

MCCONE ELECTRIC CO-OP, INC.

APPLICATION FOR RETIREMENT OF PATRON'S CAPITAL AND INDEMNITY AGREEMENT

- 1. APPLICANT'S NAME
2. APPLICANT'S ID NUMBER OR SOCIAL SECURITY NUMBER
3. APPLICANT'S ADDRESS
4. NAME OF DECEASED PATRON
5. RESIDENCE AT DATE OF DEATH
6. DATE OF BIRTH OF DECEASED PERSON
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?
11. HAS DECEDENT'S ESTATE BEEN PROBATED, OR IS BEING PROBATED?

IF YOU ANSWERED "YES", PLEASE ATTACH A CERTIFIED COPY OF LETTERS OF APPOINTMENT OF PERSONAL REPRESENTATIVE OR DECREE DISTRIBUTION.

- A. STATE AND COUNTY PROBATED:
B. COURT CASE NUMBER:
C. PERSONAL REPRESENTATIVE NAME AND ADDRESS:
D. ESTATE EIN:

- 12. IS THE DECEDENT'S ESTATE VALUED UNDER \$100,000, LESS LIENS AND CLAIMS?
13. DO YOU CLAIM THAT YOU, AS THE DECEDENT'S SUCCESSOR, ARE ENTITLED TO THE DELIVERY OF ALL TANGIBLE PERSONAL PROPERTY BELONGING TO THE DECEDENT, AND TO THE DELIVERY OF ALL INSTRUMENTS EVIDENCING A DEBT, STOCK, OR CHOSE IN ACTION BELONGING TO THE DECEDENT?

IF NOT, WHOM DO YOU CLAIM IS ENTITLED TO THE DECEASED PATRON'S CAPITAL CREDITS? (PLEASE PROVIDE NAME AND ADDRESS)

- 14. PURSUANT TO SECTION 72-3-1102, MONTANA CODE ANNOTATED, ANY PERSON OR ENTITY PAYING, DELIVERING, TRANSFERRING, OR ISSUING PERSONAL PROPERTY OR THE EVIDENCE THEREOF PURSUANT TO AFFIDAVIT IS DISCHARGED AND RELEASED TO THE SAME EXTENT AS IF HE/SHE OR IT HAD DEALT WITH THE DECEDENT'S PERSONAL REPRESENTATIVE.

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 Applicant

STATE OF MONTANA }
County of \_\_\_\_\_ } ss.

\_\_\_\_\_, upon oath being duly sworn, deposes and says: That he/she 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 Applicant

Subscribed and sworn to before me this \_\_\_ day of \_\_\_, 20\_\_.

Notary Public for the State of Montana (Print and Sign)