

*****Copy of Photo Identification is Required*****

Howell-Oregon Electric Cooperative, Inc.
P.O. Box 649, West Plains, MO 65775
Claim Form

Claimant Name(s) Social Security Number(s)

Current Address

Telephone No. (Home) Telephone No. (Work)

Amount or Value being Claimed

Original Member Name(s) (as Listed in Notice)

Relationship to Original Owner ("Self" if You are both Claimant and Original Member)

Entitlement Documentation will be required if claiming for someone other than yourself. This documentation will include the following based upon your individual situation:

1. Death certificate of member and/or spouse if applicable.
2. Letters of Administration or Letters Testamentary issued by a probate court, if an estate remains open.
3. A judgment determining heirship if no estate was opened and the member has been deceased more than one year.
4. Small Estate Affidavit or Creditor's Refusal of Letters approved by a probate court.
5. Recent copy of your court approved Appointment if you are serving as a Guardian or Conservator, or copy of a durable power of attorney if serving in that capacity. (Not applicable to a deceased member)

If property being claimed is a Patronage Capital Retirement, I hereby certify the following information for the above listed "Original Member":

Include, separately, each location you lived and supply the range of years you received service at that location and its address or location number including city/town. Also, please provide any additional information for the purpose of identifying specific property locations. Examples include chain of ownership of property, nearest neighbor, variation(s) of member name, or known postal address changes at that specific location.

Years	Service Address/Location Number	City/Town
to		

Additional Location Information:

Years	Service Address/Location Number	City/Town
to		

Additional Location Information:
