

McCone Electric Co-op., Inc.

Application for Retirement of Patron's Capital and Indemnity Agreement

1. Name of applicant _____
2. ID number or social security number of applicant _____
3. ID number of estate _____
4. Address of applicant _____
5. Name of deceased patron _____
6. Residence at date of death _____
7. Date of death of deceased person _____
8. Name of surviving wife or husband _____
9. Address of surviving wife or husband _____
10. Is surviving wife or husband still living at premises where deceased patron's capital was acquired?
(Yes)_____ (No)_____
11. Has decedent's estate been probated, or is it being probated? _____

If answered "yes", submit, with this application, a certified copy of letters of appointment of personal representative or decree of distribution and omit items 12 and 13.

12. If decedent's estate was not and will not be probated, list following information as to heirs:

Surviving wife or husband, and address _____

All natural or adopted children, their ages if minors, and their addresses:

| Name | Age | Address |
|-------|-------|---------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

13. No surviving husband, wife or children, complete the following:

Father of deceased, if living, and address _____

Mother of deceased, if living, and address _____

McCone Electric will issue a 1099 to the recipient of a deceased patron's capital credits in excess of \$600.00 upon advice of the co-op's accountant. The recipient of the capital credits should discuss the income tax reporting requirements with his or her own accountant or tax advisor.

Applicant, in consideration of payment as requested, hereby agrees to indemnify and hold harmless the McCone Electric Co-op., Inc., from any and all damages, including costs and attorney's fees which may arise out of, or be incurred incident to, making of such payment.

Dated this _____ day of _____, 20 ____.

X _____

STATE OF MONTANA

} ss.

County of _____

_____, upon oath being duly sworn, deposes and says:

That he is the person who executed the foregoing instrument, and that the answers set forth therein are true and correct to the best of his/her knowledge, information, and belief.

X _____

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public for the State of Montana

Residing at _____

My commission expires _____