



Relatives of Deceased Questionnaire & Affidavit

This questionnaire and affidavit will be used to determine the beneficiaries of Calista Corporation shareholders who have passed away and have no Stock Will on file with Calista. Pursuant to Alaska Statute 13.16.705(a), the Class A and B stock of shareholders with no known Last Will & Testament or Stock Will, are subject to have their beneficiaries determined and shares transferred via Alaska intestate succession law.

Please complete this form as accurately as possible. Use the back of the form to list additional beneficiary names and information as needed. This form is a legal document and should be signed and notarized in the presence of a Notary Public.

Upon completion of this form, please return with a copy of a death certificate or published obituary. If no Last Will and Testament is located, Calista Corporation will use this information to create an Affidavit of Entitlement for beneficiaries to sign and return in order to claim their shares from the estate. Beneficiaries who are not currently Calista shareholders will need to also complete enrollment before the stock can be transferred to their name.

Please contact Calista Shareholder Services with any questions or if you need assistance completing this form.

Frequently Asked Questions

Q: How will the shares be divided if the deceased shareholder is survived by a spouse but no children?

A: The spouse will receive 100% of the shares.

Q: How will the shares be divided if the deceased shareholder is survived by a spouse and children?

A: The spouse will receive 50% of the shares; the children will receive the other 50% of the shares which will be divided as equally as possible amongst them.

Q: How will the shares be divided if the deceased shareholder has no spouse or children?

A: If the deceased shareholder's parents are still alive, they will inherit the shares which will be divided equally amongst them.

Q: What if the parents preceded the decedent shareholder in death?

A: If the decedent shareholder was not married and had no children at the time of death, and his/her parents were also deceased, the shares would be divided equally amongst any living siblings.

Q: What if the beneficiaries are not Alaska Native? Can they still inherit the shares?

A: Yes, however, the shares will convert to non-voting status. Non-voting shareholders are not able to vote in the Annual Meeting elections, run for a seat on the Board of Directors, and may not be able to receive all shareholder benefits to which Alaska Native shareholders are entitled.

Q: What happens if dividends are owed to the deceased shareholder?

A: If any dividend payments are owed, they will be divided and paid out on a per share basis to the beneficiary. For instance, if a deceased shareholder was owed \$400 for their 100 shares, that would be divided into a payment of \$4.00 per share. If there were two beneficiaries who would receive 50 shares each, once the shares were transferred, they would each receive \$200 for the past owed dividend.

Part 1: Information on person completing this form (REQUIRED)

Your name: _____ Phone (____) _____

Mailing: _____
(Street or PO Box) (City) (State) (Zip)

Email Address: _____

Your relationship to the deceased shareholder (check one):

 Spouse Child Parent Friend Other _____**Part 2: Deceased Shareholder Information (REQUIRED)**

Full Name: _____ SSN: _____

Date of Birth: _____ Place of Birth: _____

Date of Death: _____ Place of Death: _____

Did the deceased shareholder have any known will(s) at their time of their death? Yes No UnknownIf so, what kind of will (check all that apply) Last Will & Testament Stock Will OtherAre you able to provide a copy of any known will? Yes No

If not, please specify where can a copy be obtained (if known)? _____

_____Was the shareholder married at their time of death? Yes (Please complete part 3) NoDid the shareholder have any children? Yes (Please complete Part 4) NoIs the shareholder Alaska Native or of Alaska Native Descent? Yes No Unknown

Tribal Affiliation (if applicable): _____

Does the shareholder belong to any other Alaska Native Corporations? Yes No Unknown

Name of Native corporation(s) (if known) _____

Part 3: Deceased Shareholder Spouse Information (Required if applicable)

Check box below and move on to the next section if at the time of their death, the deceased shareholder had never been married, was legally divorced, or widowed.

This section is not applicable to the deceased shareholder

Full Name: _____ Phone: _____

Mailing: _____
(Street or PO Box) (City) (State) (Zip)

Email Address: _____

Date of Marriage: _____

Is the spouse Alaska Native or of Alaska Native Descent? Yes No Unknown

Tribal Affiliation (if applicable): _____

Does the spouse belong to any Alaska Native Corporations? Yes No Unknown

Name of Native corporation(s) (if known) _____

Part 4: Children of Deceased Shareholder Information (Required if applicable)

Check box below and move on to the next section ONLY IF the deceased shareholder had no children.

