

BIA Death Report Worksheet

TO:	BIA Probates – Alaska OST Fiduciary Trust Officer – Alaska	Fax #: 907-271-1345 Fax #: 907-271-1647	Date:
FROM:	BIA Region/Agency: <input type="checkbox"/> Probate, <input type="checkbox"/> Realty, <input type="checkbox"/> LTRO, <input type="checkbox"/> OHA, <input type="checkbox"/> OST <input type="checkbox"/> Tribal Office, <input type="checkbox"/> Relative/Third Party,		
Name of Person Reporting			
Title & Office			
Address: City, State, Zip			
Contact Phone Number			
Relationship to Decedent			
DECEDENTS INFORMATION			
Name of Decedent			
Aliases			
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male			
Tribe/Corporation			
Enrollment #			
Social Security Number			
Date of Birth			
Date of Death			Official: <input type="checkbox"/> YES <input type="checkbox"/> NO
Place of Death		City:	State:
Home Agency/Realty SP			
Trust/Restricted Assets <input type="checkbox"/> YES <input type="checkbox"/> NO			
Date Entered TAAMS		Date Entered ProTrac	
ProTrac Pin #		ProTrac Probate #	
Date Submitted to PES			
SPOUSE			
Name:			
DOB:			
SSN:			
Address:			
Phone:			
Date of Marriage		Location:	
Legal Ceremony			
Legal Ceremony <input type="checkbox"/> YES <input type="checkbox"/> NO		Tribal Custom <input type="checkbox"/> YES <input type="checkbox"/> NO	
		Common Law <input type="checkbox"/> YES <input type="checkbox"/> NO	
Date of Divorce			
Location of Divorce			

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CHILDREN – LIVING/DECEASED	
Name:	
DOB:	
SSN:	
DOD:	
Address:	
Name:	
DOB:	
SSN:	
DOD:	
Current Address:	
Name:	
DOB:	
SSN:	
DOD:	
Name:	