



ANCSA STOCK WILL INFORMATION LETTER

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Dear Sitnasuak Native Corporation (SNC) Shareholder,

Quyaana (thank you) for taking the time to complete the enclosed **"ANCSA Stock Will" form**. This is important so upon passing, one's shares will go to the designated heirs based upon written wishes, without disputes. SNC encourages each Shareholder to complete and maintain a stock will.

A completed stock will form will apply to your SNC stock/shares and other ANCSA Corporation stock/shares when indicated in the enclosed form. This Stock Will does NOT affect Native Allotments nor stock/shares that you own with non-ANCSA corporations nor personal property.

Each time you update a SNC Stock Will form, it will cancel and replace any previous one that you have on file. SNC suggests when the number of shares changes (due to gifting shares or inheritance) that a new Stock Will form be completed in order for all shares owned to be distributed as one chooses.

If you do NOT fill out a SNC Stock Will, upon passing, one's shares will be transferred per intestate succession under Alaska law: half (50%) of shares will go to a spouse (if living) and the other half (50%) divided evenly among children (if any). If there is no spouse or children, shares will go to parents. If parents are deceased, the shares will be divided evenly among siblings.

Ways you can distribute stock/shares:

- You may write specific amounts or numbers of shares that you want each of your heirs to receive.
- You may also write "All Shares" or "100%" and shares will go to one person.
- You may also write "Divide Evenly" or "Split Evenly" and shares will be divided among all the written or listed heirs evenly.
- You may also divide shares by writing a fraction or percent such as "50%" or "1/2" or "25%," etc. Note: SNC does not utilize fractional shares so please round the divided shares among heirs to whole numbers.

If you do not know how many shares you have please contact the Shareholder Department.

In order to more easily process your Stock Will, SNC recommends that the Will be (a) signed in front of a Notary Public or postmaster and stamped, or (b) signed in front of two witnesses that sign and date.

If you have any questions or need assistance, please contact our Shareholder Department.

Quyaana (Thank You),
Sitnasuak Native Corporation Shareholder Department



ANCSA STOCK WILL

Alaska Native Claims Settlement Act (ANCSA) of 1971, as Amended Alaska Statute 13.16.705

I (full name), * _____,

having attained the age of eighteen (18) years and being of sound mind, execute this Stock Will or Codicil solely for the purpose of transferring my ANCSA Corporation shares of stock as indicated below.

Date of birth (mm/dd/yyyy), * _____

Social Security Number* _____ - _____ - _____;

Residing at (full mailing address) * _____

City: * _____, State * _____ *Zip: _____

E-mail Address: _____;

Main Phone #: * _____; Cell/Other Phone #: _____

NAME OF ANCSA CORPORATION	NUMBER OF SHARES OWNED
Sitnasuak Native Corporation	*
<small>(Optional: list other ANCSA Corporations to include in this Stock Will)</small>	

I hereby revoke any and all prior wills, codicils, signature on a stock certificate or relevant form, or other prior testamentary disposition of these shares of stock made by me.

Return to Sitnasuak Native Corporation | Shareholder Department | PO Box 905 | Nome, AK 99762
 You can request a copy upon filing. Questions or need help, contact us at 907.387.1226 or toll free at 1.877.443.2632.

DISPOSITION: SHARES OF ANCSA STOCK

I hereby devise and bequeath my ANCSA shares of stock as follows:

