

Clerk's Stamp:



COURT FILE NUMBER:

1103 14112

COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL CENTRE

EDMONTON

IN THE MATTER OF THE TRUSTEE ACT,
R.S.A 2000,C. T-8, AS AMENDED

IN THE MATTER OF THE SAWRIDGE
BAND INTER VIVOS SETTLEMENT
CREATED BY CHIEF WALTER PATRICK
TWINN, OF THE SAWRIDGE INDIAN
BAND, NO. 19, now known as SAWRIDGE
FIRST NATION, ON APRIL 15, 1985
(the "1985" Sawridge Trust")

APPLICANTS

ROLAND TWINN,
CATHERINE TWINN,
WALTER FELIX TWIN,
BERTHA L'HIRONDELLE, and
CLARA MIDBO, as Trustees for the 1985
Sawridge Trust

DOCUMENT

**EXCERPTS FROM PLEADINGS,
TRANSCRIPTS, EXHIBITS AND
ANSWERS TO UNDERTAKINGS**

ADDRESS FOR SERVICES AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Hutchison Law
#155, 10403 – 122 Street
Edmonton, AB T5N 4C1

Attention: **Janet L. Hutchison**
Telephone: (780) 423-3661
Fax: (780) 426-1293
File: 51433 JLH

	Clerk's stamp:
COURT FILE NUMBER	1103-14112
COURT OF QUEEN'S BENCH OF ALBERTA JUDICIAL CENTRE	EDMONTON
	IN THE MATTER OF THE TRUSTEE ACT, R.S.A. 2000, c. T-8, AS AMENDED
	IN THE MATTER OF THE SAWRIDGE BAND INTER VIVOS SETTLEMENT CREATED BY CHIEF WALTER PATRICK TWINN, OF THE SAWRIDGE INDIAN BAND, NO. 19 now known as SAWRIDGE FIRST NATION ON APRIL 15, 1985 (the "1985 Sawridge Trust")
APPLICANTS	ROLAND TWINN, CATHERINE TWINN, WALTER FELIX TWIN, BERTHA L'HIRONDELLE, and CLARA MIDBO, as Trustees for the 1985 Sawridge Trust
DOCUMENT	Order
ADDRESS FOR SERVICE AND CONTACT INFORMATION OF PARTY FILING THIS DOCUMENT	Attention: Doris C.E. Bonora Reynolds, Mirth, Richards & Farmer LLP 3200 Manulife Place 10180 - 101 Street Edmonton, AB T5J 3W8 Telephone: (780) 425-9510 Fax: (780) 429-3044 File No: 108511-001-DCEB

Date on which Order Pronounced: August 31, 2011
 Name of Justice who made this Order: D. R. C. Thomas

UPON the application of the Trustees of the 1985 Sawridge Trust (the "Applicants" or the "Trustees"); AND UPON hearing read the Affidavit of Paul Bujold, IT IS HEREBY ORDERED AND DECLARED as follows:

Application

1. An application shall be brought by the Trustees of the 1985 Sawridge Trust for the opinion, advice and direction of the Court respecting the administration and management of the property held under the 1985 Sawridge Trust (hereinafter referred to as the "Advice and Direction Application"). The Advice and Direction Application shall be brought:
 - a. To seek direction with respect to the definition of "Beneficiaries" contained in the 1985 Sawridge Trust, and if necessary to vary the 1985 Sawridge Trust to clarify the definition of "Beneficiaries".
 - b. To seek direction with respect to the transfer of assets to the 1985 Sawridge Trust.

Notice

2. The Trustees shall send notice of the Advice and Direction Application to the following persons, in the manner set forth in this Order:
 - a. The Sawridge First Nation;
 - b. All of the registered members of the Sawridge First Nation;
 - c. All persons known to be beneficiaries of the 1985 Sawridge Trust and all former members of the Sawridge First Nation who are known to be excluded by the definition of "Beneficiaries" in the Sawridge Trust created on August 15, 1986, but who would now qualify to apply to be members of the Sawridge First Nation;
 - d. All persons known to have been beneficiaries of the Sawridge Band Trust created on April 15, 1982 (hereinafter referred to as the "1982 Sawridge Trust"), including any person who would have qualified as a beneficiary subsequent to April 15, 1985;
 - e. All of the individuals who have applied for membership in the Sawridge First Nation;
 - f. All of the individuals who have responded to the newspaper advertisements placed by the Applicants claiming to be a beneficiary of the 1985 Sawridge Trust;
 - g. Any other individuals who the Applicants may have reason to believe are potential beneficiaries of the 1985 Sawridge Trust;
 - h. The Office of the Public Trustee of Alberta (hereinafter referred to as the "Public Trustee") in respect of any minor beneficiaries or potential minor beneficiaries; and
 - i. The Minister of Aboriginal Affairs and Northern Development Canada (hereinafter referred to as the "Minister") in respect, *inter alia*, of all those

persons who are Status Indians and who are deemed to be affiliated with the Sawridge First Nation by the Minister.

