



Your Touchstone Energy® Cooperative 

# OREGON TRAIL ELECTRIC COOPERATIVE

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Corporate Headquarters: 4005 23<sup>rd</sup> Street · PO Box 226 · Baker City, Oregon 97814  
Phone (541) 523-3616 · Fax (541) 524-2865 · www.otecc.com

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Dear Applicant:

Re: Deceased Members Early Retirement of Capital Credits

Upon receiving a completed application from a qualified party, Oregon Trail Electric Cooperative (OTEC) may retire capital credits before the regularly scheduled rotation. Capital credits earned by a business may not be entitled to this early retirement option. If the application is approved by the Board of Directors, any capital credits in excess of \$100 are subject to be discounted to the net present value before pay-out. The current discount rate is 5.15 percent, however, all capital credits earned beyond maturity (more than 15 years) are paid at 100 percent. There is an example of discounting capital credits included in the packet.

Enclosed, please find the application for retirement of decedent's capital credits and an affidavit of heirship. Should you decide to proceed, complete and sign all documents enclosed, and return the packet to our office as indicated on the instructions. **Be sure to include: 1) a copy of the death certificate, 2) a notarized affidavit, 3) any other pertinent information required according to the checklist enclosed. Include any court or legal documents that substantiate your right to the funds.** You may want to check with your estate attorney before returning the documents to OTEC.

OTEC will attempt to contact the applicant if any additional information is required to process the application. If the applicant does not provide OTEC with the necessary paperwork within 90 days, the application will be declined and returned to the applicant.

Please be aware that early pay-out of capital credits is final and closes the deceased patron's OTEC account permanently. If you choose not to retire the deceased member's account, capital credit distributions will continue to occur during the regularly scheduled rotation until the account balance reaches zero. It is incumbent upon you to keep OTEC updated of any address changes.

Please email or call if you have any questions. Note that the processing period for retirement of decedent's capital credits is 60 - 90 days.

Sincerely,

OTEC Member Services

enclosures

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*Proudly serving Baker, Grant, Harney and Union counties*

**Baker City**  
4005 23<sup>rd</sup> Street · PO Box 226  
Baker City, Oregon 97814  
**(541) 523-3616**  
Customer office fax (541) 524-2863

**Burns**  
567 W Pierce  
Burns, Oregon 97720  
**(541) 573-2666**  
Fax (541) 573-3401

**John Day**  
400 Patterson Bridge Road · PO Box 575  
John Day, Oregon 97845  
**(541) 575-0161**  
Fax (541) 575-0480

**La Grande**  
2408 Cove Avenue  
La Grande, Oregon 97850  
**(541) 963-3155**  
Fax (541) 963-8515



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## Application for Retirement of Decedent's Capital Credits

Date \_\_\_\_\_ OTEC Account # \_\_\_\_\_

*Decedent information:*

Full name of deceased (please print clearly) \_\_\_\_\_

Physical and mailing address at time of death \_\_\_\_\_

Date of death \_\_\_\_\_ Is there a will? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

Does this contain unclaimed funds (uncashed checks)? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't know \_\_\_\_\_

Name, address, and birth dates of heirs entitled to share in this capital credit refund (*additional lines available on next page*):

Name	Date of birth	Address	OTEC Account # or SS #
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*Applicant information:*

Name of applicant \_\_\_\_\_ Email \_\_\_\_\_

Spouse \_\_\_\_\_ Child \_\_\_\_\_ Parent \_\_\_\_\_ Sibling \_\_\_\_\_ \*\*Other \_\_\_\_\_

Applicant's SS number \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ Cell phone \_\_\_\_\_

\*\*Name of executor, if not applicant \_\_\_\_\_

Address of executor or attorney \_\_\_\_\_

Phone number of executor \_\_\_\_\_

**\*\* Documentation proving legal claim to the estate is required if "other" is indicated**

**All completed documents should be returned to the applicable district office. For your convenience, a self-addressed envelope is included in this packet of material. If any lines are left blank this form will be returned to you. If any do not apply simply mark "n/a."**

**I certify that all the information is completed, true and correct.**

*Applicant signature* \_\_\_\_\_ Date \_\_\_\_\_

<i>For office use only:</i>					
Member number(s) _____					
SEP number(s)        /        /        /        /        /					
All accounts closed: Yes		No	Date closed		
Bad debt: Yes	No	Write-off amount \$	Balance due: Yes	No	Amount due \$
Guarantor for		/	/		



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## Checklist of items required to process this request:

- Death certificate
- Completed application
- Notarized affidavit of heirship
- Documentation proving legal claim to estate if “other” is indicated on the application
- Other as indicated

If you have any questions, please call, write or email:

### OTEC Member Services

Mailing address: PO Box 226  
 Street address: 4005 23<sup>rd</sup> Street  
 Baker City, OR 97814  
 541-524-2857

Other OTEC locations where you may drop off the documents:

2408 Cove Ave  
 La Grande, OR 97850

567 West Pierce Street  
 Burns, OR 97720

400 Patterson Bridge Road  
 John Day, OR 97845

[capitalcredits@otecc.com](mailto:capitalcredits@otecc.com)

