



In re: _____)

ID# _____

_____)

_____) (Name of deceased)

Instructions:

Akhiok-Kaguyak, Inc. ("AKI") will rely on this form in determining who is entitled to inherit the AKI stock of the deceased. Therefore, it is important that this form be filled out as completely and accurately as possible. Please check and fill in the appropriate boxes and lines. If you don't check a box or fill in a blank, AKI will interpret this to mean "don't know," "no," or "inapplicable." You can also write "DK" on a line if you don't know the information. If you need to add information to make an answer complete, or if there isn't enough room to give complete information, continue your answer on another sheet of paper, date and sign the bottom of the sheet, and attach it to this form.

After filling in the form, it needs to be signed and notarized. Then, mail it to AKI at 1400 West Benson Blvd., Suite 425, Anchorage, Alaska 99503 or fax it to AKI at 907-258-0608. If you have any questions or need help filling in the form, please feel free to call us at AKI at 907-258-0604.

State of _____)

) ss:

_____) (Judicial District/County)

I, _____, being first duly sworn under oath, depose and say that the following information is true and correct:

Filling in the form:

- Everyone must fill in Part A.
- Fill in Part B only if there is no will and you are seeking to transfer the deceased's shares
- Everyone must fill in Part C



Part A - General Information

1. Relationship to Deceased

I can swear to the truth of the facts stated because I am the deceased's

- | | | | | | | |
|-------------|--------|---------|--------|--------|-------------------------|------|
| Mother | Father | Brother | Sister | Spouse | Friend | Aunt |
| Uncle | Cousin | Child | Niece | Nephew | Personal Representative | |
| Other _____ | | | | | | |

2. Death Certificate /Circumstances Relating to Death of Shareholder

A copy of the deceased's death certificate is attached.

If a death certificate is not attached, or the following information is not included in the death certificate, or it is inaccurate in the death certificate, please fill out the following information.

The deceased's date of death was _____.

The deceased was ____ years old at the time of death. Date of birth: _____.

The deceased died in _____
(City/State)

At the time of death, the diseased was living in: _____
(City/State)

3. Stock

A. AKI Stock

At the time of death, the deceased owned AKI Settlement Common Stock

B. Gifts

I don't know of any gift of AKI stock by the deceased to any person during his or her life.

I believe that the deceased gave some or all of his or her AKI stock to the following person(s) during his or her life:

Name of recipient: _____

Address: _____

Telephone: _____

Relationship to deceased: _____

Date of gift: _____

Number of shares given: _____



C. Court Orders

A ___ divorce decree, ___ decree of separation, ___ child support order, or ___ other order or decree (this includes any agreement related to child support or property settlement which has been approved by a court) has been issued, which may affect who is entitled to the stock of the deceased.

Date of the order or decree: _____

Name of the court: _____

Location of the court: _____

Case number: _____

___ A copy of the court order or decree is attached.

___ I don't know of any such order or decree regarding the deceased.

D. Wills

___ The deceased signed a Testamentary Disposition form for AKI stock.

___ A copy of the signed Testamentary Disposition form is attached.

___ The deceased signed a Testamentary Disposition Revocation form for his or her AKI stock.

___ A copy of the signed revocation form is attached.

___ The deceased signed a general will that provided for the transfer of his or her AKI stock.

___ A copy of the signed will is attached.

___ The deceased did not leave a Testamentary Disposition form or will.

___ I do not know if the deceased left a Testamentary Disposition fom1 or will.

___ I don't know of any wills, Testamentary Disposition forms or revocations by the deceased except the ones described above.

___ If a copy of the Testamentary Disposition form, will or Testamentary Disposition Revocation form is not attached, I believe the following person has the deceased's Testamentary Disposition form, will or Testamentary Disposition Revocation form:

Name: _____

Address: _____

Telephone: _____

E. Other ANCSA Corporations

___ I don't know if the deceased was a shareholder of any other corporation organized under the Alaska Native Claims Settlement Act ("ANCSA").



_____ The deceased was not a shareholder of any other corporation organization under ANCSA.

_____ The deceased was also a shareholder of the following corporations organized under ANCSA:

_____ Koniag, Inc.

_____ Other: _____



Part B - Family Information

1. Probate

_____ I do not know if estate or probate proceedings have been started or a personal representative has been appointed by a probate court.

_____ No estate, probate or appointment proceedings have been started in any court for the deceased.

_____ The estate of the deceased has been or is being probated at:

Name of court: _____

Location of court: _____

Case number: _____

Personal Representative (executor) appointed by the probate court to administer the deceased's estate:

Name: _____

Address: _____

Phone number: _____

2. Deceased's Marital Status

A. Status at Time of Death

_____ At the time of death, the deceased was not married.

_____ At the time of death, the deceased was married to:

Name: _____

Address: _____

Phone number: _____ Age _____

Is the spouse of the deceased of Alaska Native descent?