(those persons mentioned in Paragraph 2 (a) – (i) shall collectively be referred to as the “Beneficiaries and Potential Beneficiaries”)

3. Notice of the Advice and Direction Application on any person shall not be used by that person to show any connection or entitlement to rights under the 1982 Sawridge Trust or the 1985 Sawridge Trust, nor to entitle a person to being held to be a beneficiary of the 1982 Sawridge Trust or the 1985 Sawridge Trust, nor to determine or help to determine that a person should be admitted as a member of the Sawridge First Nation. Notice of the Advice and Direction Application is deemed only to be notice that a person may have a right to be a beneficiary of the 1982 Sawridge Trust or the 1985 Sawridge Trust and that the person must determine his or her own entitlement and pursue such entitlement.

Dates and Timelines for Advice and Direction Application

4. The Trustees shall, within 10 business days of the day this Order is made, provide notice of the Advice and Direction Application to the Beneficiaries and Potential Beneficiaries in the following manner:
 - a. Make this Order available by posting this Order on the website located at www.sawridgetrusts.ca (hereinafter referred to as the “Website”);
 - b. Send a letter by registered mail to the Beneficiaries and Potential Beneficiaries for which the Applicants have a mailing address and by email to the Beneficiaries and Potential Beneficiaries for which the Applicants have an email address, advising them of the Advice and Direction Application and advising them of this Order and of the ability to access this Order on the Website (hereinafter referred to as the “Notice Letter”). The Notice Letter shall also provide information on how to access court documents on the Website;
 - c. Take out an advertisement in the local newspapers published in the Town of Slave Lake and the Town of High Prairie, setting out the same information that is contained in the Notice Letter; and
 - d. Make a copy of the Notice Letter available by posting it on the Website.
5. The Trustees shall send the Notice Letter by registered mail and email no later than September 7, 2011.
6. Any person who is interested in participating in the Advice and Direction Application shall file any affidavit upon which they intend to rely no later than September 30, 2011.
7. Any questioning on affidavits filed with respect to the Advice and Direction Application shall be completed no later than October 21, 2011.
8. The legal argument of the Applicants shall be filed no later than November 11, 2011.

9. The legal argument of any other person shall be filed no later than December 2, 2011.
10. Any replies by the Applicant shall be filed no later than December 16, 2011.
11. The Advice and Direction Application shall be heard January 12, 2012 in Special Chambers.

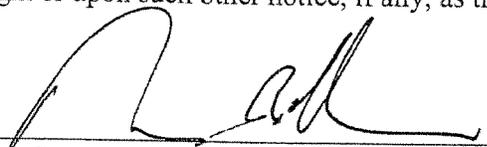
Further Notice and Service Provisions

12. Except as otherwise provided for in this Order, the Beneficiaries and Potential Beneficiaries need not be served with any document filed with the Court in regard to the Advice and Direction Application, including any pleading, notice of motion, affidavit, exhibit or written legal argument.
13. The Applicants shall post any document that they file with the Court in regard to the Advice and Direction Application, including any pleading, notice of motion, affidavit, exhibit or written legal argument, on the Website within 5 business days after the day on which the document is filed.
14. The Beneficiaries and Potential Beneficiaries shall serve the Applicants with any document that they file with the Court in regard to the Advice and Direction Application, including any pleading, notice of motion, affidavit, exhibit or written legal argument, which service shall be completed by the relevant filing deadline, if any, contained in this Order.
15. The Applicants shall post all of the documents the Applicants are served with in this matter on the Website within 5 business days after the day on which they were served.
16. The Applicants shall make all written communications to the Beneficiaries and Potential Beneficiaries publicly available by posting all such communications on the Website within 5 business days after the day on which the communication is sent.
17. The Beneficiaries and Potential Beneficiaries are entitled to download any documents posted on the Website by the Applicants pursuant to the terms of this Order.
18. Notwithstanding any other provision in this Order, the following persons shall be served with all documents filed with the Court in regard to the Advice and Direction Application, including any pleading, notice of motion, affidavit, exhibit or written legal argument:
 - a. Legal counsel for the Applicants;
 - b. Legal counsel for any individual Trustee;
 - c. Legal counsel for any Beneficiaries and Potential Beneficiaries;
 - d. The Sawridge First Nation;
 - e. The Public Trustee; and

f. The Minister.

Variation or Amendment of this Order

19. Any interested person, including the Applicants, may apply to this Court to vary or amend this Order on not less than 7 days' notice to those persons identified in paragraph 17 of this Order, as well as any other person or persons likely to be affected by the order sought or upon such other notice, if any, as this Court may order.



Justice of the Court of Queen's Bench in Alberta



COURT FILE NUMBER

Clerk's stamp:

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IN THE MATTER OF THE TRUSTEE ACT,
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APPLICANTS

ROLAND TWINN,
CATHERINE TWINN,
WALTER FELIX TWIN,
BERTHA L'HIRONDELLE, and
CLARA MIDBO, as Trustees for the 1985
Sawridge Trust

DOCUMENT

**Affidavit of Paul Bujold for Procedural
Order**

ADDRESS FOR SERVICE AND
CONTACT INFORMATION OF
PARTY FILING THIS DOCUMENT

Attention: Doris C.E. Bonora

Reynolds, Mirth, Richards & Farmer LLP

3200 Manulife Place

10180 - 101 Street

Edmonton, AB T5J 3W8

Telephone: (780) 425-9510

Fax: (780) 429-3044

File No: 108511-001-DCEB

AFFIDAVIT OF PAUL BUJOLD

Sworn on August 30, 2011

I, Paul Bujold, of Edmonton, Alberta swear and say that:

