

**EXHIBIT 1**

\_\_\_\_\_  
CAPITAL CREDIT NUMBER

\_\_\_\_\_  
TELEPHONE NUMBER

**APPLICATION FOR REFUND OF CAPITAL CREDITS OF \_\_\_\_\_,  
DECEASED OF \_\_\_\_\_ COUNTY, GEORGIA**

To the best of the undersigned's information and belief, the above named deceased was, during his or her life, a member of Hart Electric Membership Corporation and, as such, there is an account established by Hart EMC in the deceased's name to which has, as of this date, been allocated certain capital credits and which may later be allocated further capital credits for the current year, which upon application may in the discretion of the Board of Directors of Hart EMC be paid out, as provided by the Official Code of Georgia Annotated (O.C.G.A.) § 46-3-341.

Therefore, the undersigned hereby applies for payment of the capital credit account pursuant to O.C.G.A. § 46-3-341. As a part of this Application and to induce Hart EMC to pay said account, the undersigned does hereby warrant and covenant and does, after being duly sworn, depose and say that:

- 1) The undersigned is the \_\_\_\_\_ (state relation to deceased, e.g. sole or coexecutor or personal representative, spouse, child, brother, sister, parent, assignee of the patronage account etc.) of the deceased, who died on the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

*Please place a check mark in the applicable box, and attach the proper documents as indicated. Please check only one of the following four boxes.*

- A) : The deceased died leaving a Will; a copy of the Letters of Testamentary for the deceased are attached hereto.
- B) : The deceased died leaving no Will; a copy of the Letters of Administration for the deceased's estate are attached hereto.
- C) : All of the following statements are true:
- 1) The deceased died leaving no Will; a copy of the Death Certificate is attached hereto;
  - 2) No person has applied for or qualified as Administrator of the deceased's estate;
  - 3) The nearest surviving relative(s) under O.C.G.A. § 46-3-341 is (are) as set forth on the reverse side hereof. *(Please complete the reverse side of this Application.)*

**BY CHECKING PART C, THE UNDERSIGNED WARRANTS THAT DECEDENT DIED WITHOUT A WILL AND ACCEPTS THE RESPONSIBILITY FOR FAILURE TO FIND AND PROBATE DECEDENT'S WILL IF ONE IN FACT DOES EXIST.**

- D) : All of the following statements are true:
- 1) The deceased died leaving a Will but no Will was found and/or no Will has been probated<sup>1</sup> (by agreement of all interested parties); a copy of the Death Certificate is attached hereto;
  - 2) No person has applied for or qualified as Administrator or Executor of the deceased's estate;
  - 3) The nearest surviving relative(s) under O.C.G.A. § 46-3-341 is (are) as set forth on the reverse side hereof. *(Please complete the reverse side of this Application.)*

<sup>1</sup> A Member that dies with a Will that has not been probated for whatever reason shall be treated as dying intestate pursuant to Georgia law which requires a Will to be probated in order for it to be operable.

**BY CHECKING PART D, THE UNDERSIGNED WARRANTS THAT DECEDENT DIED WITH A WILL BUT BY AGREEMENT OF ALL INTERESTED PARTIES SUCH WILL SHALL NOT BE PROBATED. HART EMC HAS NO OBLIGATION TO EXAMINE UNPROBATED WILLS TO DETERMINE HOW TO DISTRIBUTE DECEASED CAPITAL CREDITS. THE UNDERSIGNED ACCEPTS THE RESPONSIBILITY FOR FAILURE TO FIND DECEDENT'S WILL, AND/OR FAILURE TO PROBATE A WILL IF IN FACT THE WILL SHOULD BE PROBATED.**

- 2) In consideration of receiving an early payment of the deceased's capital credits, the undersigned agrees as follows: (i) to permit Hart EMC to deduct from the deceased's capital credit account all amounts owed Hart EMC by the decedent, (ii) to donate to Hart EMC all patronage capital not yet allocated for the current period (iii) to donate to Hart EMC amounts which have been, or may in the future be, allocated to the deceased's capital credit account by virtue of Hart EMC's patronage of affiliated organizations but which have not yet been paid to Hart EMC and (iv) to permit Hart EMC to repay the decedent's capital credits on a discounted basis according to Hart EMC's Bylaws and Policies.

**THE UNDERSIGNED FURTHER SWEARS, WARRANTS, AND COVENANTS THAT (i) NO YEAR'S SUPPORT PROCEEDING HAS BEEN INSTITUTED BY OR ON BEHALF OF THE DECEASED'S SPOUSE WHEREIN THE CAPITAL CREDITS OF THE DECEASED WITH HART EMC HAVE BEEN CLAIMED OR AWARDED, (ii) UPON PAYMENT OF THE CAPITAL CREDIT ACCOUNT, THE PROCEEDS SHALL BE USED FIRST TO APPLY TO ANY EXISTING DEBTS OF THE DECEASED OR, IF NONE, PAID TO THE SURVIVING RELATIVE(S) IN THE ORDER OF PRIORITY ESTABLISHED BY O.C.G.A. § 46-3-341, AND (iii) TO INDEMNIFY AND HOLD HARMLESS HART EMC FROM ANY CLAIM OR DEMAND MADE AGAINST HART EMC AND THE COST AND EXPENSE OF DEFENDING SAME, BY VIRTUE OF ITS PAYMENT OF THE CAPITAL CREDIT ACCOUNT IN THE MANNER PROVIDED FOR IN THIS APPLICATION.**

Witness the hand and seal of the undersigned this the \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_.

