

(320) 762-1121 • (800) 473-1722 • Fax: (320) 763-4149 6839 Power Lane SW, Alexandria, MN 56308 rea@runestoneelectric.com www.runestoneelectric.com

## **Estate Capital Credit Retirement Application (Heirs & Estate)**

| apital                          | Credit Account #  | Name o   | f Decedent:                          |   | (person who died)       |  |
|---------------------------------|---|--|--------------------------------------|---|-------------------------|--|
| the u                           | ndersigned, apply to Runest   | one Electric Associa   | ation (REA) as fol                   | lows:   |                         |  |
| 1.                              | My Contact Information: (Mailing Address)   |  |                                      |   |                         |  |
|                                 |   | (city)   | (State)                              | (Zip);  | (telephone)             |  |
|                                 |   | (email ac  | ddress).                             |   |                         |  |
| 2.                              | Name of Decedent :  |  |                                      |   |                         |  |
|                                 | Date of Death:/_  |  | (Please atta                         | ch Decedent's death certi                     | ficate)                 |  |
| <ul><li>3.</li><li>4.</li></ul> | Affidavit of Collection, or I issued Letters of Testamen                                      | am the appointed F<br>tary or Letters of G                     | Personal Represe<br>eneral Administr | ntative of the Decedent's ation is attached). | estate (copy of my cou  |  |
|                                 | (receiving a  | ut of Capital Credits<br>annual checks)<br>account for a disco |                                      | etermined yearly by the E                     | Board of Directors.     |  |
|                                 | (C) Process estate account for a lump sum (not discounted) because I am the surviving spouse. |  |                                      |   |                         |  |
| 5.                              | Issuance of Check. I request that REA issue the check to: (Indicate Your Choice)              |  |                                      |   |                         |  |
|                                 | (A) check issued to   |  |                                      | _, Heir                                       |                         |  |
|                                 | (Affidavit for Collection on back is required)  |  |                                      |   |                         |  |
|                                 | (B) check issued to   |  |                                      | , Perso                                       | nal Representative of   |  |
|                                 |   |  |                                      | Estat   | <u>e</u>                |  |
|                                 |   | s <b>NOT</b> required, you<br>lministration)                   | <b>MUST</b> submit a                 | court issued Letters of Tes                   | stamentary or Letters o |  |
|                                 | Agreement to Properly Disentitled to receive such Cap<br>Your Risk. I understand the          | oital Credits in the e   | estate of the Dec                    | edent.  |                         |  |
| 7.                              | for the estate of Decedent  | 0.,  |                                      | · ·   | resentative appointed   |  |
|                                 |   |  | (Signature) Date                     | ed://20                                       |                         |  |
|                                 |   |  | (Print Name)                         |   |                         |  |
|                                 |   |  | ,                                    |   |                         |  |



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Affidavit for Collection (under Minn. Sta. § 524.3-1201)

| State o | of County of  |  |  |  |  |  |
|---------|---|--|--|--|--|--|
| Regard  | ding the Estate of, Decedent (person who died)  |  |  |  |  |  |
| l,      | , affirm under penalties of perjury that:   |  |  |  |  |  |
| 1.      | Successor Entitled to Payment. I am Decedent's successor, because I am: (please check one)  |  |  |  |  |  |
|         | { } Surviving Spouse  |  |  |  |  |  |
|         | { } Sole Heir or Personal Representative of Decedent's heirs  |  |  |  |  |  |
|         | { } Other (Specify)   |  |  |  |  |  |
|         | Of Decedent, and I am entitled to payment of the Capital Credits held by REA under Decedent's name.   |  |  |  |  |  |
| 2.      | Value of Probate Estate less than \$75,000. The value of the Decedent's entire probate estate, as of the date of death, wherever located, including the contents of any safe deposit box, less any liens and encumbrances does not exceed \$75,000. (Note: the "probate estate" does not include assets that were in joint ownership, held in trust, had a pay or transfer on death designation, life insurance not payable to the estate, or retirement accounts payable to someone other than the estate or the personal representative.) |  |  |  |  |  |
| 3.      | <b>Thirty Days Since Decedent's Death</b> . Thirty days or more have elapsed since Decedent's death; I have provide REA with Decedent's death certificate.  |  |  |  |  |  |
| 4.      | <b>No Current Probate Proceedings</b> . No application or petition for the appointment of a Personal Representative is pending or has been granted in any jurisdiction.   |  |  |  |  |  |
| I de    | clare under penalty of perjury that everything I have stated in this document is true and correct.  |  |  |  |  |  |
|         | (Signature) Dated:/20   |  |  |  |  |  |
|         | (Print Name)  |  |  |  |  |  |
|         |   |  |  |  |  |  |
| Su      | ubscribed and sworn to before me on: (date) Notary stamp below  |  |  |  |  |  |
| -       | (Notary signature)  |  |  |  |  |  |

Please return completed, notarized form and death certificate to:

Runestone Electric Association, 6839 Power Lane SW, Alexandria, MN 56308