1. I am the Chief Executive Officer of the Sawridge Trusts, which trusts consist of the Sawridge Band Intervivos Settlement created in 1985 (hereinafter referred to as the "1985 Trust") and the Sawridge Band Trust created in 1986 (hereinafter referred to as the "1986 Trust"), and as such have personal knowledge of the matters hereinafter deposed to unless stated to be based upon information and belief, in which case I verily believe the same to be true.
2. I make this affidavit in support of an application for setting the procedure for seeking the opinion, advice and direction of the Court respecting the administration and management of the property held under the 1985 Trust.
3. On April 15, 1982, Chief Walter Patrick Twinn, who is now deceased, executed a Deed of Settlement a copy of which is attached hereto as Exhibit "A" to this my affidavit ("1982 Trust").
4. On April 15, 1985, Chief Walter Patrick Twinn, who is now deceased, executed a Deed of Settlement a copy of which is attached hereto as Exhibit "B" to this my affidavit ("1985 Trust").
5. On August 15, 1986, Chief Walter Patrick Twinn, who is now deceased, executed a Deed of Settlement a copy of which is attached hereto as Exhibit "C" to this my affidavit ("1986 Trust").
6. The Trustees of the 1985 Trust have been managing substantial assets, some of which were transferred from the 1982 Trust, and wish to make some distributions to the Beneficiaries of the 1985 Trust. However, concerns have been raised by the Trustees of the 1985 Trust with respect to the following:
 - a. Determining the definition of "Beneficiaries" contained in the 1985 Sawridge Trust, and if necessary varying the 1985 Sawridge Trust to clarify the definition of "Beneficiaries".
 - b. Seeking direction with respect to the transfer of assets to the 1985 Sawridge Trust.
7. In order to determine the beneficiaries of the 1985 Trust, the Trustees of the 1985 Trust directed me to place a series of advertisements in newspapers in Alberta, Saskatchewan, Manitoba and British Columbia to collect the names of those individuals who may be beneficiaries of the 1985 Trust.
8. As a result of these advertisements I have received notification from a number of individuals who may be beneficiaries of the 1985 Trust.
9. I have corresponded with the potential beneficiaries of the 1985 Trust and such correspondence is attached hereto as Exhibit "D".
10. I have compiled a list of the following persons who I believe may have an interest in the application for the opinion, advice and direction of the Court respecting the administration and management of the property held under the 1985 Trust:
 - a. Sawridge First Nation;

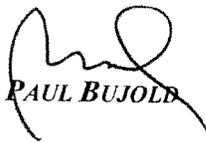
- b. All of the registered members of the Sawridge First Nation;
 - c. All persons known to be beneficiaries of the 1985 Sawridge Trust and all former members of the Sawridge First Nation who are known to be excluded by the definition of "Beneficiaries" in the 1986 Sawridge Trust, but who would now qualify to apply to be members of the Sawridge First Nation;
 - d. All persons known to have been beneficiaries of the Sawridge Band Trust dated April 15, 1982 (hereinafter referred to as the "1982 Sawridge Trust"), including any person who would have qualified as a beneficiary subsequent to April 15, 1985;
 - e. All of the individuals who have applied for membership in the Sawridge First Nation;
 - f. All of the individuals who have responded to the newspaper advertisements placed by the Applicants claiming to be a beneficiary of the 1985 Sawridge Trust;
 - g. Any other individuals who the Applicants may have reason to believe are potential beneficiaries of the 1985 Sawridge Trust;
 - h. The Office of the Public Trustee of Alberta (hereinafter referred to as the "Public Trustee") in respect of any minor beneficiaries or potential minor beneficiaries;

(those persons mentioned in Paragraph 10 (a) – (h) are hereinafter collectively referred to as the "Beneficiaries and Potential Beneficiaries"); and
 - i. Those persons who regained their status as Indians pursuant to the provisions of *Bill C-31* (An Act to amend the *Indian Act*, assented to June 28, 1985) and who have been deemed to be affiliated with the Sawridge First Nation by the Minister of Aboriginal Affairs and Northern Development Canada (hereinafter referred to as the "Minister").
11. The list of Beneficiaries and Potential Beneficiaries consists of 194 persons. I have been able to determine the mailing address of 190 of those persons. Of the four individuals for whom I have been unable to determine a mailing address, one is a person who applied for membership in the Sawridge First Nation but neglected to provide a mailing address when submitting her application. The other three individuals are persons for whom I have reason to believe are potential beneficiaries of the 1985 Trust and whose mother is a current member of the Sawridge First Nation.
 12. With respect to those individuals who regained their status as Indians pursuant to the provisions of *Bill C-31* and who have been deemed to be affiliated with the Sawridge First Nation by the Minister, the Minister will not provide us with the current list of these individuals nor their addresses, citing privacy concerns. These individuals are not members of the Sawridge First Nation but may be potential beneficiaries of the 1985 Trust due to their possible affiliation with the Sawridge First Nation.
 13. A website has been created and is located at www.sawridgetrust.ca (hereinafter referred to as the "Website"). The Beneficiaries and Potential Beneficiaries and the Minister have

access to the Website and it can be used to provide notice to the Beneficiaries and Potential Beneficiaries and the Minister and to make information available to them.

