



TO: UIC Shareholders & Family Members

RE: Probate Process for UIC Shareholder Homesite Lots

Our want to first extend our condolences to you and your family, and we hope this letter will help describe the procedures for inheriting UIC shareholder homesite lots.

The UIC shareholder homesite lots are classified as private fee-simple lands and therefore are subject to the State of Alaska probate laws concerning testate transfers (if the deceased had a will) and intestate transfer (if the deceased had no will). By law, the State of Alaska has sole jurisdiction over executing these types of land transactions. Therefore, UIC is unable to execute any wills, make name changes, or perform title transfers on a deceased person's property.

For legal help regarding probate please contact the Alaska Legal Service Corporation (ALSC) office within your area to schedule an appointment. Attached is a list of the ALSC offices. If you wish to seek their services, please complete the enclosed ALSC application and probate questionnaire bring this with you to your appointment.

Or, if you prefer to hire a private attorney, a list of probate attorneys is available online at [www.alaskabar.org](http://www.alaskabar.org) under the section titled "For the Public".

If you have questions regarding native restricted townsite/trustee property, please contact the Native Village of Barrow's Realty Office at (907) 852-4411 for assistance.

If you have any questions regarding native allotments (subsistence campsite areas), please contact the Inupiat Community of the Arctic Slope's Realty Office at (907) 852-4227 for assistance.

Thank you.



## Alaska Legal Services Corporation

### **ANCHORAGE OFFICE**

1016 West Sixth Avenue, Suite 200  
Anchorage, AK 99501-1963

Phone: (907) 272-9431  
Toll Free: 1-888-478-2572  
Fax: (907) 279-7417

E-mail: [anchorage@alsc-law.org](mailto:anchorage@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

### **BARROW OFFICE**

P.O. Box 1651  
Barrow, AK 99723

Phone: (907) 855-8998  
Toll Free: 1-855-755-8998  
Fax: 888-840-0522

E-mail: [barrow@alsc-law.org](mailto:barrow@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

### **BETHEL OFFICE**

P.O. Box 248  
Bethel, AK 99559-0248

Phone: (907) 543-2237  
Toll Free: 1-800-478-2230  
Fax: (907) 543-5537

E-mail: [bethel@alsc-law.org](mailto:bethel@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

### **BRISTOL BAY OFFICE**

P.O. Box 176  
Dillingham, AK 99576-0176

Phone: (907) 842-1452  
Toll Free: 1-888-391-1475  
Fax: (907) 842-1452

E-mail: [dillingham@alsc-law.org](mailto:dillingham@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

### **FAIRBANKS OFFICE**

1648 Cushman, #300  
Fairbanks, AK 99701-6228

Phone: (907) 452-5181  
Toll Free: 1-800-478-5401  
Fax: (907) 456-6359

E-mail: [fairbanks@alsc-law.org](mailto:fairbanks@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

### **JUNEAU OFFICE**

419 6th Street #322  
Juneau, AK 99801-1096

Phone: (907) 586-6425  
Toll Free: 1-800-789-6426  
Fax: (907) 586-2449

E-mail: [juneau@alsc-law.org](mailto:juneau@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

**KENAI OFFICE**

P.O. Box 2463  
100 Trading Bay Rd., Unit 5  
Kenai, AK 99611-2463

Phone: (907) 395-0352  
Toll Free: 1-855-395-0352  
Fax: (907) 395-0938

E-mail: [kenai@alsc-law.org](mailto:kenai@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

**KETCHIKAN OFFICE**

306 Main Street #301  
Ketchikan, AK 99901-6483

Phone: (907) 225-6420  
Toll Free: 1-877-525-6420  
Fax: (907) 225-6896

E-mail: [ketchikan@alsc-law.org](mailto:ketchikan@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

**KOTZEBUE OFFICE**

P.O. Box 526  
2nd Floor, Ferguson Building  
Kotzebue, AK 99752-0526

Phone: (907) 442-7737  
Toll Free: 1-800-622-9797  
Fax: (907) 442-4111

E-mail: [kotzebue@alsc-law.org](mailto:kotzebue@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

