

I _____ (Testator), have attained the age of 18 years, am of sound mind, and currently own _____ shares of Class A and/or B stock in Calista Corporation. In accordance with Alaska Statute 13.16.705 and the Alaska Native Claims Settlement Act of 1971, as amended, I freely and voluntarily execute this ANCSA Stock Will. I hereby revoke any and all prior wills, codicils, or other prior testamentary disposition of these shares of stock made by me.

Upon my death, I hereby devise and bequeath all my shares of stock in **CALISTA CORPORATION** in the numbers or amount(s) expressed to the individual(s) named below (continue on separate page if space is needed to list additional beneficiaries).

Full Name	Relationship	Address or Current City/State	Number or Percentage of Shares
Total			

- If other child(ren) are born to me or adopted-IN by me (legally, tribally, or culturally) after the date of this Stock Will, I wish for them to be included in as nearly equal shares as possible with those beneficiaries listed above.
(Select one and initial) YES _____ NO _____
- If other child(ren) are born to me and adopted-OUT by me (legally, tribally, or culturally) after the date of this Stock Will, I wish for them to be included in as nearly equal shares as possible with those beneficiaries listed above.
(Select one and initial) YES _____ NO _____
- If, at the time of my death, I have acquired more shares than those listed above and have not yet designated the division of those shares in a new *Stock Will* or valid *Last Will & Testament*, I leave the extra shares as follows (Select only one box and initial the space next to your selection):
 to the people listed above in the same proportion as above.
 divided in equal numbers to those people listed above.
 otherwise as follows _____

- If, at the time of my death, any of those listed above have passed away before me, I leave the shares that are willed to that person as follows (Select only one box and initial the space next to your selection):
 in equal numbers to that person's biological or legally, tribally, or culturally adopted children.
 to be divided as equally as possible to those listed above.
 otherwise as follows _____

In order to confirm your family situation at the time of completion of this Stock Will, Calista is requesting the following information for data gathering and Stock Will review purposes. (Write N/A in the blank space if not applicable.)

My spouse is _____.

I have _____ children, listed below. Please list all of your children and indicate if the child is natural born (N), adopted-in (AI), or adopted-out (AO). Continue on a separate page if necessary.

_____	_____
_____	_____
_____	_____
_____	_____

I, _____, the Testator, sign my name to this instrument, and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my ANCSA Stock Will and that I sign it willingly and that I execute it as my free and voluntary act for the purposes expressed in this ANCSA Stock Will, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

Executed at _____, this _____ day of _____, 20__.

(City, State)

Signature of Shareholder/Testator

Enrollment Number or Last Four Digits of Social Security



ACKNOWLEDGEMENT

We _____ and _____, the witnesses, being first duly sworn, declare to the undersigned authority that the Testator signs and executes this instrument as his/her last ANCSA Stock Will and that he/she signs it willingly, and that each of us in the presence and hearing of the Testator, signs this ANCSA Stock 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 Signature: _____, Residing at _____.

Witness Signature: _____, Residing at _____.

NOTARY

State of _____; _____ Judicial District or County of _____.

SUBSCRIBED, SWORN to AND ACKNOWLEDGED before me by _____, the Testator, and by _____ and _____, the witnesses, this _____ day of _____, 20____.

Signature of Notary Public
In and for the State of _____
Commission Expires: _____

OR

Signature of Postmaster

Name of Post Office
(Imprint with official USPS stamp)

[Imprint seal here]