

RE: *The Estate of*

Dear

We will use the information provided to determine if a Capital Credit refund is owed to the Estate. This letter is to inform you that in order to dispense this refund you must first comply with the Estate settlement requirements and confirm that the following items are fulfilled: *(Please check all that apply)*

- Is the telephone line(s) belonging to the deceased member **Disconnected?**
- Deliver to our business office a copy of the deceased member's **Death Certificate.**
- Deliver to our business office a signed **Form W-9** by the Attorney in Fact.
- Deliver to our business office a signed **Affidavit of Heirship.**

Upon completion and delivery of ALL items checked above VTCI will send a *Payout Choice* form to the Executor or the Attorney in Fact requesting one of two payment options be selected.

Note that you are required to mail to our business office all applicable documents; however, in an effort to expedite the Estate settlement process feel free to send us your documentation via email at capitalcredits@vtci.net or by fax at (956) 642-1024.

If you have questions regarding any of the checked items listed above, or if you want to know the amount of the refund, please contact our business office at (956) 642-1560.

Sincerely,

Valley Telephone Cooperative, Inc.

RE: *El Patrimonio de*

Estimado

Usaremos la información proveyed para determinar si un reembolso de créditos de capital se deben al Patrimonio. Esta carta es para informarle que, con el fin de dispensar esta restitución primero debe cumplir con los requisitos seleccionados y confirmar que los siguientes sean realizados: *(Por favor marque todos los que apliquen)*

- La línea(s) telefónica(s) que pertenecen al miembro fallecido ha sido **desconectado(s)**?
- Entregue a nuestra oficina una copia del **Certificado de defunción** del miembro fallecido.
- Entregue a nuestra oficina una **Forma W-9** firmada por el Abogado de hecho.
- Entregue a nuestra oficina una **Declaración Jurada de Herencia**.

Después de la finalización y entrega de TODOS los artículos comprobados VTCl enviará un formulario de elección de pago al Ejecutor o el Abogado de hecho solicitando una de dos opciones de pago, sean seleccionadas.

Tenga en cuenta que están obligados a enviar por correo a nuestra oficina todos los documentos aplicables; Sin embargo, en un esfuerzo para acelerar el proceso de establecimiento del patrimonio no dude en enviarnos su documentación por correo electrónico a capitalcredits@vtci.net o por fax al (956) 642-1024.

Si usted tiene preguntas en cuanto a alguno de los artículos mencionados anteriormente, o si quiere saber la cantidad del reembolso, por favor pongase en contacto con nuestra oficina al (956) 642-1560.

Sinceramente,

Valley Telephone Cooperative, Inc.

Our records indicate that an active account still exists for this member:

Please contact our Customer Service office at 1-833-937-8824 to request a member service application to transfer services from the deceased member's account to a new member. Please be advised that a copy of a death certificate must be provided in order to complete the transfer of services.

Please remit a copy of the death certificate via email to capitalcredits@vtci.net or via mail to:

Valley Telephone Cooperative, Inc. Attn:
Capital Credits (Transfer of Services)
480 S 6th Street
Raymondville, TX 78580

Nuestros registros indican que todavía existe una cuenta activa para este miembro:

Comuníquese con nuestra oficina de Servicio al Cliente al 1-833-937-8824 para solicitar una solicitud de servicio de miembro para transferir servicios de la cuenta del miembro fallecido a un nuevo miembro. Tenga en cuenta que se debe proporcionar una copia del certificado de defunción para completar la transferencia de servicios.

Envíe una copia del certificado de defunción por correo electrónico a capitalcredits@vtci.net o por correo a:

Valley Telephone Cooperative, Inc. Attn:
Capital Credits (Transfer of Services)
480 S 6th Street
Raymondville, TX 78580

Steps on how to fill out the VTCI Affidavit of Heirship and Form W9:

VTCI Affidavit of Heirship –

Pages 1 – 3

- Needs to be completed by the Affiant selected by the heirs of the deceased member. Affiants signature at bottom of page 3 needs to be witnessed by a Notary Public
 - An **Affiant** is a person who has close relations with the family but is **not** related to the deceased member and the Affiant can verify all that is being indicated on the Affidavit of Heirship as being true and correct.