14. The Trustees seek this Court's direction in setting the procedure for seeking the opinion, advice and direction of the Court in regard to:
- a. Determining the Beneficiaries of the 1985 Trust.
 - b. Reviewing and providing direction with respect to the transfer of the assets to the 1985 trust.
 - c. Making any necessary variations to the 1985 Trust or any other Order it deems just in the circumstances.

SWORN OR AFFIRMED BY THE DEPONENT BEFORE A COMMISSIONER FOR OATHS AT EDMONTON, ALBERTA ON AUGUST 30, 2011.


PAUL BUJOLD

810070; August 29, 2011
810070; August 30, 2011


Commissioner's Name:
Appointment Expiry Date:
MARCO S. PORETTI
Barrister / Solicitor

This is Exhibit "A" referred to in the
Affidavit of

Paul Bojold
Sworn before me this 20 day
of August A.D. 2011

M. S. Poretti
A Notary Public, A Commissioner for Oaths
in and for the Province of Alberta

MARCO S. PORETTI

DECLARATION OF TRUST

SARRIDGE BAND TRUST

1982. This Declaration of Trust made the 15th day of April, A.D.

BETWEEN:

CHIEF WALTER PATRICK TWINN
of the Sawridge Indian Band
No. 19, Slave Lake, Alberta

(hereinafter called the "Settlor")

of the First Part

AND:

CHIEF WALTER PATRICK TWINN,
WALTER FELIX TWINN and GEORGE TWINN
Chief and Councillors of the
Sawridge Indian Band No. 19 G S B respectively

(hereinafter collectively called the "Trustees")

of the Second Part

AND WITNESSES THAT:

Whereas the Settlor is Chief of the Sawridge Indian Band No. 19,
and in that capacity has taken title to certain properties on trust for the
present and future members of the Sawridge Indian Band No. 19 (herein
called the "Band"); and,

whereas it is desirable to provide greater detail for both the
terms of the trust and the administration thereof; and,

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Whereas it is likely that further assets will be acquired on trust for the present and future members of the Band, and it is desirable that the same trust apply to all such assets;

NOW, therefore, in consideration of the premises and mutual promises contained herein, the Settlor and each of the Trustees do hereby covenant and agree as follows:

1. The Settlor and Trustees hereby establish a Trust Fund, which the Trustees shall administer in accordance with the terms of this Agreement.
2. Wherever the term "Trust Fund" is used in this Agreement, it shall mean: a) the property or sums of money paid, transferred or conveyed to the Trustees or otherwise acquired by the Trustees including properties substituted therefor and b) all income received and capital gains made thereon, less c) all expenses incurred and capital losses sustained thereon and less d) distributions properly made therefrom by the Trustees.
3. The Trustees shall hold the Trust Fund in trust and shall deal with it in accordance with the terms and conditions of this Agreement. No part of the Trust Fund shall be used for or diverted to purposes other than those purposes set out herein.
4. The name of the Trust Fund shall be "The Sawridge Band Trust", and the meetings of the Trustees shall take place at the Sawridge Band Administration office located on the Sawridge Band Reserve.
5. The Trustees of the Trust Fund shall be the Chief and Councillors of the Band, for the time being, as duly elected pursuant to Sections 74

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through 80 inclusive of the Indian Act, R.S.C. 1970, c. I-6, as amended from time to time. Upon ceasing to be an elected Chief or Councillor as aforesaid, a Trustee shall ipso facto cease to be a Trustee hereunder; and shall automatically be replaced by the member of the Band who is elected in his stead and place. In the event that an elected Chief or Councillor refuses to accept the terms of this trust and to act as a Trustee hereunder, the remaining Trustees shall appoint a person registered under the Indian Act as a replacement for the said recusant Chief or Councillor, which replacement shall serve for the remainder of the term of the recusant Chief or Councillors. In the event that the number of elected Councillors is increased, the number of Trustees shall also be increased, it being the intention that the Chief and all Councillors should be Trustees. In the event that there are no Trustees able to act, any person interested in the Trust may apply to a Judge of the Court of Queen's Bench of Alberta who is hereby empowered to appoint one or more Trustees, who shall be a member of the Band.

6. The Trustees shall hold the Trust Fund for the benefit of all members, present and future, of the Band; provided, however, that at the end of twenty one (21) years after the death of the last decendant now living of the original signators of Treaty Number 8 who at the date hereof are registered Indians, all of the Trust Fund then remaining in the hands of the Trustees shall be divided equally among all members of the Band then living.

Provided, however, that the Trustees shall be specifically entitled not to grant any benefit during the duration of the Trust or at the end thereof to any illegitimate children of Indian women, even though that child or those children may be registered under the Indian Act and

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their status may not have been protested under Section 12(2) thereunder; and provided further that the Trustees shall exclude any member of the Band who transfers to another Indian Band, or has become enfranchised (within the meaning of these terms in the Indian Act).

