



**PARENTS**

**Natural Father**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_ AK Native Blood Quantum: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

**Natural Mother**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_ AK Native Blood Quantum: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

**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: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Current Address: \_\_\_\_\_ AK Native Blood Quantum: \_\_\_\_\_  
\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date of Death: \_\_\_\_\_

**MARRIAGE**

The deceased was married at the time of death: \_\_\_ Yes \_\_\_ No

Name of Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_ Date of Death: \_\_\_\_\_

\_\_\_\_\_ Social Security Number: \_\_\_\_\_

Telephone: \_\_\_\_\_ 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: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_ Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**The deceased has the following *ADOPTED CHILDREN* (including deceased children) from oldest to youngest:**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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 continued: \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

Name: _____	Date of Birth: _____
Address: _____ _____	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 UNCLAS BY WHOLE AND HALF BLOOD AND BY ADOPTION, *BUT NOT BY MARRIAGE***

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

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

Children: \_\_\_\_\_  
\_\_\_\_\_

**OTHER RELATIVES CONTINUED:**

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

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

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

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

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

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Children: \_\_\_\_\_

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

If Deceased, Date of Death: \_\_\_\_\_

\_\_\_\_\_

Blood Quantum: \_\_\_\_\_

Telephone No: \_\_\_\_\_

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 \_\_\_\_\_ 2010.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Relationship to Deceased

\_\_\_\_\_  
 Telephone Number

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

THIS IS TO CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 2010, 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 \_\_\_\_\_