

Natives of Kodiak, Inc.
TESTAMENTARY DISPOSITION – STOCK WILL
 (AS 13.16.705)



Natives Of Kodiak

I. Shareholder Information

I, _____, having attained or exceeded the age of eighteen (18), whose date of birth is _____, and being of sound mind, execute this Stock Will for the purpose of transferring my shares of Natives of Kodiak, Incorporated (NOK) stock. I hereby revoke any prior testamentary disposition of NOK shares of stock made by me. As my last will and testament concerning my shares of NOK stock, upon my death I give and devise my shares of stock in NOK together with all appurtenant rights, title and interest, to the person(s) named in Section II below.

II. Disposition of NOK Stock

Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# or % of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# or % of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# or % of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		# or % of Shares Devised:

_____ Initial here if **additional heirs** are attached on a separate sheet.

Are any of the heirs named above under the age of 18? Yes No **If yes, attach an *Appointment of Custodian Form*.**

III. Disposition of Additional Stock Acquired

Should I acquire any additional Natives of Kodiak stock, I hereby devise and bequeath such shares as follows:

(Check One Option)

- To the same person(s), and in the same relative proportion, as listed in Section II.
- To the following person(s) (if different than listed in Section II) and in the following proportions:

Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:

IV. Contingent Beneficiary(ies)

Should any beneficiary listed in Section II not survive me, I hereby devise and bequeath such shares as follows:

- To that beneficiary's potential heir(s) according to Alaska State Law.
- To the surviving beneficiary(ies), listed in Section II, and in the same proportions.
- To the following:

Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:
Name: Address: City/State/Zip:		Relationship: DOB: Phone:		% of Shares Devised:

V. Signature & Notarization

I, _____, shareholder, sign my name to this instrument this _____ day of _____, and, being first sworn, declare to the undersigned authority that I sign and execute this instrument as my TESTAMENTARY DISPOSITION, and, that I sign it willingly (or willingly direct another to sign for me), 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. By signing, I hereby revoke any and all prior wills, codicils, or other prior testamentary disposition of these shares of stock made by me.

Shareholder Signature

NOTARIZATION CERTIFICATE

STATE OF _____)
)ss.
COUNTY/DISTRICT _____)

SUBSCRIBED, SWORN TO, and ACKNOWLEDGED before me by _____,
(Shareholder Name)
this _____ day of _____.

Notary Public in and for _____
My Commission Expires: _____



Natives Of Kodiak

CUSTODIAN DESIGNATION FOR MINOR CHILDREN

Alaska Statute 13.46.085 requires a custodian be appointed as the holder of Alaska Native Corporation stock until a child reaches the age of 18. NOK encourages you to make a designation of custodian for any minor children named in your Stock Will.

If you do not make a designation, Alaska State law will, in the absence of a good cause variance issued by the court, govern custodian under a default priority list as follows: a legal guardian (if any), then either parent, then an adult member of the child’s family.

I, _____, appoint the following individual(s) as custodian(s) of the NOK stock for the minor(s) named below.

Minor Child’s Name	Custodian Name & Address	Phone Email	Relationship
	<i>Custodian</i>		
	<i>Successor Custodian (Optional)</i>		
	<i>Custodian</i>		
	<i>Successor Custodian (Optional)</i>		

Signature

Date



Natives Of Kodiak

Death Benefits Beneficiary Designation

IMPORTANT

Only ORIGINAL shareholders are eligible for death benefits. Original shareholders are defined as those enrolled at the time of NOK's original stock issuance.

If you are not sure whether or not you are an original shareholder, please contact our office by email at shareholders@nativesofkodiak.com or by phone at (907) 486-3606.

Are you an Original Shareholder? Yes No – If No, do **NOT** complete this form.

Shareholder Information

Your Name: _____	DOB: _____
Address: _____	SH ID: _____
City/State/Zip: _____	Phone: _____
Email: _____	

Beneficiary Designation

I, _____, request that any death benefits payable as a result of my death, pursuant to the Natives of Kodiak, Inc. Death Benefits Trust, be paid to the following person:

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: _____

If the person named above predeceases me, I request that the Death Benefits be paid to the following person:

Name: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Telephone: _____

Shareholder Signature

Date