AFFIDAVIT REQUESTING REDEMPTION OF PATRONAGE CAPITAL OF DECEASED MEMBER WHERE NO ESTATE IS BEING PROBATED (Exhibit B)

| Sī | TATE OF) | | |
|----|---|--|--|
| C | OUNTY OF) SS. | | |
| TO | D: CENTRAL WISCONSIN ELECTRIC COOPERATIVE | | |
| RI | E: Estate of, Deceased | | |
| | , being first duly sworn and upon oath states 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. | Affiant is (check applicable status): an heir of the decedent being a of the decedent. the trustee of a revocable trust created by the decedent. person named in the decedent's will to act as personal representative. guardian of the decedent at the time of decedent's death. | | |
| 3. | The total gross value of the decedent's property subject to administration in Wisconsin at the time of the decedent's death did not exceed \$50,000. | | |
| 4. | . For information purposes pursuant to Wis. Statute Section 867.03(1g)(b), the total estimate value of all property in Wisconsin in which the decedent had any interest was \$ | | |
| 5. | 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. | | |
| 6. | By accepting cash payment(s) under either option below, the undersigned assumes a duty under Wis. Stat. § 867.03(2g) to apply the cash proceeds to the decedent's obligations and to distribute any balance to eligible beneficiaries. 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. | | |

7. Government Services – requirement to notify State of Wisconsin: I understand that Wisconsin Statutes require that if the Decedent or Decedent's spouse(s) ever received the following services, then I must notify the Estate Recovery Program for the State of Wisconsin prior to transferring the Decedent's property. I hereby certify that the Decedent and/or the Decedent's spouse (whether currently alive or deceased) received the following services:

| Service | Decedent Received | Decedent's Spouse Received | l Don't Know |
|--|----------------------|----------------------------------|-----------------|
| Medical Assistance/Medicaid | | | |
| Family Care and/or Partnership benefits (through Managed Care Organization | | | |
| Community Options Program benefits | | | |
| Wisconsin Chronic Disease Program | | | |
| Patient or inmate of a State of Wisconsin or Wisconsin County hospital or institutions or responsible for any person owing an obligation to the State of Wisconsin or County in the State of Wisconsin | | | |

| 8. | hereby confirm that I provided a copy of this Affidavit to the Department of Health Services Estate Recovery Program and have attached the required proof of certified mail delivery showing the delivery date Check here if applicable. |
|----|---|
| 9. | In accordance with Section 867.03 of the Wisconsin Statutes, 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 |

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

the date of death as determined by Board of Directors of the Cooperative.

decedent on the books of the Cooperative as of December 31 of the year previous to

| All statements herein are and belief. | true of affiant's own | knowledge or based upon affiant's information | | | | |
|---------------------------------------|-----------------------|---|--|--|--|--|
| | Applicant Signature: | | | | | |
| | Applicant Name: | | | | | |
| | Applicant Address: | | | | | |
| | | | | | | |
| SUBSCRIBED AND SWO | ORN TO before me | | | | | |
| this day of, 20 | | | | | | |
| Notary Public | | | | | | |
| My commission expires | | | | | | |