



NUNAMIUT CORPORATION

Nunamiut Corporation

Post Office Box 21009
Anaktuvuk Pass, AK 99721
Phone: (907) 661-3220
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AFFIDAVIT OF HEIRSHIP

TO: Nunamiut Corporation, Inc.
P. O. Box 21009
Anaktuvuk Pass, Alaska 99721

STATE OF ALASKA)
) ss.
SECOND JUDICIAL DISTRICT)

I, _____, being first duly sworn upon oath, depose and say:

The deceased _____ died on _____ at _____, _____. The deceased was enrolled to or held stock in the Nunamiut Corporation, Inc., enrollment number _____ and stock certificate number _____, if known.

The following information concerning the deceased is true and correct as indicated below and is based on personal knowledge.

The deceased was born on or about _____.

Did the deceased leave a "Will"? _____ Yes _____ No _____ Unknown

If unknown, I verify that I have made diligent inquiry and found no evidence that the deceased left a will.

_____ There is no court decree relating to the deceased which could affect the stock or entitlement to the stock.

_____ There is a court decree which may affect the stock or entitlement to the stock (divorce; separation; child support; property settlement).
(ATTACH COPY OR SUPPLY INFORMATION, IF ANSWER IS YES)

COMMENTS: _____

At the time of death, the deceased was _____ Married _____ Never Married

Name of the surviving spouse: _____

Degree of native blood: _____

Address: _____

Date of birth: _____

Date of death: _____

PREVIOUS MARRIAGES:

Name(s) of former spouse(s) _____

How marriage terminated _____

(if deceased, date of death) _____

Degree of Alaskan Native Blood _____

MARK ONE:

_____ The deceased has (had) children _____ The deceased never had children

(if no, proceed to Section II)

Natural Children: The deceased had the following natural children:

1. Name: _____

Date of Birth: _____

Social Security: _____

Degree of Native Blood: _____

Address: _____

Date of Death: _____

Name of Other Parent: _____

3. Name: _____

Date of Birth: _____

Social Security: _____

Degree of Native Blood: _____

Address: _____

Date of Death: _____

Name of Other Parent: _____

2. Name: _____

Date of Birth: _____

Social Security: _____

Degree of Native Blood: _____

Address: _____

Date of Death: _____

Name of Other Parent: _____

4. Name: _____

Date of Birth: _____

Social Security: _____

Degree of Native Blood: _____

Address: _____

Date of Death: _____

Name of Other Parent: _____

5. Name: _____
Date of Birth: _____
Social Security: _____
Degree of Native Blood: _____
Address: _____

Date of Death: _____
Name of Other Parent: _____

7. Name: _____
Date of Birth: _____
Social Security: _____
Degree of Native Blood: _____
Address: _____

Date of Death: _____
Name of Other Parent: _____

6. Name: _____
Date of Birth: _____
Social Security: _____
Degree of Native Blood: _____
Address: _____

Date of Death: _____
Name of Other Parent: _____

8. Name: _____
Date of Birth: _____
Social Security: _____
Degree of Native Blood: _____
Address: _____

Date of Death: _____
Name of Other Parent: _____

Adopted Children: The deceased adopted the following children:

1. Name: _____
Date of Birth: _____
Social Security: _____
Degree of Native Blood: _____
Address: _____

Date of Death: _____
Date of Adoption: _____
Name of Natural Parents: _____

Court _____ Cultural _____

2. Name: _____
Date of Birth: _____
Social Security: _____
Degree of Native Blood: _____
Address: _____

Date of Death: _____
Date of Adoption: _____
Name of Natural Parents: _____

Court _____ Cultural _____

Children Adopted out:

If the deceased had children and these children were adopted by other persons, please provide any information you may have on the present whereabouts of said children and their guardians. If possible, please list the names, birth dates, current addresses,

degree of native blood, type of adoption, approximate date of adoption and name of guardians.

Cont. Children adopted out: The deceased had children adopted out:

1. Name: _____
Date of Birth: _____
Social Security: _____
Address: _____
Degree of Native Blood: _____
Date of Death: _____
Date of Adoption: _____
Name of Adoptive Parents: _____

2. Name: _____
Date of Birth: _____
Social Security: _____
Address: _____
Degree of Native Blood: _____
Date of Death: _____
Date of Adoption: _____
Name of Adoptive Parents: _____

Court _____ Cultural _____

Court _____ Cultural _____

SECTION II

(FILL OUT THIS SECTION ONLY IF THE DECEASED WAS NOT MARRIED AND/OR DID NOT HAVE ANY CHILDREN.)

If the deceased was not married at the time of death and did not have any children, please provide the following information concerning the parents of the deceased:

Name of Parents	Current Address	Natural Adoptive	DOB	Degree of Native Blood	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If the parents of the deceased, whether natural or adoptive are deceased, please provide the following information concerning other relatives, living or deceased, natural or adopted, such as brothers, sisters, nieces, nephews, aunts or uncles of the blood not by marriage.

Name	Address	Relationship	DOB	Degree of Native Blood
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Dated this _____ day of _____, 20_____.

Signature

Relationship to deceased, if any

Subscribed and sworn to before me this _____ day of _____, 20_____.

Notary Public in and for the State of _____
My Commission Expires: _____