

The Eyak Corporation

INHERITANCE QUESTIONNAIRE AND AFFIDAVIT

State	of)	
	, being first duly sworn, say, as follows with respond (the "deceased"), who was enrolled in The Eyak	
Corpo	ration. The deceased date of birth was, and his/her last addre	ss was
The fo	ollowing information is true and correct:	
1.	 () a. Deceased left a will *** PLEASE ATTACH A COPY*** () b. Deceased did not leave a will 	
2.	 () a. The estate of the deceased has been probated. *** ATTACH A COPY*** () b. No probate action has been started in Probate Court 	
3.	Age of deceased at time of death: Place of death: ***ATTACH A COPY OF DEATH CERTIFICATE***	
4.	 () a. At the time of death, the deceased was married, and the name of the spouse is:	
	 () b. At the time of death, he/she was not married and () 1. had never been married () 2. had previously been married to: 	
Name	Address	Living

Name of children	Living	Age	if a	leceased, date of dea	th
/ES/NO/MAYBE . () d. Did if	d the deceased have an If yes or maybe, provio d the deceased legally a yes, list adopted childr d the deceased have an	de information on a adopt any children? en under 5b. y children which, th	separate YES/NO nough not	piece of paper.	
h name(s) and curre child(ren), and ex separate sheet of ndicate on the se	e or she considered adent whereabouts of suc plain how the child(ren paper, and attach the s parate sheet whether t	h child(ren), the na) came to be consid separate sheet of pa	mes of th lered ado aper to th	e natural parents of t pted by the deceased is affidavit. Please al	l on a so
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hname(s) and curreschild(ren), and expended sheet of indicate on the sechild(ren). 6. a. The Name b. If all	ent whereabouts of succeptain how the child(ren paper, and attach the sparate sheet whether the parents of the decease Address I of the parents of the sters, nieces, nephews,	h child(ren), the name of the considerate sheet of parate sheet of parate sheet of parate and adoptions.	mes of the lered adouble aper to the lettempted of the lettempted	e natural parents of to pted by the deceased is affidavit. Please all to legally adopt such re: Date of death t the names and addr	esses

Notary Public in and for: My Commission expires:					
SUBSCRIBED AND SWORN to before me this	day of		_, 20		
Signature	Date				
I have answered the questions above to the signing below, I agree to defend, indemnify from any and all claims, losses or actions, inc Eyak's reliance upon the information I have	and hold harmless cluding costs and a	The Eyak Corporation ttorney's fees, arising	ı ("Eyak")		
10. I understand the purpose of this questionnaire and affidavit and I can swear to the truth of the facts stated because I am the of the deceased.					
Name Listed in Item	# above	Estimated % of N	ative blood		
9. Of the persons listed in Paragraphs 4,5, a Indian or Aleut blood for each, if any, is a	-	rcent of Alaska Eskim	0,		
8. () a. I know of no other facts which Istock (attach separate shee	believe may affect				
c. Transferred as an inter vivos gift, her child, grandchild, great grandchild, niece provide additional information on a separate	meaning a gift from	m a living holder to his	s or		
association, or board that limits his or her all profession because he or she holds Settleme YES/NO If yes, provide additiona	oility to practice his ent Common Stock	s or her ?	ıer		
a. Transferred to another person pudivorce, or child support? YES/NO If yes, pub. Transferred to a holder who is a result of the control of	ovide a copy of co	urt decree			
7. To your knowledge, has the stock owned	•				