



## AFFIDAVIT OF HEIRSHIP

Dear \_\_\_\_\_

Date: \_\_\_\_\_

Enclosed is an Affidavit of Heirship form that should be completed to the best of your knowledge. ***Please have your signature on the form notarized***, if you are unable to find a notary, please contact our office at 1-907-852-4460 or toll free at 1-855-663-8421 and we can assist you in finding a notary.

The affidavit is reviewed by our Stock Dept. staff and recommendations are made to our Board of Directors for approval of transfer. The information provided in this affidavit will be used to transfer the shares of the deceased shareholder according to the Alaska State Statutes. If you have information or have knowledge that the deceased has a Will, then the shares will be transferred according to the latest dated and valid Will. If there is no Will pertaining to the deceased's UIC stock, the shares will be transferred according to the Alaska Laws of Intestate Succession.

The processing of transfer depends on UIC obtaining the required documents in order to complete the transfer. UIC does not transfer shares until all required documentation is received and reviewed and all heirs have been identified.

The following documentation is required in order to complete the process:

1. **2 Affidavit of Heirship forms (This packet)**
2. **Copy of the Death Certificate**
3. **Copy of the Deceased's Last Will and Testament (if any)**
4. **Copy of the deceased's UIC Stock Will (if any)**
5. **For heirs who are not enrolled into UIC we need the following:**
  - a. **Copy of their State ID or Driver's License**
  - b. **Copy of their Social Security Card**
  - c. **Current mailing address**

If you have any questions please contact the UIC Stock Department at toll free 1-855-663-8421 or email [stock@uicalaska.com](mailto:stock@uicalaska.com). Please mail completed Affidavit of Heirship forms to:

UIC – Stock Department  
PO Box 890  
Barrow, Alaska 99723

Respectfully,  
UIC Stock Department



**CHILDREN** – If more space is needed, please attach additional pages



Did the Deceased have any child(ren) (**living, deceased, biological, or adopted?**) If no, skip **CHILDREN**

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Is this Child deceased? If so, Date of Death: \_\_\_\_\_

If deceased, please list the names of surviving children: \_\_\_\_\_  
\_\_\_\_\_

Was this Child adopted by the Deceased?      No      Yes

Was this Child adopted **out** to others?      No      Yes

If you answered **yes** to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) **Date of Adoption:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

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**Address:** \_\_\_\_\_  
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**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

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## CONTINUATION OF CHILDREN



**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

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## CONTINUATION OF CHILDREN



**Name of Child:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
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**PARENTS-** Please provide the following information about the Deceased's Biological Parents (living or deceased)

<b>Biological Father:</b> _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ <b>If deceased, Date of Death:</b> _____
<b>Biological Mother:</b> _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ <b>If deceased, Date of Death:</b> _____

**Was the Deceased adopted?** If so, please provide the following information:

<b>Adopted Father:</b> _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ <b>If deceased, Date of Death:</b> _____
<b>Adopted Mother:</b> _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ <b>If deceased, Date of Death:</b> _____

**BROTHER(S) & SISTER(S) (Living or deceased)** – Please fill out this section **ONLY IF** the deceased:

- was **NOT** married
- had **NO** children during his/her lifetime
- was **NOT** survived by any parent
- and **DID NOT** have a will devising his/her ANCSA stock



**Name of Brother/Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Is this Brother/Sister deceased? If so, Date of Death: \_\_\_\_\_

If deceased, please list the names of surviving children: \_\_\_\_\_  
\_\_\_\_\_

Was this Brother/Sister adopted by the Deceased?      No      Yes

Was this Brother/Sister adopted **out** to others?      No      Yes

If you answered **yes** to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) **Date of Adoption:** \_\_\_\_\_

**Name of Brother/Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

Is this Brother/Sister deceased? If so, Date of Death: \_\_\_\_\_

If deceased, please list the names of surviving children: \_\_\_\_\_  
\_\_\_\_\_

Was this Brother/Sister adopted by the Deceased?      No      Yes

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**Name of Brother/Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
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**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

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**CONTINUATION OF BROTHER(S) & SISTER(S)**



<p><b>Name of Brother/Sister:</b> _____ <b>Date of Birth:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Phone #:</b> _____ <b>Email:</b> _____ <b>Social Security #:</b> _____</p> <p>Is this Brother/Sister deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____ _____</p> <p>Was this Brother/Sister adopted by the Deceased?      No      Yes</p> <p>Was this Brother/Sister adopted <b>out</b> to others?      No      Yes</p> <p>If you answered <b>yes</b> to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) <b>Date of Adoption:</b> _____</p>
<p><b>Name of Brother/Sister:</b> _____ <b>Date of Birth:</b> _____</p> <p><b>Address:</b> _____ _____</p> <p><b>Phone #:</b> _____ <b>Email:</b> _____ <b>Social Security #:</b> _____</p> <p>Is this Brother/Sister deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____ _____</p> <p>Was this Brother/Sister adopted by the Deceased?      No      Yes</p> <p>Was this Brother/Sister adopted <b>out</b> to others?      No      Yes</p> <p>If you answered <b>yes</b> to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) <b>Date of Adoption:</b> _____</p>
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**CONTINUATION OF BROTHER(S) & SISTER(S)**



**Name of Brother/Sister:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Social Security #:** \_\_\_\_\_

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