

---

**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

---

**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.

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

**Children Con't**

**Name & Address**

**Date of Birth/Death**

**Phone & Email**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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.

<u>Mother</u>	<u>Address</u>	<u>Phone &amp; Email</u>
_____	_____	_____
	_____	_____
	_____	

<u>Father</u>	<u>Address</u>	<u>Phone &amp; 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 &amp; Address</u>	<u>Date of Birth</u>	<u>Phone &amp; Email</u>
_____	_____	_____
_____		_____
_____		
_____	_____	_____
_____		_____
_____		
_____	_____	_____

---

---

---

---

---

---

---

---

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

---

**Signature**

---

**Date**