The Trustees shall have complete and unfettered discretion to pay or apply all or so much of the net income of the Trust Fund, if any, or to accumulate the same or any portion thereof, and all or so much of the capital of the Trust Fund as they in their unfettered discretion from time to time deem appropriate for the beneficiaries set out above; and the Trustees may make such payments at such time, and from time to time, and in such manner as the Trustees in their uncontrolled discretion deem appropriate.

7. The Trustees may invest and reinvest all or any part of the Trust Fund in any investment authorized for Trustees' investments by The Trustees' Act, being Chapter 373 of the Revised Statutes of Alberta 1970, as amended from time to time, but the Trustees are not restricted to such Trustee Investments but may invest in any investment which they in their uncontrolled discretion think fit, and are further not bound to make any investment nor to accumulate the income of the Trust Fund, and may instead, if they in their uncontrolled discretion from time to time deem it appropriate, and for such period or periods of time as they see fit, keep the Trust Fund or any part of it deposited in a bank to which the Bank Act or the Quebec Savings Bank Act applies.

8. The Trustees are authorized and empowered to do all acts necessary or desirable to give effect to the trust purposes set out above,

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and to discharge their obligations thereunder other than acts done or omitted to be done by them in bad faith or in gross negligence, including, without limiting the generality of the foregoing, the power

- a) to exercise all voting and other rights in respect of any stocks, bonds, property or other investments of the Trust Fund;
- b) to sell or otherwise dispose of any property held by them in the Trust Fund and to acquire other property in substitution therefore; and
- c) to employ professional advisors and agents and to retain and act upon the advice given by such professionals and to pay such professionals such fees or other remuneration as the Trustees in their uncontrolled discretion from time to time deem appropriate (and this provision shall apply to the payment of professional fees to any Trustee who renders professional services to the Trustees).

9. Administration costs and expenses of or in connection with the Trust shall be paid from the Trust Fund, including, without limiting the generality of the foregoing, reasonable reimbursement to the Trustees or any of them for costs (and reasonable fees for their services as Trustees) incurred in the administration of the Trust and for taxes of any nature whatsoever which may be levied or assessed by Federal, Provincial or other governmental authority upon or in respect of the income or capital of the Trust Fund.

10. The Trustees shall keep accounts in an acceptable manner of all receipts, disbursements, investments, and other transactions in the administration of the Trust.

11. The Trustees shall not be liable for any act or omission done or made in the exercise of any power, authority or discretion given to them

by this Agreement provided such act or omission is done or made in good faith; nor shall they be liable to make good any loss or diminution in value of the Trust Fund not caused by their gross negligence or bad faith; and all persons claiming any beneficial interest in the Trust Fund shall be deemed to take with notice of and subject to this clause.

12. A majority of the Trustees shall be required for any action taken on behalf of the Trust. In the event that there is a tie vote of the Trustees voting, the Chief shall have a second and casting vote.

Each of the Trustees, by joining in the execution of this Trust Agreement, signifies his acceptance of the Trust herein. Any Chief or Councillor or any other person who becomes a Trustee under paragraph 5 above shall signify his acceptance of the Trust herein by executing this Trust Agreement or a true copy hereof, and shall be bound by it in the same manner as if he or she had executed the original Trust Agreement.

IN WITNESS WHEREOF the parties hereto have executed this Trust Agreement.

SIGNED, SEALED AND DELIVERED
In the Presence of:

Walter J. [Signature]
NAME

1100 One Thornton Court
ADDRESS

Walter J. [Signature]
NAME

1100 One Thornton Court
ADDRESS

A. Settlor: Walter P. [Signature]

B. Trustees: I. Walter P. [Signature]

NAME Weather Up

ADDRESS 1100 One Frontier Court

NAME Weather Up

ADDRESS 1100 One Frontier Court

NAME _____

ADDRESS _____

2. W. J. ...

3. Walter F. ...

4. _____

5. _____

6. _____

7. _____

8. _____

This is Exhibit "B" referred to in the Affidavit of

Paul Bogard

Sworn before me this 30 day

of August A.D., 20 11

M. Poretti

A Notary Public, A Commissioner for Oaths in and for the Province of Alberta

SAWRIDGE BAND INTER VIVOS SETTLEMENT

MARCO S. PORETTI

DECLARATION OF TRUST

THIS DEED OF SETTLEMENT is made in duplicate the 15th day of April, 1985

B E T W E E N :

CHIEF WALTER PATRICK TWINN, of the Sawridge Indian Band, No. 19, Slave Lake, Alberta, (hereinafter called the "Settlor"),

OF THE FIRST PART,

- and -

CHIEF WALTER PATRICK TWINN, GEORGE V. TWIN and SAMUEL G. TWIN, of the Sawridge Indian Band, No. 19, Slave Lake, Alberta, (hereinafter collectively called the "Trustees"),

OF THE SECOND PART.

WHEREAS the Settlor desires to create an inter vivos settlement for the benefit of the individuals who at the date of the execution of this Deed are members of the Sawridge Indian Band No. 19 within the meaning of the provisions of the Indian Act R.S.C. 1970, Chapter I-6, as such provisions existed on the 15th day of April, 1982, and the future members of such band within the meaning of the said provisions as such provisions existed on the 15th day

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of April, 1952 and for that purpose has transferred to the Trustees the property described in the Schedule hereto;

AND WHEREAS the parties desire to declare the trusts, terms and provisions on which the Trustees have agreed to hold and administer the said property and all other properties that may be acquired by the Trustees hereafter for the purposes of the settlement;

NOW THEREFORE THIS DEED WITNESSETH THAT in consideration of the respective covenants and agreements herein contained, it is hereby covenanted and agreed by and between the parties as follows:

1. The Settlor and Trustees hereby establish a trust fund, which the Trustees shall administer in accordance with the terms of this Deed.

