

**APPLICATION FOR RETIREMENT OF CAPITAL CREDITS
OF DECEASED PATRON – PROOF OF HEIRSHIP**

Big Flat Electric Co-op., Inc.
P.O. Box 229
Malta, MT 59538
(406) 654-2040

The undersigned hereby applies for retirement of capital credits in the Big Flat Electric Co-op., Inc. of Malta, Montana, as the legal representative of the deceased patron herein named.

1. Name of deceased patron (decedent): _____
2. Residence of decedent at date of death: _____
3. Date of decedent's death: _____, 20____.
4. Name, mailing address and telephone number of Personal Representative of decedent's estate:

5. If estate proceedings are pending before a Court with proper jurisdiction, then:
 - (a) Attach a copy of Letters of Appointment issued by the Court.
 - (b) Skip to question 8 below.
6. If estate proceedings are complete, then:
 - (a) Attach a copy of the final Decree of Distribution issued in the estate,
OR a certified copy of Instrument of Distribution showing distribution of estate
assets to the decedent's heirs and devisees.
 - (b) Skip to question 8 below.
7. If the decedent's estate was not or will not be probated, and request is being made for payment to the undersigned applicant or to the decedent's heirs, without probate proceedings having been commenced, then:
 - (a) In signing this Application, the undersigned applicant states and certifies that I am the
of the decedent, that the following named persons are, in fact, all of the heirs-at-law of the
decedent, and that the true and correct names, ages, mailing addresses, relationships to
the decedent, and shares of the decedent's estate are as follows:

Name	Age	Relationship	Address	Share of Estate

(b) In signing this Application, the undersigned applicant agrees for myself, my heirs, personal representatives, successors and assigns, that I will pay to the heirs and devisees of the decedent their proportionate shares of any capital credit retirement which may be paid to me, and will indemnify and hold harmless Big Flat Electric Co-op., Inc., its successors and assigns, from and any all claims, demands, actions, damages and expenses, including attorney's fees and costs, which it may be required to defend, incur or pay by reason of having retired said capital credits to me or to the heirs of the decedent, without such payment having been made pursuant to the provision of a final decree of distribution entered by a Court with proper jurisdiction, or to a duly qualified personal representative of the estate of the decedent.

(c) Complete question 8 below.

8. List the correct mailing address and telephone number of applicant (if different than in question 4 above): _____
_____.

DATED: _____, 20____.

Signature of Applicant
Printed Name: _____

STATE OF _____

County of _____

This document was acknowledged before me on _____, 20____, by

_____.

Notary Public for the State of _____
Printed name _____
Residing at _____
My commission expires _____, 20____

(NOTARIAL SEAL)