"Where Southerly East Wind Blows"

(907) 624-3411

(907) 624-3833 Fax

Unalakleet Native Corporation

P.O. Box 100

Unalakleet, Alaska 99684

INHERITANCE QUESTIONNAIRE & AFFIDAVIT

Decease Name:_____ Date of Death:_____
Enrollment #:_____ Stock Certificate:_____
Your Name:_____ Relationship to Deceased:_____
Address:_____ Phone Number:_____
_____ Email:_____

PART 1. Information of the Deceased

1. Did the Deceased leave a will: □Yes □No (*If yes, please enclosed a copy of will*)
2. Has the deceased estate been probated? □Yes □No (*If yes, please provide name of court, location and case number)*_____

3. Parents: Father_____ Address_____
   Mother_____ Address_____
   (*if deceased, provide dates of death*)

4. The Deceased was:
   □ the deceased was married and the surviving spouse is:_____
   a. Name_____ Address_____
   Phone #_____
   □ had never been married
   □ had previously been married to:_____(death)_____
   (divorce)_____
   (*insert date*)

5. The deceased have NO children:

6. the deceased had the following children (*living or deceased*)

Childs Name	Age	Address or Date of Death:	Name of other parent	

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additional names please attach a separate piece of paper