



4915 S US Highway 77, P.O. Box 130 • La Grange TX 78945
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cvctx.com

Deceased Member: _____

Membership No.: _____

I am the duly authorized Independent Executrix of the estate of the member noted above. It is my determination and I direct that the unpaid capital credit balance be paid out as follows.

NAME	PERCENTAGE
1. _____	_____ %
2. _____	_____ %
3. _____	_____ %
4. _____	_____ %
5. _____	_____ %
6. _____	_____ %
7. _____	_____ %
8. _____	_____ %

 Executrix Signature

 Date

Witness Signature: _____

Date: _____

Confirmed Identity of Executrix to Picture I.D.: _____