

**APPLICATION BY LEGAL REPRESENTATIVE OF ESTATE  
FOR REDEMPTION OF PATRONAGE CAPITAL  
(Exhibit A)**

STATE OF \_\_\_\_\_ )

) SS.

COUNTY OF \_\_\_\_\_ )

TO: CENTRAL WISCONSIN ELECTRIC COOPERATIVE

RE: Estate of \_\_\_\_\_, Deceased.

The undersigned as the legal representative of the above estate makes application to the above Cooperative and represents that:

1. 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. Applicant is the duly acting and qualified representative of decedent's estate as personal representative or trustee of the trust created by decedent's will by virtue of the order (or letters) issued by the county (probate) court of \_\_\_\_\_ County, \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and that applicant's authority as such representative is still in force and effect. Letters of office or trust are attached hereto.
3. 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.
4. The undersigned hereby agrees to indemnify and save the Cooperative harmless from any claim or liability it may incur by reason of the redemption and payment of said patronage capital in accordance with this application.

5. **WHEREFORE**, applicant requests transfer to him/her the rights to receive the decedent's property held by the Cooperative in the following manner: **(Please select "a." or "b.")**

\_\_\_\_\_ a. an amount equal to the book value of all patronage capital credited to said decedent on the books of the Cooperative as of December 31 of the year previous to the date of death to be paid in the same format as the general refund to all members of the Cooperative. The amount and time when partial payments are to be made shall be determined by the Board of Directors of the Cooperative.

\_\_\_\_\_ b. An amount equal to the present value of the patronage capital credited to said decedent on the books of the Cooperative as of December 31 of the year previous to the date of death as determined by the Board of Directors of the Cooperative.

Receipt of payment under (a) or (b) is in full discharge and redemption of all ownership interest of said decedent, his/her heirs and representatives in said Cooperative.

Applicant Signature: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_