



**JACKSON ELECTRIC  
COOPERATIVE**



**Election to Retire or Assign Capital  
Credits of Deceased Member:  
Application by Heir**

Your Touchstone Energy® Cooperative 

N6868 County Road F • Black River Falls, WI 54615 • 715.284.5385 • 800.370.4607 • Fax 715.284.7143

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MEMBER NUMBER \_\_\_\_\_

**RE: ESTATE OF** \_\_\_\_\_ (please print), **DECEASED**

The undersigned \_\_\_\_\_, being first duly sworn under oath, deposes and states that:

1. The above-named decedent was a member of Jackson Electric Cooperative (“Cooperative”), taking electric service at \_\_\_\_\_, in the Town of \_\_\_\_\_, County of \_\_\_\_\_, whose date of death was \_\_\_\_\_, 20\_\_\_\_. **A certified copy of the death certificate is attached.**
  
2. The undersigned is an heir of the decedent, being the (*check and complete as applicable*):  
 spouse  child  grandchild  sibling  parent  other relation ( \_\_\_\_\_ )  
of the decedent.
  
3. (*Check one and complete as applicable*):  
 The Estate of the Deceased was probated and closed without any disposition of the decedent’s capital credit account, and the Personal Representative was discharged by order dated \_\_\_\_\_, 20 \_\_\_\_\_.  
 The total value of the decedent’s solely owned property at the time of death did not exceed \$50,000, and is not subject to probate proceedings. *If checked, also answer the following:*  
 (*Check if applicable*) The decedent or the decedent’s spouse received medical assistance under subch. IV of ch. 49, long-term community support services funded under s.46.27(7) or aid under s.49.68, 49.683 or 49.685, Wis. Stats. Attached is proof of certified mail delivery of the notice required under s.867.03(1m)(a), Wis. Stats., showing a delivery date not less than 10 days before the date of this application.
  
4. 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, having a face value of \$ \_\_\_\_\_.
  
5. The undersigned requests that the Board of Directors approve the following request (check applicable):

- ASSIGNMENT** *(An assignee must be a successor in interest or occupancy to all or part of the decedent's premises served by the Cooperative.)*

Transfer and assignment of the property of the decedent held by the Cooperative to be held on the books of the Cooperative in the name(s) of the below designated heir(s), in an amount equal to the face value of patronage capital credited to the decedent as of the date of death. If more than one eligible assignee is listed, the assignment shall be in equal fractional shares, unless otherwise specified. Refunds of patronage capital credits shall be made in the manner, method, timing, and amount approved by the Board of Directors in accordance with Cooperative Policy 210, as may be amended from time to time.

***The information provided below will be updated on the member record.***

Full Name:		
Address:		
Social Security Number:		Date of Birth:
Phone Number:	Cell Number:	Work Number:
Email Address:		
Relationship to Decedent:		
Full Name:		
Address:		
Social Security Number:		Date of Birth:
Phone Number:	Cell Number:	Work Number:
Email Address:		
Relationship to Decedent:		

- **EARLY RETIREMENT** *(By accepting a cash payment under this option, 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.)*

Payment to the undersigned, an heir of the decedent, at the discounted present value of the amount of patronage capital credited to the decedent on the books of the Cooperative as the date of death, at a discount rate as determined by the Board of Directors in accordance with Cooperative Policy 210, as may be amended from time to time. The undersigned hereby assigns to the Cooperative the difference between the face value of the decedent's capital credit account and the amount of any cash payment made in accordance with this application.

Name check should be written out to:	
Mailing address check should be sent to:	
Phone Number:	Email Address:
Any additional comments:	

6. The undersigned acknowledges that any assignment or payment authorized hereunder shall be net of amounts due to the Cooperative on the account of the decedent. Payment as provided herein is a complete assignment of all ownership interest of the decedent in the Cooperative.
7. **The undersigned hereby agrees to release, indemnify and save the Cooperative harmless from and against any claim or liability of any kind or nature, including attorneys' fees, incurred by reason of the redemption and payment of patronage capital in accordance with this application.**

All statements herein are to the best of affiant's knowledge, information and belief.

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

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

STATE OF WISCONSIN )

SS.

COUNTY OF )

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

the above-named \_\_\_\_\_ to me known to be the persons who

executed the foregoing instrument and acknowledged the same.

\_\_\_\_\_

Notary Public, \_\_\_\_\_ County, Wisconsin

My Commission Expires: \_\_\_\_\_

FOR OFFICE USE ONLY:		
Account No:	Delinquency Set-Off \$:	
Date of Board Approval:	Process Date:	Processed By:

Jackson Electric Cooperative is an equal opportunity provider and employer.