



HUNATOTEM CORPORATION

9301 GLACIER HIGHWAY
JUNEAU, AK 99801
Voice (907) 789-8500
Fax (907)789-1896

ESTATE QUESTIONNAIRE UPON DEATH OF A HUNA TOTEM CORPORATION SHAREHOLDER

Please complete this form as accurately and thoroughly as possible. Include the names of all deceased family members and dates of death.

PLEASE PRINT

1. Name of Applicant _____ Blood Quantum _____
Street or P.O. Box _____
City, State, Zip Code _____
Telephone # (Home) _____ (Work) _____
E-mail Address _____
Your relationship to the Deceased _____

2. Name of Deceased _____
Date of Death _____ Birth Date _____

3. Name of Surviving Spouse of Deceased _____
If Applicable Date of Death: _____
Address _____
Telephone # (Home) _____ (Work) _____
Birth Date _____ Social Security Number _____
Blood Quantum _____ Year Deceased Married Surviving Spouse _____

4. Children of Deceased (List all natural and legally adopted children from previous marriage(s) and blood quantum [BQ]; also list any children that may be deceased and include the date of death [DOD]).

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Birth date</u>	<u>DOD</u>	<u>BQ</u>

Initial: _____ Date: _____

5. If any of the above-listed deceased children left a spouse and/or children, please list names, addresses, birth dates [DOB], blood quantum [BQ], and legal guardians if applicable.

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>Guardian</u>	<u>Phone</u>	<u>BQ</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Children Adopted Out. (List all of the deceased's natural children who were legally adopted out from the deceased.) Please include date of adoption, birth date or DOD, and blood quantum:

_____	_____
_____	_____
_____	_____
_____	_____

7. Parents of Deceased. Please list birth dates and social security numbers [SSN], if living, or date of death [DOD], and blood quantum.

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____
Birth date _____	Birthdate _____
DOD _____ BQ _____	DOD _____ BQ _____
SSN _____	SSN _____

8. Brothers and sisters of deceased. Please list birth dates and social security numbers [SSN], if living, or date of death [DOD] and BQ.

<u>Name</u>	<u>Address</u>	<u>DOB</u>	<u>DOD</u>	<u>SSN</u>	<u>BQ</u>	<u>Phone</u>
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Initial: _____ Date: _____

9. If any of the deceased's brothers and/ or sisters are deceased but had children, list those children.

Name Address DOB SSN BQ Phone Child of

10. Deceased did ____ did not ____ leave a Huna Totem Testamentary Disposition.

11. Deceased did ____ did not ____ leave a general Last Will and Testament.

Your Signature _____

Date _____

Please return this form along with decedent's Death Certificate, Last Will and Testament, or any other pertinent documents which will be helpful in assisting Huna Totem transfer the shares to the heirs.

Initial: _____ Date: _____