_____ Yes _____ No _____ I don't know

_____ The deceased's spouse died on: _____

B. Previous Marriages

Was the deceased previously married? _____ Yes _____ No _____ I don't know

If so, please list all former spouses:

Name of first spouse: _____



Address: _____

Phone number: _____

How did this marriage end? _____ Death _____ Divorce

In which city and state did this marriage end _____

Name of second spouse _____

Address _____

Telephone: _____

How did this marriage end? _____ Death _____ Divorce

In which city and state did this marriage end _____

Any other previous marriages? _____ Yes (list on attached sheet) _____ No _____ I don't know

3. Family

A. Mother

Name of mother: _____

Address of mother _____

Telephone: _____

Mother is: _____ Natural _____ Adoptive _____ Stepparent

Is mother of Alaska Native descent? _____ Yes _____ No _____ I don't know

If adoptive or stepparent, who is the natural mother?

Name _____

Address _____

Telephone: _____

B. Father

Name of father: _____

Address of father _____

Telephone: _____

Father is: _____ Natural _____ Adoptive _____ Stepparent

Is father of Alaska Native descent? _____ Yes _____ No _____ I don't know



If adoptive or stepparent, who is the natural father?

Name _____

Address _____

Telephone: _____

C. Children

_____ The deceased never had any children.

_____ The deceased had the following children (List all children whether living or dead, adopted or natural born, or born out of wedlock. Attach additional sheets if necessary):

Name _____

Address _____

Telephone: _____ Age: _____

Name of legal guardian if child is not yet 18: _____

Name of other parent (if other than deceased's spouse): _____

Is this child of Alaska Native descent? _____ Yes _____ No _____ Don't know

If deceased, date of death: _____

Did this child have any children at the time of his or her death? (If so, please list them in paragraph E below (grandchildren) of this questionnaire.)

_____ Yes _____ No _____ Don't know

Name _____

Address _____

Telephone: _____ Age: _____

Name of legal guardian if child is not yet 18: _____

Name of other parent (if other than deceased's spouse): _____

Is this child of Alaska Native descent? _____ Yes _____ No _____ Don't know

If deceased, date of death: _____

Did this child have any children at the time of his or her death? (If so, please list them in paragraph E below (grandchildren) of this questionnaire.)

_____ Yes _____ No _____ Don't know

Name _____



Address _____

Telephone: _____ Age: _____

Name of legal guardian if child is not yet 18: _____

Name of other parent (if other than deceased's spouse): _____

Is this child of Alaska Native descent? _____ Yes _____ No _____ Don't know

If deceased, date of death: _____

Did this child have any children at the time of his or her death? (If so, please list them in paragraph E below (grandchildren) of this questionnaire.)

D. Brothers and Sisters

_____ The deceased did not have any brothers or sisters.

_____ The deceased had the following brothers and sisters (list all of them, whether living or dead, adopted or natural born, and half-brothers and half-sisters. Attach additional sheets if necessary):

Name _____

Address _____

Telephone: _____ Age: _____

Name of legal guardian if child is not yet 18: _____

Name of other parent (if other than deceased's spouse): _____

Is this brother or sister of Alaska Native descent? _____ Yes _____ No _____ Don't know

If deceased, date of death: _____

If the person's father or mother were different from the deceased's father or mother, who was the common parent?: _____

Name _____

Address _____

Telephone: _____ Age: _____

Name of legal guardian if child is not yet 18: _____

Name of other parent (if other than deceased's spouse): _____

Is this brother or sister of Alaska Native descent? _____ Yes _____ No _____ Don't know



If deceased, date of death: _____

If the person's father or mother were different from the deceased's father or mother, who was the common parent? _____

Name _____

Address _____

Telephone: _____ Age: _____

Name of legal guardian if child is not yet 18: _____

Name of other parent (if other than deceased's spouse): _____

Is this brother or sister of Alaska Native descent? _____ Yes _____ No _____ Don't know

If deceased, date of death: _____

If the person's father or mother were different from the deceased's father or mother, who was the common parent? _____

E. Grandchildren and Other Issue

_____ The deceased did not have any grandchildren, great-grandchildren, or other issue who survived the deceased.

_____ The deceased was survived by the following grandchildren, great-grandchildren, and other issue (attach additional sheets if necessary):

Name _____

Relationship to deceased: _____

Names of person's parents: _____

Address: _____

Telephone: _____ Age: _____

Name _____

Relationship to deceased: _____

Names of person's parents: _____

Address: _____

Telephone: _____ Age: _____



Name _____

Relationship to deceased: _____

Names of person's parents: _____

Address: _____

Telephone: _____ Age: _____

F. Other Relatives

_____ The deceased did not have any other relatives who have not been named in other sections of this questionnaire.

_____ The deceased had the following other relatives who have not been named in other sections of this questionnaire (attach additional sheets if necessary):

Name _____

Relationship to deceased: _____

Names of person's parents: _____

Address: _____

Telephone: _____ Age: _____

Name _____

Relationship to deceased: _____

Names of person's parents: _____

Address: _____

Telephone: _____ Age: _____

Name _____

Relationship to deceased: _____

Names of person's parents: _____

Address: _____

Telephone: _____ Age: _____



G. Family Tree

_____ A drawing showing the family tree of deceased and all of his or her relatives is attached.



Part C - Certification, Signature and Notarization

_____ I have attached sheet(s) of paper with additional information.

_____ I know of no other fact that might affect who is entitled to the stock.

Date: _____

(signature)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public in _____

My commission expires: _____