## Frenchman Valley Farmer's Cooperative, Inc. PO Box 578 Imperial, NE 69033

## **ESTATE CLAIM**

	_ , or the person entitled to receive assets of the deceased
	- / or are process or are account of the control of the con
do hereby request p	ayment of the Equity Credit of record held by Frenchman Valley
Farmers Cooperativ	e, Inc. in the name of the deceased. In addition to his/her personal acco
the deceased held _	percent in the non-personal entities (corporations, partnerships, e
listed below holding	equity credits with Frenchman Valley Cooperative.
	Please provide a death certificate copy
Deceased's Social S	ecurity or Tax Identification Number:
Deceased's Account	Numbers and/or Account Names:
Name:	me to be distributed to such persons according to law.
Pnone #:	
Check one:	ExecutorAdministratorNext of Kin
	Personal Representative(s)
	Other (provide explanation)
	Other (provide explanation)

Signature