

AFFIDAVIT OF HEIRSHIP

Deceased Member _____

Membership Number _____

Claimant _____

Name

Relationship

Address

I, _____, of lawful age, being first duly sworn upon his/her oath, depose and says:

The Undersigned acknowledges that as of _____ there is a balance of \$ _____ credited to the capital account of the above named deceased member.

The Undersigned hereby requests that the capital credited to the account of the above named deceased member be retired by the Cooperative immediately on a discounted basis, rather than in accordance with the Cooperative’s policy of general retirement of capital credits in the effect at this time.

The Undersigned hereby agrees to accept \$ _____ in full and complete satisfaction of any and all obligations which the Cooperative has under the by-laws of the Cooperative’s pertaining to the capital account of the above named deceased member. Any current year allocation of margins will not be allocated to the deceased but instead be allocated to the capital account of the cooperative.

The Undersigned hereby agrees that the remainder of the capital account of the above named deceased member not being distributed herein is either discounted for accelerated retirement and/or donated and contributed to the Cooperative’s Capital Account and the undersigned hereby releases any and all claims which he or she may now or in the future have with respect to this amount.

The Undersigned releases the Cooperative from any and all liability which may now exist or hereinafter arise involving the capital account of the above named deceased member and agrees to indemnify the Cooperative’s against any liability, claim or loss incurred as a result of the Cooperative’s immediate retirement of this capital account.

The Undersigned states that the decedent was survived by the following named persons who are the sole heirs:

NAME AND RELATIONSHIP TO DECEDENT

ADDRESS

1. _____
2. _____
3. _____
4. _____
5. _____

This “Affidavit of Heirship” signed on this _____ day of _____.

Affiant

VERIFICATION OF INFORMATION

STATE OF MISSOURI)
)ss:
COUNTY OF _____)

Affiant further states, under oath, that to his/her knowledge, the decedent had no spouse or children or adopted children or issue of deceased children, natural or adopted, or other relatives who survived the decedent, and would have a legal claim to a share of the estate, other than the persons above named.

Affiant further states that there are no pending lawsuits or claims, to the knowledge of the affiant, that affect the accrued capital credits, which are being sought by the making of this "Affidavit of Heirship."

Affiant

Subscribed and sworn to before me this _____ day of _____.

Notary Public

(SEAL)

My Commission Expires:
