

7. **Government Services – requirement to notify State of Wisconsin:** I understand that Wisconsin Statutes require that if the Decedent or Decedent’s spouse(s) ever received the following services, then I must notify the Estate Recovery Program for the State of Wisconsin prior to transferring the Decedent’s property. I hereby certify that the Decedent and/or the Decedent’s spouse (whether currently alive or deceased) received the following services:

Service	Decedent Received	Decedent's Spouse Received	I Don't Know
Medical Assistance/Medicaid			
Family Care and/or Partnership benefits (through Managed Care Organization			
Community Options Program benefits			
Wisconsin Chronic Disease Program			
Patient or inmate of a State of Wisconsin or Wisconsin County hospital or institutions or responsible for any person owing an obligation to the State of Wisconsin or County in the State of Wisconsin			

8. If the Decedent or the Decedent’s spouse(s) received any of the services identified above, I hereby confirm that I provided a copy of this Affidavit to the Department of Health Services Estate Recovery Program and have attached the required proof of certified mail delivery showing the delivery date. _____ **Check here if applicable.**

9. In accordance with Section 867.03 of the Wisconsin Statutes, applicant requests transfer to him/her the rights to receive the decedent’s property held by the Cooperative in the following manner: **(Please select "a." or "b.")**

_____ a. An amount equal to the book value of all patronage capital credited to said decedent on the books of the Cooperative as of December 31 of the year previous to the date of death to be paid in the same format as the general refund to all members of the Cooperative. The amount and time when partial payments are to be made shall be determined by the Board of Directors of the Cooperative.

_____ b. An amount equal to the present value of the patronage capital credited to said decedent on the books of the Cooperative as of December 31 of the year previous to the date of death as determined by Board of Directors of the Cooperative.

Receipt of payment under (a) or (b) is in full discharge and redemption of all ownership interest of said decedent, his/her heirs and representative in said Cooperative.

All statements herein are true of affiant's own knowledge or based upon affiant's information and belief.

Applicant Signature: _____

Applicant Name: _____

Applicant Address: _____

SUBSCRIBED AND SWORN TO before me
this _____ day of _____, 20_____.

Notary Public

My commission expires _____