Page 4

- Needs to be completed by the Attorney in Fact chosen. Signature at bottom of page 4 needs to be witnessed by a Notary Public
 - An **Attorney in Fact** is **one of the heirs** of the deceased member that has been selected by all the heirs of the deceased to be the individual that corresponds with VTCI on the settling of the estate (capital credit) account.

Pages 5 – 7

- Are there any remaining heirs of the deceased member have their signatures witness by a Notary Public as verification that they are in agreement with the chosen Attorney in Fact.

Form W-9 -

- To be completed by the **Attorney in Fact** - Please be advised that the information provided on the form **must match exactly** to the **Social Security** card of the individual who completes the form.

Please be advised that if you have any questions or concerns in reference to the information on this letter, please do not hesitate to contact directly at (956) 642-1560 or you can also contact customer service at 1-833-937-8824 and ask to be transferred to Capital Credit Department.

Thank you,
Capital Credit Department
capitalcredits@vtci.net

AFFIDAVIT OF HEIRSHIP

AFFIDAVIT OF FACTS CONCERNING THE IDENTITY OF HEIRS

STATE OF _____
COUNTY OF _____
(Where Affidavit is completed)

BEFORE ME, the undersigned authority, on this day personally appeared (**Insert name of Affiant*) _____, who being first duly sworn, upon his/her oath states:

*Affiant) - Name of Person making statements of personal knowledge of the deceased member and of the deceased member's descendants

1. My name is _____ (*Insert name of Affiant*), and I live at _____ (*Insert address of Affiant residence*) I am personally familiar with the family and the marital history of _____ (*Insert name of Decedent*) (the "deceased member"), and I have personal knowledge of the facts stated in this affidavit.
2. Deceased member died on _____, _____ (*Insert date of death*). At the time of the deceased member's death, the deceased member's residence was _____ (*Insert place of deceased member's residence*)
3. Deceased member's marital history was as follows:

Spouse name	Dates (from/to)	Date and Place of any Spouse's Death

(Insert marital history and, if decedent's spouse is deceased member, insert date.

4. Deceased member had the following children: ***(Complete table below if applicable. For more than six children attach separate page with required information)***

	Child # 1	Child # 2	Child # 3
Full Name			
Date of Birth			
Other Parent's Name			
Current Mailing Address (include City, State, Zip)			
If Child is deceased, Enter Date of Death & Full Names of descendants			

	Child # 4	Child # 5	Child # 6
Full Name			
Date of Birth			
Other Parent's Name			
Current Mailing Address (include City, State, Zip)			
If Child is deceased, Enter Date of Death & Full Names of descendants			

5. Deceased member did not have or adopt any other children and did not take any other children into deceased member's home or raise any other children, except: *(if not applicable, write "NONE")*
- Name of Child(ren) _____

6. *(Include if deceased member was not survived by children or other descendants)*
Deceased member's mother is/was: *(if applicable)*
- Name of Mother _____
 - Mother's Current Address or Date of Death _____
7. *(Include if deceased member was not survived by children or other descendants)*
Deceased member's father is/was: *(if applicable)*
- Name of Father _____
 - Father's Current Address or Date of Death _____
8. *(Include if deceased member was not survived by children or other descendants by both mother and father)* Deceased member had the following siblings: *(Complete table below if applicable. For more than six siblings attach separate page with required information)*

	Sibling # 1	Sibling # 2	Sibling # 3
Full Name			
Date of Birth			
Current Mailing Address (include City, State, Zip)			
Parents' Name of Each Sibling			
If applicable, Date of Sibling's Death			
If Sibling is Deceased, Enter Full Names of Sibling's descendants			

