LCEC
LEE COUNTY ELECTRIC COOPERATIVE, INC.

DECEASED AFFIDAVIT

State of: ____ County of: _____

Before me this day personally appeared _____ (Affiant), who being duly sworn states that:

1. _____ (Decedent) died on _____ a resident of _____County, State of _____, whose last known address with LCEC, Inc. was _____

2. To the best knowledge of the Affiant, the following are all of the Decedent's heirs-at-law and are all of the persons entitled to the Decedent's Estate:

   _____
   Heir's Name, Mailing Address, Phone Number and Relationship

   _____
   Heir's Name, Mailing Address, Phone Number and Relationship

3. Affiant agrees to divide equity balances of the Deceased with LCEC, in proportion to the interests of the heirs at law. Affiant directs that equity balances of the deceased be delivered to:

   _____ _____
   Name Social Security #

   _____
   Address

4. Affiant understands and agrees that the receipt of equity balances shall completely discharge LCEC, Inc. from any further liability to any heir at law of the Decedent, and that Affiant agrees to indemnify and hold harmless LCEC, Inc., its representatives, assigns and successors in interest from any and all liability for the actions of LCEC, Inc. taken in reliance upon this Affidavit, including all costs and attorneys fees incurred by LCEC, Inc.
5. Affiant states that there are no liens, claims or liabilities against the Decedent or assets, including all utility deposits and equity balances with LCEC, Inc. of the Deceased.
6. Affiant agrees that all statements made herein are true and correct of Affiant's own knowledge and belief.

Affiant's Signature _____

Signed and sworn to (or affirmed) before me on _____by_____.

He/She is personally known to me or has produced_____ as identification.

_____ _____ _____
Notary Signature & Commission # Printed Name of Notary Date

Note: If you are uncertain as to the definition of "heirs at law" under the Florida Probate Code, you should consult with an attorney. LCEC personnel cannot assist you in making this determination.

NOTARY SEAL/STAMP

Equity Dept. Use Only	ACCOUNT # _____ SCM # _____ EO BALANCE $_____ DUE $ _____ EQUITY REP. _____ DATE PROCESSED_____