

## APPLICATION FOR REDEMPTION OF CAPITAL CREDITS - ESTATE

TO: TRI-COUNTY COMMUNICATIONS COOPERATIVE, INC. P.O. BOX 578, Strum WI 54770

RE: Estate \_\_\_\_\_, Deceased.

The undersigned as the legal representative of the above estate hereby makes application to the above Cooperative and represents that:

- 1) The above decedent, who was a member of this Cooperative, residing at \_\_\_\_\_, Wisconsin, died on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.
- 2) Applicant is the duly acting and qualified representative of decedent's estate by virtue of Domiciliary Letters issued by the County Court of \_\_\_\_\_ County, Wisconsin, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, Case No. \_\_\_\_\_ and that applicant's authority as such representative is still in full force and effect.
- 3) At the time of the death of said decedent, he/she had credited to him/her on the books of the Cooperative, capital credits representing an ownership interest in the patronage capital of the Cooperative, in the amount of approximately \$\_\_\_\_\_.

WHEREFORE, applicant requests that the Cooperative pay to the undersigned, as the legal representative of the decedent's estate, all capital credits to said decedent on the books of the Cooperative in full discharge and redemption of all ownership interest of said decedent in said Cooperative, and upon payment of the above amount, the undersigned agrees to indemnify and save harmless, the said Cooperative from any and all claims against the said Cooperative for payment of said capital credits.

Dated: \_\_\_\_\_

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

Social Security # \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

This application must be accompanied with a recent Certified Copy of the Domiciliary Letters. If check is to be made payable to the Estate, please note this and provide the Estate EIN number.

