

## SELDOVIA NATIVE ASSOCIATION, INC.

"Our People, Responsibly Managing Our Resources, For Now and the Future."

	I,, devise and bequeath all my Seldovia I Association, Inc. (SNAI) Stock Shares, that I own or am entitled to receive, as specified below.							
	* Share Fraction cannot split-leave to 1 person with 1 or more shares, per SNAI's Fraction of Share Police							
	Upon my death, I leave my shares of SNAI Stock	to the following person(s):						
A	Full Legal Name of person(s) to inherit shares (First, Middle & Last Name)  Relationship To Me	Current Address or City & State	Number OR Percentage of shares					
	TOTAL SHARES (Total mu	ust equal exact number of sha	res owned)					
В	If anyone named in "A" above, should pass bef	ore me. I leave that person's	willed shares as					
	follows:		Tulkini					
Equal numbers to that person's biological or legally adopted children correspondingly to surviving people in "A" above.								
	Other							
			<del></del>					
	Custodian, Nama ONE adult sustadian for EAC	<u>CH </u> minor <i>under age 18 yrs.</i> (c	an be same custodian),					
C	Custodian: Name ONE adult custodian for EAC *I appoint the following individual(s) of the SN	<del></del>	n <b>ed minor(s)</b> as reauirea					
C	*I appoint the following individual(s) of the SN by the Alaska Uniform Transfers to Minors Act	NAI ANCSA stock <i>for the nam</i>	<b>ned minor(s)</b> as required					
C	*I appoint the following individual(s) of the SN by the Alaska Uniform Transfers to Minors Act	NAI ANCSA stock <i>for the nam</i> (AS 13.46.085):	ned minor(s) as requirea Idress					
C	*I appoint the following individual(s) of the SN by the Alaska Uniform Transfers to Minors Act	NAI ANCSA stock <i>for the nam</i> (AS 13.46.085):						
C	*I appoint the following individual(s) of the SN by the Alaska Uniform Transfers to Minors Act	NAI ANCSA stock <i>for the nam</i> (AS 13.46.085):						

	Page 1 (Your) Initials:	urnoso overos	and in it and	that I am 1	Queers of as	ro or olde		
	as my free and voluntary act for the purpose expressed in it, and that I am 18 years of age of sound mind, and under no constraint or undue influence.							
	⇒ SIGN & DATE IN FRONT OF A NOTARY PUBLIC							
	⇔							
	Your Full Name Signatu	re (Owner of s	tock shares)		Date			
E	WITNESS: (NOT Required if Notarized) We, the witnesses, sign our names to this instrument, a declare that the testator signs and executes this instrument as his/her last Will and that he/s signs it willingly and that each of us in the presence and hearing of the testator signs this Will witness of the testator's signing and that to the best of our knowledge the testator is 18 years age or older, of sound mind, and under no constraint or undue influence.  ⇒ SIGN & DATE IN FRONT OF A NOTARY PUBLIC							
	$\Rightarrow$	$\Rightarrow$						
	Signature of first Witness:	_	ignature of Sec	ond Witness				
	Printed Name of Witness	F	rinted Name of	Witness				
	Address of first Witness  ATTENTION: Notary Public		address of Seco					
F	*The Testator and two witnesses, if a *The Date you sign this Will must be			_	-	l.		
	State of:	_						
	County of:	(or		Judicial	District)			
	Subscribed, sworn to, and acknowledg	ged before me						
	Subscribed, sworn to, and acknowledg			nt- Owner Of S		and		
		n to before me	e by			aa		
	The testator, and subscribed and swor		Prin	ted Name of I	First Witness			
			Prin	ted Name of I	First Witness			

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