

ORCAS POWER & LIGHT COOPERATIVE

183 Mt Baker Rd
Eastsound, WA 98245-9413
(360) 376-3500

APPLICATION FOR RETIREMENT OF DECEDENT'S CAPITAL CREDITS

Decedent

Name: _____
Date of Death: _____
Residence at time of Death: _____

Applicant

Name: _____
Relationship to Deceased: _____
Legal Capacity to Estate: _____ Executor _____ Administrator _____ Heir _____ Other
Address: _____

Amount to be distributed: _____

Distribution of Capital Credits

Those to
receive funds,
if other than
Applicant

Name: _____
Address: _____
Name: _____
Address: _____
Name: _____
Address: _____

Applicant requests retirement of capital credits held by Orcas Power & Light Cooperative (OPALCO) in the name of the above-named decedent and hereby promises that the amount received shall be distributed to decedent's heirs entitled to the same according to the law. Applicant further states that s/he is authorized to make application for decedent's capital credits; applicant further understands that by making application for capital credits that the gross amount of capital credits presently held will be discounted in accordance with the existing discount rate and policy applied by OPALCO in the retirement and early payment of capital credits made to the estates of deceased members of the cooperative. In making this application applicant understands and agrees that any and all remaining interest in and to the capital credit account of the above-named decedent is irrevocably transferred to and becomes the property of OPALCO. Applicant agrees to indemnify and hold OPALCO harmless from and against any claims or demands of any person or persons whomsoever arising from the payment of the capital credits of the above-named decedent to applicant.

Date: _____

Applicant Signature

Subscribed and sworn to before me this _____ day
of _____, 20____.

Notary Public for the State of Washington
My commission expires: _____