



Inheritance Questionnaire & Affidavit

I, _____ being first duly sworn say: _____ was enrolled to
MTNT, Ltd.

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

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

Child's Name <input checked="" type="checkbox"/> Please check box for each child 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. If this child was survived by children, list those children in the "Grandchildren" section.	Date of Birth
1 <input type="checkbox"/>			
2 <input type="checkbox"/>			
3 <input type="checkbox"/>			
4 <input type="checkbox"/>			
5 <input type="checkbox"/>			

Additional children and information can be listed here:

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

6. The deceased had no grandchildren.

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

Form 305.3

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 Unknown

If no, please explain:

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? Yes No Please explain:

Parents of Deceased (if deceased, provide dates of death)

11. Father: _____ Address: _____

Mother: _____ Address: _____

Extended Family

(A) 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. Brothers & Sisters: (*Please use back of form noting section if more space is needed.*)

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

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

(B) Nieces & Nephews *(Please use back of form if more space is needed, noting section.)*

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

Will

12. 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
13. 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 MTNT, Ltd. 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 MTNT, Ltd. from any and all claims, losses or actions, including costs and attorney's fees, arising out of MTNT, Ltd.'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 _____)
) ss.
)
(Country or 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