



FLORIDA KEYS ELECTRIC COOPERATIVE ASSOCIATION, INC.  
 PO BOX 377 TAVERNIER, FL 33070  
 (305) 852-2431 (800) 858-8845

APPLICATION TO TRANSFER CAPITAL CREDIT  
 ACCOUNT OF DECEASED MEMBER

**INSTRUCTIONS:**

Please complete the following application. If you do not respond to each request for information and documents, your application may not be accepted until all information and documents are received. Approval of this application will not result in a lump sum payment of the Capital Credits account. If approved, the ownership of the account will be transferred to the appropriate individual(s), and the Capital Credits will be refunded as directed by the Board of Directors in accordance with the By-Laws of the Cooperative.

**A. DECEASED MEMBER INFORMATION**

Name of deceased member as shown on FKEC records: \_\_\_\_\_

Capital Credit number of deceased member: \_\_\_\_\_

Decedent's Social Security Number: \_\_\_\_\_

Date of death: \_\_\_\_\_

Please attach of copy of the death certificate to this application.

Residence address of the decedent at the time of death:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**B. ADMINISTRATION OF ESTATE**

If a proceeding for the administration of the decedent's estate has been opened, complete the following. If no proceeding has been opened, skip to Section C.

Did the decedent leave a will?      YES              NO

If yes, please attach a photocopy of the will to this application.

Name and address of the Clerk of Court where the estate is being administered:

\_\_\_\_\_  
CLERK OF THE COURT

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

Case number of the estate: \_\_\_\_\_

Name of the personal representative, administrator or executor of the estate (Please attach a copy of the letters of administration):

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

Name of the attorney for the estate:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

Has an order been entered determining the beneficiaries of the deceased?    YES                      NO

If yes, please attach a photocopy of the order.

Has the estate been closed?    YES                      NO

If yes, please attach a photocopy of the order of discharge.

**C. HEIRS AT LAW**

If there has been no administration of the decedent's estate, please complete the following. List all heirs at law of the decedent, providing complete names and addresses:

Surviving Spouse:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

Children of the decedent, whether living or deceased:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

All children of each deceased child, listed in order of birth:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

If the deceased member has no surviving spouse, no children, no grandchildren, please list the surviving parent(s) of the deceased member. If there is no surviving parent(s), please list the deceased's siblings, if any.

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
RELATIONSHIP

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

If the deceased member left no will and there is no surviving spouse, no children, no grandchildren, no parents, no siblings, check here:

**D. ACCOUNT TRANSFER INFORMATION**

Please state whom you want the account transferred to, including complete name(s), address(es) and telephone number(s):

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

If you do not know who the account should be transferred to, please check here:

By signing this application, applicant represents that the foregoing information is true and correct to the best of applicant's knowledge and belief, and intends that the cooperative will rely on the information furnished. Applicant specifically agrees to indemnify and hold the cooperative harmless in the event the cooperative incurs any costs, damages, or liability for acting in reliance on the information furnished with this application.

The cooperative may, in its sole judgment rely on the information supplied herein, without any further inquiry. Any inquiry by the cooperative, or decision by the cooperative on who is entitled to this account, shall in no way subject the cooperative to any liability, claim, damages, suits, costs or attorney's fees should the cooperative's inquiry or decisions regarding this account be determined to be legally insufficient or incorrect, and applicant expressly waves any claims against the cooperative in that regard.

Applicant's complete name, address and telephone number:

\_\_\_\_\_  
NAME

\_\_\_\_\_  
STREET ADDRESS (OR PO BOX)

\_\_\_\_\_  
CITY, STATE ZIP

\_\_\_\_\_  
TELEPHONE

WITNESS:

APPLICANT:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

State of: \_\_\_\_\_

County of: \_\_\_\_\_

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_ who having been first duly sworn, deposes says that he/she has read the foregoing application and that the statements and information furnished in the application together with all documents attached to the application are true and correct to the best of his/her knowledge, fully understanding that said statements, information and documents are submitted to Florida Keys Electric Cooperative Association, Inc. for the express purpose of obtaining the transfer of the Capital Credit Account of the aforesaid deceased member.

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

AFFIX NOTARY'S SEAL:

State of: \_\_\_\_\_

Date My Commision Expires: \_\_\_\_\_

My Commision Number is: \_\_\_\_\_

Typed or printed name of Notary Public: \_\_\_\_\_