



## Akhiok-Kaguyak, Inc Stock Will

### Testamentary Disposition

#### I. Shareholder Information

I, \_\_\_\_\_ (testator), having attained the age of eighteen (18) whose birthdate is \_\_\_\_\_, whose Social Security number is \_\_\_\_\_, and being of sound mind, execute this stock will solely for the purpose of transferring my shares of stock in Akhiok-Kaguyak, Inc.

I currently own: \_\_\_\_\_ shares

I currently have a Will registered with the state of Alaska:     Yes     No

I currently have a Will on file in another state: \_\_\_\_\_

#### II. Disposition of Akhiok-Kaguyak, Inc. Stock

- This Testamentary Disposition is made under the provisions of Alaska Statutes 13.16.705(b).
- Without a will that does not include inheritance of Akhiok-Kaguyak, Inc. stock, determination of heirs is based in accordance with Alaska Statutes.
- The only way to change the person(s) named in a stock will is to prepare a new stock will.
- Fractional shares are not allowed. If you do not specify who will receive the additional or fractional share, it will be determined by lot.

I hereby devise and bequeath my shares of stock in Akhiok-Kaguyak, Inc. as follows:

|                       |                         |
|-----------------------|-------------------------|
| Name: _____           |                         |
| Relationship: _____   | DOB _____               |
| Address: _____        |                         |
| City/State/Zip: _____ |                         |
| SS#: _____            | Number of Shares: _____ |



**Disposition of Akhiok-Kaguyak, Inc. Stock, continued...**

|                                    |
|------------------------------------|
| Name: _____                        |
| Relationship: _____ DOB _____      |
| Address: _____                     |
| City/State/Zip: _____              |
| SS#: _____ Number of Shares: _____ |

|                                    |
|------------------------------------|
| Name: _____                        |
| Relationship: _____ DOB _____      |
| Address: _____                     |
| City/State/Zip: _____              |
| SS#: _____ Number of Shares: _____ |

|                                    |
|------------------------------------|
| Name: _____                        |
| Relationship: _____ DOB _____      |
| Address: _____                     |
| City/State/Zip: _____              |
| SS#: _____ Number of Shares: _____ |

If more space is needed please make a copy of this sheet.



### III. Disposition of Stock Acquired After the Date of this Will Form

Should I acquire any additional Akhiok-Kaguyak, Inc. stock, I hereby devise and bequeath such shares as follows: (Choose 1)

\_\_\_\_\_ To the same person(s) and in the same relative proportion as listed in section II, or

\_\_\_\_\_ To the following person(s):

|                       |                         |
|-----------------------|-------------------------|
| Name: _____           | DOB _____               |
| Address: _____        |                         |
| City/State/Zip: _____ |                         |
| SS#: _____            | Number of Shares: _____ |

|                       |                         |
|-----------------------|-------------------------|
| Name: _____           | DOB _____               |
| Address: _____        |                         |
| City/State/Zip: _____ |                         |
| SS#: _____            | Number of Shares: _____ |

|                       |                         |
|-----------------------|-------------------------|
| Name: _____           | DOB _____               |
| Address: _____        |                         |
| City/State/Zip: _____ |                         |
| SS#: _____            | Number of Shares: _____ |

If more space is needed please make a copy of this sheet.



#### IV. Contingent Beneficiary (ies)

Should any beneficiary listed in section II not survive me, I hereby devise and bequeath such shares as follows: (Choose 1)

\_\_\_\_\_ To that beneficiary's potential heir (s) according to Alaska State Law.

\_\_\_\_\_ To the surviving beneficiary(ies) listed in Section III, and in the same proportions.

\_\_\_\_\_ To the following person(s):

|                       |                         |
|-----------------------|-------------------------|
| Name: _____           | DOB _____               |
| Address: _____        |                         |
| City/State/Zip: _____ |                         |
| SS#: _____            | Number of Shares: _____ |

|                       |                         |
|-----------------------|-------------------------|
| Name: _____           | DOB _____               |
| Address: _____        |                         |
| City/State/Zip: _____ |                         |
| SS#: _____            | Number of Shares: _____ |

|                       |                         |
|-----------------------|-------------------------|
| Name: _____           | DOB _____               |
| Address: _____        |                         |
| City/State/Zip: _____ |                         |
| SS#: _____            | Number of Shares: _____ |

If more space is needed please make a copy of this sheet.



**V. Custodianship** (Skip this section if **no** minors are listed in section II.)

If any of the above beneficiary (ies) listed is/are minors when I die, I name the following person(s) as the custodian until they turn 18 years of age:

|   |
|---|
| Name of Minor: _____                        |
| Custodian's Name: _____                     |
| Address: _____                              |
| City/State/Zip: _____                       |
| Successor Custodian Name and Address: _____ |

|   |
|---|
| Name of Minor: _____                        |
| Custodian's Name: _____                     |
| Address: _____                              |
| City/State/Zip: _____                       |
| Successor Custodian Name and Address: _____ |

|   |
|---|
| Name of Minor: _____                        |
| Custodian's Name: _____                     |
| Address: _____                              |
| City/State/Zip: _____                       |
| Successor Custodian Name and Address: _____ |



## VI. Children Born or Adopted after the date of this Stock Will

Should any children are born to or adopted by me after the date of this stock will, I wish for them to receive equal shares (to the greatest extent possible) as those person(s) listed in section II. If neither box is check, Akhiok-Kaguyak, Inc will presume the answer is “yes.”

- Yes
- No

## VII. Signature by Shareholder (testator)

I, \_\_\_\_\_, the Shareholder, sign my name to this instrument this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, and being first sworn, declare to the undersigned authority that I sign and execute this instrument as my TESTAMENTARY DISPOSITION, and, that I sign it willingly (or willingly 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 18 years of age or older, of sound mind, and under no constraint or undue influence. By signing, I hereby revoke any and all prior wills, codicils, signature on stock certificate or relevant form, or other prior testamentary disposition of these shares of stock made by me.

(Wait to sign the following in front of two witnesses and a notary public)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Shareholder)

## VIII. Witnesses

We, the witnesses, sign our names to this instrument, and declare that the testator signs and executes this instrument as his or her Akhiok-Kaguyak, Inc. Stock Will and that he or she signs it willingly (or directs another person to sign for him or her), and that each of us in the presence and hearing of the testator, signs this Akhiok-Kaguyak, Inc. Stock Will as witness of the



testator's signing, and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or under influence.

1<sup>st</sup> Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

2<sup>nd</sup> Witness Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

**IX. Notary – This section to be completed by Notary Public**

Attention Notary: Please have the testator and two witnesses sign in your presence. Verify that the date you sign this Akhiok-Kaguyak, Inc. Stock Will is the same date the testator signs and dates this form.

**NOTARY**

STATE OF \_\_\_\_\_

COUNTY/DISTRICT \_\_\_\_\_ (or Judicial District)

**SUBSCRIBED, SWORN TO,** and acknowledged before me by (shareholder's name)

\_\_\_\_\_ the testator, and subscribed and sworn to before me by

(witness #1) \_\_\_\_\_, and (witness #2)

\_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Signature \_\_\_\_\_

Notary Public in and for \_\_\_\_\_

My Commission Expires \_\_\_\_\_