



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. Parents of the Deceased: 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 OR 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 OR 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 _____