**** 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 (If no, please complete this form)

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

Did the decedent have a spouse? Yes\_\_\_\_\_\_\_\_ No\_\_\_\_\_

**Spouse:**

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

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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.

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

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**Children Con’t**

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

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**Pl 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 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**