AFFIDAVIT OF HEIRSHIP

TO:	Olgoonik Corporation P.O. Box 29, 518 Main Street Wainwright, Alaska 99782-002	29	
STAT	TE OF JUDICIAL DISTR))ss. ICT)	
	l,,	being first duly sw	vorn upon oath, deposes and
says:			
	Name of Deceased Stockholde	er:	
	Social Security Number:		
	Was born on:	At:	
	And Died on: A	\t:	
	FOLLOWING INFORMATION RECT AS INDICATED BELOW		
The d	deceased left a Will: (attach copy	y) <u>Yes</u> No	Unknown
	ere a Court Order or Decree rela e stock? Yes No	iting to the deceased	d which could affect entitlement
If yes	, please attach copy of Court Or	rder or Decree.	
Comn	ments:		
The e	estate of the deceased was prob	oated at:	
Court	t: Location:		File #:
Was t	the Deceased adopted:	_YesNo	

PARENTS

Natural Father

Name:	
Current Address:	

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:	
-	

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 D	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:	If Deceased, Date of Death:
Address:	Telephone No:
	Blood (Juantum:
Date of Birth:	Social Security Number:
Name:	If Deceased, Date of Death:
Address:	Telephone No:
	Blood Quantum:
Date of Birth:	Social Security Number:
Name:	If Deceased, Date of Death:
Address:	
	Blood Quantum:
Date of Birth:	Social Security Number:

Name:	If Deceased, Date of Death:
Address:	Telephone No:
	Blood Quantum:
Date of Birth:	Social Security Number:
Name:	If Deceased, Date of Death:
Address:	Telephone No:
	Blood Quantum:
Date of Birth:	Social Security Number:
Name:	If Deceased, Date of Death:
Address:	Telephone No:
	Blood Quantum:
Date of Birth:	Social Security Number:
Name:	If Deceased, Date of Death:
Address:	Telephone No:
	Blood Quantum:
Date of Birth:	Social Security Number:
	-
The deceased has the following <i>ADOPTED</i> children) from oldest to youngest:	CHILDREN (including deceased

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 continue	ed: 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 UNCLES BY WHOLE AND HALF BLOOD AND BY ADOPTION, *BUT NOT BY MARRIAGE*

Name: Address:	If Deceased, Date of Death:
	Telephone No:
	Blood Quantum:
Date of Birth:	Social Security Number:
Relationship to the Deceased:	
Children:	

Name:Address: Date of Birth:	If Deceased, Date of Death:		
	Telephone No:		
	Pland Quantum:		
	Social Security Number:		
Relationship to the Deceased:	-		
Children:			
Name:	If Deceased, Date of Death:		
Address:	Telephone No:		
Date of Birth:	Social Security Number:		
Relationship to the Deceased:			
Children:			
Name:	If Deceased, Date of Death:		
Address:	Telephone No:		
Data of Birth	Blood Quantum:		
Date of Birth:	Social Security Number:		
Name:	If Deceased, Date of Death:		
Address:	Telephone No:		
Address:			
Date of Birth:	Social Security Number:		
Relationship to the Deceased:			
Children:			
Name:	If Deceased, Date of Death:		
Address:			
	Plood Quantum:		
Date of Birth:	Social Security Number:		
Relationship to the Deceased:			
Children:			

Name:Address: Date of Birth:			
	Social Security Number:		
	Relationship to the Deceased:		
Children:			
Name:	If Deceased, Date of Death:		
Address:	Telephone No:		
	Blood Quantum:		
Date of Birth:	Social Security Number:		
Relationship to the Deceased:			
Children:			
Name:	If Deceased, Date of Death:		
Address:			
Date of Birth:	Social Security Number:		
Relationship to the Deceased:			
Children:			
Name:	If Deceased, Date of Death:		
Address:	Telephone No:		
	Blood Quantum:		
Date of Birth: Relationship to the Deceased:	Social Security Number:		
Relationship to the Deceased:			
Children:			

I affirm that the information provided in this affidavit is true and correct to the best of my personal knowledge.

Dated this _____ day of ______ 20__.

Signature

Relationship to Deceased

Telephone Number

THIS IS TO CERTIFY that on the ____day of _____, 2014, before me, the undersigned, a Notary Public in and for the State of _____, duly commissioned and sworn, personally appeared ______ to me known and known to me to be the identical individual described above, and acknowledged that he/she signed the same freely and voluntarily for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the day and year last above written.

Notary Public in and for _____

My Commission Expires