

INHERITANCE QUESTIONNAIRE AND AFFIDAVIT

I, _____ being first duly sworn say: _____
was enrolled to the Doyon, Limited Regional Native Corporation.

INFORMATION

1. Date of Birth: _____ Date of death: _____ Place of death: _____
2. Where did deceased live? _____ How long? _____
3. Maiden/former names used: _____

MARITAL STATUS *Please check all that apply*

4. The deceased had never been married.
 The deceased was married to: _____ at the time of death.
 The deceased had previously been married to: _____
(divorce) _____ (death) _____
Please provide dates

CHILDREN

Please check one

5. The deceased had no children.
 The deceased had the following children (living and deceased).

Child's Name <input checked="" type="checkbox"/> Please check if adopted IN to the family. For children adopted OUT of the family, please see question 9.	Address (if known)	If deceased, please provide date of death. <i>If this child was survived by children, list those children in the "Grandchildren" section.</i>
1 <input type="checkbox"/>		
2 <input type="checkbox"/>		
3 <input type="checkbox"/>		
4 <input type="checkbox"/>		
5 <input type="checkbox"/>		
6 <input type="checkbox"/>		
7 <input type="checkbox"/>		
8 <input type="checkbox"/>		
9 <input type="checkbox"/>		
10 <input type="checkbox"/>		

Additional children and information can be listed on the back

GRANDCHILDREN (only those of whose parent is deceased from question 5)

6.

Name	Child of	Address (if known)	If deceased, please provide date of death

ADOPTION DETAILS (if applicable)

NO ADOPTIONS

7. Did the deceased **LEGALLY** adopt the child (ren) indicated in question 5? Yes No

a) Can adoption decrees be provided? Yes (please attach if you have them available) No

If no, please explain:

Unknown

8. Did the deceased have any children which, though **NOT LEGALLY** adopted, they considered adopted? (Tribal adoption) Yes No **If yes, please provide explanation in space below**

a) Was this “tribal” adoption recognized by other family members? Yes No

b) Was this “tribal” adoption recognized by the village? Yes No Please explain:

9. Did the deceased have children who were adopted by others? Yes No If yes, please list names and contact information, if known.

a) Can adoption decrees be provided? Yes No Unknown

10. Were there any other adoptions that can affect who will inherit shares?

PARENTS OF DECEASED

11. PARENTS: Father: _____ Address _____

Mother: _____ Address _____

(if deceased, provide dates of death)

EXTENDED FAMILY

12. Complete sections **A & B ONLY** if the decedent was **NOT** married, had **NO** children, and was **NOT** survived by parents and did **NOT** have a will devising his ANCSA stock.

(A) Brothers & Sisters: *Please use back of form if more space is needed. Remember to note which section the information belongs*

Name	Address (If known)	If deceased, provide date of death

If any brothers or sisters are deceased but had children, list those children.

(B) Nieces & Nephews

Name	Child Of	Address (If known)	If deceased, provide date of death

Please use back of form if more space is needed. Remember to note which section the information belongs

WILL

13. The deceased left a will:

PLEASE CHECK ONE:

- Certificate Will(s) Attached
- Unable to locate certificate(s)

PLEASE CHECK ONE:

- Formal/General Will *(Enclose copy of will, if available)*
- No Will
- Unknown

14. Has the deceased estate been probated: Yes _____

If yes, name of court and location

- No
- Unknown

ADDITIONAL INFORMATION/COMMENTS WHICH MAY AFFECT HOW THE SHARES ARE DISTRIBUTED?



Please read carefully.

DO NOT SIGN UNTIL YOU ARE IN FRONT 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 deceased.

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 Doyon, Limited 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 Doyon, Limited from any and all claims, losses or actions, including costs and attorney's fees, arising out of Doyon, Limited'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

Address

City, State, Zip

Telephone/Email Address

State of _____
_____ Judicial District

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

Notary Public or Postmaster

In and For the State of

My Commission Expires