

Exhibit G

**Intestate Questionnaire
For Right to Receive ANCSA Stock**

Decedent's Name: _____ Date of Death: _____

Your Name: _____ Relationship to Decedent: _____
Address: _____ Email: _____
_____ Phone: _____

Did the decedent leave a Will?

- Yes (If yes, please provide a copy)
- No (If no, please complete this form)

PART I. DECEDENT'S SPOUSE & CHILDREN

Did the decedent have a spouse? Yes No

Spouse:

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____

_____		<u>Email</u>
_____		_____

Children:

Did the decedent have any children? Yes - how many _____ No

If the decedent has children, please complete the following information for each child. **List ALL children, including deceased, adopted, or children adopted out.** If needed, attach a separate sheet of paper listing additional children.

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____

_____		<u>Email</u>
_____		_____

Children Cont.:

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

Please check this box if additional children have been attached on a separate piece of paper.

PART II. DECEDENT'S PARENTS

This section should be completed ONLY if the decedent did NOT have a spouse or children and was survived by parents. If parents predeceased the shareholder, please proceed to Section III.

Mother

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

Father

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

PART III. DECEDENT’S SIBLINGS.

This Section should be completed ONLY if the decedent did NOT have a spouse or children and was not survived by either of his/her parents. “Siblings” include half-brothers and half-sisters, brothers and sisters by adoption, adopted-out brothers and sisters, including brothers and sisters who are deceased who fall into the categories above. If needed, attach another sheet of paper listing additional siblings.

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

<u>Name & Address</u>	<u>Date of Birth</u>	<u>Phone</u>
_____	_____	_____
_____		<u>Email</u>
_____		_____

Please Check this box if additional siblings have been attached on a separate sheet of paper.

Signature

Date