



*Natives Of Kodiak*

**AFFIDAVIT REQUEST FOR GIFT OF SHARES AND ACCEPTANCE**

THE STATE OF \_\_\_\_\_ )  
 ) ss.  
 )  
 [County/Judicial District]

I, \_\_\_\_\_  
 [full name as it appears on shareholder records]

\_\_\_\_\_, \_\_\_\_\_ of  
 [ID number] [social security number]

\_\_\_\_\_  
 [complete mailing address or PO Box]

\_\_\_\_\_, \_\_\_\_\_  
 [city, state, zip code] [area code & telephone]

being first duly sworn, upon oath, do hereby depose and say:

- 1) I am currently a Natives of Kodiak, Inc. (NOK) shareholder owning \_\_\_\_\_ shares of Settlement Common Stock.
- 2) I understand that pursuant to the Alaska Native Claims Settlement Act and its amendments "...Settlement Common Stock may be transferred to a Native or a descendant of a Native...as an inter vivos gift from a holder to his or her child, grandchild, great grandchild, niece, nephew, or (if the shareholder has reached the age of majority as defined by the laws of the State of Alaska) brother or sister."
- 3) I understand that the recipient of this gift must be an Alaska Native or descendant of a Native, which includes persons who are family members by adoption, and I have filled out the attached family tree form as accurately as possible, to the best of my knowledge and belief. I have attached a true copy of the birth certificate of the recipient. If the recipient is a relative by adoption, I have attached a true copy of the court Decree of Adoption or similar legal proof of adoption. I will provide such other proof of qualification as Natives of Kodiak, Inc. may request.

4) I request the transfer pursuant to A.S.13.46.080(a)(1)(A) of \_\_\_\_\_ of my shares to the following recipient:

Recipient's Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship To Me: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Area Code & Telephone # (\_\_\_\_) \_\_\_\_\_

I hereby designate the following custodian and successor custodian for the recipient, \_\_\_\_\_, who is under 18 years of age as of the date of this affidavit request:

Name of Custodian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship To Recipient: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Area Code & Telephone # (\_\_\_\_) \_\_\_\_\_

Name of Successor Custodian: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Relationship To Recipient: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Area Code & Telephone # (\_\_\_\_) \_\_\_\_\_

I direct that the custodian or successor custodian transfer the shares to the recipient when the recipient reaches the age of \_\_\_\_\_ (between 18 & 25).

- 5) I understand that after the transfer is complete I will own only \_\_\_\_\_ shares of NOK. NOK shareholder records will be adjusted to show my gift. I completed a stock will, I understand that the stock will may not be effective, so I need to complete a new stock will.
- 6) I understand that I may not be able to revoke, take back, or otherwise change this gift of shares once it has been made.
- 7) I understand that the gift of the shares places all authority over and benefits to the shares (including transfer by will or by gift and sale, if permitted in the future) in the hands of the recipient. I will no longer have voting rights for the transferred shares, and I will no longer receive dividends or distributions for the transferred shares.
- 8) I understand that the gift of shares may result in gift tax or other tax obligations, which could be very large. I may be responsible for those obligations. I cannot compel the recipient of NOK to help me avoid or reduce the tax obligations of paying them. I have been advised to consult with tax advisors regarding the tax impact of this gift, and I have done so if I considered it appropriate.
- 9) I represent and affirm that I have not received or been promised any consideration or anything of value in exchange for making this gift. I wish to make this gift exclusively to benefit the recipient, and not because of any benefit to me.
- 10) I understand that by signing this Affidavit I am swearing under oath to the best of my knowledge and belief that everything stated in this Affidavit is true and that I am acting of my own free will and am not under any undue pressure, influence or duress.

SIGNATURE OF DONOR: \_\_\_\_\_

Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

\_\_\_\_\_

My commission expires: \_\_\_\_\_



*Natives Of Kodiak*

**ACCEPTANCE OF GIFT BY RECIPIENT**

THE STATE OF \_\_\_\_\_ )  
 ) ss.  
\_\_\_\_\_ )  
[County/Judicial District]

I, \_\_\_\_\_, being first duly sworn, upon oath, do hereby depose and say:

- a) I am the recipient of the gift. I accept the gift.
- b) I certify that I am a Native or a descendant of a Native, as those terms are defined in Alaska Native Claims Settlement Act.
- c) I certify that the information set forth in the attached family tree form is as accurate as possible, to the best of my knowledge and belief.
- d) I certify the information about myself (and, if appropriate, the custodian and successor custodian) in paragraph 4) above is accurate.
- e) I certify that I have not been given or promised any consideration or anything of value in exchange for the making of this gift.
- f) If I am not presently a shareholder of Natives of Kodiak, Inc. I will provide to Natives of Kodiak, Inc. an IRS W-9 form.
- g) I understand that by signing this Affidavit I am swearing under oath to the best of my knowledge and belief that everything stated herein is true, and that I, acting of my own free will, am not under any undue pressure, influence or duress.