**NOME OFFICE**

P.O. Box 1429  
110 Front Street, Suite 204A  
Nome, AK 99762-1429

Phone: (907) 443-2230  
Toll Free: 1-888-495-6663  
Fax: (907) 443-2239

E-mail: [nome@alsc-law.org](mailto:nome@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

**PALMER OFFICE**

634 South Bailey Street, Suite 102  
Palmer, AK 99645

Phone: (907) 746-4636  
Toll Free: 1-855-996-4636  
Fax: (907) 707-4636

E-mail: [palmer@alsc-law.org](mailto:palmer@alsc-law.org)

Office hours: Monday – Friday, 9am – 5pm

## APPLICATION INFORMATION

Alaska Legal Services Corporation is a private, non-profit organization that provides free legal services to those eligible. This screening application is our way to complete the following three steps:

**1. We must first check to be sure we do not have a conflict of interest due to our prior or current representation of someone connected with your case.** To do this we need the correct spelling of both your name and the adverse party's name.

If a conflict of interest exists, ALSC will not be able to assist you. We will inform you as soon as possible that we cannot provide any legal advice or representation. Since ALSC cannot help, we will try to refer you to another agency or organization for assistance.

**2. We then must check to be sure that you are financially eligible for our services.**

A preliminary determination about your financial eligibility for our services is made according to income and asset information on the application, subject to a more thorough evaluation later. Our financial eligibility guidelines are based on federal poverty guidelines and are available upon request.

**3. Finally, we must screen your case to see if your situation meets the priorities of our office.**

ALSC is prohibited by federal regulations from providing assistance for some types of cases. In addition, we have limited resources, and so we must prioritize which cases we take. Priorities are established by the local office and approved by our governing board. A copy of our priorities is available upon request.

**PLEASE NOTE AT THIS TIME OUR OFFICE IS NOT REPRESENTING YOU AND THE INFORMATION YOU PROVIDE IN THIS APPLICATION SHOULD NOT BE CONSIDERED PRIVILEGED AND IN NO WAY CREATES AN ATTORNEY CLIENT RELATIONSHIP BETWEEN YOU AND ALASKA LEGAL SERVICES CORPORATION**

We will make every attempt to let you know whether we can accept your case within **two weeks** of receiving your application. Please let us know if you have an emergency situation, and we will try to address your application on an expedited basis. *If you are applying for legal assistance with an ongoing court case, please be sure to include copies of all court documents with your application.*

**Return completed application by mail, email attachment, fax or in person to:**

Alaska Legal Services  
PO Box 1651  
Barrow AK 99723  
Phone: 907-855-8998  
Fax: 888-840-0522  
Email: [barrow@alsc-law.org](mailto:barrow@alsc-law.org)

# ALSC APPLICATION FOR SERVICES

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Other names by which you have been known, including maiden name: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_ Message: \_\_\_\_\_

Spouse/Partner's name: \_\_\_\_\_ DOB: \_\_\_\_\_

**Number of adults in household:** count only yourself, your spouse, or unmarried partner \_\_\_\_\_

(do NOT count other adults, like parents, adult children or roommates)

**Number of children under 18:** count only children for whom you are legally responsible \_\_\_\_\_

**Name and DOB for Children counted above:**

**Opposing party's name:** \_\_\_\_\_

Opposing Party's DOB if known: \_\_\_\_\_

Opposing Party's address: \_\_\_\_\_

Opposing Party's phone if known: \_\_\_\_\_

Other names by which Opposing Party is Known: \_\_\_\_\_

**Income:** If your household has **no income** and no one receives a PFD, initial here \_\_\_\_\_

**If you have any income,** including the PFD, list the gross income for **all of the above** household members:

Source	Amt.	per	time period
ATAP or TANF		per	
Adult Public Assistance		per	
Wages/Earnings		per	
PFD		per	
Alimony/Child Support		per	
Retirement/pension		per	
Senior cash benefit		per	
Social Security		per	
SSI		per	
Unemployment		per	
VA		per	
Worker's comp		per	
Other		per	
		per	

Expenses other than credit card debt:			
Item	Amt.	Per	Time period
Rent/Mortgage		per	
Child Care		per	
Child Support		per	
Medical		per	
Empl. Expenses		per	
Other		per	
		per	

Do you expect your income to change (check one)?

