

# Affidavit for Transfer of Kavilco Stock Upon Death of Shareholder (According to Court Order)

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**COURT ORDER**

State of Alaska                    )  
  ) ss.  
\_\_\_\_\_Judicial District        )

[or if executed outside Alaska:]

State of \_\_\_\_\_            )  
  )  
County of \_\_\_\_\_         )

**The Executor or Executrix of the deceased’s estate or the representing lawyer must complete this document.**

**TO:** Corporate Secretary of Kavilco Incorporated (“Kavilco”):

1.     Death of Shareholder

\_\_\_\_\_ (“decedent”) was a  
(Please print decedent’s name)

shareholder in Kavilco. The decedent died on \_\_\_\_\_ .

The decedent’s Kavilco Stock Certificate(s) and a certified copy of the death certificate are enclosed. {BE SURE TO ENCLOSE THESE DOCUMENTS}

2.     Transfer of Shares

All shares of record of Kavilco stock in the name of the decedent should be transferred by the attached court order and the appropriate new certificate(s) issued to the named individual(s) or their custodians at the address(es) indicated.

**According to Court Order**

A certified copy of the Court Order directing distribution under the Will is attached. [BE SURE A COPY OF THIS DOCUMENT IS ATTACHED; we do not require a copy of the will.] The following identifies each person entitled to receive the shares:

Name \_\_\_\_\_  
Last, First Middle, Designation (Jr., Sr., I, II, etc.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: MM/DD/YY Number of Shares received \_\_\_\_\_

Alaska Native Descendant (Yes/No) \_\_\_\_\_ (If yes, complete affidavit of Native Status form)

Name \_\_\_\_\_  
Last, First Middle, Designation (Jr., Sr., I, II, etc.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: MM/DD/YY Number of Shares received \_\_\_\_\_

Alaska Native Descendant (Yes/No) \_\_\_\_\_ (If yes, complete affidavit of Native Status form)

Name \_\_\_\_\_  
Last, First Middle, Designation (Jr., Sr., I, II, etc.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: MM/DD/YY Number of Shares received \_\_\_\_\_

Alaska Native Descendant (Yes/No) \_\_\_\_\_ (If yes, complete affidavit of Native Status form)

Name \_\_\_\_\_  
Last, First Middle, Designation (Jr., Sr., I, II, etc.)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B: MM/DD/YY Number of Shares received \_\_\_\_\_

Alaska Native Descendant (Yes/No) \_\_\_\_\_ (If yes, complete affidavit of Native Status form)

3. Custodianship Agreement

ALASKAN RESIDENT: 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. [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; and (c) an adult member of the minor's family (a parent, grandparent, brother, sister, uncle or aunt) as selected by his parents.

RESIDENTS OUTSIDE OF ALASKA: Residents of outside of Alaska must consult the laws of that state or country, or an attorney to determine the proper priorities for the designation of a custodian for a minor.

4. Affidavit of Native Status

If any of the persons listed in Section 2 above as the person(s) to receive the ANCSA stock is a "descendant of a Native", an Affidavit of Native Status must be completed before the stock can be reissued.

Please reissue stock in accordance with the foregoing.

**Sign Below In Front of Notary**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Signature \_\_\_\_\_

**Notary to Fill Out Information Below**

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

THIS IS TO CERTIFY that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ 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 by official seal; first appearing on the day and year in this certificate.

\_\_\_\_\_  
Notary Public for \_\_\_\_\_  
My Commission Expires \_\_\_\_\_