This section is not applicable to the deceased shareholder

Did the deceased shareholder have any child(ren) who passed away before they did? Yes No

If so, you must also complete part 5 (use back of the page if you need additional space).

Child of Deceased 1	Full Name: _____ Date of Birth: _____
	Mailing Address: _____
	_____ <small>(City) (State) (Zip)</small> Cell Phone: _____
	Home Phone: _____ Email: _____
	If child is a minor, name of parent or legal guardian: _____
	<input type="checkbox"/> Adopted-In <input type="checkbox"/> Adopted-Out Date of adoption: _____
	Is child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of death: _____

Child of Deceased 2	<p>Full Name: _____ Date of Birth: _____</p> <p>Mailing Address: _____</p> <p>_____ (City) (State) (Zip) Cell Phone: _____</p> <p>Home Phone: _____ Email: _____</p> <p>If child is a minor, name of parent or legal guardian: _____</p> <p><input type="checkbox"/> Adopted-In <input type="checkbox"/> Adopted-Out Date of adoption: _____</p> <p>Is child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of death: _____</p>
Child of Deceased 3	<p>Full Name: _____ Date of Birth: _____</p> <p>Mailing Address: _____</p> <p>_____ (City) (State) (Zip) Cell Phone: _____</p> <p>Home Phone: _____ Email: _____</p> <p>If child is a minor, name of parent or legal guardian: _____</p> <p><input type="checkbox"/> Adopted-In <input type="checkbox"/> Adopted-Out Date of adoption: _____</p> <p>Is child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of death: _____</p>
Child of Deceased 4	<p>Full Name: _____ Date of Birth: _____</p> <p>Mailing Address: _____</p> <p>_____ (City) (State) (Zip) Cell Phone: _____</p> <p>Home Phone: _____ Email: _____</p> <p>If child is a minor, name of parent or legal guardian: _____</p> <p><input type="checkbox"/> Adopted-In <input type="checkbox"/> Adopted-Out Date of adoption: _____</p> <p>Is child alive? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of death: _____</p>

If additional space is needed for any of these sections, please include information on a separate piece of paper and attach to this document.

Part 5: Children of the Deceased who have passed away (Required if applicable)

Check box below and move on to the next section ONLY IF the deceased shareholder had no children.

This section is not applicable to the deceased shareholder

Deceased Child 1	Deceased child's full name: _____ Date of Death: _____ Place of Death: _____ Marital Status at time of death: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Unknown If married, spouse's name _____ Please list the name, age, and contact info (address and phone) for any living children of the deceased: Child 1: _____ Child 2: _____ Child 3: _____ Child 4: _____ Child 5: _____
Deceased Child 2	Deceased child's full name: _____ Date of Death: _____ Place of Death: _____ Marital Status at time of death: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Unknown If married, spouse's name _____ Please list the name, age, and contact info (address and phone) for any living children of the deceased: Child 1: _____ Child 2: _____ Child 3: _____ Child 4: _____ Child 5: _____

Part 6: Parents of Deceased (Required only if the deceased shareholder was NOT married at the time of their death and had NO children)

Mother of Deceased	Name: _____ <input type="checkbox"/> Alive <input type="checkbox"/> Deceased Mailing: _____ _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Street or PO Box) (City) (State) (Zip) </div> Phone: _____ Email: _____ Date of Birth: _____ Place of Birth: _____ Date of Death: _____ Place of Death: _____ Is the mother Alaska Native or of Alaska Native Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Tribal Affiliation (if applicable): _____ Is the mother enrolled in any Alaska Native Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Name of Native corporation(s) (if known) _____ _____ _____
Father of Deceased	Name: _____ <input type="checkbox"/> Alive <input type="checkbox"/> Deceased Mailing: _____ _____ <div style="display: flex; justify-content: space-between; width: 100%;"> (Street or PO Box) (City) (State) (Zip) </div> Phone: _____ Email: _____ Date of Birth: _____ Place of Birth: _____ Date of Death: _____ Place of Death: _____ Is the father Alaska Native or of Alaska Native Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Tribal Affiliation (if applicable): _____ Is the father enrolled in any Alaska Native Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Name of Native corporation(s) (if known) _____ _____ _____

Part 7: Brothers and Sisters of Deceased (Required only if deceased shareholder was NOT married, had NO children, and WAS NOT survived by either parent.)

