

OLGOONIK CORPORATION
P O BOX 29
518 MAIN STREET
WAINWRIGHT, ALASKA 99782-0029
(907) 763-2614

AFFIDAVIT OF HEIRSHIP

To Whom It May Concern:

Olgoonik Corporation records indicate you are related to the deceased:

Name of deceased: _____

Enrollment Number: _____ who had ____ Class _____ Village shares.

Enclosed is an Affidavit of Heirship that should be completed to the best of your knowledge. Please sign the form and have it notarized. If you live in an area where there is no notary, have your signature witnessed by another party and return the affidavit to Olgoonik Corporation at the address stated above.

The affidavit is reviewed by the Olgoonik Corporation staff and forwarded, with recommendations, to the Olgoonik Corporation Board of Directors for approval. The information provided in this affidavit will be used to transfer the shares of the deceased shareholder according to State Statutes. If you have information or have knowledge that the deceased has a Will, then the shares will be transferred according to the Will, after the Will has been probated.

The process of transfer of shares may take up to three years or more months after receipts of the Affidavit of Heirship and other documents required for transfer of shares. Also, please send a copy of Death Certificate, if available. This is another document required. Olgoonik Corporation does not transfer shares until a required documentation is received and reviewed and all heirs have been acknowledged.

If you have any questions, please contact Olgoonik Corporation at (907) 763-2614 or (907) 763-2613.

Sincerely,

OLGOONIK CORPORATION

BY: _____

Date: _____

AT THE TIME OF DEATH

PARENTS OF DECEASED:

FATHER: NAME: _____
 Address: _____

Please check one
Natural Parent _____
Adoptive Parent _____

Date of Birth: _____ if deceased, date of death: _____

Social Security Number: _____ Alaskan Native Blood Quantum: _____

MOTHER: NAME: _____
 Address: _____

Please check one
Natural Parent _____
Adoptive Parent _____

Date of Birth: _____ if deceased, date of death: _____

Social Security Number: _____ Alaskan Native Blood Quantum: _____

IF ADOPTED: (complete the following information)

Please check one
FATHER: NAME: _____
 Address: _____

Natural Parent _____
Adoptive Parent _____

Date of Birth: _____ if deceased, date of death: _____

Social Security Number: _____ Alaskan Native Blood Quantum: _____

MOTHER: NAME: _____
 Address: _____

Please check one
Natural Parent _____
Adoptive Parent _____

Date of Birth: _____ if deceased, date of death: _____

Social Security Number: _____ Alaskan Native Blood Quantum: _____

MARRIAGE

The deceased was married: _____ Yes _____ No

Name of Spouse: _____

 _____ if deceased, date of death: _____
 Telephone: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

PREVIOUS MARRIAGES (IF ANY)

Name of Former Spouse: _____

How marriage terminated: Death Date: _____ Divorce: _____

Current address if living: _____

CHILDREN

Are there any children of the deceased: _____ Yes _____ No

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

IF MORE SPACE IS REQUIRED, PLEASE ATTACH ADDITIONAL INFORMATION.

The deceased has the following **ADOPTED CHILDREN:**

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

CHILDREN ADOPTED OUT

The deceased has children who are adopted out: _____ Yes _____ No

The deceased has the following children who were adopted out of the family (include deceased) **If adopted out, were Inheritance Rights continued:** _____ Yes _____ No

Comments: _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

OTHER RELATIVES

If the parents of the deceased, are deceased, (natural or adoptive) and the deceased had no children, please provide the following information concerning other relatives such as: BROTHERS, SISTERS, NIECES, NEPHEWS, AUNTS, and UNCLES **BY BLOOD AND NOT BY MARRIAGE.**

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

Name: _____ if deceased, date of death: _____

Address: _____ Telephone Number: _____

Date of Birth: _____ Social Security Number: _____ Degree of Native Blood _____

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

Dated this _____ day of _____, 200____,

Signature

Relationship to deceased

Contact Number

I hereby certify that on this _____ day of _____, 200____,

Before me _____, a Notary Public of the State of _____,

personally appeared _____ and made his/her oath and affirmation in due form of law that

the matters and facts set forth in this affidavit are true.

As Witness my hand and notarial seal.

Notary Public Signature

Notary Public Printed Name

Commission Expires: _____