



PO Box 1047
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Sidney, MT 59270
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APPLICATION FOR RETIREMENT OF CAPITAL CREDITS OF DECEASED PATRON
PROBATE COMPLETED OR IN PROGRESS *FORM 1*

The undersigned hereby applies for retirement of capital credits in Lower Yellowstone REA as the legal representative of the deceased patron named below:

1. Name of deceased patron: _____
2. Residence at date of death: _____
3. Date of Death: _____
4. Name and Address of Personal Representative of deceased's Estate: _____

5. Name and Address of Attorney handling probate of deceased's Estate:

IF ESTATE IS IN PROGRESS, ATTACH A COPY OF THE RECORDED LETTERS APPOINTING THE PERSONAL REPRESENTATIVE.

Or

IF ESTATE IS COMPLETED, ATTACH A RECORDED COPY OF THE INSTRUMENT OF DISTRIBUTION.

6. Has the will or probate of the deceased patron been contested, or is such contest contemplated? _____
7. Please state the applicant's correct name, social security number, mailing address, and telephone number:
Applicant's Name: _____
Social Security #: _____
Address: _____
Phone #: _____

APPLICANT'S SIGNATURE

In signing this application, I agree for myself, my personal representatives, my heirs and assigns, that I will pay to the proper heirs of the descendant their proportionate share of any capital retirement that may be paid to me as the applicant herein, and, for myself, my personal representative, administrators and assigns, I agree to reimburse Lower Yellowstone Rural Electric Association, of Sidney, Montana, its successors or assigns, for any expense or claim which it may be required to incur or pay by reason of having retired said capital credits to the undersigned applicant, or to the heirs-at-law of the deceased patron as set forth herein, without such payment having been made pursuant to the provisions of an instrument of distribution entered in a court of competent jurisdiction, or to a duly qualified and acting personal representative of the estate of the decedent.

(This form should be signed only by the Personal Representative if the estate is still active. If the estate has been closed, then this form should be executed by one of the devisees or heirs-at-law entitled to inherit the capital credits and then payment will be made to all persons entitled to receive capital credits.)

DATED this _____ day of _____, 20_____.

Applicant

STATE OF MONTANA)
) ss.
COUNTY OF _____)

On this _____ day of _____, 20 _____, before me, the undersigned, a Notary Public for the State of Montana, personally appeared _____, known to me to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same.

(Notarial Seal) _____
Notary Public for the State of Montana
Residing at: _____
My Commission expires: _____

ATTORNEY'S APPROVAL

APPROVED this _____ day of _____, 20 _____,

for payment to: _____

