



RELATIVES OF DECEASED

Please complete this form as accurately and thoroughly as possible. Use the back of this form to list additional names and addresses, if necessary. Include the names of all deceased family members and dates of death.

1. Name of the Deceased _____

2. Your Name _____ Telephone Numbers:

Address _____ H: _____

_____ W: _____

3. Your relationship to the Deceased _____

4. Name of Surviving Spouse of Deceased _____

Address _____

Date of Marriage _____

5. Children of Deceased – list all natural children including children from previous marriage(s); list any children that may be deceased and date of death.

Name & Address	Age	Alaska Native	If deceased, Date of Death
_____	_____	Yes /__ / No /__ /	_____

_____	_____	Yes /__ / No /__ /	_____

_____	_____	Yes /__ / No /__ /	_____

Name & Address	Age	Alaska Native	If deceased, Date of Death
_____	_____	Yes /__/ No/__/	_____

_____	_____	Yes /__/ No/__/	_____

_____	_____	Yes /__/ No/__/	_____

_____	_____	Yes /__/ No/__/	_____

11. Did the Deceased leave a Kootznoowoo Inc. Testamentary Disposition? _____

If yes, please provide Kootznoowoo with a copy when returning this form.

12. Did the Deceased leave a general Last Will and Testament? _____

If yes, please provide Kootznoowoo with a copy when return this form.

Signature

Date

PLEASE RETURN THIS COMPLETED FORM WITH THE DEATH CERTIFICATE OF THE DECEASED, STOCK CERTIFICATE, LAST WILL AND TESTAMENT AND ANY OTHER PERTINENT DOCUMENTS WHICH WILL BE HELPFUL IN ASSISTING KOOTZNOOWOO TO EXPEDITE THE TRANSFER OF SHARES TO THE HEIRS.