MID-RIVERS TELEPHONE COOPERATIVE, INC. APPLICATION AND AFFIDAVIT FOR RETIREMENT OF CAPITAL CREDITS

STA	ATE OF)						
Со	: ss. unty of)						
	, the Applicant/Affiant, and the undersigned, duly sworn upon the dersigned's oath, deposes and states as follows:						
uii	acisigned 3 datil, deposes and states as follows.						
1.	Name of Applicant/Affiant						
2.	Address of Applicant/Affiant						
3.	Phone Number of Applicant/Affiant						
4.	Name of Deceased Patron (please include Death Certificate)						
5.	Member Number of Deceased Patron						
6.	Date of Death of Deceased Patron						
7.	Has Deceased Patron's estate been probated, or is it being probated? (Yes)(No)						
	a. If answered Yes, Tax ID of Estate						
	b. If answered Yes, submit with this application a certified copy of letters of appointment of						
	personal representative or decree of distributions and omit items 8, 9, 10, 11, 12, 13 and 14.						
8.	The total value of the entire Deceased Patron's estate does not exceed \$50,000.00.						
9.	9. 30 days have elapsed since the death of Deceased Patron.						
10	. No application or petition for the appointment of a personal representative is pending or has been						
	granted in any jurisdiction.						
11.	. Applicant/Affiant claims and asserts that						
	(claiming successor(s)) is or are entitled to payment or delivery of the Deceased Patron's Capital						
	Credits. (If the claiming successor(s) entitled to payment is/are different from Applicant/Affiant, then						
	that person or persons may be required to complete and sign a separate APPLICATION AND AFFIDAVIT						
	FOR RETIREMENT OF CAPITAL CREDITS and submit it to Mid-Rivers Telephone Cooperative, Inc.)						
12	. If the Deceased Patron's estate was not and will not be probated, list following information as to heirs:						
	a. Surviving Spouse, and address:						
							
	Surviving Spouse Social Security Number:						

addresses:				
Name	Age	Birthdate	Social Security Number	Address
Fath	er of Decea	sed Patron, <u>if</u> sed Patron So	living, and add — cial Security N	wing: dress: umber:
			_	Number:
				EMENT OPTION priate selection below
thereof, and agre the difference be	es to contrib etween the ted, and (2	oute the follow discounted and the Application (2) the Application (3)	wing amounts mount reques ant/Affiant's	of capital credits at a discount, as full payment to the permanent capital of the Cooperative: (1) ted hereunder and the face amount of capital entire right, title, and interest in and to any
of capital credits	iant is request for the yall of the (ear(s) Cooperative t	The <i>i</i> the difference	payment, at a discount, until after the allocation Applicant/Affiant agrees to contribute to the between the discounted amount requested plated.
of the full face a	mount of o	capital credits	allocated at	of capital credits and hereby will obtain payment such time and in such manner as is generally tal credits is based on the financial condition of

the cooperative and the decision of the Board or Trustees.

APPLICANT/AFFIANT, IN CONSIDERATION OF PAYMENT AS REQUESTED, HEREBY AGREES TO INDEMNIFY AND HOLD HARMLESS MID-RIVERS TELEPHONE COOPERATIVE, INC., FROM ANY AND ALL DAMAGES, INCLUDING COST AND ATTORNEY'S FEES, WHICH MAY ARISE OUT OF, OR BE INCURRED INCIDENT TO, MAKING OF SUCH PAYMENT.

Dated this	day of	, 20			
		Applicant/A	ffiant		
			ne:		
		:ss			
COONTT OI_		/			
Signe	ed or acknowledged k	pefore me this	day of the Applicant/Affiant nan	, 20 ned herein.	by
			Printed Name: Notary Public for Stat		
(SEAI	_)		Residing at My Commission Expir		