



HUNA TOTEM CORPORATION
9301 GLACIER HIGHWAY, SUITE 200
JUNEAU, AK 99801
(907) 523-3670

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 _____
 Residence Address _____

3. Name of Surviving Spouse of Deceased _____
 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.

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

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:** _____