Sibling 1	<p>Name: _____ <input type="checkbox"/> Sister <input type="checkbox"/> Brother</p> <p>Mailing: _____</p> <p style="text-align: center;">(Street or PO Box) (City) (State) (Zip)</p> <p>Phone: _____ Email: _____</p> <p>Date of Birth: _____ Place of Birth: _____</p> <p>Date of Death: _____ Place of Death: _____</p> <p>Is sibling Alaska Native or of Alaska Native Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Tribal Affiliation (if applicable): _____</p> <p>Is sibling enrolled in any Alaska Native Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Name of Native corporation(s) (if known) _____</p> <p>_____</p>
Sibling 2	<p>Name: _____ <input type="checkbox"/> Sister <input type="checkbox"/> Brother</p> <p>Mailing: _____</p> <p style="text-align: center;">(Street or PO Box) (City) (State) (Zip)</p> <p>Phone: _____ Email: _____</p> <p>Date of Birth: _____ Place of Birth: _____</p> <p>Date of Death: _____ Place of Death: _____</p> <p>Is sibling Alaska Native or of Alaska Native Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Tribal Affiliation (if applicable): _____</p> <p>Is sibling enrolled in any Alaska Native Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Name of Native corporation(s) (if known) _____</p> <p>_____</p>

Sibling 3	<p>Name: _____ <input type="checkbox"/> Sister <input type="checkbox"/> Brother</p> <p>Mailing: _____</p> <p style="text-align: center;">(Street or PO Box) (City) (State) (Zip)</p> <p>Phone: _____ Email: _____</p> <p>Date of Birth: _____ Place of Birth: _____</p> <p>Date of Death: _____ Place of Death: _____</p> <p>Is sibling Alaska Native or of Alaska Native Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Tribal Affiliation (if applicable): _____</p> <p>Is sibling enrolled in any Alaska Native Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Name of Native corporation(s) (if known) _____</p> <p>_____</p>
Sibling 4	<p>Name: _____ <input type="checkbox"/> Sister <input type="checkbox"/> Brother</p> <p>Mailing: _____</p> <p style="text-align: center;">(Street or PO Box) (City) (State) (Zip)</p> <p>Phone: _____ Email: _____</p> <p>Date of Birth: _____ Place of Birth: _____</p> <p>Date of Death: _____ Place of Death: _____</p> <p>Is sibling Alaska Native or of Alaska Native Descent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Tribal Affiliation (if applicable): _____</p> <p>Is sibling enrolled in any Alaska Native Corporations? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Name of Native corporation(s) (if known) _____</p> <p>_____</p>

Part 8: Acknowledgement

I, (print the full name of the person signing this form) _____, after being duly sworn and under oath, hereby depose and state the following:

1. This affidavit is executed pursuant to Alaska Statue 13.16.705(a) for the purpose of determining the rights of the person(s) entitled to receive the stock, present and future distributions, and to have the stock transferred on the books of Calista Corporation.
2. The information inscribed above and stated herein is true and accurate to the best of my knowledge.
3. I have personal knowledge of the family affairs of the deceased shareholder because I am associated or related to the decedent as follows: _____.
4. I execute this affidavit without coercion and under my own free will and consent.
5. I am aware of no other facts or information which may affect who is entitled to the Calista Corporation Class A or B stock of the named decedent.

STOP: Do not sign this document until you are in the presence of a Notary Public or Post Master

Note: Your signature and date of signature are required. In addition to your signature, Acknowledgement must be completed in order for this Affidavit to be legally valid.

Your Signature

Date

ACKNOWLEDGEMENT:

Notary Block:

State of _____; City, Borough, or County of _____

SUBSCRIBED AND SWORN to me by _____

this month of _____, day of _____, 20_____.

Signature of Notary Public or Post Master

Notary commission expires: _____