AFFIDAVIT OF HEIRSHIP



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 <u>stock@uicalaska.com</u>. Please mail completed Affidavit of Heirship forms to:

> UIC – Stock Department PO Box 890 Barrow, Alaska 99723

Respectfully, UIC Stock Department

UKPEAĠVIK IÑUPIAT CORPORATION

AFFIDAVIT OF HEIRSHIP

| State of)) .ss |
|---|
| County/Judicial District) |
| I,, being duly sworn upon oath, here state that I am an adult, at least eighteen years of age with personal knowledge about deceased UIC shareholder, ("Deceased"). The following information about the Deceased is true, correct and complete to the best of my knowledge, information, and belief. |
| INFORMATION ABOUT THE DECEASED |
| Deceased's Date of Birth: Deceased's Date of Death: Marriage (Please check all that may apply.) At the time of death, the Deceased <u>was married</u> to: |
| Address: SSN: Phone #: Phone #: |
| If Deceased, date of Death: |
| Previous Marriage (If any): Divorce Date:OR Date of Death: |
| The Deceased was never married during his/her life. |
| (Please check only one box for each question below.) |
| 3. Did the Deceased leave an UIC Stock Will/Testamentary Disposition or other Last Will and Testament? |
| 4. Is there a court order/decree relating to the deceased which could affect entitlement to the stock? No Yes (If yes, please attach a copy of the court order or decree) I do not know |
| 5. Has the Estate of the deceased been probated? No Yes (If yes, please provide :) Court: Location: I do not know. File #: |
| 6. Was the deceased enrolled in any other Village Corporation? No Yes (If yes, please list) Other Corporations: I do not know. |

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



|--|

| Name of Child: | | | Date of Birth: | |
|--|------------|------|--------------------|--|
| Address: | | | | |
| | | | | |
| Phone #: Email: | | | | |
| Is this Child deceased? If so, Date of Death: | | | | |
| If deceased, please list the names of surviving | | וייי | | |
| 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 adoption decree, findings and facts, and conc | | • | | |
| 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 | ; childrer | וי: | | |
| 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 adoption decree, findings and facts, and conc | | • | | |
| 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 adoption decree, findings and facts, and conc | | • | | |

CONTINUATION OF CHILDREN

| Name of Child: | | | Date of Birth: |
|--|----|-----|--------------------|
| Address: | | | |
| | | | |
| Phone #: Email: | | | |
| Is this Child deceased? If so, Date of Death: | | | |
| If deceased, please list the names of surviving | | : | |
| 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 adoption decree, findings and facts, and conc | | • | |
| 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 | | | |
| 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 adoption decree, findings and facts, and conc | | - | |
| 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 | | | |
| Was this Child adopted by the Deceased? | No | Yes | |
| Was this Child adopted <u>out</u> to others? | No | Yes | |
| If you answered yes to either question, please adoption decree, findings and facts, and conc | | • | |



CONTINUATION OF CHILDREN

| Name of Child: | | | Date of Birth: |
|---|----------|-----|--------------------|
| Address: | | | |
| | | | |
| Phone #: Email: | | | |
| 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 <u>out</u> to others? | No | Yes | |
| If you answered yes to either question, please adoption decree, findings and facts, and conclu | | • | |
| 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 <u>out</u> to others? | No | Yes | |
| If you answered yes to either question, please adoption decree, findings and facts, and conclu | | • | |
| 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 | | : | |
| Was this Child adopted by the Deceased? | No | Yes | |
| Was this Child adopted <u>out</u> to others? | No | Yes | |
| If you answered yes to either question, please adoption decree, findings and facts, and conclu | | • | |



PARENTS- Please provide the following information about the Deceased's Biological Parents (living or deceased)

| Biological Father: | Date of Birth: |
|--------------------------|-----------------------------|
| Address: | |
| Phone #: | _Email: |
| Social Security #: | If deceased, Date of Death: |
| Biological Mother: | Date of Birth: |
| | |
| Address: | |
| Address: | |
| Address: Phone #: | Email: |

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

| Adopted Father: | Date of Birth: |
|--------------------|-----------------------------|
| Address: | |
| Phone #: | Email: |
| Social Security #: | If deceased, Date of Death: |
| Adopted Mother: | Date of Birth: |
| Address: | |
| | |
| Phone #: | Email: |
| Social Security #: | If deceased, Date of Death: |



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 | ו: | | | |
| Was this Brother/Sister adopted by the Deceased? | No | Yes | | |
| Was this Brother/Sister adopted <u>out</u> to others? | No | Yes | | |
| If you answered yes to either question, please attach or adoption decree, findings and facts, and conclusion of | • | • • • | | |
| 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 | ו: | | | |
| Was this Brother/Sister adopted by the Deceased? | No | Yes | | |
| Was this Brother/Sister adopted <u>out</u> to others? | No | Yes | | |
| If you answered yes to either question, please attach or adoption decree, findings and facts, and conclusion of | • | | | |
| Name of Brother/Sister: | | Date of Birth: | | |
| Address: | | | | |
| <u> </u> | | | | |
| 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: | | | | |

CONTINUATION OF BROTHER(S) & SISTER(S)



| Name of Brother/Sister: | | Date of Birth: | | |
|--|----|--------------------|--|--|
| Address: | | | | |
| | | | | |
| Phone #: Email: | | | | |
| Is this Brother/Sister deceased? If so, Date of Death: | | | | |
| If deceased, please list the names of surviving children | n: | | | |
| Was this Brother/Sister adopted by the Deceased? | No | Yes | | |
| Was this Brother/Sister adopted <u>out</u> to others? | No | Yes | | |
| If you answered yes to either question, please attach adoption decree, findings and facts, and conclusion o | • | | | |
| 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 | n: | | | |
| Was this Brother/Sister adopted by the Deceased? | No | Yes | | |
| Was this Brother/Sister adopted <u>out</u> to others? | No | Yes | | |
| If you answered yes to either question, please attach adoption decree, findings and facts, and conclusion o | - | | | |
| 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 adoption decree, findings and facts, and conclusion o | • | | | |

CONTINUATION OF BROTHER(S) & SISTER(S)



| 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 or adoption decree, findings and facts, and conclusion of | • | | | |
| 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 or adoption decree, findings and facts, and conclusion of | • | | | |
| 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: | | | | |



If you know any other information not already provided in this form that could affect the transfer of the deceased shareholder's UIC stock, please explain in the space provided or attach additional pages to this Affidavit of Heirship if necessary. This may include, for example, facts and circumstances related to the cultural adoption of anyone listed in this affidavit, if applicable:

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PLEASE READ CAREFULLY.

Do not sign until you are in front of a notary public.

I understand the purpose of this questionnaire and affidavit and I can swear to the truth of the facts stated because I am the ________(relationship) to the Deceased. I have completed this form to the best of my knowledge about the Decedent and I know of no other facts which might affect who is entitled to the stock.

I am signing this Affidavit of Heirship before a Notary at ______ (City),

| | (State), on this _ | date of | | , 2 |
|--------------------------|--|----------------------------|--------|-----------|
| | | Signature | | |
| | | Contact Phone Number | | |
| State of |) | | | |
| |) ss. | | | |
| County/Judicial District |) | | | |
| | | | | |
| l, | , a Notary Public, in and for the State of | | | |
| | | e that the forgoing Affida | | sexecuted |
| before me by | | , on the | day of | |
| 2 | | | | |
| Notony Dublic Signature | | | | |
| Notary Public Signature | | | | |
| Notary Public Print Name | | My Commission Expires | | |