

**INTESTATE QUESTIONNAIRE
FOR RIGHT TO RECEIVE ANCSA STOCK**

Decedent Information

Name: _____ Date of Death: _____

Date of Birth _____ Social Security Number _____

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, please notate if 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.

Children Personal Information:

Full Legal Name _____ Date of Birth / Death _____ Social Security Number _____

Mailing Address _____ Email Address / Phone Number _____

Full Legal Name _____ Date of Birth / Death _____ Social Security Number _____

Mailing Address _____ Email Address / Phone Number _____

Children Personal Information Continued

Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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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:

Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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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's Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Father's Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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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.

Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Full Legal Name	Date of Birth / Death	Social Security Number
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Mailing Address	Email Address / Phone Number
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Please Check this box if additional siblings have been attached on a separate sheet of paper.

Signature

Date