



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

Bethel Office

P.O. Box 248
460 Ridgecrest, Suite 113
Bethel, AK 99559-0248

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

E-mail: bethel@alsc-law.org
Office hours: Monday – Friday, 9am – 5pm

Fairbanks Office

100 Cushman Street, Suite 500
Fairbanks, AK 99701-6228

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

E-mail: fairbanks@alsc-law.org
Office hours: Monday – Friday, 9am – 5pm

Utqiagvik (Barrow) Office

P.O. Box 1651
1078 Kiogak Street, Room 315
Barrow, AK 99723

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

E-mail: barrow@alsc-law.org
Office hours: Monday – Friday, 9am – 5pm

Bristol Bay Office

P.O. Box 176
1500 Kanakanak Rd., BBNA Main Building
Dillingham, AK 99576-0176

Phone: (907) 842-1452
Toll Free: 1-888-391-1475
Fax: (888) 383-2448

E-mail: dillingham@alsc-law.org
Office hours: Monday – Friday, 9am – 5pm

Juneau Office

8800 Glacier Highway, Suite 228
Juneau, AK 99801-1096

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

E-mail: juneau@alsc-law.org
Office hours: Monday – Friday, 9am – 5pm

Kenai Office

P.O. Box 2463
110 N. Willow St., Suite 132
Kenai, AK 99611-2463

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

E-mail: kenai@alasc-law.org
Office hours: Monday – Friday, 9am – 5pm

Kotzebue Office

P.O. Box 526
333 Shore Avenue, Eskimo Building, Room 207
Kotzebue, AK 99752-0526

Phone: (907) 442-3500
Toll Free: 1-877-622-9797
Fax: (907) 442-4115

E-mail: kotzebue@alasc-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) 707-1133

E-mail: palmer@alasc-law.org
Office hours: Monday – Friday, 9am – 5pm

Ketchikan Office

2417 Tongass Avenue, Unit 202 B
Ketchikan, AK 99901-6483

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

E-mail: ketchikan@alasc-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@alasc-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 Corporation Mailing
Address: PO Box 1651, Utqiagvik AK 99723
Physical Address: 11078 Kiogak Street, Room 315,
Utqiagvik AK 99723
Phone: (907) 855-8998
Fax: (888) 840-0522 | **Email:** 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:

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:

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

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

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.

PROBATE HEIRS OF DECEDENT INFORMATION

The following is the information we will need in order to probate the Decedent's estate. When an individual dies intestate (without a Will) the distribution of their assets is determined by looking at the individuals who would have an interest in this Decedent's estate at the time of his death. Please try to list the information for all of the heirs who may have an interest in the Decedent's Estate regardless if they are living or Dead.

I. DECEDENT'S PERSONAL INFORMATION

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME
_____ DATE OF BIRTH	_____ DATE OF DEATH	_____ CITY/STATE OF RESIDENCE

II. DECEDENT'S SPOUSE'S PERSONAL INFORMATION

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME
_____ DATE OF BIRTH	_____ DATE OF DEATH	_____ Current Address
_____ DATE OF DIVORCE		

III. DECEDENT'S PARENTS INFORMATION

Father

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME
_____ DATE OF BIRTH	_____ DATE OF DEATH	_____ Current Address

Mother

_____ FIRST NAME	_____ MIDDLE NAME	_____ LAST NAME
_____ DATE OF BIRTH	_____ DATE OF DEATH	_____ Current Address

V. DECEDENT'S CHILDREN (ADOPTED OR BY BIRTH) INFORMATION

FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	DATE OF DEATH	Current Address
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	DATE OF DEATH	Current Address
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	DATE OF DEATH	Current Address
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	DATE OF DEATH	Current Address
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DATE OF BIRTH	DATE OF DEATH	Current Address
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	DATE OF DEATH	Current Address
FIRST NAME	MIDDLE NAME	LAST NAME
DATE OF BIRTH	DATE OF DEATH	Current Address

VI. DECEDENT'S SIBILINGS (ADOPTED OR BY BIRTH) INFORMATION

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FIRST NAME	MIDDLE NAME	LAST NAME
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DATE OF BIRTH	DATE OF DEATH	Current Address
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FIRST NAME	MIDDLE NAME	LAST NAME
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DATE OF BIRTH	DATE OF DEATH	Current Address
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VII. DECEDENT'S GRANDCHILDREN (ADOPTED OR BY BIRTH) INFORMATION

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DATE OF BIRTH	DATE OF DEATH	Current Address
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DATE OF BIRTH	DATE OF DEATH	Current Address
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VIII. DECEDENT'S NIECES OR NEPHEWS (ADOPTED OR BY BIRTH) INFORMATION

<hr/> FIRST NAME <hr/>	<hr/> MIDDLE NAME <hr/>	<hr/> LAST NAME <hr/>
<hr/> DATE OF BIRTH <hr/>	<hr/> DATE OF DEATH <hr/>	<hr/> Current Address <hr/>
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<hr/> DATE OF BIRTH <hr/>	<hr/> DATE OF DEATH <hr/>	<hr/> Current Address <hr/>

