



SELDOVIA NATIVE ASSOCIATION, INC.

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

• SHAREHOLDER STOCK WILL •

I, _____, devise and bequeath all my shares of Stock in Seldovia Native Association, Inc. (SNAI) that I own or am entitled to as stipulated below. I understand that SNAI does not allow share fractions or single shares to be divided. I further understand and agree that if following the transfer instructions below would result in dividing a share fraction or single share, SNAI shall follow its allocation of shares procedure to determine ownership of any fraction or single share that would have otherwise been divided.

A

Full Legal Name(s) of Primary

Print clearly the Full name(s) of the person(s) you wish to inherit your SNAI Stock

Birth Date

Distribution of Shares;

- Write EXACT shares for each person
- Any existing fraction of a share MUST be directed to ONE beneficiary.
- Single Shares may not be Divided

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL OF ABOVE SHARES (must equal exact number of shares you own)

B

Custodian(s): Complete this part only if someone you named in Part A is a minor (under age of 18 yrs). Appoint ONE (1) adult custodian for each minor by printing the custodians name on the same line as the minor child. Print a custodians name to each minor even if the custodian is the same.

I appoint the following individual(s) as custodian(s) of the ANCSA stock for the named minor(s) as required by the Alaska Uniform Transfers to Minors Act (AS 13.46.085):

Name of Minor Beneficiary	Date of Birth	Name of Custodian for the Minor (from Part A)
_____	→ _____	→ _____
_____	→ _____	→ _____
_____	→ _____	→ _____

C

Page 1 Testator's (your) Initials: _____

D

This instrument shall be governed by and construed in accordance with the laws of the State of Alaska.

I, _____, the testator, sign by my name to this instrument at _____(city) ____ (state)

And declare that I sign and execute this instrument as my Last Will and that I sign it willingly, and that I execute it as my free and voluntary act for the purpose expressed in it, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

⇒ **YOU MUST SIGN & DATE IN FRONT OF A NOTARY PUBLIC**



Your Full Name Signature

Date

E

WITNESS: We, the witnesses, sign our names to this instrument, and declare that the testator signs and executes this instrument as his/her last Will and that he/she signs it willingly and that each of us in the presence and hearing of the testator signs this Will as witness of the testator’s signing and that to the best of our knowledge the testator is 18 years of age or older, of sound mind, and under no constraint or undue influence.

WITNESS: YOU MUST SIGN IN FRONT OF A NOTARY PUBLIC



Signature of first Witness:



Signature of Second Witness

Printed Name of Witness

Printed Name of Witness

Address of first Witness

Address of Second Witness

ATTENTION: Notary Public

F

- *The Testator and two witnesses, *if there are witnesses*, must sign in your presence.
- *The Date you sign this Will must be the Same date the testator signs & dates this Will.

State of: _____

County of: _____ or _____ Judicial District)

Subscribed, sworn to, and acknowledged before me by _____,
Printed name of Testator

The testator, and subscribed and sworn to before me by _____ and
Printed Name of First Witness

_____, witnesses, this _____ day of _____, 20____
Printed Name of Second Witness

NOTARY SEAL

Notary’s Signature

Notary Public in and for _____

My Commission Expires: _____