



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:

(In	clude city and state)						
Da	Date of Death:						
	ease attach to this application a copy of decedent's decedent died intestate (without a will) please check						
Wi	th or without will, please state the reason that no pro	bate is required:					
	value of estate at date of death \$50,000 or less	Ves	N				
If capp	decedent's estate was not or will not be probated, and blicant or heirs without probate proceedings having blowing: Have all funeral expenses, expenses of last illness a reimbursement for public welfare assistance, been	I request is being madeen instituted, pleason	de for payme complete t				
If capp	decedent's estate was not or will not be probated, and blicant or heirs without probate proceedings having blowing: Have all funeral expenses, expenses of last illness a	I request is being makeen instituted, please and debts of all kinds paid? Yes N	de for paym complete to , including				
If capp	decedent's estate was not or will not be probated, and plicant or heirs without probate proceedings having blowing: Have all funeral expenses, expenses of last illness a reimbursement for public welfare assistance, been If your answer to the preceding question is "No", punpaid creditors and amount due each creditor:	I request is being make the instituted, please and debts of all kinds paid? Yes Nelsease list the names a	de for paym complete the , including o				
If capp follows	decedent's estate was not or will not be probated, and plicant or heirs without probate proceedings having blowing: Have all funeral expenses, expenses of last illness a reimbursement for public welfare assistance, been If your answer to the preceding question is "No", punpaid creditors and amount due each creditor:	I request is being make the instituted, please and debts of all kinds paid? Yes Nelsease list the names a seral income taxes, or	de for payme complete to the c				

	IF Applicant is surviving spouse, please provide name and address:					
IF A	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					
	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:					
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	**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					
8.	**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					

9.	Please state the applicant's correct name, social security number, mailing address, and telephone number:						
	Applicant:						
	Address: _						
	-						
	Social Sec	urity Number:					
	Telephone	Number:					
APPLICANT'S	S SIGNATURI	<u> </u>					
accurate and L' and assigns, that retirement that administrators. Association, of required to incorred to the heirs-apursuant to the	YREC is entitled at I will pay to may be paid to and assigns, I at Sidney, Montair or pay by reat-law of the deprovisions of a	the proper heirs of the proper heirs of the me as the applicant agree to indemnify an ana, its successors an ason of having paid receased patron as set	nee for myself, my ne decedent their herein, and, for m nd hold harmless nd assigns, for any retired said capital forth herein, with ribution entered in	tion contained herein is true and y personal representatives, my heirs proportionate share of any capital nyself, my personal representatives, Lower Yellowstone Rural Electric y expense or claim which it may be I credits to the undersigned applicant, nout such payment having been made in a court of competent jurisdiction, or of the decedent.			
DATE	D this	_day of	, 20	_ .			
		Ā	applicant				
STATE OF MO	ONTANA)					
COUNTY OF		ss.)					
On this Notary Public 1	day of the State of	f Montana, personally	, 20	_, before, me, the undersigned, a			
known to me to me that he/she	be the person	whose name is subse	cribed to the with	in instrument and acknowledged to			
(Notarial Seal)			Notary Public for the State of Montana Residing at: My Commission expires:				