



13. If no surviving spouse, list all natural and adopted children, their age and birthdate if minors, and addresses:

Name	Age	Birthdate	Social Security Number	Address
				_____
				_____
				_____
				_____

14. If no surviving spouse or children, complete the following:

- a. Father of Deceased Patron, if living, and address: \_\_\_\_\_  
 \_\_\_\_\_  
 Father of Deceased Patron Social Security Number: \_\_\_\_\_
- b. Mother of Deceased Patron, if living, and address: \_\_\_\_\_  
 \_\_\_\_\_  
 Mother of Deceased Patron Social Security Number: \_\_\_\_\_

**CAPITAL CREDIT RETIREMENT OPTION**

Please place an (X) in one appropriate selection below

**Option 1:** \_\_\_\_\_

The Applicant/Affiant is requesting advance payment of capital credits at a discount, as full payment thereof, and agrees to contribute the following amounts to the permanent capital of the Cooperative: (1) the difference between the discounted amount requested hereunder and the face amount of capital credits accumulated, and (2) the Applicant/Affiant’s entire right, title, and interest in and to any unallocated capital credits as of the date of payment.

**Option 2:** \_\_\_\_\_

The Applicant/Affiant is requesting a delay in advanced payment, at a discount, until after the allocation of capital credits for the year(s) \_\_\_\_\_. The Applicant/Affiant agrees to contribute to the permanent capital of the Cooperative the difference between the discounted amount requested hereunder and the face amount of capital credits accumulated.

**Option 3:** \_\_\_\_\_

The Applicant/Affiant is not requesting advance payment of capital credits and hereby will obtain payment of the full face amount of capital credits allocated at such time and in such manner as is generally applicable to the membership at large. Payment of capital 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/Affiant  
Printed Name: \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
:SS  
COUNTY OF \_\_\_\_\_ )

Signed or acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, the Applicant/Affiant named herein.

(SEAL)

\_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Notary Public for State of \_\_\_\_\_  
Residing at \_\_\_\_\_  
My Commission Expires \_\_\_\_\_