

Testamentary Disposition Form

Testamentary Disposition Form
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I, _____, _____, _____,
First Name Middle Name Last Name
(type or print your name as it appears on your Social Security Card)

Social Security Number

in accordance with AS 13.16.705 execute the following will of my _____ shares in Cape Fox Corporation.
Upon my death, I leave my shares of stock in Cape Fox Corporation to the following person(s) or entities, each to receive
the number of shares set forth following his or her name and social security number.

PART A

1 _____
Name Relationship

Social Security Number Number of Shares

2 _____
Name Relationship

Social Security Number Number of Shares

3 _____
Name Relationship

Social Security Number Number of Shares

4 _____
Name Relationship

Social Security Number Number of Shares

5 _____
Name Relationship

Social Security Number Number of Shares

For More Information

Please contact Cape Fox Corporation Shareholder Services at 907.225.5163.
PO Box 8558, Ketchikan, Alaska 99901 • fax 907.225.3137 • capefoxcorp.com

PART B

The following options are presented to help you make your Testamentary Disposition. You are not required to choose any of them in order to make this Testamentary Disposition valid, but you may do so if you wish:

1. If at the time of my death, I have acquired more shares than those given out in Part A, above, and have not yet completed a valid testamentary disposition for the additional shares, I leave the extra shares as follows: *(initial only one line below)*

- to the people listed in Part A of this document in the same proportions as the shares willed there
- in equal numbers to those people listed in Part A of this document
- all to the following: _____
Name

Social Security Number _____ Relationship
- in equal numbers to all children born to or adopted by me before or after the date of this Testamentary Disposition
- in equal numbers to all children born to or adopted by my children before or after the date of this Testamentary Disposition
- to my heirs at law
- otherwise, as follows: _____

2. If other children are born to or adopted by me after the date of this Testamentary Disposition, I wish for them to be included in as nearly equal shares as possible with persons listed in Part A. Yes No *(if neither line is checked, Cape Fox will presume the answer is "yes".)*

3. If any of the people named in Part A should die before I do, I leave the shares that are willed to the deceased person as follows: *(initial only one line below)*

- to that person's heirs at law
- to the surviving people listed in Part A of this document in the same proportion as the shares willed there
- in equal numbers to those people listed in Part A of this document
- to the following: _____
Name

Social Security Number _____ Relationship
- to my heirs at law
- otherwise, as follows: _____

Testamentary Disposition Form

continued

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WAIT to sign this affidavit until you are in the presence of a notary public.

A NOTARY PUBLIC is an official witness who confirms your identity and signature. There are notaries available in the Cape Fox Corporation headquarters office in Ketchikan, Alaska or your local bank, law firm, or any US Post Office.

Dated this _____ day of _____, _____

Signature of Shareholder

Subscribed and sworn to before me this _____ day of _____, _____

at _____, _____ by _____
City State Signer's Name

Signature of Notary Public

Notary Public in and for _____ My commission expires _____

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