

**AFFIDAVIT OF HEIRSHIP**

TO: Olgoonik Corporation  
P.O. Box 29, 518 Main Street  
Wainwright, Alaska 99782-0029

STATE OF \_\_\_\_\_ )  
 ) ss.  
\_\_\_\_\_ JUDICIAL DISTRICT)

I, \_\_\_\_\_, being first duly sworn upon oath, deposes and says:

Name of Deceased Stockholder: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Was born on: \_\_\_\_\_ At: \_\_\_\_\_

And Died on: \_\_\_\_\_ At: \_\_\_\_\_

**THE FOLLOWING INFORMATION CONCERNING THE DECEASED IS TRUE AND CORRECT AS INDICATED BELOW AND IS BASED ON PERSONAL KNOWLEDGE.**

The deceased left a Will: (attach copy) \_\_\_ Yes \_\_\_ No \_\_\_ Unknown

Is there a Court Order or Decree relating to the deceased which could affect entitlement to the stock? \_\_\_ Yes \_\_\_ No

If yes, please attach copy of Court Order or Decree.

Comments:

\_\_\_\_\_  
\_\_\_\_\_

The estate of the deceased was probated at:

Court: \_\_\_\_\_ Location: \_\_\_\_\_ File #: \_\_\_\_\_

Was the Deceased adopted: \_\_\_ Yes \_\_\_ No

**PARENTS**

**Natural Father**

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Alaska Native Blood Quantum: \_\_\_\_\_

**Natural Mother**

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Alaska Native Blood Quantum: \_\_\_\_\_

**Adoptive Father (if deceased was adopted child)**

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Alaska Native Blood Quantum: \_\_\_\_\_

**Adoptive Mother (if deceased was adopted child)**

Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Alaska Native Blood Quantum: \_\_\_\_\_

**MARRIAGE**

The deceased was married at the time of death: \_\_\_ Yes \_\_\_ No

Name of Spouse: \_\_\_\_\_

Date of death: \_\_\_\_\_

Current Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Alaska Native Blood Quantum: \_\_\_\_\_

**PREVIOUS MARRIAGE (IF ANY)**

Name of Former Spouse: \_\_\_\_\_

How Marriage terminated: Death Date: \_\_\_\_\_ Divorce Date: \_\_\_\_\_

Current Address (if living): \_\_\_\_\_

**CHILDREN**

Are there any children of the deceased? \_\_\_ Yes \_\_\_ No

**The deceased has the following NATURAL CHILDREN (including deceased children) from oldest to youngest:**

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**The deceased has the following *ADOPTED CHILDREN* (including deceased children) from oldest to youngest:**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**The deceased has the following CHILDREN WHO WERE ADOPTED OUT OF THE FAMILY (including deceased children) from oldest to youngest**

The deceased had children who were adopted out: \_\_\_\_\_ Yes \_\_\_\_\_ No

If adopted out, were inheritance rights continued: \_\_\_\_\_ Yes \_\_\_\_\_ No

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

**OTHER RELATIVES**

If both parents (natural or adopted) of the deceased shareholder are deceased and the deceased shareholder had no children, then please provide the following information concerning other relatives, such as:

**BROTHERS, SISTERS, NIECES, NEPHEWS, AUNTS OR UNCLAS BY WHOLE AND HALF BLOOD AND BY ADOPTION, BUT NOT BY MARRIAGE**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to the Deceased: \_\_\_\_\_  
Children: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_  
Blood Quantum: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Children: \_\_\_\_\_

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

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Children: \_\_\_\_\_

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

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Children: \_\_\_\_\_

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

If Deceased, Date of Death: \_\_\_\_\_  
Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Relationship to the Deceased: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Children: \_\_\_\_\_

