



Stewards of Indigenous Resources Endowment

P O Box 2248, Yelm, WA 98597
www.IndianWillsOnWheels.org

Keeping Tribal Lands in Member's Hands!

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 mail 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.

If you have questions, comments, and/or concerns, please call me at (509) 314-6373.

Thank you in advance, and 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



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 # _____

FORM 2

AUTHORIZATION TO RELEASE
IIM ACCOUNT INFORMATION

I _____, request that all information regarding my IIM
Account, be released to: _____ 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.