

Land Management Services

Information Request Form



KAWERAK, INC.

Name: _____ Date: _____

Address: _____

Phone number: _____ Best time to contact: _____

I would like the following information:

- Information of all Native Allotments and/or Restricted Townsites I may own
- Last Will and Testament **Forms** (I would like to write a will)
- Last Will and Testament **Search**

Name: _____ Place of Death: _____

DOB: _____ DOD: _____ SSN: _____

My relationship to the decedent: _____

- Leasing my land
- Selling my land. If you know which lands, state here: _____

If you have a buyer, write their name here: _____

Buyer's contact information: _____

- Gifting my land to: _____ Phone number: _____

Please call (907) 443-4316 or email LMS@kawerak.org with any questions.

Mail this completed form to:

Kawerak, Inc.

Attn: Land Management Services

PO Box 948

Nome, Alaska 99762