2. In this Settlement, the following terms shall be interpreted in accordance with the following rules:

- (a) "Beneficiaries" at any particular time shall mean all persons who at that time qualify as members of the Sawridge Indian Band No. 19 pursuant to the provisions of the Indian Act R.S.C. 1970, Chapter I-6 as such provisions existed on the 15th day of April, 1982 and, in the event that such provisions are amended after the date of the execution of this Deed all persons who at such particular time

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would qualify for membership of the Sawridge Indian Band No. 19 pursuant to the said provisions as such provisions existed on the 15th day of April, 1982 and, for greater certainty, no persons who would not qualify as members of the Sawridge Indian Band No. 19 pursuant to the said provisions, as such provisions existed on the 15th day of April, 1982, shall be regarded as "Beneficiaries" for the purpose of this Settlement whether or not such persons become or are at any time considered to be members of the Sawridge Indian Band No. 19 for all or any other purposes by virtue of amendments to the Indian Act R.S.C. 1970, Chapter I-6 that may come into force at any time after the date of the execution of this Deed or by virtue of any other legislation enacted by the Parliament of Canada or by any province or by virtue of any regulation, Order in Council, treaty or executive act of the Government of Canada or any province or by any other means whatsoever; provided, for greater certainty, that any person who shall become enfranchised, become a member of another Indian band or in any manner voluntarily cease to be a member of the Sawridge Indian Band

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No 19 under the Indian Act R.S.C. 1970, Chapter I-6, as amended from time to time, or any consolidation thereof or successor legislation thereto shall thereupon cease to be a Beneficiary for all purposes of this Settlement; and

- (b) "Trust Fund" shall mean:
- (A) the property described in the Schedule hereto and any accumulated income thereon;
 - (B) any further, substituted or additional property and any accumulated income thereon which the Settlor or any other person or persons may donate, sell or otherwise transfer or cause to be transferred to, or vest or cause to be vested in, or otherwise acquired by, the Trustees for the purposes of this Settlement;
 - (C) any other property acquired by the Trustees pursuant to, and in accordance with, the provisions of this Settlement; and
 - (D) the property and accumulated income thereon (if any) for the time being and from time to time into which any of the aforesaid properties and accumulated income thereon may be converted.

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3. The Trustees shall hold the Trust Fund in trust and shall deal with it in accordance with the terms and conditions of this Deed. No part of the Trust Fund shall be used for or diverted to purposes other than those purposes set out herein. The Trustees may accept and hold as part of the Trust Fund any property of any kind or nature whatsoever that the Settlor or any other person or persons may donate, sell or otherwise transfer or cause to be transferred to, or vest or cause to be vested in, or otherwise acquired by, the Trustees for the purposes of this Settlement.

4. The name of the Trust Fund shall be "The Sawridge Band Inter Vivos Settlement", and the meetings of the Trustees shall take place at the Sawridge Band Administration Office located on the Sawridge Band Reserve.

5. Any Trustee may at any time resign from the office of Trustee of this Settlement on giving not less than thirty (30) days notice addressed to the other Trustees. Any Trustee or Trustees may be removed from office by a resolution that receives the approval in writing of at least eighty percent (80%) of the Beneficiaries who are then alive and over the age of twenty-one (21) years. The power of appointing Trustees to fill any vacancy caused by the death, resignation or removal of a Trustee shall be vested in the continuing Trustees or Trustee of this Settlement and such

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power shall be exercised so that at all times (except for the period pending any such appointment, including the period pending the appointment of two (2) additional Trustees after the execution of this Deed) there shall be at least five (5) Trustees of this Settlement and so that no person who is not then a Beneficiary shall be appointed as a Trustee if immediately before such appointment there is more than one (1) Trustee who is not then a Beneficiary.

6. The Trustees shall hold the Trust Fund for the benefit of the Beneficiaries; provided, however, that at the end of twenty-one (21) years after the death of the last survivor of all persons who were alive on the 15th day of April, 1982 and who, being at that time registered Indians, were descendants of the original signators of Treaty Number 8, all of the Trust Fund then remaining in the hands of the Trustees shall be divided equally among the Beneficiaries then living.

Provided, however, that the Trustees shall be specifically entitled not to grant any benefit during the duration of the Trust or at the end thereof to any illegitimate children of Indian women, even though that child or those children may be registered under the Indian Act and their status may not have been protested under section 12(2) thereunder.

- 7 -

The Trustees shall have complete and unfettered discretion to pay or apply all or so much of the net income of the Trust Fund, if any, or to accumulate the same or any portion thereof, and all or so much of the capital of the Trust Fund as they in their unfettered discretion from time to time deem appropriate for any one or more of the Beneficiaries; and the Trustees may make such payments at such time, and from time to time, and in such manner and in such proportions as the Trustees in their uncontrolled discretion deem appropriate.

