BUCKEYE RURAL ELECTRIC COOPERATIVE, INC.
PO BOX 200
RIO GRANDE, OH 45674-0200

PHONE: (740) 379-2025

FULL PAYMENT

MEMBER #	**BREC**	**G & T**
_____	_____	_____
_____	_____	_____
_____	_____	_____

STATE OF OHIO, COUNTY OF _____, SS:_____

We, the undersigned, one of whom has been first duly sworn, hereby depose and say that we are the heirs at law, or beneficiaries under the will of _____who died at_____ _____, on or about the _____day of _____,_____; that there has been no administration of the estate of said decedent, or, if there was an administration that the same has been completed and the estate closed; and that there is now no legal representative of said estate.

We further state that the estate of said decedent is the owner of Capital Credits, which are in the aggregate sum of $ _____ which were credited by Buckeye Rural Electric Cooperative, Inc. to said decedent; and which we request said Cooperative to redeem in accordance with its regulations authorizing the retirement of capital credited to a deceased patron, without the appointment at this time of a fiduciary for said estate.

We further state that all the debts of said estate have been paid, or, if not paid, that there are funds available for the payment thereof; and further that there are no inheritance or other taxes or claims that are now a lien on said credits.

We further state that we have agreed upon _____as our agent, to receive the redemption value of said credits, and to distribute the same among us, or otherwise dispose of the same, in such manner as been agreed upon among us. Phone # _____

We further agree, in consideration of the payment by said Cooperative of the redemption value of said credits to our agent, without the appointment at this time of a fiduciary for said estate, to accept said amount in full and final settlement and to save harmless the Cooperative from any loss or expense which it might incur by reason thereof.

IN WITNESS WHEREOF, we have hereunto set our hands on the dates set opposite our respective names.

Name	Address	Date
Name	Address	Date
Name	Address	Date
Name	Address	Date
Name	Address	Date
Name	Address	Date

Sworn to before me *(the Notary)* by _____ *(the agent on this application)* whose signature is set forth above, this _____day of _____, 20_____.

_____
Notary Public
My Commission expires: _____

Date of Board Approval:_____

Refunded by Check # _____
Date: _____

Please sign, have notarized, furnish copy of death certificate(s) and return to Buckeye Rural Electric Co-op