



SELDOVIA NATIVE ASSOCIATION, INC. GIFT OF SETTLEMENT COMMON STOCK PURSUANT TO 43 U.S.C. 1606(b) (1) (C) (iii)

STATE OF \_\_\_\_\_ )  
 ) ss.  
\_\_\_\_\_ County/District )

**GIFT OF SHARES AFFIDAVIT**

I, \_\_\_\_\_, being first duly sworn per law, depose and declare  
Shareholder Name (the Donor)  
the following:

- 1) My social Security number is \_\_\_\_/\_\_\_\_/\_\_\_\_\_
  - 2) My birth date is \_\_\_\_/\_\_\_\_/\_\_\_\_\_ and I attest that I am at least 18 years old
  - 3) I am a shareholder in the Seldovia Native Association, Inc.(SNA), and before I make this gift, I hold \_\_\_\_\_ shares of stock in SNA
- My complete address is: \_\_\_\_\_ # \_\_\_\_\_  
 City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone #(\_\_\_\_) \_\_\_\_\_ - Email \_\_\_\_\_ @ \_\_\_\_\_
- 4) I hereby wish to make a gift of shares to the named recipient(s) listed below.
    1. \_\_\_\_\_ 3. \_\_\_\_\_
    2. \_\_\_\_\_ 4. \_\_\_\_\_
  - 5) I understand I cannot revoke, take back, or change this gift once it's made.
  - 6) I understand that if there are taxes owed as a result of this transfer, Seldovia Native Association will not be responsible for payment, and that payment of any such taxes will be either my responsibility as door or the recipients responsibility.
  - 7) I understand that my gift places in the hands of the recipient all authority to transfer these shares by will or gift; that I will no longer have voting rights for these shares; and that I will no longer receive dividends or distributions for these shares.
  - 8) I understand that by signing this affidavit, I am swearing under oath to the best of my knowledge and belief that everything stated here is true, and I am acting of my own free will and am not under any undue pressure, influence or duress.
  - 9) I affirm that I have not received anything of value nor was I promised anything of value as compensation or payment for the stick I wish to transfer.
  - 10) I give a total of \_\_\_\_\_ shares of my stock to be divided among the following recipient(s) as stated under each recipient.

The following persons names of persons to receive stock shares pursuant to 43 U.S.C. 1606 (h) (C) (iii); is a Native\* or the descendant of a Native\* within the meaning of ANCSA;

**Information About Person(s) That is to Receive the Gift of Common Stock Shares:**

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1.	_____/_____/_____		
Recipients	First Name	Middle	Last Name
	<i>As appears on social security card</i>		
Relationship to Donor <b>(You must check one)</b> .			
<input type="checkbox"/> Child <input type="checkbox"/> Grandchild <input type="checkbox"/> Great-Grandchild <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> Nephew <input type="checkbox"/> Niece			
The parents _____ and _____			
	<i>(Mother's full name)</i>		<i>(Father's full name)</i>
Degree of blood _____ Native Origin: Aleut _____ Eskimo _____ Indian _____			
<b>Recipients complete Mailing address</b>			
Address: _____ City _____ State _____ Zip _____			
Date of Birth: ____/____/____. Social security #: _____ - _____ - _____			

Number of shares \_\_\_\_\_ to be gifted to this person

2. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Recipients First Name Middle Last Name  
*As appears on social security card*  
Relationship to Donor (**You must check one**).  
 Child  Grandchild  Great-Grandchild  Brother  Sister  Nephew  Niece  
The parents \_\_\_\_\_ and \_\_\_\_\_  
*(Mother's full name) (Father's full name)*  
Degree of blood \_\_\_\_\_ Native Origin: Aleut \_\_\_\_\_ Eskimo \_\_\_\_\_ Indian \_\_\_\_\_  
**Recipients complete Mailing address**  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Social security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Number of shares \_\_\_\_\_ to be gifted to this person

3. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Recipients First Name Middle Last Name  
*As appears on social security card*  
Relationship to Donor (**You must check one**).  
 Child  Grandchild  Great-Grandchild  Brother  Sister  Nephew  Niece  
The parents \_\_\_\_\_ and \_\_\_\_\_  
*(Mother's full name) (Father's full name)*  
Degree of blood \_\_\_\_\_ Native Origin: Aleut \_\_\_\_\_ Eskimo \_\_\_\_\_ Indian \_\_\_\_\_  
**Recipients complete Mailing address**  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Social security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Number of shares \_\_\_\_\_ to be gifted to this person

4. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Recipients First Name Middle Last Name  
*As appears on social security card*  
Relationship to Donor (**You must check one**).  
 Child  Grandchild  Great-Grandchild  Brother  Sister  Nephew  Niece  
The parents \_\_\_\_\_ and \_\_\_\_\_  
*(Mother's full name) (Father's full name)*  
Degree of blood \_\_\_\_\_ Native Origin: Aleut \_\_\_\_\_ Eskimo \_\_\_\_\_ Indian \_\_\_\_\_  
**Recipients complete Mailing address**  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . Social security #: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Number of shares \_\_\_\_\_ to be gifted to this person

**Shareholder (Donor) Must Sign in the Presence of a Notary Public**

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**SHAREHOLDER SIGNATURE**

SUBSCRIBED & SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**NOTARY PUBLIC**

Notary Public in and for the state of \_\_\_\_\_

“My Commission expires”: \_\_\_\_\_

ANCSA defines a Native as a person of at least one-quarter Native blood or who was enrolled by the Secretary of the Interior pursuant to ANCSA. ANCSA defines a descendant of a