

APPLICATION FOR REDEMPTION OF CAPITAL CREDITS

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

RE: Capital Credits of _____ Deceased.

State of Wisconsin, County of _____, being first duly sworn on oath, deposes and says:

1. That the above named decedent who was a member of the above named Cooperative and who resided at _____, County of _____, State of Wisconsin, died at _____, County of _____, State of _____ on the _____ day of _____, 20_____.
2. That the decedent left no estate requiring probate or administration or that said estate has been probated and closed.
3. All funeral and burial expenses, expenses of last illness and taxes for said decedent have been paid and there are no know claims of creditors of the decedent, or tax claims, giving rise to any necessity of administration of his/her estate and no estate proceedings are contemplated.
4. Said decedent left surviving him/her as his/her sole heirs at law, or beneficiaries named in his/her Will only the following who are the sole persons interested in said matter:
(Attach sheet if necessary for additional names.)

Name	Relationship to Decedent	Address	Social Security Number
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5. The Applicant below warrants that he/she is the legal beneficiary or heir entitled to receive said benefits or all of the persons interested in said matter have assigned their interests in the aforementioned capital credits to the undersigned and have consented that said capital credits be paid to the undersigned in full redemption and discharge of any ownership interest of the decedent in the patronage capital of the Cooperative.
6. The undersigned affiant agrees to indemnify and save the Cooperative harmless from any claim or liability it may incur by reason of the redemption and payment of said capital credits to the undersigned. The undersigned agrees to pay the cost incurred by the Cooperative in defending any claim from any person pertaining to the payments of patronage capital paid pursuant to this Application.

Signature

Phone Number

Social Security Number

Address

Subscribed and sworn to before me this _____ day of _____,
_____, Notary Public, _____ County, Wisconsin

My Commission Expires:

