

**AFFIDAVIT FOR DETERMINATION OF ALASKA NATIVE STATUS  
FOR CLASS D SHAREHOLDER APPLICANTS**



CALISTA CORPORATION  
www.calistacorp.com

State of Alaska \_\_\_\_\_ Judicial District **OR**  
State of \_\_\_\_\_, County of \_\_\_\_\_

**Instructions  
on next page**

*Missed Enrollee Shareholder Applicant Information*

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

*Applicant's Mother information* Calista Enrollment Number: 03-\_\_\_\_\_-\_\_\_\_\_

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

*Applicant's Father information* Calista Enrollment Number: 03-\_\_\_\_\_-\_\_\_\_\_

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

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 *and* his / her mother or father is / was regarded as an Alaska Native and therefore may be entitled to receive Calista Class D (Missed Enrollee) stock. I am 18 years or older.

I am a leader of a federally-recognized tribe or ANCSA Village Corporation and am authorized to identify the Alaska Native status of the named shareholder applicant and his or her parent(s): (Check one)

- \_\_\_\_\_ Tribe Title of Tribal Official: \_\_\_\_\_
- \_\_\_\_\_ ANCSA Village Corporation Title of Village Corporation Official: \_\_\_\_\_

To the best of my knowledge, (check all that apply and identify membership in a village, defined as "any tribe, band, clan, group, village, community, or association in Alaska listed in" 43 U.S.C. 1610) the below are / were regarded as Alaska Native.

- The **shareholder applicant** is a member of the \_\_\_\_\_ tribe, village, etc.
- The **shareholder applicant's mother** is a member of the \_\_\_\_\_ tribe, village, etc.
- The **shareholder applicant's father** is a member of the \_\_\_\_\_ tribe, village, etc.

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 Official

In and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Imprint Seal Here

(If postmaster signs in place of Notary Public, imprint with official USPS stamp.)

\_\_\_\_\_  
Print Name & Title of Official (Please print CLEARLY!)

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

# Instructions for Completing ED-1507 Affidavit for Determination of Alaska Native Status for Class D 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: **Applicant's Mother information**

- a. Fill out full legal name and Calista Enrollment Number
- OR**
- b. Fill out full legal name and two (2) of four (4) identifiers:
    - i. Last 4 of Social Security Number
    - ii. Year of Birth
    - iii. Gender
    - iv. Village Tie

## 3. Section 3: **Applicant's Father information**

- a. Fill out full legal name and Calista Enrollment Number
- OR**
- b. Fill out full legal name and two (2) of four (4) identifiers:
    - i. Last 4 of Social Security Number
    - ii. Year of Birth
    - iii. Gender
    - iv. Village Tie

## 4. **Oath** section

- a. The person listed as "I" is the person signing the affidavit.
- b. The person signing must indicate which federally-recognized tribe or ANCSA Village Corporation he or she is a leader of.
- c. The person signing must provide his or her official title.
- d. The person signing must supply tribal or village information for the shareholder applicant, applicant's mother, and applicant's father.
- e. Sign and date.

## 5. **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.