



Inheritance Questionnaire and Affidavit for Right to Receive ANCSA Stock

Decedent's Full Name: _____ | Date of Death: _____

Your Full Name: _____	Relationship to Decedent: _____
Address: _____	City, State, Zip: _____
Phone #: _____	Other Phone #: _____
Email: _____	Other Email: _____

PLEASE NOTE: Have you included the following documents?

- Stock Certificate Will
- Last Will and Testament
- Probate Court Order (where applicable)
- Death Certificate
- Obituary
- Adoption Decree
- Other (specify): _____

Part I

Is the decedent survived by a spouse? Yes No | Divorced | Widowed | Never Married

Please provide the following information (*where applicable*):

Full Name of Spouse- *living or deceased* : _____

Address: _____ | City, State, Zip: _____

Phone #: _____ | Other #: _____

Social Security #: _____ | % of Alaska Native Blood (if known): _____%

Email: _____ | Other Email: _____

Date of Birth: _____ | Date of Death: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

Did the decedent have any children (living or deceased)? Yes No

If the decedent has children LIVING or DECEASED, please complete the following information for each child. You need to also INCLUDE children that were adopted in or adopted out. For additional names, please attach another piece of paper.

Full Name of Child (first, middle, last): _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____

City, State, Zip: _____

Social Security #: _____

% of Alaska Native Blood (if known): _____%

Date of Birth: _____

Date of Death: _____

Phone #: _____

Other #: _____

Email: _____

Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____

City, State, Zip: _____

Social Security #: _____

% of Alaska Native Blood (if known): _____%

Date of Birth: _____

Date of Death: _____

Phone #: _____

Other #: _____

Email: _____

Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____

City, State, Zip: _____

Social Security #: _____

% of Alaska Native Blood (if known): _____%

Date of Birth: _____

Date of Death: _____

Phone #: _____

Other #: _____

Email: _____

Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____ City, State, Zip: _____

Social Security #: _____ % of Alaska Native Blood (if known): _____%

Date of Birth: _____ Date of Death: _____

Phone #: _____ Other #: _____

Email: _____ Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ Relationship to Child: _____

Address: _____ City, State, Zip: _____ Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____ City, State, Zip: _____

Social Security #: _____ % of Alaska Native Blood (if known): _____%

Date of Birth: _____ Date of Death: _____

Phone #: _____ Other #: _____

Email: _____ Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ Relationship to Child: _____

Address: _____ City, State, Zip: _____ Phone #: _____

Full Name of Child (first, middle, last): _____

Address: _____ City, State, Zip: _____

Social Security #: _____ % of Alaska Native Blood (if known): _____%

Date of Birth: _____ Date of Death: _____

Phone #: _____ Other #: _____

Email: _____ Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ Relationship to Child: _____

Address: _____ City, State, Zip: _____ Phone #: _____

Part II

This section is to be completed only if the decedent DID NOT have a spouse or children.

Full Name of Mother: _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

Full Name of Father: _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

Part III

This section is to be completed only if the decedent DID NOT have a spouse or children and WAS NOT survived by either of his/her parents.

Please provide information for the decedents siblings (brothers and sisters) LIVING or DECEASED. Also include those who have predeceased the decedent. For additional names, please attach a separate piece of paper.

Full Name of Sibling (first, middle, last): _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Sibling (first, middle, last): _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Sibling (first, middle, last): _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

Full Name of Sibling (first, middle, last): _____

Address: _____	City, State, Zip: _____
Social Security #: _____	% of Alaska Native Blood (if known): _____%
Date of Birth: _____	Date of Death: _____
Phone #: _____	Other #: _____
Email: _____	Other Email: _____

Is the above stated person an Alaska Native or a descendent of an Alaska Native? Yes No

Is the above stated person enrolled in a Native Corporation (s)? Yes No

Name of Native Corporation(s): _____

If a minor- Full name of Guardian: _____ | Relationship to Child: _____

Address: _____ | City, State, Zip: _____ | Phone #: _____

To your knowledge, has the stock owned by the decedent been:

- a. Transferred to another person pursuant to a court of separation, divorce or child support?
 Yes (if yes, please provide copy of court decree) **No**
- b. Transferred to a holder who is a member of a professional organization, association or board, that limits his/her ability to practice his/her profession because he/she holds Settlement Common Stock?
 Yes (if yes, please provide additional information on a separate piece of paper) **No**
- c. Transferred as an inter vivos gift, meaning a gift from a living holder to his/her child, grandchild, great-grandchild, niece, nephew, brother or sister?
 Yes (if yes, please provide additional information on a separate piece of paper) **No**

Please check one of the following:

- I know of NO other facts which may affect who is entitled to the stock of the named decedent.
- There are other facts which I believe may affect who is entitled to the stock of the person(s) listed above.

I understand the purpose of this questionnaire and affidavit and I can swear to the truth of the facts stated because I am (name of decedent) _____'S (relationship) _____.

I have answered the questions above to the best of my knowledge after diligent inquiry. By signing below, I agree to defend, indemnify and hold harmless Sitnasuak Native Corporation from an and all claims, losses or actions, including costs and attorney's fees arising out of Sitnasuak's reliance upon the information I have provided in this affidavit.

PLEASE NOTE: In order for this questionnaire and affidavit to be valid, you MUST sign below in front of a Notary Public or Postmaster and have it signed, dated and stamped by the Notary Public or Postmaster.

Printed Full Name: _____
 Signature: _____
 Date: _____

Notary Public:

The state of: _____

County (or Judicial District of): _____

Subscribed, sworn to and acknowledged before me by, _____,

This _____ day of _____, 20_____.

Signature: _____

(Seal)

Notary Public or Post Master for: _____

My commission expires: _____

Please return this questionnaire and affidavit back to:

Sitnasuak Native Corporation
 ATTN: Shareholder Department
 PO Box 905
 Nome, AK 99762