



LAST WILL & TESTAMENT

I (**full name**), _____, Date of birth (**mm/dd/yyyy**), * _____

residing at (**full MAILING address**)*: _____

city: _____, state _____ *zip: _____ having attained the age of eighteen (18)

years and being of sound mind, execute this Will or Codicil solely for the purpose of transferring my shares of stock in Sitnasuak Native Corporation. I hereby revoke any and all prior wills, codicils, signature on a stock certificate or relevant form, or other prior testamentary disposition of these shares of stock made by me.*Social Security Number: _____ - _____ - _____;

E-mail Address: _____; Main Phone #: _____;

Other Email Address: _____; Cell/Other Phone #: _____

I own _____, shares in Sitnasuak Native Corporation

DISPOSITION OF STOCK

I hereby devise and bequeath my shares of stock in Sitnasuak Native Corporation as follows:

FULL NAME: _____
 ADDRESS: _____
 DATE OF BIRTH: _____ # OF SHARES _____
 SOCIAL SECURITY # _____
 PHONE #: _____
 RELATIONSHIP _____

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 ADDRESS: _____
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To validate this form, you MUST have signatures from two (2) witnesses OR you can sign in front of a Notary Public or Post Master.

If at my death I own more shares than I have bequeathed, I direct that the remaining shares shall be split pro rata among the persons named in this Will, unless otherwise directed by me.

STOCKHOLDER (TESTATOR)

I (**full name**), _____, the testator, sign my name to this instrument this _____ day of* _____, *20____, and being sworn, declare to the undersigned authority that I sign and execute this instrument as my Last Will and Testament and that I sign it willing (or willingly direct another to sign for me) and that I execute it as my free and voluntary act for the purpose expressed in it and that I am eighteen (18) years of age or older, or sound mind and under no constraint or undue influence.

Signature of Stockholder (Testator)

PLEASE CHOOSE OPTION 1 OR OPTION 2 IN ORDER TO COMPLETE YOUR SNC WILL

OPTION 1:

Two Witnesses
(age 18 or older):

We, (**witness #1 printed FULL name**) _____ and
(**witness #2 printed FULL name**) _____, the witnesses,
each sign our names to this instrument and being sworn, declare to the undersigned authority that the testator signs and executes this instrument as the Last Will and Testament and that the testator signs it willingly (or willingly directs another to sign for the testator) and that each of us, in the presence and hearing of the testator, signs this Last Will and Testament as witness to the testator's signing and that to the best of our knowledge the testator is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

Witness #1: Signature

Witness #2 Signature

Date: _____ Phone #: _____

Date: _____ Phone #: _____

OPTION 2:

Notary or
Post Master:

The State of: _____ County of (or Judicial District of): _____
SUBSCRIBED, SWORN TO and acknowledge before me by, _____, the testator,
this _____ day of _____, 20_____.

Signature

Signature: _____

(seal)

Notary Public or Post Master for: _____

My Commission Expires: _____

Shareholder Liaison's Initials: _____

When completed, please return to Sitnasuak Native Corporation, P.O. Box 905, Nome, AK 99762. You can request a copy upon filing. If you have any questions, please contact the Shareholder Department at 907-387-1226 or toll-free at 1-877-443-2632. Thank you.