Alaska Death Certificate Request Form Instructions

Who may obtain a death certificate?	Proof of Entitlement in Addition to an Accepted form of ID
Spouse (married in Alaska)	Listed on the death certificate
Spouse (married outside Alaska)	Certified copy of marriage, divorce certificate or a child's birth certificate listing both parents
Parent(s) (for children born in Alaska)	Listed on the death certificate
Parent(s) (for children born outside Alaska)	Certified copy of the child's birth certificate
Child(ren) of Decedent	Certified copy of child's birth with decedent name listed
Sibling of Decedent	Certified copy of sibling's birth with one parent in common
Legal Guardian of Decedent	Certified guardianship papers along with documentation showing the death certificate is needed to establish personal or property rights.
Office of Public Advocacy	Certified guardianship papers
Legal Representative/Attorney	<ul style="list-style-type: none"> • A cover letter indicating who they represent. • The original or certified documentation showing the death certificate is needed to determine property rights (e.g. beneficiary documents, last will, property deeds, and financial statements). Faxed documents are not accepted. • Signed copy of attorney client agreement

Accepted Forms of ID (must be unexpired):

- Driver's license
- State-issued ID card
- Passport
- Military ID
- Tribal/BIA card

How to submit a request:

- Complete this form with payment and a copy of your ID. Non-expedited requests may be mailed or faxed it to the Juneau Vital Records Office. Please call 10 minutes after sending your fax to confirm receipt. Expedited requests must be faxed.
 - Fax: (907) 465-3618
 - Mailing address:
Alaska Vital Records Office
P.O. Box 110675
Juneau, AK 99811-0675
- Walk-in to the Juneau or Anchorage Vital Records Office between 8:00 AM and 5:00 PM:
 - Juneau: 5441 Commercial Blvd
 - Anchorage: 3601 C Street, Suite 128

Fees:

Services	Cost	Add'l Copies*
Certified Copy (Birth, marriage, divorce, death) [†]	\$30	\$25
Marriage License	\$60	N/A
Marriage License Re-Issue Fee	\$15	N/A
Adoptions, Paternity, or Amendment/Correction (includes new certificate)	\$60	N/A
Medical Marijuana Card	\$25	\$20 (renewal)
Heirloom Birth Certificate	\$55	\$50
Heirloom Marriage Certificate	\$65	\$60
Apostille (in addition to Certified Copy Fee)	\$12	\$2
Expedite Fee (process request within 48 business hours)	\$11	N/A

*Additional copies are defined as the same record ordered at the same time. Fees are set in accordance with AS 18.50.330. The fees and postage rates reflected on this form are accurate as of September 2016. Please refer to www.vitalrecords.alaska.gov for the most current fees and postage rates.

[†] *NOTE: If the requested record cannot be found, you will be issued a "Record not Found" on certified paper for the same price as the certificate itself.*

Processing times from receipt of request:

Please visit our website and select "Frequently Asked Questions": www.vitalrecords.alaska.gov

STATE OF ALASKA DEATH CERTIFICATE REQUEST FORM

RESET FORM

- Please read the instructions on the first 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, Gov't 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

Phone Number

E-mail Address

(Optional, in case of questions)

Additional Helpful Search Criteria (Not Required)

FULL Name of Deceased's Mother before she was first married

FULL Name of Deceased's Father:

Date of Birth of the Deceased

The fees and postage rates reflected on this form are accurate as of September 2016. Please refer to www.vitalrecords.alaska.gov for the most current fees and postage rates.

Submit this form with the following payment types:

Checks or Money Orders:

Make checks / money orders payable to:

**Alaska Vital Records Office
P.O. Box 110675
Juneau, AK 99811-0675**

Checks must be pre-printed with your name and address. Returned checks carry a \$30 NSF fee.

Credit Cards:

Complete the "Credit Card Information" box, below.

Copies

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

Amount

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

Apostille fee (\$12 for first copy, \$2 each additional copy) **Apostille Country:**

Expedited (Rush) Service* (Add \$11.00)

* Does not include shipping fees.

Walk-in Service

Juneau Office:

5441 Commercial Blvd.
Phone: (907) 465-3391
Fax: (907) 465-3618

Anchorage Office:

3601 C Street, Suite 128
Phone: (907) 269-0991
Fax: (907) 269-0994

Shipping Method:

(Call our office for shipping rates outside the U.S)

Regular Mail (no additional fee)

Priority Mail (Add \$6.45)

Express Mail (Add \$22.95)

FedEx (No P.O. Box / Add \$24.25)

TOTAL

Please enter your mailing address below:

Name:

Street / PO Box:

City, State, Zip

HAVE YOU INCLUDED?

☐

Copy of ID

☐

Payment

☐

Other documentation *(please list if applicable)*

Credit Card Information (When paying by credit card)

Name on credit card:

Billing address:

Number:

Expiration date:

CVV Code

Visa

MasterCard

Discover

Cardholder signature (required):