

## AFFIDAVIT: FOR DETERMINATION OF RIGHT TO RECEIVE A.N.C.S.A. STOCK

This affidavit is executed pursuant to Alaska Statute 13.16.705(a) for the purpose of determining the rights of the persons entitled to the stock to receive it, and present and future distributions, and to have the stock transferred on the books of the corporations herein named.

State of Alaska \_\_\_\_\_ Judicial District

**NOTE: This affidavit consists of a total of four pages. 1) Fill out the affidavit form as completely as possible. Do not leave anything blank. 2) If you do not know the answer to a question or to an item, please write down your answer as "UNK" which is short for the word Unknown. 3) Before returning this form to NIMA Corporation, please check to make sure that pages 2 and 4 have been signed.**

### Information on the Deceased Shareholder – Enrollment Number:

Full Name:	Social Security No.:	
Birth Date:	Date of Death:	Place of Death:
Marital Status at the time of death: (check only one) <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
Will(s) left at time of death: <input type="checkbox"/> Personal <input type="checkbox"/> Calista <input type="checkbox"/> None known <input type="checkbox"/> Village Corp.-Name		
Number of shares owned in:	NIMA Corporation	Calista Corporation
Spouse of the deceased is: (Check one) <input type="checkbox"/> Alive <input type="checkbox"/> Deceased		

### 1. Information on the Spouse of the Deceased If none, check this box:

Full Name:	Social Security No.:
Birth Date:	Address:

### 2. Information on the Parents of the Deceased

Mother's Full Name:	<input type="checkbox"/> Alive	<input type="checkbox"/> Deceased	<input type="checkbox"/> Adoptive	Blood Quantum:
Social Security No.	Birth Date:	Address:		
Father's Full Name:	<input type="checkbox"/> Alive	<input type="checkbox"/> Deceased	<input type="checkbox"/> Adoptive	Blood Quantum:
Social Security No.	Birth Date:	Address:		

### 3. Information on Surviving Children of the Deceased---If none, check this box:

Full Name:	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Adopted In	Blood Quantum:
Social Security No.	Birth Date:	Address:		
Full Name:	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Adopted In	Blood Quantum:
Social Security No.	Birth Date:	Address:		
Full Name:	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Adopted In	Blood Quantum:
Social Security No.	Birth Date:	Address:		
Full Name:	<input type="checkbox"/> Son	<input type="checkbox"/> Daughter	<input type="checkbox"/> Adopted In	Blood Quantum:
Social Security No.	Birth Date:	Address:		

**PLEASE TURN TO THE BACK OF THIS FORM → → → → → →**

**3. Information on Surviving Children of the Deceased (Continued)**

Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date:	Address:
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date:	Address:
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date:	Address:
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date:	Address:

**4. Please list below the deceased shareholder's sons or daughters who have died. If none, check this box:**

Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:		
Social Security No.	Birth Date:	Date of Death:	Marital Status at time of death:	<input type="checkbox"/> Married <input type="checkbox"/> Single

If the deceased son or daughter was **married**, spouses' full name: \_\_\_\_\_ Address: \_\_\_\_\_

If the deceased son or daughter has **surviving** children, list their names, ages and addresses:

Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:		
Social Security No.	Birth Date:	Date of Death:	Marital Status at time of death:	<input type="checkbox"/> Married <input type="checkbox"/> Single

If the deceased son or daughter was **married**, spouses' full name: \_\_\_\_\_ Address: \_\_\_\_\_

If the deceased son or daughter has **surviving** children, list their names, ages and addresses:

Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:		
Social Security No.	Birth Date:	Date of Death:	Marital Status at time of death:	<input type="checkbox"/> Married <input type="checkbox"/> Single

If the deceased son or daughter was **married**, spouses' full name: \_\_\_\_\_ Address: \_\_\_\_\_

If the deceased son or daughter has **surviving** children, list their names, ages and addresses:

Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:		
Social Security No.	Birth Date:	Date of Death:	Marital Status at time of death:	<input type="checkbox"/> Married <input type="checkbox"/> Single

If the deceased son or daughter was **married**, spouses' full name: \_\_\_\_\_ Address: \_\_\_\_\_

If the deceased son or daughter has **surviving** children, list their names, ages and addresses:

**YOU MUST SIGN AND DATE THE BOTTOM OF THIS FORM BEFORE CONTINUING ON TO THE NEXT PAGE.**

The person who signs directly below is referred to as the **Affiant**.

\_\_\_\_\_  
Signature of Person Providing the Statements Herein

\_\_\_\_\_  
Date

**AFFIDAVIT (Continued)**

This form is being completed for \_\_\_\_\_  
 whose enrollment number is: \_\_\_\_\_

**5. Information on Surviving Brothers and Sisters of the Deceased. If none, check this box:** 

Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	
Full Name:	<input type="checkbox"/> Son <input type="checkbox"/> Daughter <input type="checkbox"/> Adopted In <input type="checkbox"/> Adopted Out	Blood Quantum:
Social Security No.	Birth Date: _____ Address: _____	

**PLEASE TURN TO THE BACK OF THIS FORM → → → → → →**

**IN ORDER FOR THIS AFFIDAVIT TO BE CONSIDERED VALID, YOU AND YOUR TWO WITNESSES (AGED 18 YEARS OLD OR OLDER) MUST SIGN AND DATE THE FORM IN THE PRESENCE OF THE POST MASTER OR NOTARY PUBLIC ON THE SAME DAY.**

I, \_\_\_\_\_ after being duly sworn, and under oath, hereby depose and  
(Please, print name of person who will sign this form)  
state the following:

1. This affidavit is executed pursuant to Alaska Statute 13.16.705(a) for the purpose of determining the rights of the persons entitled to the stock to receive it, and present and future distributions, and to have the stock transferred on the books of the corporation herein named.
2. The information inscribed above and stated herein is true and accurate to the best of my knowledge.
3. I have personal knowledge of the family affairs of the deceased shareholder because I am related to the deceased individual as follows: \_\_\_\_\_
4. I execute this affidavit with the aid and assistance of: \_\_\_\_\_  
Who is also signing as witness to my signature. (Note: If none, write "None" in this blank.)
5. I execute this affidavit without coercion and under my own free will and consent.

The person who signs directly below is referred to as the **Affiant**.

\_\_\_\_\_  
Signature of Person Providing the Statements Herein

\_\_\_\_\_  
Date

**WE HEREBY STATE** that we have this date witnessed the execution of this Affidavit by the **Affiant** and that neither we nor the Affiant were under coercion and signed of our own free will and consent.

\_\_\_\_\_  
Signature of First Witness

\_\_\_\_\_  
Signature of Second Witness

**ACKNOWLEDGEMENT**

**SUBSCRIBED AND SWORN TO ME**, this \_\_\_\_\_ day of \_\_\_\_\_,  
at \_\_\_\_\_, Alaska.

\_\_\_\_\_  
Signature of Notary Public

In and for the state of \_\_\_\_\_

My commission expires \_\_\_\_\_

OR

\_\_\_\_\_  
Signature of Post Master

(If post master signs in place of Notary Public,  
imprint with official USPS stamp.)

IMPRINT SEAL BELOW ↓

**Please mail to: NIMA Corporation  
236 West 10<sup>th</sup> Avenue, Suite 100  
Anchorage, Alaska 99501**