



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: \_\_\_\_\_