



Locations: Carlton, Chapman, Council Grove, Dillon, Durham, Gypsum,
 Herington, Hope, Lincolnton, Navarre, Pearl, Tampa, White City, Woodbine
 P.O. Box 157 * Hope KS 67451 * Phone: 785-366-7213 * Fax: 785-366-7211

REQUEST FOR REDEMPTION OF EQUITIES

Date _____

You are hereby requested to redeem and pay Decedent's heir(s) named below the distributive Share* of any and all stock, equities and other Capital credited to Decedent by Agri Trails Coop. Affiant hereby acknowledges that said Capital will be redeemed to the heir(s) pursuant to the policy for redemption and payment established by the Board of Directors, and hereby consents to the distributive Share(s) stated below.

AFFIDAVIT OF HEIRSHIP

State of _____)

ss

County of _____)

_____, of lawful age, being first duly sworn upon his/her oath, deposes and states:

(1) That _____, died at _____
 (Name of Decedent) SSN or TIN# (Place of Death)

on the _____ day of _____, _____, and that at the time of death Decedent resided at _____, _____ County, state of _____.

(2) That Decedent was survived by the following named person(s) who is/are the sole heir(s) who should receive distributive Shares* as follows. **Please include Social Security number for each individual listed below.**

<u>Name and Relationship</u>	<u>Address</u>	<u>% Share and SS#</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(3) That all of the debts of the Decedent have been paid in full, and Affiant agrees to jointly and severally defend, indemnify and hold the Cooperative harmless from any and all claims which may be made to or against said Capital.

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

 Affiant

Subscribed and sworn to before me this _____ day of _____

 Notary Public

My commission expires _____

****Please attach a copy of death certificate****