

EXHIBIT A  
NON-PROBATE AFFIDAVIT  
FOR PAYMENT OF CAPITAL CREDITS

STATE OF OREGON            )  
  )ss.  
County of Marion            )

**I/WE**, being first duly sworn, depose(s) and say(s) that **I/WE** reside(s) at \_\_\_\_\_, State of \_\_\_\_\_, and that \_\_\_\_\_, died at \_\_\_\_\_, \_\_\_\_\_, on the \_\_\_\_ day of \_\_\_\_\_, 200\_\_; and that the estate has not and will neither be probated nor a small estate proceeding filed. My relationship to the decedent is as follows: \_\_\_\_\_.

**I/WE** hereby acknowledge receipt on behalf of the heirs/beneficiaries of the above decedent, a check in the sum of \$\_\_\_\_\_ from the Monitor Cooperative Telephone Company which represents \_\_\_\_\_, membership # \_\_\_\_\_, and I represent that I will make proper application or distribution of said funds to the appropriate distributee(s) in accordance with the Last Will and Testament of the decedent or as provided by the laws of intestacy, whichever is applicable, and that **I/WE** agree to save and hold harmless the Monitor Cooperative Telephone Company with respect to this disbursement, and that if a personal representative is subsequently appointed, I shall account to the personal representative for the funds disbursed herein.

**I/WE** further promise to pay the expenses of last illness, funeral expenses, and just debts of the decedent out of the above funds to the full extent of the funds if necessary.

DATED: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Social Security #)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

\_\_\_\_\_  
Notary Public for Oregon

\_\_\_\_\_  
My Commission Expires: