APPLICATION REQUESTING REDEMPTION OF PATRONAGE CAPITAL CLOSED ESTATE (Exhibit C)

ST	ATE OF) SS.
CO	OUNTY OF)
ТО	: CENTRAL WISCONSIN ELECTRIC COOPERATIVE
RE	: Estate of, Deceased.
	e undersigned as the legal representative of the above estate makes application to the above operative and represents that:
	The above-named decedent who was a member of the above-named Cooperative and who resided at, died at, on the day of, 20
2. 3	Said decedent (a) left a will which was duly admitted to probate in the Court of county, , or (b) left no will but an estate which was duly administered in the Court for County, (strike (a) or (b)); and final judgment was entered in said estate on or about the day of, 20
	At the time of his/her death, decedent had credited to him/her on the books of the Cooperative patronage capital representing an ownership interest in the Cooperative.
	Applicant is the duly authorized agent of all heirs and/or legatees of decedent's estate eligible to participate in the distribution of patronage capital of the Cooperative.
1	The undersigned hereby agrees to indemnify and save the Cooperative harmless from any claim or liability (including but not limited to legal fees and expenses) that it may incur by reason of the redemption and payment of said patronage capital in accordance with this application.

**	ts transfer to him/her the rights to receive the decedent the following manner: (Please select "a." or "b.")
on the books of the Coop death to be paid in the Cooperative. The amount	book value of all patronage capital credited to said deceder derative as of December 31 of the year previous to the date of same format as the general refund to all members of the not and time when partial payments are to be made shall be of Directors of the Cooperative.
on the books of the Coop	resent value of the patronage capital credited to said deceder berative as of December 31 of the year previous to the date of the Board of Directors of the Cooperative.
Receipt of payment under (a) or (b) of said decedent, his/her heirs and re	is in full discharge and redemption of all ownership interesepresentatives in said Cooperative.
Applicar	nt Signature:
Applicar	nt Name:
Applicar	nt Address:
SUBSCRIBED AND SWORN TO be	efore me
this day of	, 20
Notary Public	
My commission expires	