

APPLICATION TO THE BOARD OF DIRECTORS OF HALSTAD TELEPHONE COMPANY FOR RETIREMENT & PAYMENT OF COOPERATIVE CAPITAL CREDITS FOR ESTATE SETTLEMENT	ESTATE FORM
	DATE: _____

Mailing Address: Halstad Telephone Company, PO Box 55, Halstad, MN 56548 Phone: 218-456-2125

SECTION NO. 1	COMPLETE ALL APPLICABLE ITEMS (PLEASE PRINT CLEARLY)
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Deceased Patron: _____ Date of Death: _____

Telephone Number(s): _____

Membership Number(s): _____

(A) Accumulated capital credits as of December 31, 20 _____ \$ _____

(B) Additional capital credits, if any, for year ended December 31, 20 _____ \$ _____

(C) Additional capital credits, if any, for year ended December 31, 20 _____ \$ _____

(D) Less uncollectible accounts _____ \$ _____

(E) Total Capital Credits requested for retirement and payment _____ \$ _____

Note: Item (A) represents amount of capital credits allocated to the deceased patron's capital credits account as of the date on which this application form was provided to the estate representative.

SECTION NO. 2	ESTATE SETTLEMENT OPTIONS (IMPORTANT - PLEASE READ CAREFULLY)
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Option 1: The applicant certified as the legal representative of the deceased patron's estate (in either Section No. 3 or Section No. 4) hereby requests the board of directors of Halstad Telephone Company (hereinafter referred to as "Cooperative") to consider for approval this application for the retirement and payment of capital credits which have been allocated to the capital credits account of the deceased patron identified in Section No. 1, as of the date on which such approval and authorization for retirement and payment is granted by the board of directors. In making this request, the applicant hereby acknowledges that he or she has carefully read all provisions of this application form and has effectively communicated such provisions to any and all heirs of the estate and does hereby file this application on behalf of the estate and said heir(s) with the express authorization to the Cooperative in consideration for the Option 1 settlement of the estate that the rights to any capital credits not allocated to the account of the deceased as of the date on which this application is approved and authorized for retirement and payment by the board of directors are forfeited and that this application expressly authorizes the allocation of any such forfeited capital credits, in a manner determined by the board of directors.

MARK "X" IN ONE APPROPRIATE BOX BELOW, REPRESENTING THE OPTION SELECTED BY THE APPLICANT

<input type="checkbox"/>	Option 1:	The applicant accepts the provisions described in this section, with the understanding that, if approved, payment will be made within sixty days after such approval.
<input type="checkbox"/>	Option II:	The applicant hereby requests that the retirement and payment of capital credits be deferred until capital credits have been allocated to the account of the deceased patron.

SECTION NO. 3	COMPLETE ONLY IF ESTATE IS PROBATED
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I, (print full name) _____, hereby certify that I have been appointed as the personal representative of the estate of the deceased patron identified in Section No. 1, as indicated in the **ENCLOSED CERTIFIED COPY* OF MY "LETTERS OF ADMINISTRATION" OR "LETTERS OF TESTAMENTARY"**. Accordingly, I hereby make application for the retirement and payment of capital credits for the settlement of said estate, less any uncollectible accounts, in accordance with the option selected in Section No. 2 of this application form. **I further certify that none of the deceased patron's accounts listed in Section No. 1 are corporations, cooperative associations, business partnerships or business associations.**

* IMPORTANT: Representative must enclose a certified copy when returning this form for a probated estate.

Signature of Representative (do not print) _____ Date: _____

Address: _____ Tele. No. _____

SECTION NO. 4	COMPLETE ONLY IF ESTATE IS NOT PROBATED AND PROBATE ASSETS DO NOT EXCEED \$50,000
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I, (print full name) _____, hereby certify that I have been designated by the heir(s) of the estate of the deceased patron identified in Section No. 1 to legally represent said heir(s) for the settlement of said estate and accordingly, said heir(s) shall indemnify the Cooperatives against all liability, losses and damages resulting from the retirement, payment or allocation of any capital credits of the deceased patron. I hereby certify that the entire probate estate, wherever located, less liens and encumbrances does not exceed \$50,000; that thirty days have elapsed since the death of the patron; that no application or petition for the appointment of a personal representative is pending or has granted in any jurisdiction; and that I am entitled to payment as requested herein. Accordingly, I hereby make application for the retirement and payment of capital credits for the settlement of said estate, less any uncollectible account, in accordance with the option selected in Section No. 2 of this application form. **I further certify that none of the deceased patron's accounts listed in Section No. 1 are corporations, cooperative associations, business partnerships or business associations.**

Signature of Representative (do not print) _____ Date: _____

Subscribed and sworn to before me a **Notary Public**, this _____ day of _____ 20 _____

Signature of Notary Public: _____

ACCOUNTING INFORMATION

Date of Approval _____ By _____ Check No. _____ Date _____