

Please complete the form as accurately and thoroughly as possible. Include the names of all deceased family members and dates of death.

Your Name: Your Telephone Number: Your Address:				
Approximate year Deceased married				
Surviving Spouse:				
Address of Surviving Spouse:				
	revious marriage(s); also list any children that			
<u>Name</u>	<u>Address</u>	Age* or Date of Death		
Children adopted by the Deceased. (List all children who were <i>legally</i> or <i>culturally</i> adopted by the Deceased. Also list age,				
<u>Name</u>	Address	Age or Date of Death		
If any of the above-listed <i>deceased children</i> (natural or adopted) left children, please list their names, addresses, ages, and legal guardians if applicable. Also, please specify who their parent was.				
Name	Address	Age or Date of Death		
	Your Name: Your Address: Your Address: Your Relationship to Deceased: Name of Surviving Spouse of Deceased: Approximate year Deceased married Surviving Spouse: Address of Surviving Spouse: Children of Deceased (list all natural comay be deceased, and include the date Name *If a minor list guardian or person with Children adopted by the Deceased. (Li if living, or date of death.) Name If any of the above-listed deceased childegal guardians if applicable. Also, ple	Your Relationship to Deceased: Name of Surviving Spouse of Deceased: Approximate year Deceased married Surviving Spouse: Address of Surviving Spouse: Children of Deceased (list all natural children, including children from promay be deceased, and include the date of death). Name Address *If a minor list guardian or person with whom minor is living. Children adopted by the Deceased. (List all children who were legally or if living, or date of death.) Name Address If any of the above-listed deceased children (natural or adopted) left child legal guardians if applicable. Also, please specify who their parent was.		

4.	Children adopted out (List all of the <i>Deceased's</i> natural children who were legally <i>adopted out</i> . Please include date of adoption). Parents of Deceased. (Please list age, if living, or date of death).					
5.						
	<u>Name</u>		<u>Address</u>	Age or Date of Death		
6.	Brothers and Sisters of Deceased. (Please list age, if living, or date of death).					
	Name		Address	Age or Date of Death		
7.	(Please complete <i>only</i> if the deceased <i>did not</i> leave a spouse, children or parents.) If any of the <i>Deceased's</i> brothers and sisters are deceased but had children, list those children.					
	Name		Address	Age or Date of Death		
	-					
8.	Did the Deceased leave an Aleut Corporation Testamentary Disposition (stock will)?					
	☐ YES	□NO				
9.	Did the Deceased leave a formal will?					
	☐ YES	□NO				
	If the deceased exe	ecuted any type o	f will, please provide us w	vith a copy when returning this form.		
Yo	our Signature			Date		