

Death of a Shareholder Form

Dear Shareholder: The Shee Atiká Board of Directors and Staff would like to express our sincerest condolences for the loss of your loved one.

We will need all of the following required documents to transfer the shares to the proper heirs:

- 1. Affidavit for Transfer of Shee Atiká Stock upon Death of a Shareholder.
- 2. Original Stock Certificate of the deceased Shareholder. If this has been misplaced, please complete the enclosed Affidavit of Loss Upon Death of a Shareholder.
- 3. If any beneficiaries are already Shee Atiká shareholders, each will need to return their original stock certificates. If the stock certificate has been misplaced, the beneficiary will need to complete the enclosed Affidavit of Loss form for the current amount of shares they own.
- 4. Certified Death Certificate. This will be returned.
- 5. Complete copy of Last Will and Testament, if one exists.
- 6. If the stock is being left to beneficiaries under the age of 18, the enclosed Designation of Custodian needs to be completed by the proper custodian.
- 7. Each beneficiary is required to complete a W-9 form.
- 8. A valid Testamentary Disposition (Will for your shares) is also required from each person (18 years and older) inheriting shares.
- 9. If beneficiaries are <u>not yet</u> shareholders, they will need to submit one of the following: birth certificate OR Certified Indian Blood (CIB). Beneficiaries may request a copy of their CIB from one of the following: 1) Bureau of Indian Affairs 907-586-7719, 2) Tlingit and Haida 907-463-7359, 3) Sitka Tribes of Alaska 907-747-3207.

Please be aware that estates cannot be settled (shares cannot be transferred) until ALL beneficiaries paperwork has been received back at the office.

Please note that all affidavit forms require your date and signature before a Notary Public of your state.

Please contact the office if you have any questions.



EXPLANATORY NOTE ON INTESTATE SUCCESSION

Spouse's Share

If the decedent left a surviving spouse, but <u>no</u> surviving issue (lineal descendants), then the surviving spouse inherits all of the shares.

If the decedent left a surviving spouse and surviving issue (lineal descendants), then the surviving spouse inherits <u>one-half</u> of the shares and the lineal descendants (children, whole & half) divide the other half of the shares.

Share of Issue

If the decedent left surviving issue (lineal descendants), then issue of the same degree (for example, all children) inherit an equal number of shares, and issue of a deceased child (grandchildren) inherit equally the shares which would have gone to the deceased child.

Share of Other Heirs

If the decedent left no surviving spouse and no surviving issue, then his/her parent(s) inherit the shares equally.

If the decedent left nor surviving spouse, no surviving issue and no surviving parents, then his brothers and sisters inherit an equal number of shares, and issue of a deceased brother or sister inherit equally the shares which would have gone to the deceased brother or sister.

Adopted Children

Under Alaska law, legally adopted children become, for all purposes, the children of the adopting parents. Similarly, legally adopted children are no longer the children of the natural parents.

Descendant of a Native

A "Descendant of a Native" is any person, regardless of degree, that has an ancestor that was at least one-quarter Native.

THIS IS NOT A COMPLETE SUMMARY OF ALASKA'S INTESTATE SUCCESSION LAW AND IS NOT INTENDED TO BE LEGAL ADVICE, IF YOU HAVE QUESTIONS ABOUT YOUR PARTICULAR SITUATION, YOU SHOULD CONSULT AN ATTORNEY.

AFFIDAVIT FOR TRANSFER OF SHEE ATIKA STOCK UPON DEATH OF A SHAREHOLDER

STATE OF ALASKA)						
) s JUDICIAL DISTRICT)	SS.					
OR if you complete this form OUTSIDE	E of Alaska]					
STATE OF						
STATE OF	SS.					
TO: The Corporate Secretary of She	ee Atiká, Inc. ("Shee Atik	á") and Its T	ransfer Agent:			
1. <u>Death of Shareholder</u> . in Shee Atiká. The decedent died on Atiká Stock Certificate(s) and a certified	d copy of the death certi	(the , 20 cicate are en	"decedent") was a O The dece closed.	a shareholder edent's Shee		
2. <u>Transfer of Shares</u> . All shares registered on the books of Shee Atiká in the name of the decedent should be transferred by one of the following three methods and appropriate new certificates issued to the named individuals or their custodians at the address indicated:						
COMPLETE PART (a), (b) OR (c),	WHICHEVER APPLIES					
(a) According to Testamentary Dispo	sition on Stock Certifica	te or Testar	mentary Disposition	n Form.		
The decedent properly executed the stock certificate(s) or completed a ransferred to the following individuals in	valid Testamentary Dis	position Fo	rm and the shares			
Name, Address, Home & Cell Phone Numbers, Email Address	Social Security #	D.O.B.	Are you a descendant of an Alaska Native? (Yes or No)	Relationship to decedent		