Legal First Name*: _____

Middle*: _____

Last*: _____

Relationship*: _____

Date of Birth*: _____

Social Security #*: _____

Number of Shares*: _____

Address*: _____

Phone #*: _____

Legal First Name: _____

Middle: _____

Last: _____

Relationship: _____

Date of Birth: _____

Social Security #: _____

Number of Shares: _____

Address: _____

Phone #: _____

Legal First Name: _____

Middle: _____

Last: _____

Relationship: _____

Date of Birth: _____

Social Security #: _____

Number of Shares: _____

Address: _____

Phone #: _____

Legal First Name: _____

Middle: _____

Last: _____

Relationship: _____

Date of Birth: _____

Social Security #: _____

Number of Shares: _____

Address: _____

Phone #: _____

Legal First Name: _____

Middle: _____

Last: _____

Relationship: _____

Date of Birth: _____

Social Security #: _____

Number of Shares: _____

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Relationship: _____

Date of Birth: _____

Social Security #: _____

Number of Shares: _____

Address: _____

Phone #: _____

Legal First Name: _____

Middle: _____

Last: _____

Relationship: _____

Date of Birth: _____

Social Security #: _____

Number of Shares: _____

Address: _____

Phone #: _____

Legal First Name: _____

Middle: _____

Last: _____

Relationship: _____

Date of Birth: _____

Social Security #: _____

Number of Shares: _____

Address: _____

Phone #: _____

As needed, provide additional pages of heirs with the same information.

FAMILY SITUATION & CONSIDERATIONS

- If other child(ren) are born to me or adopted **by** me (legally, tribally, or culturally) after the date of this Stock Will, I wish for them to be included in as nearly equal shares as possible with those beneficiaries listed above.

(Select one & initial) YES _____ NO _____

- If other child(ren) are born to me and adopted **-out** by me (legally, tribally, or culturally) after the date of this Stock Will, I wish for them to be included in as nearly equal shares as possible with those beneficiaries listed above.

(Select one & initial) YES _____ NO _____

Check One Option	If, at the time of my death, any of those listed in my Stock Will have passed away before me, I leave the shares that are willed to that person as follows: (Select one & initial next to your selection)	Initial
<input type="checkbox"/>	<ul style="list-style-type: none"> • In equal numbers to that person's biological or legally, tribally, or culturally adopted by children. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • To be divided as equally as possible to those listed above in the disposition of stock listing. 	
<input type="checkbox"/>	<ul style="list-style-type: none"> • Otherwise as follows: 	

In order to confirm your family at the time of completion of this Stock Will, SNC is requesting the following for Stock Will review and information purposes. *(Write N/A in the blank space if not applicable.)*

My spouse or legal domestic partner is _____

I have _____ total children, as listed below.

Child legal name	Indicate natural born (N), adopted (A), step (S) or adopted-out (AO)

Continue child listing on a separate page if necessary.

I (Stockholder or Testator Full Name) *, _____,

the testator, sign my name to this instrument this (day)* _____ of (month)* _____, (year)* _____, and being sworn, declare to the undersigned authority that I sign and execute this instrument as my last ANCSA Stock Will and that I sign it willing (or willingly direct another to sign for me) and that I execute it as my free and voluntary act for the purpose expressed in it and that I am eighteen (18) years of age or older, of sound mind and under no constraint or undue influence.

If at my death I own more shares than I have bequeathed, I direct that the remaining shares shall be split pro rata among the persons named in this Will, unless otherwise directed by me.

Signature of Stockholder (Testator)* _____

<i>Option Select One</i>	To validate this Stock Will, you MUST have signatures* from (a) two witnesses OR (b) a Notary Public or Postmaster (sign in front of them).
OPTION 1 <i>Two witnesses ages 18 or older</i>	We, the witnesses, Witness #1 printed full name _____ Witness #2 printed full name _____ each sign our names to this instrument and being sworn, declare to the undersigned authority that the testator signs and executes this instrument as the last ANCSA Stock Will and that the testator signs it willingly (or willingly directs another to sign for the testator) and that each of us, in the presence and hearing of the testator, signs this last ANCSA Stock Will as witness to the testator's signing and that to the best of our knowledge the testator is eighteen (18) years of age or older, of sound mind and under no constraint or undue influence. Witness #1: Signature _____ Date: _____ Phone: _____ Witness #2: Signature _____ Date: _____ Phone: _____
OPTION 2 <i>Sign in front of a Notary or Postmaster</i>	I am a notary or postmaster for the State of: _____ County of, or Judicial District of: _____ Subscribed, sworn to and acknowledge before me by, _____, the testator, this (day) _____ of (month) _____, (year) _____ Notary/Postmaster Signature: _____ (Seal) My Commission Expires: _____