SIGNATURE OF RECIPIENT: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_

My commission expires: \_\_\_\_\_



*Natives Of Kodiak*

**ACCEPTANCE OF GIFT BY CUSTODIAN**

THE STATE OF \_\_\_\_\_ )  
 ) ss.  
\_\_\_\_\_ )  
[County/Judicial District]

I, \_\_\_\_\_, being first duly sworn, upon oath, do hereby depose and say:

- a) I am the custodian for the recipient of the gift. I accept the gift.
- b) I certify that the recipient is a Native of a descendant of a Native, as by the terms defined in the Alaska Native Claims Settlement Act.
- c) I certify that the information set forth in the attached family tree form is as accurate as possible, to the best of my knowledge and belief.
- d) I certify that the information regarding the recipient and myself in paragraph 4) above is accurate.
- e) I certify that I have not given or promised, and I am unaware of any other person having given or promised anything of value in exchange for the making of this gift.
- f) I will provide Natives of Kodiak, Inc. and IRS W-9 form.
- g) I agree that my failure to exercise in writing on January 1 of each year my election to charge reasonable compensation for services performed during that year shall waive any right I may have to charge for services performed.  
  
(√ if appropriate) \_\_\_\_\_ I waive compensation for expenses incurred and services performed as custodian.
- h) I understand that by signing this Affidavit I am swearing under oath to the best of my knowledge and belief that everything stated is true, and that I am acting of my own free will and am not under any undue pressure, influence or duress.

SIGNATURE OF CUSTODIAN: \_\_\_\_\_ Date: \_\_\_\_\_

SUBSRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_

My commission expires: \_\_\_\_\_



*Natives Of Kodiak*

**ACCEPTANCE OF GIFT BY SUCCESSOR CUSTODIAN**

THE STATE OF \_\_\_\_\_ )  
 ) ss.  
 )  
\_\_\_\_\_  
[County/Judicial District]

I, \_\_\_\_\_, being first duly sworn, upon oath, do hereby depose and say:

- a) I am the successor custodian for the recipient of the gift. I accept the gift.
- b) I certify that the recipient is a Native or a descendant of a Native, as by the terms defined in the Alaska Native Claims Settlement Act.
- c) I certify that the information set forth in the attached family tree form is as accurate as possible, to the best of my knowledge and belief.
- d) I certify that the information regarding the recipient and myself in paragraph 4) above is accurate.
- e) I certify that I have not given or promised, and I am unaware of any other person having given or promised anything of value in exchange for the making of this gift.
- f) I will provide Natives of Kodiak, Inc. an IRS W-9 form.
- g) I agree that my failure to exercise in writing in January 1 of each year my election to charge reasonable compensation for services performed during that year shall waive any right I may have to charge for service performed.

(√ if appropriate) \_\_\_\_\_ I waive compensation for expenses incurred and services performed as successor custodian.

- h) I understand that by signing this Affidavit I am swearing under oath to the best of my knowledge and belief that everything stated is true, and that I am acting of my own free will and am not under any undue pressure, influence or duress.

SIGNATURE OF SUCCESSOR CUSTODIAN: \_\_\_\_\_

Date: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_

My commission expires: \_\_\_\_\_

# FAMILY TREE

Prepared by: \_\_\_\_\_  
Date: \_\_\_\_\_

**Father**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_

**Grandfather**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Grandmother**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_

**Great Grandfather**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Great Grandmother**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Great Grandfather**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Great Grandmother**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_

**Recipient**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_

**Mother**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_

**Grandmother**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Grandfather**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_

**Great Grandfather**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Great Grandmother**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Great Grandfather**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_  
**Great Grandmother**  
Name: \_\_\_\_\_  
Tribe: \_\_\_\_\_  
Blood Degree: \_\_\_\_\_