

**AFFIDAVIT FOR DETERMINATION OF LINEAL DESCENT
FOR CALISTA CLASS C SHAREHOLDER APPLICANTS**



CALISTA CORPORATION
www.calistacorp.com

State of Alaska _____ Judicial District **OR**
State of _____, County of _____

**Instructions
on next page**

Descendant Shareholder Applicant Information

Full Legal Name: _____ **SSN:** _____
Date of Birth: _____ **Phone:** _____ **Gender:** male female other
Mailing Address: _____ **Place of Birth:** _____
Community: _____ **State:** _____ **ZIP:** _____

Original Calista Shareholder Information Enrollment Number: 03- _____

Full Legal Name: _____ **Last 4 of SSN:** _____
Year of Birth: _____ **Gender:** male female other **Village Tie:** _____

The Original Shareholder is / was the Shareholder applicant's natural adoptive + parent grandparent great-grandparent

I, _____, being duly sworn and under oath, hereby depose
(Please print full legal name of person who will sign this affidavit) and state the following:

This affidavit is executed for the purpose of determining if the shareholder applicant named above is a lineal descendant of at least one original Calista Shareholder and therefore may be entitled to receive Calista Class C (Descendant) stock. I am 18 years or older.

I have personal knowledge of the family affairs of the shareholder applicant because I am: (Check one)

- Directly related to the shareholder applicant. Relationship: _____
(direct relationships: parent, grandparent, great-grandparent, sibling, aunt, uncle, cousin, spouse, or child)
- Not directly related to the shareholder applicant but have known the applicant personally for _____ years
(indirect relationships: girlfriend, boyfriend, family friend, neighbor, pastor, et cet)

I execute this affidavit without coercion and of my own free will and consent. I affirm that the information provided in this affidavit is true and correct to the best of my personal knowledge. I understand that submitting false or misleading information in this affidavit may subject me to civil or criminal penalties.

Signature of person giving affidavit

Date

Acknowledgement

SUBSCRIBED AND SWORN BEFORE ME this _____ day of _____, 20____
at _____.

Signature of Notary Public

OR

Signature of Postmaster/Other Officer

In and for the State of _____
My commission expires: _____

Print Name & Title of Officer (Please print CLEARLY!)

Imprint Seal Here
(If Postmaster signs in place of Notary Public, imprint with official USPS stamp.)

Submit to Calista Corporation Enrollment, 5015 Business Park Blvd, Suite 3000, Anchorage, AK 99503-7177

Instructions for Completing ED-1504 Affidavit for Determination of Lineal Descent for Calista Class C Shareholder Applicants

The following will help you succeed in properly filling out this affidavit: **Fill it out completely!**

1. Section 1: **Applicant**

SPELL OUT THE FULL LEGAL NAME, including middle name(s). Add all requested information.

2. Section 2: **Original Shareholder**

a. Fill out full legal name and Calista Enrollment Number

OR

b. Fill out full legal name and two (2) of four (4) other identifiers:

i. Last 4 of Social Security Number

ii. Year of Birth

iii. Gender

iv. Village Tie

c. Don't forget to check the box for the relationship of the original Shareholder to the Applicant.

3. **Oath** section

a. The person listed as "I" is the person signing the affidavit.

b. Where it reads, "I have personal knowledge of the family affairs of the shareholder applicant ..." there are two types of relationship:

i. **DIRECT**: the following choices are acceptable

1. Parent

2. Grandparent

3. Great-grandparent

4. Sibling

5. Aunt or uncle

6. Cousin

7. Spouse

8. Child

ii. **NOT DIRECT**: examples of relationships in this category

1. Girlfriend or boyfriend

2. Friend or family friend

3. Neighbor

4. **Notary Public** section

a. This must be filled in by a Notary Public or Postmaster and imprinted with his or her seal.

b. If completed by a magistrate or judge, the officiant must **CLEARLY** print his or her name and title in the space provided.