	Sibling # 4	Sibling # 5	Sibling # 6
Full Name			
Date of Birth			
Current Mailing Address (include City, State, Zip)			
Parents' Name of Each Sibling			
If applicable, Date of Sibling's Death			
If Sibling is Deceased, Enter Full Names of Sibling's descendants			

9. *(Optional)* The following persons have knowledge regarding the deceased member, the identity of deceased member's children, if any, parents, or siblings, if any:
 _____,
 _____. *(Insert names of persons with knowledge or state "NONE")*
10. Deceased member died without leaving a written will. *(Modify statement if deceased member left a written will and attach a copy of the Will.)*
11. There has been no administration of deceased member's estate. *(Modify statement if there has been administration of deceased member's estate, and include Probate Court location, Case Number, and name and address of Administrator/ Executor)*
12. Deceased member left no debts that are unpaid, except:
 _____,
 _____. *(Insert list of debts or state "NONE")*
13. There are no unpaid estate or inheritance taxes, except:
 _____, *(Insert list of unpaid taxes or state "NONE")*
14. To the best of my knowledge, deceased member owned an interest in the following real property: _____,
 _____, *(Insert list of real property in which deceased member owned an interest or state "NONE")*

Signature of Affiant: _____

Please Type or Print Name of Affiant: _____

SWORN TO and SUBSCRIBED TO before me on _____ day of _____, 20____, by _____

S E A L

 Notary Public In and For the
 State of _____
 My Commission Expires: _____

ALL PERSONS NAMED AS HEIRS IN ACCOMPANYING AFFIDAVIT OF DEATH AND HEIRSHIP MUST SIGN AND HAVE SIGNATURES NOTARIZED

POWER OF ATTORNEY, RELEASE AND INDEMNIFICATION AGREEMENT

Each of us, the undersigned, by this document (which may be signed in one or more counterparts), appoints _____ as Attorney-in-Fact* to receive, on behalf of each of us, Capital Credits distributions from Valley Telephone Cooperative, Inc. (“VTCI”), to which we are entitled because of our relationship to _____, now deceased, a former Member of VTCI (the “Deceased member”).

Upon receipt by the above appointed Attorney-in-Fact of Capital Credits distribution(s) due on the account of the Deceased member, each of the undersigned

1. Acknowledges that VTCI, in making distribution(s) of Capital Credits (“Funds”), is relying upon the undersigned’s representation that the facts in the accompanying Affidavit of Death and Heirship are true and complete, and name all of the persons necessary to determine the heirs of the Deceased member entitled to distribution of the Capital Credits in the Deceased member’s account; and
2. **Releases and forever discharges VTCI and its representatives, agents and employees (collectively “VTCI Parties”) from all liability for capital credits due to the undersigned as an Heir or Attorney-in-Fact, as applicable, with respect to the funds distributed; and**
3. **Agrees to indemnify VTCI and hold VTCI harmless from any claims, damages, costs and expenses (including attorneys’ fees and expenses) incurred by VTCI and arising out of or based upon (i) VTCI’s distribution of Funds to the Attorney-in-Fact or (ii) any material misstatement or omission in the accompanying Affidavit of Heirship.**

ATTORNEY-IN-FACT:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

**Attorney-in-Fact does not have to be a lawyer. One of the heirs or anyone you wish to appoint can serve as Attorney-in-Fact.

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

HEIR:

Signature: _____

Printed Name: _____

Date Signed: _____

State of _____ §

County of _____ §

On this ____ day of _____, 20____, _____ appeared before me, and being duly sworn according to law upon his/her oath, deposed and stated that s/he has read and understood the foregoing instrument, acknowledged his/her signature thereon, and by his/her signature thereon, has agreed to its terms.

S E A L

Notary Public, State of _____

My Commission Expires: _____

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name , if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	-----------------------------------	---------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.