Yes \_\_\_\_\_ no \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Do you have a Medicaid trust? yes no

**Assets:** Do you or any household members have any of the following assets?

	No	yes	Value/Equity	Amt. Owed
Checking/Saving Accounts				
Other cash not in an account				
Vehicles Used for Transportation			(not needed)	(not needed)
Other Vehicles				
Land/house: Indicate if __primary residence, __native allotment or __other restricted property. If other than these, provide value/amount owed				
Personal property or other asset not listed above				

**If your household has NO assets,** initial here \_\_\_\_\_

Sign this box only if you are a US citizen:

I am a citizen of the United States: \_\_\_\_\_

Signature

Date

*Your answers to these questions **will not** affect your eligibility. This information is gathered for data collection and service purposes only.*

**Veteran/Military Status:**

Have you ever served in the military, including the Reserves or National Guard? \_\_\_\_\_  
Are you Active Duty military? \_\_\_\_\_ Are any other household members veterans? \_\_\_\_\_

**Domestic Violence:**

Have you experienced domestic violence? \_\_\_\_\_ Is domestic violence involved in this case? \_\_\_\_\_  
What is a safe number and address where you can be contacted? \_\_\_\_\_  
\_\_\_\_\_

**Crime victim:**

Have you ever been a victim of a crime other than domestic violence? \_\_\_\_\_

**Disability:**

Please list any physical or mental disabilities \_\_\_\_\_  
\_\_\_\_\_

Do you need any kind of accommodations (special help) because of your disability, and if so, please let us know what you need. \_\_\_\_\_  
\_\_\_\_\_

**Caregiver Information:**

Do you provide unpaid care for a disabled adult family member or are raising a grandchild? \_\_\_\_\_

Does someone provide unpaid care for you? \_\_\_\_\_

If yes to either, please provide the following for that person:

Name	Relationship	Date of Birth
_____	_____	_____

**Housing/Other:**

Type of housing: \_\_\_\_\_

Currently homeless? \_\_\_\_\_ At risk for homelessness? \_\_\_\_\_

If your physical address is different from your mailing address, please give it here: \_\_\_\_\_  
\_\_\_\_\_

Is your income used to pay rent or mortgage (wholly or in part)? \_\_\_\_\_

Primary language \_\_\_\_\_ Interpreter needed? \_\_\_\_\_

Are any members of the household a different ethnicity than the applicant? If yes, please specify \_\_\_\_\_  
\_\_\_\_\_

Who or what agency referred you to ALSC? \_\_\_\_\_

**Legal Problem** -- Briefly describe your legal problem:

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The information provided is accurate to the best of my knowledge: \_\_\_\_\_

Signature/Date

## INTAKE QUESTIONS FOR PROBATE

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

Your Name: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

If you are able to receive documents by email and print them on a computer, what is your email address: \_\_\_\_\_

What is the name of the person who died? \_\_\_\_\_

What is your relationship to the deceased? \_\_\_\_\_

What was the date of death? \_\_\_\_\_

Do you have a death certificate? \_\_\_\_\_

Did the death occur in Alaska? \_\_\_\_\_

Where did the deceased live at the time of death? City: \_\_\_\_\_ State: \_\_\_\_\_

Was the deceased an Alaska Native? \_\_\_\_\_

### EXISTENCE OF A WILL

Did the deceased leave a will? Yes \_\_\_\_\_ No \_\_\_\_\_ Don't Know \_\_\_\_\_

If yes, who has the original will? \_\_\_\_\_

**Please attach a copy of the will if you have one.**

If there is a will, who is named as the executor of the estate? \_\_\_\_\_

Was the deceased married at the time of death? \_\_\_\_\_

What is the name of the surviving spouse? \_\_\_\_\_

Please list any surviving children, including legally adopted children:

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If any of the children listed above are under the age of 18, please list their names.

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If there is no surviving spouse or children, who are the closest living relatives of the deceased? \_\_\_\_\_

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**PROPERTY** Please use additional pages or back of page if need .

What sort of property did the deceased own at the time of death?

- House/Land

Location?

How many acres?

Whose name is on the title?