Additional lines if there are more than two heirs:

Name	Date of birth	Address	OTEC Account # or SS #
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## Affidavit of Heirship (page 1)

State of \_\_\_\_\_ )  
                                          ) )  
County of \_\_\_\_\_ )

I, \_\_\_\_\_, being duly sworn, state under oath and subject to penalties of perjury, as follows:

- 1. On (date of death) \_\_\_\_\_ (name of deceased) \_\_\_\_\_, a member of Oregon Trail Electric Cooperative (OTEC), died.
- 2. Decedent's place of death was \_\_\_\_\_ . Decedent's Social Security Number is: \_\_\_\_\_ .
- 3. A certified copy of Decedent's death certificate is attached.
- 4. My relationship to Decedent is: \_\_\_\_\_ . (for example, Heir, Personal Representative, etc.) .
- 5. The Decedent died:
  - Without a will (intestate), or
  - With a will (testate).
- 6. Attached to the Affidavit is a list of the heirs of the Decedent, their relationship to the decedent, and the last know addresses for each.
- 7. Pursuant to Oregon Revised Statutes (ORS) 114.515, I **have**, or **have not**, filed an affidavit with the clerk of the probate court in the County of \_\_\_\_\_, Oregon, claiming that the value of Decedent's estate is less than \$275,000. If an affidavit under ORS 114.515 has been filed, a copy thereof is attached to this affidavit.
- 8. I hereby request that OTEC distribute the capital credits owned by Decedent to me, for one of the following reasons:
  - I am the Personal Representative of Decedent's estate.
  - I am the sole surviving heir of the Decedent.
  - I am one of Decedent's surviving heirs and have notified Decedent's other surviving heirs of my intention to request distribution of OTEC capital Credits owned by Decedent to me, have provided a copy of this Affidavit to such other surviving heirs, and agree to comply with the distribution requirements to such other heirs as required by paragraph 9 below.



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### Affidavit of Heirship (page 2)

9. I hereby affirm that if I am not the sole surviving heir of Decedent, or if I am the Personal Representative of Decedent's estate, that I will distribute Decedent's capital credits to the beneficiaries of Decedent's estate, or the heirs of Decedent, in accordance with law.
  
10. Should OTEC distribute Decedent's capital credits to me, I hereby agree to hold OTEC harmless and to indemnify OTEC against all claims, demands or causes of action brought by any person against OTEC for wrongful distribution of Decedent's capital credits.

Affiant Signature:

Date:

Affiant (print name):

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On this        day of        , 20    , before me, the undersigned, a notary public in and for said State, personally appeared        , known to me to be the person whose name is subscribed to the within instrument, and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and seal the day and year first above written.

Notary Signature:

Date:

Notary (print name):

Notary Public for (State)

Residing at:

My Commission Expires:

[Notary Seal]



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### Sample of Net Present Value Calculation for Early Retirement of Capital Credits

<b>Discount rate: 5.15%</b>		<b>Capital Credits Earned</b>	<b>Present Value Factor</b>	<b>Discount Amounts</b>	<b>Discounted Pay Out</b>
<b>Maturity: 15 years</b>					
<b>Payment Series</b>	<b>Year earned</b>				
	<b>2002 and Prior</b>	\$240.12	1.0000	\$0.00	\$240.12
<b>1</b>	<b>2003</b>	\$47.18	0.9510	\$2.37	\$44.87
<b>2</b>	<b>2004</b>	\$60.56	0.9044	\$5.94	\$54.77
<b>3</b>	<b>2005</b>	\$61.14	0.8601	\$8.78	\$52.59
<b>4</b>	<b>2006</b>	\$92.55	0.8180	\$17.27	\$75.71
<b>5</b>	<b>2007</b>	\$58.45	0.7780	\$13.30	\$45.47
<b>6</b>	<b>2008</b>	\$114.67	0.7399	\$30.55	\$84.84
<b>7</b>	<b>2009</b>	\$69.48	0.7036	\$21.08	\$48.89
<b>8</b>	<b>2010</b>	\$82.55	0.6692	\$27.94	\$55.24
<b>9</b>	<b>2011</b>	\$79.18	0.6364	\$29.43	\$50.39
<b>10</b>	<b>2012</b>	\$79.05	0.6052	\$31.89	\$47.84
<b>11</b>	<b>2013</b>	\$80.31	0.5756	\$34.81	\$46.22
<b>12</b>	<b>2014</b>	\$62.60	0.5474	\$28.92	\$34.27
<b>13</b>	<b>2015</b>	\$82.04	0.5206	\$40.12	\$42.71
<b>14</b>	<b>2016</b>	\$90.12	0.4951	\$46.39	\$44.62
<b>15</b>	<b>2017</b>	\$0.00	0.4708	\$0.00	\$0.00
Non discounted amounts		\$100.00		\$0.00	\$100.00
Voided previous capital credit check		\$0.00		\$0.00	\$0.00
		\$1,400.00		\$338.78	\$1,068.54
		<b>Total Amount of Discount</b>			<b>\$331.46</b>