



# Deceased Owner Equity Change Form

**Please return to:** Viroqua Food Co+op, Attn: Outreach Coordinator, 609 N Main St, Viroqua, WI 54665  
*Typical requests are processed within 30 days of receipt.*

Date:	<input type="checkbox"/> One-Adult Owner <input type="checkbox"/> Two-Adult Owner	Owner Number:
Owner #1 Name:		Owner #2 Name:
Address/City/State/Zip:		
Phone Owner #1		Phone Owner #2:
Email Owner #1:		Email Owner #2:

**Each one-adult VFC ownership includes one share (\$25) of Class B non-refundable stock and two shares (\$50) of Class A refundable stock.**

**Deceased Owner:** *I hereby certify that the individual listed at the top of the form has passed away. I am completing this form as a legally authorized person to act on behalf of the owner(s). I am enclosing a copy of their death certificate with this form.*

**Please provide the following information about yourself:**

Name:	Signature:
Relationship to Owner:	Address:
City/State/Zip:	Phone:
Please include any other information that may be helpful below:	

**DECEASED OWNER EQUITY CHANGE:**

- Owner Equity Withdrawal:** *I hereby withdraw the individual(s) listed at the top of this form as VFC Owner(s).*
  - Please donate Class A shares refund to the VFC Co-op Community Fund.
  - Please mail me a check for Class A shares refund.

**Staff Use Only**

Form Processed by:	Date Processed:	<input type="checkbox"/> Record Updated in POS
Amount Reimbursed:	Check Number:	
Notes:		