

Stock Will (AS 13.16.705(b)

I, ______, devise and bequeath my shares of stock in Old Harbor Native Corporation (OHNC) that I own or am entitled to upon my death to those listed below. I currently own ______ number of shares.

Part A Full Legal Name(s) of Beneficiary(ies)

Distribution of shares write the exact number of shares each recipient is to receive. Any existing share fraction must be directed to <u>one</u> beneficiary. Single shares may not be divided.

Part B

Please complete Part B if any of the persons you named in Part A are under eighteen years of age.

I appoint the following individual(s) as custodian(s) for the named minor(s) as required by the Alaska Uniform Transfers to Minors Act. (AS 13.46.080-085).

Name of Custodian

Name of minor beneficiary (from Part A)

Part C

In the event that any person named in Part A does not survive me, I want that person's portion of stock to pass as follows (check only one box and initial the box you have checked):

Initial one of the following for part C:

- ____ To the other beneficiaries named in Part A, in equal portions.
 - (If only two people are named, to the remaining person in full.)
- _____ To the other beneficiaries named in Part A in the same proportion as the shares are listed in Part A
- _____ To the then living children of the person(s) in Part A who died.
 - _____ To the following beneficiary(ies): (if more space is needed please use back side)

Testator's Initials:

OLD HARBOR NATIVE CORPORATION Stock Will (AS 13.16.705(b)

rt D

Part D			
This instrument shall be	governed by, and construed in acc	ordance with, the laws of	f the State of Alaska.
Ι,		, the testor, sign my nar	ne to this instrument at
	_(city),(state),	on the day of	,
20 , and being first	t duly sworn, do hereby declare to t		
this instrument as my la	st will and that I sign it willingly (or	willingly direct another to	sign for me), that I
execute it as my free vo	luntary act for the purposes expres	sed in the will and that I a	am 18 years of age or
older, of sound and min	d, and no constraint or undue influe	ence.	
estator	must sign your name in the pres		
Signature (You	must sign your name in the pres	sence of a notary public	; and witnesses).
WITNESSES (You mus	st sign your name in the presence	of a notary public)	
	and		
	nstrument, and declare to the under		
	er last will and that s/he signs it willi s in the presence and hearing of the		
	hat to the best of our knowledge the		
and under no constraint		, , ,	· · ·
		\\/itaaaa	
Witness Witness	signature	Witness Witness Signature	
	-		Ū
Residing at:	r.	esiding at:	
NOTARY BLOCK			
State of:			
County of:	(or	Judicial District)	
-			
Subscribed, sworn to an	d acknowledged before me by		, the
testator, and subscribed	and sworn to before me by		and
	•		
	, witnesses, this	uay oi	, 20
Notary's Signature			
Notary Public in and for			
riotary i ubile in anu ior.			

My commission expires: _____