- 3. <u>Custodianship Agreement</u>. If any transferee of the decedent's shares of the Corporation is under the age of 18, the shares should be issued in the name of the custodian designated in the custodianship agreement attached hereto. [BE SURE TO COMPLETE AND ATTACH THIS FORM]. The priority provided by Alaska law for the designation of a custodian for a minor is: (a) the legal guardian, if any, of the minor; (b) a parent, if any, of the minor, as selected by his parents; and (c) an adult member of the minor's family (a parent, grandparent, brother, sister, uncle or aunt).
- 4. <u>Indemnification</u>. I understand Shee Atiká will be relying upon this Affidavit in issuing shares of stock to me. Accordingly, I will defend, indemnify and hold harmless Shee Atiká, and all present and former transfer agents, directors, employees, officers, attorneys, and accountants, from all loss and claims (including all attorneys' fees) relating in any way to any statement contained herein being untrue or incorrect, or otherwise relating in any way to the issuance of stock to me. The foregoing shall expressly extend, without limitation, to any claim by any person other than me that such person owns all or any part of the shares issued pursuant to this Affidavit, and all dividends related thereto.
- 5. <u>Correcting Records</u>. I understand that Shee Atiká is required by law to maintain correct stock transfer records and that Shee Atiká is relying on the truthfulness and correctness of what I said in this affidavit. This includes the payment of distributions hereafter on the shares of stock. To the extent that any statement in this affidavit later proves to be incorrect, I acknowledge that Shee Atiká will take whatever steps may be necessary to correct the situation, and I agree to cooperate with Shee Atiká as necessary.

Please reissue stock in accor	dance with the foregoing.
DATED this day of	, 20
	Signature
	Printed Name
STATE OF)
STATE OF) 55.
sworn, personally appeared	at on the day of, 20, before me, and for the State of to me known to be the individual described in and oing document and that he/she signed the foregoing document freely poses therein mentioned.
GIVEN UNDER MY HAND ar	nd official seal the day and year in this certificate first appearing above.
	Notary Public for
	My Commission expires

IF THERE WAS NOT ENOUGH SPACE PLEASE UTILIZE THESE ADDENDUM PAGES:

(a)	According to	Testamentary	/ Disposition	on Stock	Certificate or	Testamentary	y Disposition Form.
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The decedent properly executed the Testamentary Disposition Clause on the reverse side of the stock certificate(s) or completed a valid Testamentary Disposition Form and the shares should be transferred to the following individuals in accordance with those directions:

Name, Address, Home & Cell Phone Numbers, Email Address	Social Security #	₽ D.O.B.	Are you a descendant of an Alaska Native? (Yes or No)	Relationship to decedent
(b) According to Will. The decedent did not properly execute th his/her stock certificate(s) or complete a valid or her shares by will, a copy of which is attach Will has been filed for probate with the Courcertified copy of the Court Order directing identifies each person entitled to receive the	Testamentary D ned. [BE SURE A rt, in distribution un	isposition fo COPY OF T	orm, but instead of THE WILL IS ATT late of	disposed of his ACHED]. The, and a
Name, Address, Home & Cell Phone Numbers, Email Address S	ocial Security #		Are you a escendant of an Alaska Native? (Yes or No)	Relationship to decedent

(c) According to Laws of Intestate Succession (Left No Will)

[SEE EXPLANATORY NOTE]

The decedent did not properly execute the Testamentary Disposition Clause on the reverse side of his stock certificate(s) and left no Will. However, the decedent was survived by the following individuals to whom the shares should be transferred in accordance with the Alaska intestate succession law:

NAME, ADDRESS, HOME & CELL PHONE NUMBERS, EMAIL ADDRESS	Social Security #	<u>Date of Birth</u>	Are you a descendant of an Alaska Native? (Yes or No)	Relationship to decedent



Affidavit of Loss of Shee Atiká Stock & Indemnity Letter

STATE OF ALASKA)
JUDICIAL DISTRICT) ss.)
[OR if executed <u>outside</u> Alaska:]	
STATE OF)
COUNTY OF) ss.)
TO` The Corporate Secretary o	fShee Atiká, IncS hee Atiká″ and Its Transfer Agent
who is now	, make this Affidavit concerning the stock of deceased. To my best knowledge he/she owned shares of oting) of Shee Atiká (the "deceased's Shee Atiká stock").
2. <u>Lost Certificate.</u> After search Shee Atiká Stock (the "Certificate")	ing, I am unable to locate the Certificate evidencing the deceased's

