#### **AFFIDAVIT OF HEIRSHIP**

| TO:    | Olgoonik Corporation<br>P.O. Box 29, 518 Main Street<br>Wainwright, Alaska 99782-002 |                       |                                  |
|--------|--|-----------------------|----------------------------------|
|        | E OF JUDICIAL DISTR  | )<br>)ss.<br>RICT)    |                                  |
|        | I,,  | being first duly sw   | vorn upon oath, deposes and      |
| says:  |  |                       |                                  |
|        | Name of Deceased Stockhold   | ler:                  |                                  |
|        | Social Security Number:  |                       |                                  |
|        | Was born on:   | At:                   |                                  |
|        | And Died on:   | At:                   |                                  |
|        | FOLLOWING INFORMATION<br>RECT AS INDICATED BELOW                                     |                       |                                  |
| The d  | deceased left a Will: (attach cop  | y) Yes No             | Unknown                          |
|        | ere a Court Order or Decree relates stock? Yes No                                    | ating to the deceased | d which could affect entitlement |
| lf yes | , please attach copy of Court O  | rder or Decree.       |                                  |
| Comr   | ments:   |                       |                                  |
| The e  | estate of the deceased was prot  | pated at:             |                                  |
| Court  | :: Location:   | ·                     | File #:                          |
| Was t  | the Deceased adopted:  | _YesNo                |                                  |

#### 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:<br>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 | e 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 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:       |                             |
|                | 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 ADOPTE | ED CHILDREN (including deceased |
|                                       |                                 |

children) from oldest to youngest:

| Name:<br>Address:<br>Date of Birth: | If Deceased, Date of Death:<br>Telephone No:<br>Blood Quantum:<br>Social Security Number: |
|-------------------------------------|---|
| Name:<br>Address:<br>Date of Birth: | If Deceased, Date of Death:<br>Telephone No:<br>Blood Quantum:<br>Social Security Number: |
| Name:<br>Address:<br>Date of Birth: | If Deceased, Date of Death:<br>Telephone No:<br>Blood Quantum:<br>Social Security Number: |
| Name:<br>Address:<br>Date of Birth: | If Deceased, Date of Death:<br>Telephone No:<br>Blood Quantum:<br>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<br>If adopted out, were inheritance rights continued: Yes No |   |  |
|---|---|--|
|   |   |  |
| Name:<br>Address:<br>Date of Birth:   | If Deceased, Date of Death:<br>Telephone No:<br>Blood Quantum:<br>Social Security Number: |  |
| Name:<br>Address:<br>Date of Birth:   | If Deceased, Date of Death:<br>Telephone No:<br>Blood Quantum:<br>Social Security Number: |  |
| Name:<br>Address:<br>Date of Birth:   | If Deceased, Date of Death:<br>Telephone No:<br>Blood Quantum:<br>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:<br>Address:             | If Deceased, Date of Death: |
|-------------------------------|-----------------------------|
|                               | Telephone No:               |
|                               | Blood Quantum:              |
| Date of Birth:                | Social Security Number:     |
| Relationship to the Deceased: |                             |
| Children:                     |                             |
|                               |                             |

| Name:Address:                                   | If Deceased, Date of Death: |  |  |
|---|-----------------------------|--|--|
|   | Telephone No:               |  |  |
|   | Blood Quantum:              |  |  |
|   | Social Security Number:     |  |  |
| Relationship to the Deceased:                   |                             |  |  |
| Children:                                       |                             |  |  |
|   |                             |  |  |
|   |                             |  |  |
|   |                             |  |  |
| Name:   | If Deceased, Date of Death: |  |  |
| Address:  | I elephone No:              |  |  |
|   | Blood Quantum:              |  |  |
| Date of Birth:                                  |                             |  |  |
| Relationship to the Deceased:                   |                             |  |  |
| Children:                                       |                             |  |  |
|   |                             |  |  |
|   |                             |  |  |
| Name:   | If Deceased, Date of Death: |  |  |
| Address:  | Telephone No:               |  |  |
|   | Blood Quantum:              |  |  |
| Date of Birth:                                  | Social Security Number:     |  |  |
| Date of Birth:<br>Relationship to the Deceased: |                             |  |  |
| Children:                                       |                             |  |  |
|   |                             |  |  |
|   |                             |  |  |
| Name:   | If Deceased, Date of Death: |  |  |
| Address:  |                             |  |  |
| Address:  |                             |  |  |
| Date of Birth:                                  | Social Security Number:     |  |  |
| Relationship to the Deceased:                   |                             |  |  |
| Children:                                       |                             |  |  |
|   |                             |  |  |
|   |                             |  |  |
| Name:   | If Deceased, Date of Death: |  |  |
| Address:  |                             |  |  |
|   | Blood Quantum:              |  |  |
| Date of Birth:                                  |                             |  |  |
| Relationship to the Deceased:                   |                             |  |  |
| Children:                                       |                             |  |  |
|   |                             |  |  |
|   |                             |  |  |

| Name:Address:<br>Date of Birth: | If Deceased, Date of Death:   |  |                         |
|---------------------------------|-------------------------------|--|-------------------------|
|                                 | Telephone No:                 |  |                         |
|                                 |                               |  | Social Security Number: |
|                                 | Relationship to the Deceased: |  |                         |
| Children:                       |                               |  |                         |
|                                 |                               |  |                         |
|                                 |                               |  |                         |
| Name:                           | If Deceased, Date of Death:   |  |                         |
| Address:                        | Telephone No:                 |  |                         |
|                                 | Pland (Juantum)               |  |                         |
| 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:                  | 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 \_\_\_\_\_\_, 20\_\_\_, 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