

**UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF INDIAN AFFAIRS**

**INFORMATION TO ACCOMPANY APPLICATION FOR UNRESTRICTED DEED**

LANDOWNER: \_\_\_\_\_

Application is hereby made to change from restricted trustee deed to unrestricted deed to the following described land:

Lot \_\_\_\_, Block \_\_\_\_, Tract \_\_\_\_, USS \_\_\_\_\_, \_\_\_\_\_ Townsite, containing \_\_\_\_ acres, more or less.

In justification of this application, true statements are made to the following:

1. Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Age: \_\_\_\_\_
2. Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_
3. Marital Status: \_\_\_\_\_
4. Education: Years in Elementary School \_\_\_\_ High School \_\_\_\_ College \_\_\_\_
5. The following person(s) are dependent upon me for support (Give names, ages, and relationship: \_\_
6. I am enrolled as an Indian / Eskimo / Aleut Degree of Native Blood \_\_\_\_\_  
(circle applicable)  
Village Corporation \_\_\_\_\_ Regional Corporation \_\_\_\_\_
7. Permanent Address: \_\_\_\_\_  
\_\_\_\_\_
- Phone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Best time to be reached: \_\_\_\_\_
8. The amount of my annual income is \$ \_\_\_\_\_
9. My income is obtained from the following sources: \_\_\_\_\_  
\_\_\_\_\_
10. If receiving public assistance grants from the State, or general assistance from the Bureau of Indian Affairs, or funds from the Veteran's Administration, Social Security, or any regular public benefit, state kind and amount (if none, state none).  
\_\_\_\_\_  
\_\_\_\_\_

11. If indebted to the United States, state amount and purpose of indebtedness (if none, state none).

\_\_\_\_\_

12. I  (do)  (do not) live on or make personal use of the land covered by this application.

13. The land is leased and the annual rent received is \$ \_\_\_\_\_ (If not leased, state none).

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I hereby certify that the effect of this Information to Accompany Application for Unrestricted Deed was explained to me and that I fully understand it.

\_\_\_\_\_  
Applicant Signature

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Postmaster or Notary Public in and for Alaska

My Commission Expires: \_\_\_\_\_

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Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

I hereby certify that the effect of this application was explained to and fully understood by the applicant. Application hereby recommended for approval.

\_\_\_\_\_  
Realty Officer, (insert tribal name)

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To: Townsite Trustee, Bureau of Land Management, Anchorage, Alaska.

This is to certify that on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, that I have determined that \_\_\_\_\_ is competent to manage \_\_\_\_\_ own affairs.

\_\_\_\_\_  
Regional Director, Alaska Region