



PLEASE RETURN TO:

P.O. Box 1008  
Nome, Alaska 99762

## INHERITANCE QUESTIONNAIRE AND AFFIDAVIT

Deceased Name: \_\_\_\_\_ Date of Death: \_\_\_\_\_  
 Enrollment Number: \_\_\_\_\_ Stock Certificate: ON FILE  
 Your Name: \_\_\_\_\_ Relationship to Deceased: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Mailing address: \_\_\_\_\_  
 \_\_\_\_\_

### PART I. Information of the Deceased

1. Did the Deceased leave a will:  yes  no *(If yes, please enclose copy of will)*
2. Has the deceased estate been probated?  yes  no *(If yes, please provide name of court, location and case number)* \_\_\_\_\_
3. Deceased parents: Father \_\_\_\_\_ Address \_\_\_\_\_  
 Mother \_\_\_\_\_ Address \_\_\_\_\_  
*(If deceased, provide dates of death)*
4. The deceased was: (select one)
  - married and the **surviving** spouse is (Name) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone Number: \_\_\_\_\_
  - had never been married
  - had previously been married to: \_\_\_\_\_  DEATH (insert date) \_\_\_\_\_  
 DIVORCE (insert date) \_\_\_\_\_
5.  the deceased had NO children:  
 the deceased had the following children **\*LIVING & DECEASED\***

CHILDS NAME:	AGE:	Address & phone number <b>OR</b> date of death:	Name of other parent

**\*STOP\* For additional names, please attach a separate piece of paper\*\***

6. Did the deceased have children who were adopted by others  yes  no

If yes, please provide names: \_\_\_\_\_

**\*\*Please provide adoption decrees if they are applicable\*\***

7. Did the deceased **legally** adopt any children  yes  no

*(If yes, please indicate those adopted with a check mark next to name(s) under question 5.)*

8. Did the deceased have any children which, though **not legally** adopted, they considered adopted?

Yes  No

*If yes answer a through e below and provide explanation.*

a. Did the foster parents die intestate?  yes  no \_\_\_\_\_

b. Was there a contract or agreement to adopt, either by verbal communication or by actions from surrounding facts?  yes  no \_\_\_\_\_

c. Did the foster parents represent to the child, either expressly or by their conduct that the child was adopted, thereby inducing the child to the extent that their age permitted to perform duties expected?  yes  no \_\_\_\_\_

d. Did the child, to the extent that his/her age permitted, carry out his/her final obligation in the belief that he/she was an adopted child?  yes  no \_\_\_\_\_

e. Did the foster parents take any legal steps to perfect (formally carry out) the legal adoption of the child?  yes  no \_\_\_\_\_

9. If the **deceased children listed on question 5 had children**, list their children below **\*Living & Deceased**

GRANDCHILDS NAME:	Child of:	Address & phone number <b>OR</b> date of death

**\*STOP\* For additional names, please attach a separate piece of paper\*\***

Part II. Please complete sections A & B only if the deceased was not married, not survived by children, not survived by parents and did not execute any wills devising his ANCSA stock.

**A. Brothers & Sisters (LIVING and DECEASED)**

NAME:	Address & Phone number:	If deceased, DOD & Age

**\*STOP\* For additional names, please attach a separate piece of paper\*\***

**B. If any brothers or sister listed above are deceased but had children, list those children.**

Name:	Child of:	Address or phone number: (if deceased, provide DOD)

**\*STOP\* additional names, please attach a separate piece of paper\*\***

**C. Aunts & Uncles (only complete this section if not survived by all the above)**

Name:	Child of:	Address or phone number: (if deceased, provide DOD)

**\*STOP\* For additional names, please attach a separate piece of paper\*\***

I understand the purpose of this questionnaire and affidavit, and I can swear to the truth of the facts states because I am the \_\_\_\_\_

*(Provide your relationship to the deceased)*

I have completed this form to the best of my knowledge about the decedent and I know of no other fact which might affect who is entitled to the stock. I understand that the stock will be transferred by BSNC stock will or AS 13.16.705(b) will or formal will or Alaska Laws on Intestacy whichever one applies.

I have answered the questions above to the best of my knowledge after diligent inquiry. By signing below, I agree to defend, indemnify and hold harmless Bering Straits Native Corporation (“BSNC”) from any and all claims, losses, or actions, including costs and attorney’s fees, arising out of BSNC’S reliance upon the information I have provided in this affidavit.

I am signing this Inheritance Questionnaire &Affidavit before a Notary Public at:

City: \_\_\_\_\_, State: \_\_\_\_\_ on this day \_\_\_\_\_ of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

State of: \_\_\_\_\_

County of: \_\_\_\_\_ (or Judicial District)

Subscribed, sworn to and acknowledged before me by \_\_\_\_\_  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Postmaster

In and for the State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_