**** 373A Second Ave., P.O. Box 1050, Kotzebue, AK 99752

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**INTESTATE QUESTIONNAIRE**

**FOR RIGHT TO RECEIVE ANCSA STOCK**

Decedent’s Date of

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Death: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Relationship to

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decedent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did the Decedent leave a Will? \_\_\_\_\_ Yes (If yes, please provide a copy)

\_\_\_\_\_\_No

**PART I. DECEDENT’S SPOUSE & CHILDREN**

**Spouse**: Did the decedent have a spouse at the time of death? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_

Spouse Name: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**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. If there are deceased children, please complete the section identifying any children of the deceased children.

**Name & Address Date of Birth/Death** **Phone & Email**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Children Con’t**

**Name & Address Date of Birth/Death** **Phone & Email**

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

Do any of the **deceased children** listed above have children? \_\_\_\_\_\_\_\_\_\_\_\_\_. If so, please identify those children:

**Name & Address Date of Birth/Death** **Phone & Email**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**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 Address Phone & Email**

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**Father Address Phone & Email**

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**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.

**Name & Address Date of Birth** **Phone & Email**

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

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**Signature Date**