

WILL REVIEW CHECKLIST

Name of Testator/Testatrix : _____
Date of Review : _____
Maniilaq Office Involved : _____
Action Taken : _____

(Check space if provision okay)

I. AFFIDAVITS TO ACCOMPANY INDIAN WILL
(Not essential to validity of Will)

_____ A. Properly signed, dated and notarized

_____ B. Same date as Will

II. SUBSTANTIVE PROVISIONS

A. Testator/Testatrix

_____ 1. Age (18 years or older):

_____ 2. Is there any clear evidence of incompetence, or undue pressure, Influence persuasion or force: (If so, seek more information Prior to approval.)

B. Beneficiaries

_____ 1. Name;

_____ *2. Date of birth or age;

_____ *3. Tribe;

_____ *4. Allotment Number or Townsite

_____ *5. Relationship to testator/testatrix

_____ *6. Whether beneficiary is Native or Non-Native;

_____ *7. Alternative beneficiaries should be named (if not, Will still okay but we should suggest Scrivener do this in future)

C. Bequests (proper identification)

_____ 1. If conveying entire estate, needn't be specific

“ . . . my entire estate” is sufficient;

- _____ 2. Native Allotments should be identified by No.
And name of original allottee and/or by a
Legal description if surveyed;
- _____ 3. In order to divide an allotment, an accurate legal
Legal description is necessary;
- _____ 4. Adequate description of other properties;
- _____ 5. No trust or executor/executrix designated for trust
Property;

III. EXECUTION

- _____ A.