Sitnasuak Native Corporation - Land Department - Shareholder Campsite Last Will and Testament



				NATIVE CORPORATION	
Section 1: Campsite Holder Information					
Full Name:		1			
DOB: (optional) SNC Shareholder #: 04-325				04-325	
PO Box: Physical Address:					
•		State:		Zip Code:	
Home Phone:			Cell Phone:		
Email:			Alternate Email:		
Section 2: Campsite Information					
Road Name:	Mile:	Loc	cation:		
Brief Description of Structures:					
Section 2: Individual to Inherit Please note: The individual who inherits the structures and wants to take over the stated campsite location must be or will become an SNC					
Shareholder via gifting or inheritance, if under the age of eighteen (18) a custodian is required.					
I hereby devise and bequeath my SNC Camp Site and/ or all structures to the following individual:					
Full Name:			SNC Shareholder? □Yes □No		
DOB:		(optio	ional) SNC Shareholder #: 04-325		
PO Box:			Physical Address:		
City:		State:		Zip Code:	
Home Phone:			Cell Phone:		
Email:			Alternate Email:		
If the individual listed above has also passed away or does not want my campsite structure, I hereby name an alternate inheritor:					
Full Name:			SNC Shareholder? □Yes □No		
DOB:			SNC Shareholder #: 04-325		
PO Box:	Box: Physical Address:				
City:		State:		Zip Code:	
Home Phone:			Cell Phone:		
Email:			Alternate Email:		
Section 2: Validating your SNC Shough alder Committe Will					
Section 3: Validating your SNC Shareholder Campsite Will 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 execute this					
instrument as my SNC Shareholder Campsite Last Will and Testament and that I sign it willingly (or 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, of					
sound mind and under no constraint or undue influences.					
Option 1: Two Witnesses					
We, (witness 1) and (witness 2), 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 SNC Shareholder Campsite Last Will and Testament and that the testator signs it willingly (or directs another to sign for them) and					
that each of us in knowledge the testator is eighteen (18) years of age or older, of sound mind and under no constraints or undue influences.					
Witness 1 Printed Name: Witness 1 Signature:					
Witness 2 Printed Name:			Witness 2 Signature:		
Option 2: Notary or Postmaster					
The State of: County/Judicial District of:					
Subscribed, sworn to and acknowledged before me by, the testator,					
This day of, 20					
(seal) Signature:					
Notary Public/Postmaster for:					
	l N	/lv comn	nission expires:		

If you have a question please contact the SNC Land Dept. at 907-387-1220 or 907-387-1240 PO Box 905 Nome, AK 99762