

Capital Credit Estate Retirement Request

Dear Directors:

I request retirement and payment of Capital Credits, credited to the membership listed below. Upon receipt of your check in payment of these Capital Credits, I assume total responsibility for proper distribution to any heirs or legatees of the decedent named below and agree to indemnify the Cooperative and save it harmless from any liability for having made payment as per my request.

Name of deceased member:

(Print last name, first name)

List all other names used by the deceased member:

Capital Credit/Membership number:

Date of death:

I am the (Administrator, Heir, Executor) of the estate.

(circle only one of the above)

Signature:

Please print all information below.

Applicant Name and Mailing address:

Phone Number: _____

OR

If other than applicant, name and address of person to whom the check should be made payable:

Other Payable Name and Mailing address:

Phone Number: _____

State of _____)

County of _____)

This instrument was acknowledged before me on _____ (date)
by _____ (name[s] of person[s])

(Seal or Stamp)

(Notary's Signature)
Notary Public - State of _____

My commission expires: _____