

MEMBERSHIP TRANSFER AUTHORIZATION

Transferor hereby surrenders Membership in the RIVER ACRES WSC by execution of the attached Stock Certificate. Water service rights granted by Membership and other qualification hereby cease contingent upon further qualification of the Transferee in accordance with the policies of RIVER ACRES WSC.

By execution hereof, the undersigned hereby acknowledges that the Membership Transfer complies with the terms of one of the following items (1) through (4), thereby qualifying for transfer of Membership in accordance with the laws of the State of Texas.

- (1) The Membership is transferred by will to a person related to the Transferor with the second degree by consanguinity; or
- (2) The Membership is transferred without compensation to a person related to the Transferor with the second degree of consanguinity; or
- (3) The Membership is transferred without compensation or by sale to the Corporation; or
- (4) The Membership is transferred as a part of the conveyance of real estate from which Membership arose.

Transferee understands that qualification for Membership is not binding on the Corporation and does not qualify Member for continued water service unless the following terms and conditions are met:

- (1) This Membership Transfer Authorization Form is completed by the Transferor and Transferee;
- (2) The Transferee has completed the required Application Packet;
- (3) **All indebtedness due the Corporation has been paid;**
- (4) The Membership Certificate has been surrendered, properly endorsed, by the record Transferor;
- (5) The Transferee demonstrates satisfactory evidence of ownership of the property designated to receive service and from which the Membership originally arose; and
- (6) Any other terms and conditions of the Corporation's Tariff are properly met.

X \_\_\_\_\_  
Signature of Transferor (Seller)

X \_\_\_\_\_  
Signature of Transferee (Buyer)

MEMBERSHIP TRANSFER AUTHORIZATION (CONTD.)

X \_\_\_\_\_  
Transferor's Name (Seller)

X \_\_\_\_\_  
Forwarding Address

X \_\_\_\_\_  
City, State, Zip Code

X \_\_\_\_\_  
Phone

Account Number \_\_\_\_\_ Final Reading \_\_\_\_\_ Reading Date \_\_\_\_\_

Balance Owed: \_\_\_\_\_

ACKNOWLEDGMENT

The State of \_\_\_\_\_  
County of \_\_\_\_\_

BEFORE ME, the undersigned, a Notary Public in and for said County and State,  
on this day personally appeared \_\_\_\_\_

known to me to be the person whose names are subscribed to the foregoing instrument, and  
acknowledged to me that they executed the same for the purposes and consideration therein  
expressed.

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS \_\_\_\_\_ Day of  
\_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County, Texas  
Commission expires \_\_\_\_\_