Sitnasuak Native Corporation - Land Department -Shareholder Campsite Last Will and Testament				
Section 1: Campsite Holder Information				
Full Name:				
DOB: (optional) SNC Shareholder #: 04-325				
PO Box: Physical Address:				
City: State:			Zip Code:	
Home Phone:		Cell Phone:		
Email:		Alternate Email:		
Section 2: Campsite Information				
Road Name: Mile: Location:				
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:	Physical Address:			
City:		State:		Zip Code:
Home Phone:			Cell Phone:	
Email:			Alternate Email:	
Section 3: Validating your SNC Shareholder Campsite Will				
I (full name) day of				or, sign my name to this instrument, this
				ned authority that I execute this
-	•			gly (or direct another to sign for me) and
that I execute it as my free and volunta sound mind and under no constraint or	•	ose expre	essed in it and that I am eig	ghteen (18) years of age or older, of
Option 1: Two Witnesses				
We, (witness 1) and (witness 2) , the				
	trument and being sv			rity 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

Notary Public/Postmaster for: My commission expires:

day of _

Signature:

County/Judicial District of:

20_

The State of:

Subscribed, sworn to and acknowledged before me by _

(seal)

This _

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

, the testator,