- 3. <u>No Transfer.</u> I have not sold, assigned, pledged, transferred, deposited under any agreement, or otherwise disposed of the deceased's Shee Atiká Stock or the Certificate, and I am unaware that anyone else has done so.
- 4. Request For Reissuance. I hereby request Shee Atiká and its agents to refuse to recognize any person other than the persons listed in the transfer affidavits as the owner of the deceased's Shee Atiká Stock, to refuse to make any payment, transfer, registration, delivery or exchange relative to the deceased's Shee Atiká Stock to any person other than me and to refuse to take any other action relative to the deceased's Shee Atiká Stock pursuant to the request or demand of any person other than the person listed in the transfer affidavit. Further, I hereby request Shee Atiká to issue a duplicate Certificate to the persons listed in the transfer affidavit or to take any action, which would otherwise require the surrender of such Certificate, without the surrender of such Certificate.
- 5. <u>Original Certificate.</u> If I should find or recover the original Certificate, I will immediately surrender that original Certificate to you for cancellation.



- 6. Indemnification. I understand Shee Atiká will be relying upon this Affidavit in issuing shares of stock to the persons listed in the transfer affidavit. Accordingly, I will defend, indemnify and hold harmless Shee Atiká, and all present and former transfer agents, directors, employees, officers, attorneys, and accountants, from all loss and claims (including all attorneys' fees) relating in any way to any statement contained herein being untrue or incorrect, or otherwise relating in any way to the issuance of stock to the persons listed on the transfer affidavit. The foregoing shall expressly extend without limitation, to any claim by any person other than me that such person owns all or any part of the shares issued pursuant to this Affidavit, and all dividends related hereto.
- 7. Correcting Records | Lunderstand that Shee Atiká is required by law to maintain correct stock transfer records and that Shee Atiká is relying on the truthfulness and correctness of what I said in this affidavit. This includes the payment of distributions hereafter on the shares of stock. To the extent that any statement in this affidavit later proves to be incorrect, I acknowledge that Shee Atiká will take whatever steps may be necessary to correct the situation, and I agree to cooperate with Shee Atiká as necessary.

Dated this day of, 20	
	Signature
STATE OF) ss.	
sworn, personally appeareddescribed in and who executed the with	he day of, 20, before me, the or the State of duly commissioned and to me known to be the individual nin and foregoing document and that he/she signed the for the uses and purposes therein mentioned.
GIVEN UNDER MY HAND and officia	al seal the day and year in this certificate first appearing above.
	Notary Public for
	My Commission expires:



Affidavit of Loss of Shee Atiká Stock & Indemnity Letter

STATE OF ALASKA	
) ss.
JUDICIAL DISTRICT	
or if executed outside of Alaska:]	
STATE OF)
) ss.
COUNTY OF	
TO: The Corporate Secretary	y of Shee Atiká, Inc. and Its Transfer Agent:
 Shareholder. I, shares of the Class 	, am a shareholder of Shee Atiká and I own _ stock (A voting or B non voting). My mailing address is
-	·

- 2. <u>Lost Certificate</u>. After searching, I am unable to locate the Certificate evidencing my Shee Atiká Stock (the Certificate).
- 3. <u>No Transfer</u>. I have not sold, assigned, pledged, transferred, deposited under any agreement, or otherwise disposed of my Shee Atiká Stock of the Certificate.
- 4. Request for Reissuance. I hereby request Shee Atiká and its agents to refuse to recognize any person other than me as the owner of my Shee Atiká Stock, to refuse to make any payment, transfer, registration, delivery or exchange relative to my Shee Atiká Stock to any person other than me and to refuse to take any other action relative to me Shee Atiká Stock pursuant to the request or demand of any person other than me. Further, I hereby request Shee Atiká to issue a duplicate Certificate to me or to take any action, which would otherwise require the surrender of such Certificate, without the surrender of such Certificate.
- 5. <u>Original Certificate</u>. If I should find or recover the original Certificate, I will immediately surrender that original Certificate to you for cancellation.
- 6. <u>Indemnification</u>. I understand Shee Atiká will be relying upon this Affidavit in issuing shares of stock to me. Accordingly, I will defend, indemnify and hold harmless Shee Atiká, and all present and former transfer agents, directors, employees, officers, attorneys, and accountants, from all loss and claims (including all attorneys fees) relating in any way to any statement contained herein being untrue or incorrect, or otherwise relating in any way to the issuance of stock to me. The foregoing shall expressly extend, without limitation, to any claim by any person other than me that such person owns all of any part of the shares issued pursuant to this Affidavit, and all dividends related hereto.
- 7. <u>Correcting Records</u>. I understand that Shee Atiká is required by law to maintain correct stock transfer records and that Shee Atiká is relying on the truthfulness and correctness of what I said in this affidavit. This includes the payment of distributions hereafter on the shares of stock. To the extent that any statement in this affidavit later proves to be incorrect, I acknowledge that Shee Atiká will take whatever steps may be necessary to correct the situation, and I agree to cooperate with Shee Atiká as necessary.



