



## Stewards of Indigenous Resources Endowment

P O Box 2248, Yelm, WA 98597  
[www.IndianWillsOnWheels.org](http://www.IndianWillsOnWheels.org)

*Keeping Tribal Lands in Member's Hands!*

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### RE: Indian Will and Estate Planning Services

Dear Indian Trust Property Owner:

I look forward to working with you on your Indian estate plan.

Please find the enclosed authorization forms for you to complete:

- Once Form #1 is complete, please sign in the presence of a witness and have the witness sign and print their name and address.
- Once Form #2 is complete, please sign in the presence of a notary and have your signature notarized.

Return the completed authorization forms either by e-mail to [Roberta@IndianWillsOnWheels.org](mailto:Roberta@IndianWillsOnWheels.org) or fax to (866) 227-6651 and we will begin getting the needed information for your Indian estate plan.

We will research and attain your Indian land and Individual Indian Monies (IIM) account information to produce and finalize your Indian Will.

Please call me at (866) 639-5550 if you have questions, comments or concerns.

Thank you in advance. I look forward and am happy to work with you.

Warmest regards,

A handwritten signature in blue ink that reads "Roberta Armstrong".

Ms. Roberta Armstrong, Attorney  
Washington State Bar Association No. 42343

Date: \_\_\_\_\_

- To:  Agency/Region: Office of Special Trustee Department of Interior  
 Agency/Region: Bureau of Indian Affairs  
 Tribal Vital Stats/Enrollment/Census Department

I am preparing my will and need a current report of all my:

- Individual Indian Money Accounts** transaction history  
 **Individual Indian Trust Inventory** (electronic and hard copy); **and**  
 **Kinship Report** (electronic and hard copy).

\_\_\_\_\_ Initial to Request a **COPY** of your  
**Indian Will** on file with BIA Probate

The following is my information:

\_\_\_\_\_  
Name (Maiden and any AKA's)

\_\_\_\_\_  
Tribal Membership / Tribal Enrollment Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
County Where You Live

I make this request pursuant to 5 U.S.C. § 552(a) and 25 U.S.C. § 2216(e). I look forward to your response within the required time. Thank you in advance for your assistance.

You have my authorization to release the information to the following person who is assisting me:

STEWARDS OF INDIGENOUS RESOURCES ENDOWMENT  
c/o Roberta Armstrong, Attorney and Executive Director  
Email: [wills@indianwillsonwheels.org](mailto:wills@indianwillsonwheels.org)  
Phone: (425) 737-5448 E-Fax: (952) 658-4571  
<http://www.IndianWillsOnWheels.org>

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Signature of Witness

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_



**United States Department of the Interior**  
**Office of the Special Trustee for American Indians**  
**Field Operations**  
**Trust Beneficiary Call Center**  
1-888-678-6836



In Reply Refer To:  
ServiceCenter # \_\_\_\_\_

**AUTHORIZATION TO RELEASE  
IIM ACCOUNT INFORMATION**

I \_\_\_\_\_, request that all information regarding my IIM  
Stewards of Indigenous Resources  
Account, be released to: Endowment, Nonprofit Corporation on my behalf.  
(Please print clearly)

I am authorizing this release to be in effect for a **period of one year** from the date of  
my signature.

Account Holder Signature: \_\_\_\_\_

IIM Account Number(s): \_\_\_\_\_

Date: \_\_\_\_\_

**Signature must be witnessed by a Department of Interior or Office of the Special  
Trustee Representative or must be NOTARIZED to be valid.**

Witnessed by:

\_\_\_\_\_  
Signature of DOI or OST Employee

\_\_\_\_\_  
Print DOI/OST Employee Name

\_\_\_\_\_  
Position Title

\_\_\_\_\_  
Date

\*\*\*\*\*

**Notary of Account Holder's Signature or Thumbprint**

**STATE OF:** \_\_\_\_\_ **County of** \_\_\_\_\_

**On this** \_\_\_\_\_ **day of** \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_ (account holder), personally appeared before me and  
signed the foregoing instrument. I acknowledge that he/she signed the same.

\_\_\_\_\_  
**NOTARY PUBLIC Signature**

\_\_\_\_\_  
**Printed Name of Notary Public**

**State of:** \_\_\_\_\_

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

**Please note: OST must receive the original document with original  
signatures. OST will not accept faxed copies. If you need any assistance  
in filling out this form or have questions, please call us at the number at  
the top of this form.**

### Living and Deceased Children

List all natural children, legally adopted children, children you have guardianship of, or children you consider "your own" that are not your natural or legally adopted children) and list the names of any of your children who have already passed away

FULL NAME	DECEASED (Y/N)	BIRTHDATE OR DEATHDATE	TRIBAL MEMBER (Y/N)	TRIBE NAME	Tribal Enrollment ID NUMBER	(N) = NATURAL (A) = ADOPTED (G) = GUARDIANSHIP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

### Living and Deceased Grandchildren

Give the names of your grandchildren. Please include natural grandchildren, legally adopted grandchildren, or anyone else you consider your grandchild.

	FULL NAME	DECEASED (Yes/No)	BIRTHDATE OR DEATHDATE	MEMBER of Indian Tribe or <u>ELIGIBLE</u> to become a MEMBER of Indian Tribe (Yes/No)		TRIBE NAME	Tribal Enrollment ID NUMBER	(N) = NATURAL (A) = ADOPTED (G) = GUARDIANSHIP
				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
1				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
2				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
3				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
4				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
5				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
6				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
7				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
8				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
9				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
10				Yes <input type="checkbox"/>	No <input type="checkbox"/>			
11				Yes <input type="checkbox"/>	No <input type="checkbox"/>			

### All Other Beneficiaries

Give the names of other beneficiaries you would like to provide for in your will. For example: other family members, friends, charities, Tribe, etc.

FULL NAME	CHARITY (Yes/No)	BIRTHDATE OR DEATHDATE	MEMBER of Indian Tribe or <u>ELIGIBLE</u> to become a MEMBER of Indian Tribe	TRIBE NAME	Tribal Enrollment ID NUMBER	Relation to You
1			Yes <input type="checkbox"/> No <input type="checkbox"/>			
2			Yes <input type="checkbox"/> No <input type="checkbox"/>			
3			Yes <input type="checkbox"/> No <input type="checkbox"/>			
4			Yes <input type="checkbox"/> No <input type="checkbox"/>			
5			Yes <input type="checkbox"/> No <input type="checkbox"/>			
6			Yes <input type="checkbox"/> No <input type="checkbox"/>			
7			Yes <input type="checkbox"/> No <input type="checkbox"/>			
8			Yes <input type="checkbox"/> No <input type="checkbox"/>			
9			Yes <input type="checkbox"/> No <input type="checkbox"/>			
10			Yes <input type="checkbox"/> No <input type="checkbox"/>			
11			Yes <input type="checkbox"/> No <input type="checkbox"/>			