





Arctic Slope Telephone Association Cooperative, Inc.  
 4300 B Street, Suite 501, Anchorage, AK 99503  
 907-563-3989 • 1-800-478-6409 • f: 907-563-1932

4. The following are the names, addresses, ages, and relationships of each heir of the Member (add additional pages if necessary):

NAME OF HEIR	ADDRESS	AGE	RELATION

(or): If the estate is being probated or has been probated, the name and address of the Personal Representative is: \_\_\_\_\_.

A copy of the death certificate is attached and the Member's social security number is: \_\_\_\_\_.

5. The status of the past, present or contemplated administration of the estate of the Member is explained in the paragraph marked (X):
- a. ( ) The probate of Member's estate has been completed in the following Court: \_\_\_\_\_ and the proper distribution of the capital credits herein applied for is specifically set forth in the final decree thereto, a certified copy of which is attached.
  - b. ( ) The probate of Member's estate has been completed in the following Court: \_\_\_\_\_ but the capital credits applied for herein were not inventoried nor distributed in the final decree, a certified copy of which is attached.
  - c. ( ) The probate of Member's estate is now in process in the following Court: \_\_\_\_\_ I am the duly appointed personal representative and a certified copy of my letters testamentary is attached. Payment of the capital credits should be made to me in my representative capacity for administration in the estate.
  - d. ( ) Member died intestate (without a Will) and no probate is contemplated or necessary at this time.

6. I personally acknowledge that ASTAC is relying on the truthfulness of the foregoing statements in evaluating this application and I covenant and warrant that all statements made in this application are true and correct, I further covenant and agree to indemnify, defend and hold ASTAC harmless from any liability, loss, damages or expense, including attorneys' fees and costs, ASTAC may suffer by allowing retirement of the



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capital credits based on this application. I specifically authorize and direct you to make payment to me, agreeing that I will indemnify, defend and hold ASTAC harmless from such payment.

7. My address is: \_\_\_\_\_

8. I understand that this application requires approval of the ASTAC Board of Directors before payment may be made. Approval is also subject to Bylaws and policies of ASTAC.

\_\_\_\_\_  
Signature

SUBSCRIBED AND SWORN TO Before me this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public:  
Residing at: \_\_\_\_\_  
Comm. Expires: \_\_\_\_\_