Dated this	day of	, 20	
	Signature		
	Social Security #	 Date of Birth	
	Phone Number	Cell Phone Number	
	Email Address		_
STATE OF)		
) ss.		
)		
	TO CERTIFY that on the o	-	
undersigned, a N	Notary Public in and for the S	tate of	, duly commissioned and nown to be the individual described
sworn, personal	ly appeared	to me kr	nown to be the individual described ne signed the foregoing document
	tarily for the uses and purpo	_	ie signed the foregoing document
irecty and votan	tarity for the ases and purpo	ses therein mentioned.	
GIVEN U	NDER MY HAND and official	seal the deal and year in th	nis certificate first appearing above
	— No	tom Dublic for	
	No	tary Public for	
	Му	Commission expires	



Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

	1101011	20 COI VIOC									
	Nam	(as shown on your income tax return)									
ge 2.	Busir	ess name/disregarded entity name, if different from above									
Print or type See Specific Instructions on page	Check appropriate box for federal tax classification: Individual/sole proprietor Corporation Socorporation Partnership Trust/estate										
Print or type c Instruction		Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership)	-					 	_ Ex	empt	payee
Pai		Other (see instructions) ►									
Decific	Addr	Req (number, street, and apt. or suite no.)	uester's	name	and	ado	dress (op	otiona	al)		
See S	City,	state, and ZIP code									
	List a	ccount number(s) here (optional)									
Pari	П	Taxpayer Identification Number (TIN)									
		IN in the appropriate box. The TIN provided must match the name given on the "Name" line	So	cial se	curi	ty n	umber				
resider entities	nt alie s, it is	skup withholding. For individuals, this is your social security number (SSN). However, for a n, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other your employer identification number (EIN). If you do not have a number, see <i>How to get a</i>				-		_			
TIN on			Em	nlove	· ida	ntif	ication	num	hor		
numbe		account is in more than one name, see the chart on page 4 for guidelines on whose nter.		i pioyei							
					-						
Part	Ш	Certification									
Under	pena	ties of perjury, I certify that:									
1. The	num	ber shown on this form is my correct taxpayer identification number (or I am waiting for a nu	mber to	o be is	sue	ed t	o me),	and			
Ser	vice (subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I hat I am subject to backup withholding as a result of a failure to report all interest or direct to backup withholding, and									
3. I an	n a U	S. citizen or other U.S. person (defined below).									
becaus interes genera instruc	se yo t paid Illy, p	n instructions. You must cross out item 2 above if you have been notified by the IRS that you have failed to report all interest and dividends on your tax return. For real estate transaction, acquisition or abandonment of secured property, cancellation of debt, contributions to an ayments other than interest and dividends, you are not required to sign the certification, but on page 4.	ns, iten individı	n 2 do ual ret	es r iren	not nen	apply. t arran	For i	morto ent (l	gage RA),	and
Sign		Signature of									

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- 1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

TESTAMENTARY DISPOSITION

l,SSN	_ [type or print your full nar	ne as it appears on your stock certificate and enter
your Social Security Number] in	accordance with AS 13.16.7	705, execute the following will of my shares
the following persons or entities.	each to receive the numb	shares of stock in Shee Atiká, Incorporated to per of shares set forth following his or her name
and address.	eden to receive the name	er er enares sec forth fotterning me er mer name
Part A.		
Name/Relationship	Address	No. of Shares
		
		TOTAL
Part B.		
		Disposition. You are not required to choose any of them in order
to make this Testamentary Disposition va	alid, but you may do so if you wish	:
1 If at the time of my death I have acqui	ired more shares than those given	out in Part A, above, and have not yet completed a valid
		s as follows: [check only one box, and initial the box you check]
to the people listed in Part A, abo	ove, in the same proportion as the	shares willed there
in equal numbers to those peopl	e listed in Part A above.	F
all to the following:	[name]	[address] or after the date of this Testamentary Disposition
in equal numbers to all children	born to or adopted by my children	or after the date of this Testamentary Disposition before or after the date of this Testamentary Disposition
to my heirs at law	born to or adopted by my emilaren	before of after the date of this restamentary disposition
otherwise, as follows:		
		
