



**LAST WILL AND TESTAMENT**  
**FOR EKLUTNA, INC. STOCK ONLY**  
(AS 13.16.705(b) Eklutna, Inc. Stock Will Form)

I, \_\_\_\_\_, having attained or exceeded the age of eighteen (18) years of age and being of sound mind, execute this **Eklutna, Inc. Stock Will Form** for the purpose of transferring my shares of Eklutna, Inc. stock. I hereby revoke any prior testamentary disposition of Eklutna, Inc. shares of stock made by me.

**I understand that this will only deals with my Eklutna, Inc. shares of stock and not with my other assets and property.**

I hereby devise and bequeath all my shares of **Eklutna, Inc. Stock** that I own or that I am entitled to upon my death to:

**PART I: DISPOSITION OF STOCK**

**Full Legal Name of Beneficiary(ies)**

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Date of Birth: \_\_\_\_\_

***If any of the beneficiaries are less than eighteen years of age, please go to Part IV.***

**PART II: DEATH OF BENEFICIARY**

In the event any of the beneficiaries I named does not survive me, I want their shares to be distributed as follows (please check and initial **only** one box):

**Initials**

- \_\_\_\_\_ To the remaining beneficiaries in Pt. I in equal portions.
- \_\_\_\_\_ To the remaining beneficiaries in Pt. I in the same proportions as listed.
- \_\_\_\_\_ To the children of the deceased person(s) in equal shares.
- \_\_\_\_\_ To the following beneficiary(ies) in equal shares:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART III: ADDITIONAL STOCK**

In the event I acquire any additional shares of Eklutna, Inc. stock, e.g. by inheritance or through an inter vivos gift, I hereby devise and bequest such shares as follows (please check and initial **only** one box):

**Initials**

- \_\_\_\_\_ To the same persons and in the same proportions as listed in Part I.

Or:

- \_\_\_\_\_ To the following persons:

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_\_

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

Number of Shares \_\_\_\_\_

**OR Percentage of Shares** \_\_\_\_\_

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

Social Security # \_\_\_\_-\_\_\_\_-\_\_\_\_

Date of Birth: \_\_\_\_\_

**PART IV: CUSTODIANS**

Please complete Part IV if any of the beneficiaries named previously are less than eighteen years of age.

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

Name of Beneficiary:		Age:
Name of Custodian:		
Address of Custodian:		
Successor Custodian:		
Address of Successor:		

Name of Beneficiary:		Age:
Name of Custodian:		
Address of Custodian:		
Successor Custodian:		
Address of Successor:		

Name of Beneficiary:		Age:
Name of Custodian:		
Address of Custodian:		
Successor Custodian:		
Address of Successor:		

Name of Beneficiary:		Age:
Name of Custodian:		
Address of Custodian:		
Successor Custodian:		
Address of Successor:		

**Part V: ADDITIONAL CHILDREN**

If I should have more children after I sign this form, whether they are my natural-born children or adopted by me, I understand that they will **not** get any of my shares of stock unless I fill out and sign a new form like this one.

**Part VI: MAKING CHANGES; OTHER WILLS**

I understand that I can change my mind as to how my shares are to be handled at my death. However, in order to make any changes I will have to fill out a new will form.

I also understand that if I properly execute **another formal will** that deals with all my property **including** Eklutna, Inc. shares of stock after I sign this form, then this form and all disposition of stock as declared herein will be revoked and rendered invalid. I understand that for this Last Will and Testament form to be effective I have to ensure that Eklutna, Inc. receives it.

This will form shall be governed by, and construed in accordance with the laws of the State of Alaska.

I, \_\_\_\_\_, the testator, sign my name to this instrument at \_\_\_\_\_ (city), \_\_\_\_\_(state), on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ , and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my will and that I sign it willingly (or willingly direct another to sign for me\*), that I execute it as my free and voluntary act for the purposes expressed in it, and that I am 18 years of age or older, of sound mind, and under no constraint or undue influence.

Testator \_\_\_\_\_  
Testator's Signature (*You must sign your name in the presence of a notary public*)

**WITNESSES (*Witnesses also must sign their name in the presence of a notary public*)**

We, \_\_\_\_\_ and \_\_\_\_\_,  
the witnesses, sign our names to this instrument, being first duly sworn, and hereby declare to the undersigned authority that the testator signs and executes this instrument as his/her will and

