



P.O. Box 159 | Sterling, KS 67579 | www.cpcoop.us

REQUEST FOR REDEMPTION OF CAPITAL WITH RESPECT TO A DECEDENT

To: Central Prairie Co-op, Sterling, KS 67579

You are hereby requested to retire and pay to the undersigned any and all capital credited to the decedent named below. We do hereby acknowledge that said capital will be paid to the undersigned pursuant to the policy for payment established by the Board of Directors, and do hereby consent to the distributive shares\* stated below.

AFFIDAVIT OF HEIRSHIP

\_\_\_\_\_, of lawful age, being first duly sworn upon his/her oath, deposes and states:  
(Trustee or Executor)

(1) That \_\_\_\_\_, (name of decedent) died at \_\_\_\_\_ (place) on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_: that at the time of death, decedent was a resident of \_\_\_\_\_ county, state of \_\_\_\_\_, and a member of Central Prairie Co-op, KS.

(2) That the decedent was survived by the following named persons who are the sole heirs:

<u>Name and Relationship</u>	<u>Address</u>	<u>% Share*</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

(3) That the decedent had no spouse or children or adopted children or issue of deceased children, natural or adopted, who survived the decedent, other than the persons above named.

(4) That all of the debts of the decedent have been paid in full, and the Affiant agrees to defend, indemnify and hold harmless Central Prairie Co-op from any and all claims which may be made to or against said capital (for which retirement is requested) by any party not named above.

(5) That Affiant has read the foregoing Request for Redemption of Capital and that the statements contained therein are, to the best of Affiant's knowledge and belief, true and correct.

\_\_\_\_\_  
Affiant

\*Share: Indicates the share or proportion of the capital credit to the above named decedent which should be paid (upon redemption) to each heir:

State of \_\_\_\_\_)

County of \_\_\_\_\_)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)  
My commission expires \_\_\_\_\_, 20\_\_\_\_\_.