Sworn to and subscribed  
before me the year and  
date above written

Signed: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC (SEAL)  
Commission Expires:

*(This space intentionally left blank)*

**(THIS SECTION TO BE COMPLETED ONLY BY APPLICANTS WHO CHECKED BOX "C" OR "D" ON THE FIRST PAGE OF THIS APPLICATION.) INSTRUCTIONS:** *Fill in only the first section which is applicable; write "not applicable" if listed relative is deceased or non-existent. If you are unsure of the present address of one of the listed relatives, you may leave the space for the address blank.*

BY COMPLETING THIS APPLICATION YOU WARRANT THAT DECEDENT DIED (i) WITHOUT A WILL, OR (ii) WITH A WILL, BUT IT SHALL NOT BE PROBATED. YOU ACCEPT THE RESPONSIBILITY FOR FAILURE TO FIND AND/OR PROBATE DECEDENT'S WILL. HART EMC HAS NO OBLIGATION TO EXAMINE UNPROBATED WILLS TO DETERMINE HOW TO DISTRIBUTE DECEASED CAPITAL CREDITS. BY COMPLETING THIS APPLICATION YOU WARRANT THAT YOU WILL PAY OUT THE DECEASED'S CAPITAL CREDITS TO THE FOLLOWING PERSONS AND ACCORDING TO THE FOLLOWING PRIORITY:

(1) TO THE SURVIVING SPOUSE OF THE DECEASED; (2) IF NO SURVIVING SPOUSE, THEN TO THE SURVIVING CHILDREN OF THE DECEASED, PRO RATA; (3) IF NO SURVIVING CHILDREN, THEN TO THE SURVIVING MOTHER AND FATHER OF THE DECEASED, PRO RATA; (4) IF NO SURVIVING PARENT, THEN TO THE SURVIVING BROTHERS AND SISTERS OF THE DECEASED, PRO RATA.)

**SECTION 1:**

DECEASED'S LIVING SPOUSE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SECTION 2:**

DECEASED'S LIVING CHILDREN:

1. _____ ADDRESS: _____ _____ _____	2. _____ ADDRESS: _____ _____ _____
3. _____ ADDRESS: _____ _____ _____	4. _____ ADDRESS: _____ _____ _____
5. _____ ADDRESS: _____ _____ _____	6. _____ ADDRESS: _____ _____ _____

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**SECTION 3:**

DECEASED'S LIVING PARENTS:

MOTHER: _____ ADDRESS: _____ _____ _____	FATHER: _____ ADDRESS: _____ _____ _____
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**SECTION 4:**

**DECEASED'S LIVING BROTHERS AND SISTERS:**

1. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

5. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

6. \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

\_\_\_\_\_

## INSTRUCTIONS FOR APPLICATION FOR REFUND OF CAPITAL CREDITS OF A DECEASED MEMBER

1. An application for refund of capital credits should be completed and signed by the person(s) who receives a payment of the capital credits. Consequently,

É If box 1(A) is checked, the application should be completed and signed by the executor of the estate named in the deceased member's Will or letters testamentary (if a Will is used, it should be a copy stamped by the probate office).

É If box 1(B) is checked the application should be completed and signed by the administrator of the deceased member's estate, as designated in the letters of administration.

É If box 1(C) is checked, then an application should be completed stating each person who is to receive a payment from the deceased member's account.

É If box 1(D) is checked, then an application should be completed stating each person who is to receive a payment from the deceased member's account.

2. An applicant should select a box in Part 1 based on the following criteria:

É Check box 1(A) if the member died with a Will which has been probated.

É Check box 1(B) if the member died without a Will and the estate has been administered.

É Check box 1(C) if the member died without a Will but the estate will not be administered.

É Check box 1(D) if the member died with a Will but either: (i) the Will cannot be found and probated, or

(ii) all parties who may have an interest under the Will have agreed to not probate the Will.

3. Payment of the deceased member's discounted capital credits as determined by the Board shall be made in the following order of priority:

É Full payment to the executor of the deceased member's estate, as designated by the deceased member's last Will and testament (or as indicated in letters testamentary).

É If there is no probated Will, then full payment is made to the administrator designated in the letters of administration for the estate.

É If there is no probated Will, and no administrator has been named, and if the amount to be paid is less than or equal to \$2,500, then payment should be made as follows: 1) Full payment to the surviving spouse, if any; 2) If there is no surviving spouse, then an equal payment to each of the deceased member's

surviving children; 3) If there is no surviving spouse and no surviving children, then an equal payment to each of the deceased member's surviving parents; 4) If there is no surviving spouse, children or parents, then an equal payment to each surviving brother and sister. 5) Where more than one person is to receive a payment under the foregoing rules, Hart EMC may issue a single check so long as the recipient signs the statement agreeing to further distribute the payment in accordance with these rules.

É If there is no probated Will, and no administrator has been named, and the amount to be paid exceeds \$2,500, then the statute requires that payment be made to persons entitled to it under the Georgia laws of descent and distribution. In such event, no payment should be made and the cooperative's legal counsel may be notified and asked for assistance.