

APPLICATION FOR DECEDENT MEMBER'S CAPITAL CREDITS
RANDOLPH TELEPHONE MEMBERSHIP CORPORATION
Asheboro, North Carolina 27205

Amount _____

Account No. _____

1. Decedent member's name: _____
First Middle Initial Last

2. Decedent member's address and residency at date of death:

P O Box No. Street & No. City State Zip Code County

3. Date of decedent member's death: _____ Age at death: _____

4. If capacity in which undersigned makes his application is: (check one)

- Executor or Executrix of decedent member's Will, *undersigned must attach a copy of the death certificate, a copy of his Letter of Testamentary or a letter from the Clerk of Court stating that the undersigned now is or, if the estate has been closed, last was the official executor or executrix of the estate.**
- Administrator or Administratrix of decedent member's estate, *undersigned must attach a copy of the death certificate, a copy of his Letter of Administration or a letter from the Clerk of Court stating that the undersigned now is or, if the estate has been closed, last was the official administrator or administratrix of the estate.**
- Relative of decedent member who died without a Will and there was no Administrator or Administratrix of the estate appointed by Clerk of Court. *Undersigned must attach a copy of the death certificate and a letter from the Clerk of Court.

5. Relationship of the undersigned to decedent member: _____

6. Mailing address of the undersigned: _____
P O Box No. Street and Number
County: _____ City: _____ State: _____ Zip Code: _____

The undersigned hereby represents all of the foregoing information and any information supplied on the back hereto or by attachment hereto to be complete and accurate to the best of his or her knowledge, and agrees to hold the Cooperative harmless from any liability that may arise out of its retirement of capital credits based on such information.

Date: _____, 20_____ Signed: _____

Title: _____
(State whether Executor, Executrix,
Administrator, Administratrix, or
Relation to Decedent)

Subscribed and sworn to before me, a notary public of the County of _____
State of _____, this _____ day of _____, 20_____.
Witness my hand and notarial seal.

Notary Public
My commission expires _____, 20_____

* If there is or was an Executor, Executrix, Administrator or Administratrix, he or she should be the applicant, or his or her failure to be the applicant should be explained in writing on another paper attached to this application.
** If the estate has already been closed out, the Cooperative will not ordinarily require that it be reopened.

