



DELOYCHEET, INC.

"End of the mountain"

P.O. Box 228

Holy Cross, Alaska 99602

(907) 476-7177

(800) 478-7177

INHERITANCE QUESTIONNAIRE AND AFFIDAVIT

I, _____ being first duly sworn am providing the following information on deceased shareholder: _____.

1. DECEDENTS INFORMATION

Date of Birth ___/___/___ Date of Death ___/___/___ Place of death _____

Where did decedent live: _____ How long _____

Maiden/Other names used _____

2. MARITAL STATUS Please check all that apply

Never married

At the time of death, married to _____

Formerly married to _____ Date of Divorce ___/___/___ or
Date of Death ___/___/___

3. CHILDREN

The decedent had no children.

The decedent had the following children (living and decedent).

Name and Date of Birth	Address (if known) and/or Phone Number	If Deceased, Date of Death.

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Children are Alaska Native

Additional children and information can be listed on the back

4. GRANDCHILDREN (only those of whose parent is deceased from question 3)

Name and Date of Birth	Child of	Address (if known) and/or Phone Number	If Deceased, Date of Death

Grandchildren are Alaska Native

Additional grandchildren and information can be listed on the back

5. ADOPTION (if applicable)

Did the decedent have any children who were **NOT** legally adopted

a) No (if No, continue to question b)

Yes, if yes please explain:

b) Did the decedent have children that were adopted out

No (if No, continue to question 6)

Yes, if yes was the adoption:

- Cultural
- Tribal
- State
- Unknown

Village Affiliation _____
 Can adoption documents be provided No Yes, please attach

Please provide information for children who were adopted out

Name	Date of Birth	Address/Phone # (if known)

6. PARENTS OF DECEDENT (if deceased, provide dates of death)

Father: _____ Address _____

Mother: _____ Address _____

7. EXTENDED FAMILY

Complete sections A & B ONLY if the decedent was NOT married, had NO children, and was NOT survived by parents.

(A) Siblings

Name and Date of Birth	Address (if known) and/or Phone Number	If deceased, date of death

Siblings are Alaska Native

Additional siblings and information can be listed on the back

(B) Nieces & Nephews (if any siblings are deceased but had children, list those children)

Name and Date of Birth	Child Of	Address (if known) and/or Phone Number	If deceased, Date of Death

Nieces & Nephews are Alaska Native

Additional nieces/nephews and information can be listed on the back

8. WILL and Other Documents

a) Did the decedent leave a will, (select all that apply and attach copy if available)

- Stock Will
- General Will
- No Will
- Unknown
- Death Certificate
- Obituary

b) Has the decedent's estate been probated

- No
- Yes, if yes name and location of court _____
- Unknown

Additional information which may affect how the shares are distributed.



Please read carefully.

MUST SIGN IN THE PRESENCES OF A NOTARY OR POSTMASTER

I understand the purpose of this questionnaire and affidavit and I can swear to the truth of the facts stated because I am the _____ to the decedent.
Relationship

I have completed this form to the best of my knowledge about the decedent and I know of no other fact which might affect who is entitled to the stock. I understand that the stock will be transferred by Deloycheet, Incorporated stock will or AS. 13.16.705(b) will or formal will or Alaska, or other state, laws on Intestacy whichever one applies.

I have answered the questions above to the best of my knowledge. By signing below, I agree to defend, indemnify and hold harmless Deloycheet, Incorporated from any and all claims, losses or actions, including costs and attorney's fees, arising out of Deloycheet, Incorporated's reliance upon the information I have provided in this affidavit.

I am signing this Inheritance Questionnaire and Affidavit before a Notary Public/Postmaster at

(City) _____, (state) _____ on this _____ day of _____, 20____.

Signature

Address

City, State, Zip

Telephone/Email Address

Subscribed, sworn to and acknowledged before me this _____ Day of _____, 20_____.

Notary Public or Postmaster

For the State of _____ Commission Expires _____