



Point Lay, Alaska 99759

1760 Abbott Road
Anchorage, Alaska 99507
Phone: (907) 318-9455
Fax: (907) 318-9477

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: _____

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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/deed 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.

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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

Name of Child: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Email:** _____ **Social Security #:** _____

Is this child deceased? If so, Date of Death: _____

If deceased, please list the names of surviving children: _____

Was this child adopted by the Deceased? No Yes

Was this child adopted **out** to others? No Yes

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:** _____

Name of Child: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Email:** _____ **Social Security #:** _____

Is this child deceased? If so, Date of Death: _____

If deceased, please list the names of surviving children: _____

Was this child adopted by the Deceased? No Yes

Was this child adopted **out** to others? No Yes

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:** _____

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CONTINUATION OF CHILDREN

Name of Child: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ Is this child deceased? If so, Date of Death: _____ If deceased, please list the names of surviving children: _____ Was this child adopted by the Deceased? No Yes Was this child adopted out to others? No Yes 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: _____
Name of Child: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ Is this child deceased? If so, Date of Death: _____ If deceased, please list the names of surviving children: _____ Was this child adopted by the Deceased? No Yes Was this child adopted out to others? No Yes 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: _____



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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: _____	

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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

Name of Brother/Sister: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Email:** _____ **Social Security #:** _____

Is this brother/sister deceased? If so, Date of Death: _____

If deceased, please list the names of surviving children: _____

Was this brother/sister adopted by the Deceased? No Yes

Was this brother/sister adopted out to others? No Yes

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:** _____

Name of Brother/Sister: _____ **Date of Birth:** _____

Address: _____

Phone #: _____ **Email:** _____ **Social Security #:** _____

Is this brother/sister deceased? If so, Date of Death: _____

If deceased, please list the names of surviving children: _____

Was this brother/sister adopted by the Deceased? No Yes

Was this brother/sister adopted out to others? No Yes

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:** _____

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CONTINUATION OF BROTHER(S) & SISTER(S)

Name of Brother/Sister: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ Is this brother/sister deceased? If so, Date of Death: _____ If deceased, please list the names of surviving children: _____ Was this brother/sister adopted by the Deceased? No Yes Was this brother/sister adopted out to others? No Yes 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: _____
Name of Brother/Sister: _____ Date of Birth: _____ Address: _____ Phone #: _____ Email: _____ Social Security #: _____ Is this brother/sister deceased? If so, Date of Death: _____ If deceased, please list the names of surviving children: _____ Was this brother/sister adopted by the Deceased? No Yes Was this brother/sister adopted out to others? No Yes 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: _____

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If you know any other information not already provided in this form that could affect the transfer of the deceased shareholder's Cully Corporation stock, please explain in the space provided or attach additional pages to this Affidavit of Heirship if necessary. This may include, for example, facts and circumstances related to the cultural adoption of anyone listed in this affidavit, if applicable:

PLEASE READ CAREFULLY

Do not sign until you are in front of a notary public.

I understand the purpose of this questionnaire and affidavit, and I can swear to the truth of the facts stated because I am the _____(relationship) to the Deceased. I have completed this form to the best of my knowledge about the decedent and I know of no other facts which might affect who is entitled to the stock.

I am signing this Affidavit of Heirship before a Notary at _____(city),
_____(state) on this _____day of _____, 20_____.

Signature

Contact Phone Number

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

I, _____, a Notary Public, in and for the State of _____, hereby
acknowledge that the forgoing Affidavit of Heirship was executed before me by _____,
on the _____day of _____, 20_____.

Notary Public Signature

Notary Public Print Name

My Commission Expires

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