



## RELATIVES OF DECEASED

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

**Name of Deceased:** \_\_\_\_\_

Your Name: \_\_\_\_\_

Your Telephone Number: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your Relationship to Deceased: \_\_\_\_\_

Surviving Spouse's Name \_\_\_\_\_

    If yes, Marriage date: \_\_\_\_\_

    Address & Phone: \_\_\_\_\_

1. Children of Deceased (list all natural children, including children from previous marriage(s); also list any children that may be deceased, and include the date of death).

<u>Name</u>	<u>Address</u>	<u>Age* or Date of Death</u>

*\*If a minor list guardian or person with whom minor is living.*

2. Children adopted by the Deceased. (List all children who were *legally* or *culturally* adopted by the Deceased. Also list age, if living, or date of death.) or N/A

<u>Name</u>	<u>Address</u>	<u>Age or Date of Death</u>

3. If any of the above-listed deceased children (natural or adopted) left children, please list their names, addresses, ages, and legal guardians if applicable. Also, please specify who their parents were.

<u>Name</u>	<u>Address</u>	<u>Age or Date of Death</u>

Please answer the questions on side two.

4. Children adopted out (List all of the Deceased's natural children who were legally adopted out. Please include date of adoption).

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5. Parents of Deceased. (Please list age, if living, or date of death).

Name                                      Address                                      Age or Date of Death

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6. Brothers and Sisters of Deceased. (Please list age, if living, or date of death).

Name                                      Address                                      Age or Date of Death

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7. (Please complete only if the deceased did not leave a spouse, children or parents.) If any of the Deceased's brothers and sisters are deceased but had children, list those children.

Name                                      Address                                      Age or Date of Death

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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 executed any type of will, please provide us with a copy when returning this form.***

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

