



# Stewards of Indigenous Resources Endowment

P O Box 2248, Yelm, WA 98597  
[www.IndianWillsOnWheels.org](http://www.IndianWillsOnWheels.org)

*Keeping Tribal Lands in Member's Hands!*

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## RE: Indian Will and Estate Planning Services

Dear Indian Trust Property Owner:

I look forward to working with you on your Indian estate plan.

Please find the enclosed authorization forms for you to complete:

- Once Form #1 is complete, please sign in the presence of a witness and have the witness sign and print their name and address.
- Once Form #2 is complete, please sign in the presence of a notary and have your signature notarized.

Return the completed authorization forms either by mail or fax to (866) 227-6651 and we will begin getting the needed information for your Indian estate plan.

We will research and attain your Indian land and Individual Indian Monies (IIM) account information to produce and finalize your Indian Will.

If you have questions, comments, and/or concerns, please call me at (866) 639-5550.

Thank you in advance, and I look forward and am happy to work with you.

Warmest regards,

A handwritten signature in blue ink that reads "Roberta Armstrong". The signature is written in a cursive style.

Ms. Roberta Armstrong, Attorney  
Washington State Bar Association No. 42343

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**FORM 1**

Date: \_\_\_\_\_

- To:    Agency/Region: Papago Agency Office of Special Trustee Department of Interior  
       Agency/Region: Papago Agency Bureau of Indian Affairs Land Titles and Records Section  
       Tohono O’Odham Nation Enrollment Office

I am preparing my will and need a current report of all my:

- Individual Indian Money Accounts** transaction history  
 **Individual Indian Trust Inventory** (electronic and hard copy); **and**  
 **Kinship Report** (electronic and hard copy).

\_\_\_\_\_ Initial to Request a **COPY** of your  
**Indian Will** on file with BIA Probate

The following is my information:

\_\_\_\_\_  
Name (Maiden and any AKA’s)

\_\_\_\_\_  
Tribal Membership / Tribal Enrollment Number

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

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

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Home / Message Telephone Number

\_\_\_\_\_  
Mailing Address

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

\_\_\_\_\_  
County Where You Live

\_\_\_\_\_  
Email Address

I make this request pursuant to 5 U.S.C. § 552(a) and 25 U.S.C. § 2216(e). I look forward to your response within the required time. Thank you in advance for your assistance.

You have my authorization to release the information to the following person who is assisting me:

**STEWARDS OF INDIGENOUS RESOURCES ENDOWMENT**

c/o Roberta Armstrong, Attorney and Executive Director

Phone: (425) 737-5448

e-Fax: (866) 227-6651

Email: [Wills@IndianWillsOnWheels.org](mailto:Wills@IndianWillsOnWheels.org)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Signature of Witness

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

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

\_\_\_\_\_



**United States Department of the Interior  
Office of the Special Trustee for American Indians  
Field Operations  
Trust Beneficiary Call Center  
1-888-678-6836**



In Reply Refer To:  
ServiceCenter # \_\_\_\_\_

**AUTHORIZATION TO RELEASE  
IIM ACCOUNT INFORMATION**

I \_\_\_\_\_, request that all information regarding my IIM  
Account, be released to: \_\_\_\_\_ on my behalf.  
(Please print clearly)

I am authorizing this release to be in effect for a **period of one year** from the date of  
my signature.

Account Holder Signature: \_\_\_\_\_

IIM Account Number(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Signature must be witnessed by a Department of Interior or Office of the Special  
Trustee Representative or must be NOTARIZED to be valid.**

Witnessed by:

\_\_\_\_\_  
Signature of DOI or OST Employee

\_\_\_\_\_  
Print DOI/OST Employee Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date

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**Notary of Account Holder's Signature or Thumbprint**

STATE OF: \_\_\_\_\_ County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ (account holder), personally appeared before me and  
signed the foregoing instrument. I acknowledge that he/she signed the same.

\_\_\_\_\_  
NOTARY PUBLIC Signature

\_\_\_\_\_  
Printed Name of Notary Public

State of: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**Please note: OST must receive the original document with original  
signatures. OST will not accept faxed copies. If you need any assistance  
in filling out this form or have questions, please call us at the number at  
the top of this form.**