**St. Mary's Native Corporation**

# ANCSA Stock Will
Testamentary Disposition

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 St. Mary's Native 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 **St. Mary's Native Corporation** (SMNC) 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 | Percentage of Shares |
|---|---|---|---|
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **Total** |  |

1. 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_____

2. 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_____

3. 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_____
   _____

4. 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, SMNC 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*

**PLEASE GO TO PAGE 2 TO COMPLETE ACKNOWLEDGEMENT** ➡

**St. Mary's Native Corporation**

## 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 _____       **OR**
Commission Expires: _____

_____
*Signature of Postmaster*

_____
Name of Post Office
*(Imprint with official USPS stamp)*

*[Imprint seal here]*