

MAILING  
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7040 Old US Hwy 52 • Lexington, NC 27295  
[www.davidsonwater.com](http://www.davidsonwater.com)



OFFICE 336.731.5500  
WATER PLANT 336.731.5585

**DavidsonWater**  
INCORPORATED

**APPLICATION FOR CAPITAL CREDITS**

INFORMATION FOR THE ESTATE OF: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_ DECEDENT'S SSN (last four digits): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ DATE OF DEATH: \_\_\_\_\_

**CHECK APPROPRIATE PARAGRAPH BELOW:**

(Choose One Option Below)

I/We hereby elect to receive a lump sum payment of capital credits calculated by discounting to present value the amount of capital credits allocated to the Estate. Such discounting to present value shall be calculated by the Board of Directors as existed as of the decedent's date of transfer.

I/We elect to continue receiving capital credit payments to the deceased member/account holder in accordance with the general retirement of capital credits by Davidson Water, Inc. as declared from time to time by the Davidson Water, Inc. Board of Directors, recognizing that the current policy of Board of Directors calls for a 30-year cycle of retirement of capital credits and that such policy may change from time to time as determined by the Board of Directors.

Please provide the following documents for capital credits to be paid to the estate:

1. Capital credit application for deceased member.
2. Copy of deceased member's death certificate.
3. Copy of documentation from the clerk of court such as: letters of testamentary, letters of administration, authorization of payment of money owed, affidavit of collection, etc....

Applicant Print Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

**Please complete the form and return it to: Davidson Water, Inc., PO Box 969; Welcome, NC 27374.  
Attention: Scottie Anderson Capital Credits Specialist.**