7. The Trustees may invest and reinvest all or any part of the Trust Fund in any investments authorized for Trustees' investments by the Trustees' Act, being Chapter T-10 of the Revised Statutes of Alberta, 1980, as amended from time to time, but the Trustees are not restricted to such Trustee Investments but may invest in any investment which they in their uncontrolled discretion think fit, and are further not bound to make any investment nor to accumulate the income of the Trust Fund, and may instead, if they in their uncontrolled discretion from time to time deem it appropriate, and for such period or periods of time as they see fit, keep the Trust Fund or any part of it deposited in a bank to which the Bank Act (Canada) or the Quebec Savings Bank Act applies.

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8. The Trustees are authorized and empowered to do all acts necessary or, in the opinion of the Trustees, desirable for the purpose of administering this Settlement for the benefit of the Beneficiaries including any act that any of the Trustees might lawfully do when dealing with his own property, other than any such act committed in bad faith or in gross negligence, and including, without in any manner to any extent detracting from the generality of the foregoing, the power

- (a) to exercise all voting and other rights in respect of any stocks, bonds, property or other investments of the Trust Fund;
- (b) to sell or otherwise dispose of any property held by them in the Trust Fund and to acquire other property in substitution therefor; and
- (c) to employ professional advisors and agents and to retain and act upon the advice given by such professionals and to pay such professionals such fees or other remuneration as the Trustees in their uncontrolled discretion from time to time deem appropriate (and this provision shall apply to the payment of professional fees to any Trustee who renders professional services to the Trustees).

9. Administration costs and expenses of or in connection with the Trust shall be paid from the Trust Fund,

- 9 -

including, without limiting the generality of the foregoing, reasonable reimbursement to the Trustees or any of them for costs (and reasonable fees for their services as Trustees) incurred in the administration of the Trust and for taxes of any nature whatsoever which may be levied or assessed by federal, provincial or other governmental authority upon or in respect of the income or capital of the Trust Fund.

10. The Trustees shall keep accounts in an acceptable manner of all receipts, disbursements, investments, and other transactions in the administration of the Trust.

11. The provisions of this Settlement may be amended from time to time by a resolution of the Trustees that receives the approval in writing of at least eighty percent (80%) of the Beneficiaries who are then alive and over the age of twenty-one (21) years provided that no such amendment shall be valid or effective to the extent that it changes or alters in any manner, or to any extent, the definition of "Beneficiaries" under subparagraph 2(a) of this Settlement or changes or alters in any manner, or to any extent, the beneficial ownership of the Trust Fund, or any part of the Trust Fund, by the Beneficiaries as so defined.

12. The Trustees shall not be liable for any act or omission done or made in the exercise of any power, authority or discretion given to them by this Deed provided such

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act or omission is done or made in good faith; nor shall they be liable to make good any loss or diminution in value of the Trust Fund not caused by their gross negligence or bad faith; and all persons claiming any beneficial interest in the Trust Fund shall be deemed to take notice of and subject to this clause.

13. Subject to paragraph 11 of this Deed, a majority of fifty percent (50%) of the Trustees shall be required for any decision or action taken on behalf of the Trust.

Each of the Trustees, by joining in the execution of this Deed, signifies his acceptance of the Trusts herein. Any other person who becomes a Trustee under paragraph 5 of this Settlement shall signify his acceptance of the Trust herein by executing this Deed or a true copy hereof, and shall be bound by it in the same manner as if he or she had executed the original Deed.

14. This Settlement shall be governed by, and shall be construed in accordance with the laws of the Province of

Alberta.

IN WITNESS WHEREOF the parties hereto have executed this Deed.

SIGNED, SEALED AND DELIVERED in the presence of:

Bruce G Thom
NAME

A. Settlor [Signature]

Box 326, Slave Lake, Alta
ADDRESS

Bruce G Thom
NAME

B. Trustees:
1. [Signature]

Box 326, Slave Lake, Alta
ADDRESS

Bruce G Thom
NAME

2. [Signature]

Box 326, Slave Lake, Alta
ADDRESS

Bruce G Thom
NAME

3. [Signature]

Box 326, Slave Lake, Alta
ADDRESS

Schedule

One Hundred Dollars (\$100.00) in Canadian Currency.

07-20-1955 18:50 FROM SAWRIDGE ADMINISTRATION TO

14218977 P.29

This is Exhibit "C" referred to in the Affidavit of

Paul Bejold

Sworn before me this 30 day

of August A.D., 2011

THE SAWRIDGE TRUST

DECLARATION OF TRUST

A Notary Public, A Commissioner for Oaths in and for the Province of Alberta

MARCO S. PORETTI

THIS TRUST DEED made in duplicate as of the 15th day of August, A.D. 1988.

