

## Death of a Shareholder Form

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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 **not yet** 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 no 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 one-half 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 )  
 ) ss.  
\_\_\_\_ JUDICIAL DISTRICT )

[ OR if you complete this form OUTSIDE of Alaska ]

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ ) ss.

TO: The Corporate Secretary of Shee Atiká, Inc. ("Shee Atiká") and Its Transfer Agent:

1. Death of Shareholder. \_\_\_\_\_ (the "decedent") was a shareholder in Shee Atiká. The decedent died on \_\_\_\_\_, 20\_\_\_\_. The decedent's Shee Atiká Stock Certificate(s) and a certified copy of the death certificate are enclosed.

2. Transfer of Shares. 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 Disposition on Stock Certificate or Testamentary Disposition Form.

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

4. Indemnification. 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.

Please reissue stock in accordance with the foregoing.

Signature

Printed Name

STATE OF \_\_\_\_\_ )  
 \_\_\_\_\_ ) ss.  
 \_\_\_\_\_ )

GIVEN UNDER MY HAND and 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 Disposition Form.

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 the Testamentary Disposition Clause on the reverse side of his/her stock certificate(s) or complete a valid Testamentary Disposition form, but instead disposed of his or her shares by will, a copy of which is attached. [BE SURE A COPY OF THE WILL IS ATTACHED]. The Will has been filed for probate with the Court, in \_\_\_\_\_, State of \_\_\_\_\_, and a certified copy of the Court Order directing distribution under the Will is attached. The following identifies each person entitled to receive 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

(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:

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



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 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

STATE OF \_\_\_\_\_ )  
\_\_\_\_\_) ss.  
\_\_\_\_\_)

THIS IS TO CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned, a Notary Public in and for the State of \_\_\_\_\_ duly commissioned and sworn, personally appeared \_\_\_\_\_ to me known to be the individual described in and who executed the within and foregoing document and that he/she signed the foregoing document freely and voluntarily for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the day and year in this certificate first appearing above.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
My Commission expires: \_\_\_\_\_





Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Social Security #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Cell Phone Number

\_\_\_\_\_  
Email Address

STATE OF \_\_\_\_\_ )

) ss.

\_\_\_\_\_ )

THIS IS TO CERTIFY that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the undersigned, a Notary Public in and for the State of \_\_\_\_\_, duly commissioned and sworn, personally appeared \_\_\_\_\_ to me known to be the individual described in and who executed the within and foregoing document and that he/she signed the foregoing document freely and voluntarily for the uses and purposes therein mentioned.

GIVEN UNDER MY HAND and official seal the deal and year in this certificate first appearing above.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_

My Commission expires \_\_\_\_\_

## Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	
	<input type="checkbox"/> Exempt payee	
	Address (number, street, and apt. or suite no.) City, state, and ZIP code	Requester's name and address (optional)
List account number(s) here (optional)		

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number									
				-				-	
Employer identification number									
				-					

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here    Signature of  
U.S. person ▶    Date ▶

### 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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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

I, \_\_\_\_\_ SSN \_\_\_\_\_ [type or print your full name as it appears on your stock certificate and enter your Social Security Number] in accordance with AS 13.16.705, execute the following will of my \_\_\_\_\_ shares in Shee Atiká, Incorporated. Upon my death, I leave my shares 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.

<u>Name/Relationship</u>	<u>Address</u>	<u>No. of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

### Part B.

The following options are presented to help you make your Testamentary Disposition. You are not required to choose any of them in order to make this Testamentary Disposition valid, but you may do so if you wish:

1. If, at the time of my death, I have acquired more shares than those given out in Part A, above, and have not yet completed a valid Testamentary Disposition for the additional shares, I leave the extra shares as follows: [check only one box, and initial the box you check]
- \_\_\_\_\_ to the people listed in Part A, above, in the same proportion as the shares willed there
- \_\_\_\_\_ in equal numbers to those people listed in Part A above
- \_\_\_\_\_ 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
- \_\_\_\_\_ in equal numbers to all children born to or adopted by my children before or after the date of this Testamentary Disposition
- \_\_\_\_\_ to my heirs at law
- \_\_\_\_\_ otherwise, as follows: \_\_\_\_\_

