APPLICATION FOR TRANSFER
OF CAPITAL CREDITS

State of _____)
SS
County of_____)

1. I, _____ residing at _____, being duly sworn, and say: That_____, formerly residing at _____, a member of Idaho County Light & Power Cooperative Association, Inc. and of said Cooperative, passed away on or about the _____day of _____, _____.
2. _____That the deceased left no estate necessitating administration, and no letters testamentary have been issued to any person. That the funeral expenses of the deceased and the expenses of last illness have been paid.

- _____That the deceased left an estate that was administered and closed and no person currently holds a power as personal representative.

3. _____That I am the sole heir or devisee of the deceased; That no person having a right to the estate of the deceased superior to mine survived the deceased.

- _____That I am one of the heirs or devisee of the deceased. That I have been authorized by the others heirs or devisee to have the capital credits of the Cooperative transferred and paid to me and I will distribute them to the remaining heirs or devisee according to law.

4. I agree to indemnify and hold the Cooperative harmless from all claims on account of the payment and transfer to the capital credits of the deceased to me. I agree to reimburse the Cooperative for any challenged payments made to me.

5. **I REQUEST:** That all capital credits reflected on the books of the Cooperative as being earned by the deceased be transferred and paid to me as the Cooperative retires the same.

Signed: _____

Subscribed and sworn before me this ____ day of _____, 20___.

_____
Notary Public for the State of _____
Residing at _____, _____
My Commission expires _____

(Seal)