



Dear _____

Date: _____

Cully Corporation records indicate that you are related to the deceased:

Name of deceased _____

Enrollment Number _____ who had _____ Class _____ shares.

Enclosed is an Inheritance Questionnaire and Affidavit that should be completed to the best of your knowledge. **Please have your signature on the form notarized.** Please contact the Shareholder Services Department or Village Resource office to find out if there is a notary available to assist you. Please return the affidavit to Shareholder Services at the address stated above.

The affidavit is reviewed by Shareholder Services staff and forwarded, with recommendations, to the Board of Directors. The information provided in this affidavit will be used to transfer the shares of the deceased shareholder according to the Alaska State Statutes. If you have information or have knowledge that the deceased has a Will, then the shares will be transferred according to the lasted dated and valid Will. If there is no Will pertaining to the deceased's Cully Corporation stock, the shares will be transferred according to the Alaska Laws of Intestate Succession.

The processing of transfer of shares depends on Cully Corporation obtaining the required documents to complete the stock transfer. Cully Corporation does not transfer shares until all required documentation is received and reviewed and all heirs have been identified.

Documents required to transfer stock:

- **2 Affidavit of Heirship forms (This packet)**
- **Copy of the deceased's Last Will and Testament if any**
- **Copy of the deceased's Cully Corporation Stock Will if any**
- **For any heir(s) who are not currently Cully Corporation shareholders:**
 - **Copy of state ID or Driver's License,**
 - **Copy of social security card,**
 - **Mailing address.**

Please contact Cully Corporation Shareholder Services Department at (907) 644-3900 if you have any questions.

Sincerely,

Cully Corporation

BY: _____



AFFIDAVIT OF HEIRSHIP

State of _____)
) .ss
County/Judicial District _____)

I _____, being duly sworn upon oath, here state that I am an adult, at least eighteen years of age with personal knowledge about deceased Cully Corporation shareholder, _____ ("Deceased"). The following information about the Deceased is true, correct, and complete to the best of my knowledge, information, and belief.

INFORMATION ABOUT THE DECEASED

1. Deceased Date of Birth: _____ Deceased Date of Death: _____

2. Marriage (Please check all that may apply.)

At the Time of Death, the Deceased was married to: _____
Address: _____
DOB: _____ SSN: _____ Phone #: _____
If Deceased, date of Death: _____

Previous Marriage (if any): _____
Divorce Date: _____ OR Date of Death: _____

The Deceased was never married during his/her life.

(Please check only one box for each question below)

3. Did the deceased leave a Cully Corporation Stock Will/Testamentary Disposition or other Last Will and Testament?
 No Yes (If yes, please attach copies of all wills) I do not know

4. Is there a court order/decree relating to the deceased which could affect entitlement to the stock?
 No Yes (If yes, please attach copies of all wills) I do not know

5. Has the Estate of the deceased been probated?
 No Yes (If yes, please provide:) Court: _____ Location: _____
 I do not know. File #: _____

6. Was the deceased enrolled in any other Village Corporations?
 No Yes (If yes, Please list) Other Corporations: _____
 I do not know.



CHILDREN - if more space is needed, please attach additional pages

Did the Deceased have any child(ren) (**living, deceased, biological, or adopted**) if **NO**, skip **children**

<p>Name of Child: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>Phone #: _____ Email: _____ Social Security #: _____</p> <p>Is this child deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____</p> <p>Was this child adopted by the Deceased? No Yes</p> <p>Was this child adopted out to others? No Yes</p> <p>If you have answered yes to either question, please attach copies of all documentation of the adoption (e.g., adoption decree, findings and facts, and conclusion of law.) Date of Adoption: _____</p>
<p>Name of Child: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>Phone #: _____ Email: _____ Social Security #: _____</p> <p>Is this child deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____</p> <p>Was this child adopted by the Deceased? No Yes</p> <p>Was this child adopted out to others? No Yes</p> <p>If you have answered yes to either question, please attach copies of all documentation of the adoption (e.g., adoption decree, findings and facts, and conclusion of law.) Date of Adoption: _____</p>



CONTINUATION OF CHILDREN

<p>Name of Child: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>Phone #: _____ Email: _____ Social Security #: _____</p> <p>Is this child deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____</p> <p>Was this child adopted by the Deceased? No Yes</p> <p>Was this child adopted out to others? No Yes</p> <p>If you have answered yes to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) Date of Adoption: _____</p>
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PARENTS – Please provide the following information about the Deceased’s biological parents (living or deceased)

Biological Father: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ If deceased, Date of Death: _____
Biological Mother: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ If deceased, Date of Death: _____

Was the Deceased Adopted? If so, please provide the following information:

Adopted Father: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ If deceased, Date of Death: _____
Adopted Mother: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ If deceased, Date of Death: _____



BROTHER(S) & SISTER(S) (Living or Deceased) – Please fill out this section **ONLY IF** the deceased:

- Was **NOT** married
- Had **NO** children during his/her lifetime
- Was **NOT** survived by any parent
- And **DID NOT** have a Will devising his/her ANCSA Stock

<p>Name of Brother/Sister: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____ Email: _____ Social Security #: _____</p> <p>Is this brother/sister deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____</p> <p>Was this brother/sister adopted by the Deceased? No Yes</p> <p>Was this brother/sister adopted out to others? No Yes</p> <p>If you answered yes to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) Date of Adoption: _____</p>
<p>Name of Brother/Sister: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____ Email: _____ Social Security #: _____</p> <p>Is this brother/sister deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____</p> <p>Was this brother/sister adopted by the Deceased? No Yes</p> <p>Was this brother/sister adopted out to others? No Yes</p> <p>If you answered yes to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) Date of Adoption: _____</p>



CONTINUATION OF BROTHER(S) & SISTER(S)

<p>Name of Brother/Sister: _____ Date of Birth: _____</p> <p>Address: _____</p> <p>_____</p> <p>Phone #: _____ Email: _____ Social Security #: _____</p> <p>Is this brother/sister deceased? If so, Date of Death: _____</p> <p>If deceased, please list the names of surviving children: _____</p> <p>Was this brother/sister adopted by the Deceased? No Yes</p> <p>Was this brother/sister adopted out to others? No Yes</p> <p>If you answered yes to either question, please attach copies of all documentation of the adoption (e.g. adoption decree, findings and facts, and conclusion of law.) Date of Adoption: _____</p>
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