2. If other children are born to or adopted	d by me after the date of this Test:	amentary Disposition, I wish for them to be included in as
nearly equal shares as possible with thos		intericary bisposition, i wish for them to be included in as
Yes No	•	
315 51 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
 If any of the people named in Part A sn box, and initial the box you check 	ould die before i do, i leave the sh	ares that are willed to that person as follows: [check only one
to that person's heirs at law		
to the surviving people listed in	Part A in the same proportion as t	the shares willed there
in equal numbers to those peop	ole listed in Part A	
to the following:	[name]	[address]
to my heirs at law		
Otherwise, as follows		
Dated thisday of		
Dated tins_day ot		
	Signature of Owne	er
Natara Diada	_	to the name as it appears on your stock certificate.]
Notary Block [to be completed by a Notary Public		
STATE OF)	-]	
	ss.	
•		
Judicial District or County)	hafa	ers may the undersigned outbority, personally appeared
r certify that on the day of	,, Dero	ore me, the undersigned authority, personally appeared s] to me known to be the person whose name appears
ahove as Owner and to be the porce	, [name of owner of shares	s) to me known to be the person whose name appears estamentary Disposition, and acknowledged to me that
		rein described. WITNESS my hand and official seal the
day and year first above written.		
,,		
	Noton Di	hlic in and for
	Notary Pul the State o	blic in and for of
DEVICED C . 1	My Commi	ofssion Expires:

REVISED September 2023

TESTAMENTARY DISPOSITION

l,SSN	[type or print your full name	e as it appears on your stock certificate and enter
your Social Security Number] in	accordance with AS 13.16.70	5, execute the following will of my shares shares of stock in Shee Atiká, Incorporated to of shares set forth following his or her name
in Shee Atiká, Incorporated. Upo	on my death, I leave my s	hares of stock in Shee Atiká, Incorporated to
the following persons or entities,	each to receive the number	of shares set forth following his or her name
and address.		
Part A.		
Name/Relationship	Address	No. of Shares
		
		TOTAL
Part B.		
	olo vou malia vous Tastamantas i Di	anacitian Vallara not required to aboose any of them in order
to make this Testamentary Disposition va	elp you make your restamentary Dr	sposition. You are not required to choose any of them in order
to make this restamentary Disposition va	alid, but you may do so il you wish:	
116		
I. If, at the time of my death, I have acqui	ired more shares than those given o	ut in Part A, above, and have not yet completed a valid
		s follows: [check only one box, and initial the box you check]
to the people listed in Part A, ab	ove, in the same proportion as the s	nares willed there
in equal numbers to those peopl	le listed in Part A above	[address]
all to the following:	[name]	[address]
in equal numbers to all children	born to or adopted by me before or	after the date of this Testamentary Disposition
	born to or adopted by my children b	efore or after the date of this Testamentary Disposition
to my heirs at law		
otherwise, as follows:		
2 15	d h aftan tha data af this Tastan	
		nentary Disposition, I wish for them to be included in as
nearly equal shares as possible with thos	se persons listed in Part A.	
Yes No		
2. If any of the manual manual in Dant A ale		and the state of t
	louid die before i do, i leave the shar	es that are willed to that person as follows: [check only one
box, and initial the box you check] to that person's heirs at law		
	Part A in the came properties as th	a shares willed there
to the surviving people listed in	Part A in the same proportion as the	a shares willed there
in equal numbers to those peop	Die listed in Part A	[]
to the following:	[name]	[address]
to my neirs at law		
otherwise, as follows:		
Dated thisday of		
Dated thisday ot		
	Signature of Owner	
	9	
Notary Block	[Must be identical to	the name as it appears on your stock certificate.]
[to be completed by a Notary Public	cl	
STATE OF)	۵]	
	ss.	
,	<i>j</i> 55.	
Judicial District or County)		
I certify that on the day of	. hefore	e me, the undersigned authority, personally appeared to me known to be the person whose name appears
	[name of owner of shares]	to me known to be the person whose name annears
above as Owner and to be the nerse	, [name of owner of shares]	stamentary Disposition and solvenyledged to me that
		stamentary Disposition, and acknowledged to me that
	tor the uses and purposes there	ein described. WITNESS my hand and official seal the
day and year first above written.		
	Notary Dubl	ic in and for
	the Ctate of	CIII and IUI
	My Commiss	sion Expires:
	iviy Commiss	non Expires