2. If other children are born to or adopted by me after the date of this Testamentary Disposition, I wish for them to be included in as nearly equal shares as possible with those persons listed in Part A.
- \_\_\_\_\_ Yes \_\_\_\_\_ No

3. If any of the people named in Part A should die before I do, I leave the shares 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
- \_\_\_\_\_ to the surviving people listed in Part A in the same proportion as the shares willed there
- \_\_\_\_\_ in equal numbers to those people listed in Part A
- \_\_\_\_\_ to the following: \_\_\_\_\_ [name] \_\_\_\_\_ [address]
- \_\_\_\_\_ to my heirs at law
- \_\_\_\_\_ otherwise, as follows: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_.

Signature of Owner

[Must be identical 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)

I certify that on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned authority, personally appeared \_\_\_\_\_, [name of owner of shares] to me known to be the person whose name appears above as Owner and to be the person who signed the foregoing Testamentary Disposition, and acknowledged to me that it was freely and voluntarily signed for the uses and purposes therein described. WITNESS my hand and official seal the day and year first above written.

\_\_\_\_\_  
Notary Public in and for  
the State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

## TESTAMENTARY DISPOSITION

I, \_\_\_\_\_ SSN \_\_\_\_\_ [type or print your full name as it appears on your stock certificate and enter your Social Security Number] in accordance with AS 13.16.705, execute the following will of my \_\_\_\_\_ shares in Shee Atiká, Incorporated. Upon my death, I leave my shares 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.

<u>Name/Relationship</u>	<u>Address</u>	<u>No. of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
TOTAL		_____

### Part B.

The following options are presented to help you make your Testamentary Disposition. You are not required to choose any of them in order to make this Testamentary Disposition valid, but you may do so if you wish:

1. If, at the time of my death, I have acquired more shares than those given out in Part A, above, and have not yet completed a valid Testamentary Disposition for the additional shares, I leave the extra shares as follows: [check only one box, and initial the box you check]
- \_\_\_\_\_ to the people listed in Part A, above, in the same proportion as the shares willed there
- \_\_\_\_\_ in equal numbers to those people listed in Part A above
- \_\_\_\_\_ 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
- \_\_\_\_\_ in equal numbers to all children born to or adopted by my children before or after the date of this Testamentary Disposition
- \_\_\_\_\_ to my heirs at law
- \_\_\_\_\_ otherwise, as follows: \_\_\_\_\_

2. If other children are born to or adopted by me after the date of this Testamentary Disposition, I wish for them to be included in as nearly equal shares as possible with those persons listed in Part A.
- \_\_\_\_\_ Yes \_\_\_\_\_ No

3. If any of the people named in Part A should die before I do, I leave the shares 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
- \_\_\_\_\_ to the surviving people listed in Part A in the same proportion as the shares willed there
- \_\_\_\_\_ in equal numbers to those people listed in Part A
- \_\_\_\_\_ to the following: \_\_\_\_\_ [name] \_\_\_\_\_ [address]
- \_\_\_\_\_ to my heirs at law
- \_\_\_\_\_ otherwise, as follows: \_\_\_\_\_

Dated this \_\_\_\_ day of \_\_\_\_\_.

Signature of Owner

[Must be identical 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)

I certify that on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, the undersigned authority, personally appeared \_\_\_\_\_, [name of owner of shares] to me known to be the person whose name appears above as Owner and to be the person who signed the foregoing Testamentary Disposition, and acknowledged to me that it was freely and voluntarily signed for the uses and purposes therein described. WITNESS my hand and official seal the day and year first above written.

\_\_\_\_\_  
Notary Public in and for  
the State of \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_