AFFIDAVIT OF RELINQUISHMENT

I, _____, an adult person do hereby apply to sever my Tribal relations with the ***TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA***. I am relinquishing my membership with the Tribe for the following reasons: (List your reasons)

_____

_____

_____

My request to cancel my membership is made freely and voluntarily with the full understanding that henceforth, I shall cease to hold membership in the ***TE-MOAK TRIBE OF WESTERN SHOSHONE INDIANS OF NEVADA***, and that I will no longer be eligible for benefits I am entitled to as a member of the Tribe.

My membership is cancelled as of: (Check One)

☐ The date the Te-Moak Tribe of Western Shoshone receives this form.

☐ The date of my acceptance into the _____ Tribe.

_____ SIGNATURE

_____ MAILING ADDRESS

_____ CITY STATE ZIP CODE

State of:)
) ss.
County of:)

On this _____ day of _____, 20___, personally appeared before me, a Notary Public, in and for the county and state aforesaid, _____, known to me or who provided to me to be the person described in and who executed the foregoing instrument; who acknowledged to me that (s)he executed the same freely and voluntarily and for the uses and purposes therein mentioned.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, the day and year in this certificate above written.

(S E A L)

_____ NOTARY PUBLIC