Estimated value:

- Autos (describe)

Whose name is on the title?

Estimated value:

- Bank Accounts

Whose name is on the account?

Estimated value:

- Fishing Permit

What fishery?

Do you have the permit number?

- Boat, Snow machine, Four Wheeler, Airplane
- Permanent Fund Dividend
- Native Corporation Stock
- Native Allotment or other Native Restricted Land
- Other Property

What sort of bills did the deceased owe at the time of death?

Do you have reason to believe people will be fighting over the property of the deceased?  
Briefly explain.

## ALASKA DEATH CERTIFICATE REQUEST FORM INSTRUCTIONS

### PLEASE READ THESE INSTRUCTIONS CAREFULLY.

**Incomplete applications or applications that do not include proper photo identification will be returned unprocessed.**

- A spouse, parent, child, or sibling of a deceased person may obtain a certified copy of the death certificate. Proof of your relation to the decedent is required when submitting your application. Siblings will and children of the decedent will have to provide a copy of their birth certificate showing parental relationship to the decedent.
- A death certificate can also be furnished to a legal representative or to a person who provides documentation showing the death certificate is needed for the determination of property rights. If you are a legal representative, include a letter stating whom you represent and how you are related to the person named on the record.
- Use the full first, middle, and last names as they appear on the certificate when filling out the request form.
- We can only process requests for deaths that occurred in Alaska. For deaths that occurred outside of Alaska, requests must be sent directly to the appropriate state.
- **ALL REQUESTS MUST INCLUDE A COPY OF GOVERNMENT-ISSUED PICTURE ID OF THE PERSON REQUESTING THE DEATH CERTIFICATE. Enlarge the copy and lighten it as much as possible to ensure it is clear and readable when sent to the Bureau, ESPECIALLY IF YOU ARE FAXING YOUR REQUEST. REQUESTS WITH DARK OR UNCLEAR COPIES OF IDs WILL BE RETURNED UNPROCESSED. Your signature under the copied ID is also required.**

#### The following are acceptable for identification purposes:

- A driver's license or official identification card issued by another state in the U.S., jurisdiction or territory, unexpired, or expired for not more than one year
- An unexpired U.S. or foreign passport.
- U.S. military identification or military dependent identification.
- If you are currently living in Alaska, a BIA or tribal identification card will also be accepted.

**If you are unable to provide any of the above-mentioned forms of identification, please contact the Alaska Bureau of Vital Statistics at 907.465.3391 to speak with a customer service representative.**

#### SUBMITTING YOUR REQUEST:

- Print and complete the request form and mail it or fax it to our office.
- Walk-in service is also available in Anchorage, Fairbanks, or Juneau. Please check our web site ([www.hss.state.ak.us/dph/bvs/contacts/](http://www.hss.state.ak.us/dph/bvs/contacts/)) for office hours and location.
- Vital records requests contain confidential information. Therefore, we highly recommend you mail or fax your request. E-mail, although convenient, is not secure and subject to fraud.
- Remember to sign your request and enclose the correct fees as well as a copy of picture ID.
- Expedited (Rush) requests may only be submitted by fax. Please fax your rush request to 907.465.3618.
- If faxing, call the Alaska Bureau of Vital Statistics to confirm receipt at 907.465.3391 Monday-Friday, 8 a.m. - 4 p.m. Alaska time.

#### PROCESSING TIMES:

- Requests sent by regular mail will normally be processed within 2 -3 weeks after receipt by the Bureau.
- Expedited (Rush) requests submitted with credit card payment will normally be processed within 3 working days after receipt. Expedited requests must be faxed to our office. Note that there is no overnight express delivery to or from Alaska. Express delivery takes at least two days each way.
- Normal processing times can be greater during periods of high volume. Please plan accordingly.
- Please allow for mailing time.

