

**KUUKPIK CORPORATION
AFFIDAVIT OF HEIRSHIP**



TO: KUUKPIK CORPORATION
ATTN: CORPORATE SECRETARY
P.O. BOX 89187
NUIQSUT, AK 99789

STATE OF ALASKA }
 } ss
_____ JUDICIAL DISTRICT }

I, _____, being duly sworn upon oath, deposes and says:
(Name of Beneficiary)

Name of Deceased Shareholder: _____

Was born on: _____ At: _____

And Died on: _____ At: _____

Deceased held shares with Kuukpik Corporation and _____
(Regional Corporation, if any)

THE FOLLOWING INFORMATION CONCERNING THE DECEASED IS TRUE AND CORRECT AS INDICATED BELOW AND IS BASED ON PERSONAL KNOWLEDGE.

The deceased left a Will: _____ YES _____ NO If yes, please attach a copy of the Will.

Is there a court order or decree relating to the deceased, which could affect entitlement to the stock?
_____ YES _____ NO If yes, please attach a copy of the court order or decree.

The estate of the deceased has been probated at:

Court: _____ Location: _____

File #: _____ Was the deceased

adopted? _____ YES _____ NO

AT THE TIME OF DEATH

PARENTS OF DECEASED	
FATHER'S NAME:	
<input type="checkbox"/> Natural Parent <input type="checkbox"/> Adoptive Parent (Please check one)	
Date of Birth:	If deceased, date of death:

Social Security Number:		Alaska Native Blood Quantum:	
MOTHER'S NAME:			
<input type="checkbox"/> Natural Parent <input type="checkbox"/> Adoptive Parent <i>(Please check one)</i>			
Date of Birth:		If deceased, date of death:	
Social Security Number:		Alaska Native Blood Quantum:	
IF ADOPTED (complete the following information):			
FATHER'S NAME:			
Date of Birth:		If deceased, date of death:	
Social Security Number:		Alaska Native Blood Quantum:	
MOTHER'S NAME:			
Date of Birth:		If deceased, date of death:	
Social Security Number:		Alaska Native Blood Quantum:	
MARRIED <input type="checkbox"/> YES <input type="checkbox"/> NO			
Name of Spouse:		If deceased, date of death:	
How marriage terminated:	Date of Death:	Date of Divorce:	
Current Address <i>(if living)</i> :			
PREVIOUS MARRIAGE (if any)			
Name of Former Spouse:			
How marriage terminated:	Date of Death:	Date of Divorce:	
Current Address <i>(if living)</i> :			
CHILDREN	Are there any children of the deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO		
The deceased has the following natural children (include the deceased, if any)			
Name:		If deceased, date of death:	
		Date of Birth:	
Address:		S.S. # Required	
		Blood Quantum:	
		Telephone:	

Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL INFORMATION.	
ADOPTED CHILDREN	Are there any children of the deceased? <input type="checkbox"/> YES <input type="checkbox"/> NO
The deceased has the following natural children (include the deceased, if any)	
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:

Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
CHILDREN ADOPTED OUT	
The deceased has the following children who were adopted out of the family (include deceased).	
If adopted out, were Inheritance Rights continued? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Comments:	
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL INFORMATION.	
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, UNCLES BY BLOOD NOT BY MARRIAGE.	
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:

Name:	If deceased, date of death:
	Date of Birth:
Address:	S.S. # Required
	Blood Quantum:
	Telephone:
IF MORE SPACE IS NEEDED, PLEASE ATTACH ADDITIONAL INFORMATION.	

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

Contact Phone Number: _____

Dated this _____ day of _____, 20____

Signature

Relationship to Deceased

I hereby certify that on this _____ day of _____, 20____ 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 by hand and notarial seal

Notary Public Signature

Notary Public Print Name

My Commission Expires: _____

Office Use Only/ Received By:	Date: