

# Hungwitchin Corporation

Shareholder Records

615 Bidwill Ave, Ste 407, Fairbanks, AK 99701

## INHERITANCE QUESTIONNAIRE AND AFFIDAVIT

I, \_\_\_\_\_ being first duly sworn am providing the following information on:

(your name)

\_\_\_\_\_  
(deceased's name)

### 1. DECEDENTS INFORMATION

Date of Birth \_\_\_/\_\_\_/\_\_\_ Date of Death \_\_\_/\_\_\_/\_\_\_ Place of death \_\_\_\_\_

Where did decedent live \_\_\_\_\_ How long \_\_\_\_\_

Maiden/other names used \_\_\_\_\_

### 2. MARITAL STATUS Please check all that apply

Never married

At the time of death, married to \_\_\_\_\_

Formerly married to \_\_\_\_\_ Date of divorce \_\_\_/\_\_\_/\_\_\_ or  
Date of Death \_\_\_/\_\_\_/\_\_\_

### 3. CHILDREN

The decedent had no children.

The decedent had the following children (living and decedent).

Name In order of Oldest to Youngest	Address (if known) and/or Phone Number and/or Email Address	If Deceased, Date of Death

Additional children and information can be listed on the back

**4. GRANDCHILDREN (only those of whose parent is deceased from question 3)**

Name and Date of Birth	Child of	Address (if known) and/or Phone Number	If Deceased, Date of Death

*Additional grandchildren and information can be listed on the back*

**5. ADOPTION (if applicable)**

Did the decedent have any children who were **NOT** legally adopted

- a)  No (if No, continue to question b)  
 Yes, if yes please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

b) Did the decedent have children that were adopted out

- No (if No, continue to question 6)  
 Yes, if yes was the adoption:

- Cultural   
Tribal   
State   
Unknown

Village Affiliation \_\_\_\_\_  
Can adoption documents be provided  No  Yes, please attach

Please provide information for children who were adopted out

Name	Date of Birth	Address/Phone #/E-mail (if known)

**6. PARENTS OF DECEDENT (if deceased, provide dates of death)**

Father: \_\_\_\_\_ Address \_\_\_\_\_  
Mother: \_\_\_\_\_ Address \_\_\_\_\_

**7. EXTENDED FAMILY**

**Complete sections A & B ONLY if the decedent was NOT married, had NO children, and was NOT survived by parents.**

**(A) Siblings**

Name and Date of Birth	Address (if known) and/or Phone Number	If deceased, date of death

*Additional siblings and information can be listed on the back*

**(B) Nieces & Nephews (if any siblings are deceased but had children, list those children)**

Name and Date of Birth	Child Of	Address (if known) and/or Phone Number	If deceased, Date of Death

*Additional nieces/nephews and information can be listed on the back*

**8. WILL and Other Documents**

a) Did the decedent leave a will, (select all that apply and attach copy if available)

- Stock Will
- General Will
- No Will
- Unknown
- Death Certificate
- Obituary

b) Has the decedent's estate been probated

- No
- Yes, if yes name and location of court \_\_\_\_\_
- Unknown

**Additional information which may affect how the shares are distributed.**

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Please read carefully.  
MUST SIGN IN THE PRESENCES OF A NOTARY OR POSTMASTER

I understand the purpose of this questionnaire and affidavit and I can swear to the truth of the facts stated because I am the \_\_\_\_\_ to the decedent.  
Relationship

I have completed this form to the best of my knowledge about the decedent and I know of no other fact which might affect who is entitled to the stock. I understand that the stock will be transferred by Hungwitchin Corporation Corporation stock will or AS. 13.16.705(b) will or formal will or Alaska, or other state, laws on Intestacy whichever one applies.

I have answered the questions above to the best of my knowledge. By signing below, I agree to defend, indemnify and hold harmless Hungwitchin Corporation from any and all claims, losses or actions, including costs and attorney's fees, arising out of Hungwitchin Corporation's reliance upon the information I have provided in this affidavit.

I am signing this Inheritance Questionnaire and Affidavit before a Notary Public/Postmaster at

(City) \_\_\_\_\_, (State) \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature (*sign in presence of Notary*)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone/Email Address

Subscribed, sworn to and acknowledged before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public or Postmaster

\_\_\_\_\_  
For the State of \_\_\_\_\_ Commission Expires \_\_\_\_\_