all of the debts of the decedent have been
paid and that the following named individual is entitled to make changes to this account.

Name

Address

I also state that said decedent was a member of the DS&O Electric Cooperative, Inc. during
his/her lifetime, and that this affidavit is made for the purpose of changing the name on all capital
credits currently assigned to the account of the decedent.

Upon the request and in consideration of the change of name on the decedent's capital credit
account, I have attached herewith documentation or proof of the decedent's death. I further state that
I am not requesting early payment of capital credits but am leaving the capital credits to be retired
through general retirements over a period of years.

Date

Signature

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

Notary Public

My Commission expires: _____

DO NOT WRITE BELOW THIS LINE

Capital Credit Number: _____

Approved By: _____

Must have a copy of one of the following to prove survivorship: obituary, will, or trust or probate documents.