

Affidavit for Deceased Member

| I, t | the Affiant, | | , of lawful age, having | first been duly | sworn on oath, |
|----------|---|---|--|--|---|
| sta | ates and alleges: | OUR NAME | | | |
| Th | at Affiant resides at _ | | ,, | | |
| | | STREET | CITY | STATE | ZIP CODE |
| Te | | | is the legal representative o , deceased. | of the Estate/T | rust of |
| 2. in | That Decedent died | on County, State of | _, and at the time of his/he | er death, the D | ecedent residec |
| | Please check the correct following provision (choose only one). a. The Estate/Trust of said Decedent is currently or has been probated in the Probate Court of | | | | |
| | or the said Decedent probate; all lawful do passed; and all of the this Affiant to collect | t died testate and left ebts of the Decedent he e surviving heirs and b t capital credits due sa | /her Estate/Trust has neve a will or trust and said will have been paid; the time po beneficiaries have authorize hid estate on behalf of and the he information below. | has not nor wi eriod for filing ed, directed, ar | ll be offered for a will has nd empowered |
| | | Name, Age, Rela | tionship, Residential Addre | ess | |
| | | | | | |
| | | | | | |

4. Affiant further states that the above-named Decedent was a member of Rural Telephone Service Co., Inc. dba Nex-Tech "Cooperative" of Lenora, Kansas, during his or her lifetime, and that this Affidavit is made for the sole purpose of receiving from said Cooperative any capital credits credited to the account of said Decedent.

- 5. Affiant has been authorized by all necessary parties to receive payment of capital credits, and Affiant will hold cooperative harmless from any and all liability of any kind, type or nature, whatsoever, associated with said payment by Cooperative. If claims are made against Cooperative by Affiant or other by, through, or on behalf of Decedent for making said payment, Affiant agrees to indemnify Cooperative for all payments, expenses, and costs, including but not limited to, attorney's fees, related to said claims.
- 6. Affiant hereby waives any claim to capital credits that might have occurred during the portion of the year in which the Decedent died.
- 7. Affiant further states that if any unpaid bill still exists on the books of the Cooperative in the name of the Decedent that said amounts shall be deducted from credits due said Decedent.

| of the Decedent that said an | nounts shall be deducted from credits due said Decedent. |
|---|--|
| retirements or I may retire to one of the boxes below: a. □ Present Day Value | otion to leave the capital credits unretired and be eligible for any general he capital credits taking present day value of the account. Please check discount credit account name to: |
| | Affiant Signature: |
| | Affiant Printed Name: |
| | Date: |
| | ACKNOWLEDGEMENT |
| STATE OF |) |
| COUNTY OF |) ss.) |
| Before me, the undersigned, of,, the identical person who exe | a Notary Public within and for said county and state, on this day, appeared, known to me to be ecuted the within and foregoing instrument and acknowledged to me me as his/her free and voluntary act and deed for the uses and purposes |
| IN WITNESS WHEREOF, I hav written. | ve hereunto set my hand and official seal the date and year last about |
| SEAL: | Printed Name: |
| | Signed Name: |
| | My Commission Expires: |