

## AFFIDAVIT OF HEIRSHIP

TO: Tikigaq Corporation  
P.O. Box 9  
Point Hope, Alaska 99766  
(907) 368-23235

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 \_\_\_ Unknown

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: \_\_\_\_\_

**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 \_\_\_\_\_  
Unknown

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

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: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Relationship to the Deceased: \_\_\_\_\_

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

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

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

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

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

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

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

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

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 as such, personally appeared \_\_\_\_\_ known to me to be the individual who executed the within instrument, and he/she acknowledged to me that said instrument was signed freely and voluntarily for the uses and purposes therein stated.

WITNESS my hand and notarial seal the day and year first above written.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_  
My Commission expires: \_\_\_\_\_