



APPLICATION FOR RETIREMENT OF CAPITAL CREDITS OF DECEASED PATRON
DECEASED LEAVES WILL OR DIES INTESTATE, BUT NO PROBATE IS CONTEMPLATED

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. Address of patron at date of death:

(Include city and state)

3. Date of Death: _____

4. **Please attach to this application a copy of decedent's Will.**

If decedent died intestate (without a will) please check here: _____

5. With or without will, please state the reason that no probate is required:

Is value of estate at date of death \$100,000 or less _____ Yes _____ No

6. If decedent's estate was not or will not be probated, and request is being made for payment to applicant or heirs without probate proceedings having been instituted, please complete the following:

A. Have all funeral expenses, expenses of last illness and debts of all kinds, including reimbursement for public welfare assistance, been paid? Yes _____ No _____

If your answer to the preceding question is "No", please list the names and addresses of unpaid creditors and amount due each creditor:

B. Are there any unpaid inheritance taxes, state or federal income taxes, or estate taxes which could constitute a lien against the capital credits of the decedent? Yes _____ No _____

If your answer to the preceding question is "Yes", please explain full any such taxes:

C. Pursuant to Section 72-2-112, M.C.A., please provide the following information:

IF Applicant is surviving spouse, please provide name and address:

7. IF APPLICANT IS, OR THERE IS, A SURVIVING SPOUSE, ANSWER THE FOLLOW:

Does the surviving spouse have Living Children? Yes _____ No _____

If NO, are the parents of the deceased member living? Yes _____ No _____

If YES, is the value of the estate \$300,000 or less Yes _____ No _____

IF "YES" TO LIVING CHILDREN, ANSWER THE FOLLOWING:

Do you have Children from your marriage to the deceased patron? Yes _____ No _____

Do you have Children from a previous marriage? Yes _____ No _____

Does your Spouse have Children from a previous marriage? Yes _____ No _____

Have you adopted all your Spouse's Children from a previous marriage? Yes _____ No _____

Has your Spouse adopted all your Children from a previous marriage? Yes _____ No _____

Is the value of your estate \$150,000.00 or under? ** Yes _____ No _____

****If No (estate is over \$150,000.00) you must list the names and addresses of the Living Children:**

ANSWER ONLY IF NO LIVING CHILDREN:

Do You have Living Grandchildren? Yes _____ No _____

If Yes to Living Grandchildren, are those Grandchildren from your marriage with the deceased patron

Yes ____ No ____

If Yes, is the value of the estate \$150,000.00 or under? Yes _____ No _____

8. IF APPLICANT IS A CHILD OF THE DECEASED PATRON AND THERE IS NO SURVIVING SPOUSE, ANSWER THE FOLLOWING:

Names and addresses of other children of the deceased patron

9. Please state the applicant's correct name, social security number, mailing address, and telephone number:

Applicant: _____

Address: _____

Social Security Number: _____

Telephone Number: _____

APPLICANT'S SIGNATURE

In signing this application, I warrant and represent that the information contained herein is true and accurate and LYREC is entitled to rely on it. I agree for myself, my personal representatives, my heirs and assigns, that I will pay to the proper heirs of the decedent their proportionate share of any capital retirement that may be paid to me as the applicant herein, and, for myself, my personal representatives, administrators and assigns, I agree to indemnify and hold harmless Lower Yellowstone Rural Electric Association, of Sidney, Montana, its successors and assigns, for any expense or claim which it may be required to incur or pay by reason of having paid 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.

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: _____