



Affidavit Regarding Deceased Member [and Assignment of Capital Credits]

Before me this day personally appeared _____ who being duly sworn states:

1. _____ (Decedent) died on _____ a resident of _____ County, State of _____, whose last-known address and Membership information at Bonita Springs Utilities, Inc., was:

- Membership/Account No.: _____
- Name on Account: _____
- Member Mailing Address: _____
- Service Address: _____
- Telephone No.: _____
- E-mail Address: _____

A copy of the decedent's death certificate is attached.

2. I am the personal representative, executor/executrix or otherwise authorized by law to administer the Decedent's estate and act on his/her behalf and I have attached **one of the following:**

_____ A copy of the page in the Last Will and Testament or Letters of Administration naming me Executor or Personal Representative, along with the signature page.

_____ A copy of the page in a Trust naming me Trustee, along with the signature page.

_____ A written statement from the Informant on the Death Certificate that none of these exists.

3. I agree to deliver any capital credits distributed by Bonita Springs Utilities, Inc. and intended for the Decedent to the heirs and beneficiaries in accordance with Decedent's Will, Trust or other applicable document and direct these capital credits be distributed to me at this address:

- New Name on Account ("Transferee"): _____
- Member Mailing Address: _____
City _____ State _____ Zip Code _____
- Telephone No.: _____
- E-mail Address: _____

4. I understand and agree that the allocation of capital credits to Transferee under the above-referenced account shall completely discharge Bonita Springs Utilities, Inc., from any further obligation to Decedent for such capital credits.

5. I am authorized to sign this form and agree to indemnify and hold harmless Bonita Springs Utilities, Inc., from any and all liability, claims or damages incurred by Bonita Springs Utilities, Inc., for its actions taken in reliance upon this form, including all costs and attorney's fees incurred by Bonita Springs Utilities, Inc.

6. All statements made and information provided herein are true and correct.

Signature: _____

Date: _____

State of: _____

County of: _____

Signed and sworn to (or affirmed) before me on _____ by _____, who is personally known to me or who has produced _____ as identification.

Notary Public
Printed Name: _____
My Commission Expires: _____