#### FEES:

- Alaska charges a search fee for records. Once an order is received and processed, the first \$30 record search fee is not refundable. If you order multiple copies and no record is found, the fees for the extra copies will be refunded.
- The first copy of a certificate is \$30.00 and additional copies are \$25 for each copy of the same record ordered at the same time.
- **Records requiring an Apostille:** Death Certificates requiring authentication for a foreign country have additional fees. The additional charge is \$12.00 for the first record, with \$2.00 added for each additional copy of the same record. This includes the \$2.00 fee for the Lt. Governor's office. The country that the record is being sent to must be noted on your request.
- All NSF checks will be sent to a collection agency. There will be a \$30.00 charge for returned checks.
- Expedited (Rush) service requires an additional \$11.00 fee. Orders may be processed by completing the request form and faxing it to the Bureau of Vital Statistics. Please do not mail expedited requests to our office.
- Faxed requests require an \$11.00 handling fee. All faxed requests receive expedited (rush) processing.
- Orders may also be accepted online at: [www.vitalchek.com](http://www.vitalchek.com). You will be required to fax identification and the VitalChek authorization form to our office.

#### CONTACT INFORMATION:

- For additional information on obtaining Alaska Vital Records, please contact the Records Processing Unit in Juneau at 907.465.3391.

**STATE OF ALASKA**  
**DEATH CERTIFICATE REQUEST FORM**

Reset Form

Print Form

- You may type directly on this form and print it or you may print the form first and then complete it by hand. If you enter the ordering information on this form the fees and shipping charges will automatically be calculated.
- If completed by hand, be sure that all information is printed neatly and is legible.
- **Expedited (Rush) requests must be faxed to 907.465.3618 for processing.** Do not mail expedited requests. Please call 907.465.3391 Monday-Friday, 8 a.m. to 4 p.m. Alaska time, to confirm the receipt of your fax.
- **Faxed requests require an \$11.00 handling fee. All faxed requests receive expedited (rush) processing.**
- Please read the instructions on the previous page. **Incomplete or inaccurate requests or requests that do not include a copy of a government-issued ID with a signature below the ID will be returned unprocessed.**

FULL Name of the Deceased: \_\_\_\_\_

Date of Death: \_\_\_\_\_ City or Village of Death: \_\_\_\_\_

Purpose of the request: \_\_\_\_\_  
(Personal Records, Legal Purposes, Inheritance/Estate Settlement, Govt. Assistance/Benefits, Insurance/Pension, Retirement, etc. )

Your Relationship to the Deceased: \_\_\_\_\_  
(Spouse, parent, child, sibling, legal representative, etc. )

Signature of the Person Requesting the Record: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**ADDITIONAL HELPFUL SEARCH CRITERIA BUT NOT REQUIRED**

FULL Name of the Deceased's Mother before she was first married: \_\_\_\_\_

FULL Name of the Deceased's Father: \_\_\_\_\_

Date of Birth of the Deceased: \_\_\_\_\_

**Mail this form with a money order, a check, or credit card information. Checks must be preprinted with your name and address. Please note there is a \$30.00 NSF fee for returned checks. Expedited (Rush) requests must be faxed to 907.465.3618 for processing (Add \$11.00).**

**Make Checks Payable to:**  
Bureau of Vital Statistics  
P.O. Box 110675  
Juneau, AK 99811-0675

Phone: (907) 465-3391  
Fax: (907) 465-3618

**# Copies**

You may enter the ordering information in this form and the fees and shipping charges will automatically be calculated.

**Amount**

Death Certificates: \$30 first copy; \$25 each additional copy of the same record ordered at the same time.

Apostille fee (please see instructions for fees)

Country needed for: \_\_\_\_\_

☐ Faxed Requests\* or Expedited (Rush) Service\* (Add \$11.00)

\*Does not include shipping fees.

Ship by: ☐ Regular Mail (no additional fee)  
☐ Priority Mail (Add \$5.15)  
☐ Express Mail (Add \$18.95)  
☐ FedEx (No PO Box / Add \$18.50)  
(Call our office for shipping rates outside the U.S) Total \_\_\_\_\_

**Credit Card Information (When paying by credit card)**

Name on credit card: \_\_\_\_\_

Billing address: \_\_\_\_\_

Number: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Visa ☐ MasterCard ☐ Discover ☐

Cardholder signature (required): \_\_\_\_\_

PLEASE ENTER YOUR MAILING ADDRESS BELOW. DO NOT DETACH.

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

Street: \_\_\_\_\_

City, State, Zip \_\_\_\_\_