BETWEEN:

CHIEF WALTER P. TWINN,
of the Sawridge Indian Band, No. 19, Slave Lake, Alberta
(hereinafter called the "Settlor")

OF THE FIRST PART,

- and -

CHIEF WALTER P. TWINN, CATHERINE TWINN and GEORGE TWIN,
(hereinafter collectively called the "Trustees")

OF THE SECOND PART,

WHEREAS the Settlor desires to create an inter vivos trust for the benefit of the members of the Sawridge Indian Band, a band within the meaning of the provisions of the Indian Act R.S.C. 1970, Chapter I-6, and for that purpose has transferred to the Trustees the property described in the Schedule attached hereto;

AND WHEREAS the parties desire to declare the trusts, terms and provisions on which the Trustees have agreed to hold and administer the said property and all other properties that may be acquired by the Trustees hereafter for the purposes of the settlement;

NOW THEREFORE THIS DEED WITNESSETH THAT in consideration of the respective covenants and agreements herein contained, it is hereby covenanted and agreed by and between the parties as follows:

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1. The Settlor and Trustees hereby establish a trust fund, which the Trustees shall administer in accordance with the terms of this Deed.

2. In this Deed, the following terms shall be interpreted in accordance with the following rules:

(a) "Beneficiaries" at any particular time shall mean all persons who at that time qualify as members of the Sawridge Indian Band under the laws of Canada in force from time to time including, without restricting the generality of the foregoing, the membership rules and customary laws of the Sawridge Indian Band as the same may exist from time to time to the extent that such membership rules and customary laws are incorporated into, or recognized by, the laws of Canada;

(b) "Trust Fund" shall mean:

(A) the property described in the Schedule attached hereto and any accumulated income thereon;

(B) any further, substituted or additional property, including any property, beneficial interests or rights referred to in paragraph 3 of this Deed and any accumulated income thereon which the Settlor or any other person or persons may donate, sell or otherwise transfer or cause to be transferred to, or vest or cause to be vested in, or otherwise acquired by, the Trustees for the purposes of this Deed;

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- (C) any other property acquired by the Trustees pursuant to, and in accordance with, the provisions of this Deed;
- (D) the property and accumulated income thereon (if any) for the time being and from time to time into which any of the aforesaid properties and accumulated income thereon may be converted; and
- (E) "Trust" means the trust relationship established between the Trustees and the Beneficiaries pursuant to the provisions of this Deed.

3. The Trustees shall hold the Trust Fund in trust and shall deal with it in accordance with the terms and conditions of this Deed. No part of the Trust Fund shall be used for or diverted to purposes other than those purposes set out herein. The Trustees may accept and hold as part of the Trust Fund any property of any kind or nature whatsoever that the Settlor or any other person or persons may donate, sell, lease or otherwise transfer or cause to be transferred to, or vest or cause to be vested in, or otherwise acquired by, the Trustees for the purposes of this Deed.

4. The name of the Trust Fund shall be "The Sawridge Trust" and the meetings of the Trustees shall take place at the Sawridge Band Administration Office located on the Sawridge Band Reserve.

5. The Trustees who are the original signatories hereto, shall in their discretion and at such time as they determine, appoint additional Trustees to act hereunder. Any Trustee may at any time resign from the office of Trustee of this Trust on giving not less than thirty (30) days notice addressed to the

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other Trustees. Any Trustee or Trustees may be removed from office by a resolution that receives the approval in writing of at least eighty percent (80%) of the Beneficiaries who are then alive and over the age of twenty-one (21) years. The power of appointing Trustees to fill any vacancy caused by the death, resignation or removal of a Trustee and the power of appointing additional Trustees to increase the number of Trustees to any number allowed by law shall be vested in the continuing Trustees or Trustee of this Trust and such power shall be exercised so that at all times (except for the period pending any such appointment) there shall be a minimum of Three (3) Trustees of this Trust and a maximum of Seven (7) Trustees of this Trust and no person who is not then a Beneficiary shall be appointed as a Trustee if immediately before such appointment there are more than Two (2) Trustees who are not then Beneficiaries.

6. The Trustees shall hold the Trust Fund for the benefit of the Beneficiaries; provided, however, that at the expiration of twenty-one (21) years after the death of the last survivor of the beneficiaries alive at the date of the execution of this Deed, all of the Trust Fund then remaining in the hands of the Trustees shall be divided equally among the Beneficiaries then alive.

During the existence of this Trust, the Trustees shall have complete and unfettered discretion to pay or apply all or so much of the net income of the Trust Fund, if any, or to accumulate the same or any portion thereof, and all or so much of the capital of the Trust Fund as they in their unfettered discretion from time to time deem appropriate for any one or more of the Beneficiaries; and the Trustees may make such payments at such time, and from time to time, and in such manner and in such proportions as the Trustees in their uncontrolled discretion deem appropriate.

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7. The Trustees may invest and reinvest all or any part of the Trust Fund in any investments authorized for trustees' investments by the Trustee's Act, being Chapter T-10 of the Revised Statutes of Alberta, 1980, as amended from time to time, but the Trustees are not restricted to such Trustee Investments but may invest in any investment which they in their uncontrolled discretion think fit, and are further not bound to make any investment and may instead, if they in their uncontrolled discretion from time to time deem it appropriate, and for such period or periods of time as they see fit, keep the Trust Fund or any part of it deposited in a bank to which the Bank Act (Canada) or the Quebec Saving Bank Act applies.

8. The Trustees are authorized and empowered to do all acts that are not prohibited under any applicable laws of Canada or of any other jurisdiction and that are necessary or, in the opinion of the Trustees, desirable for the purpose of administering this Trust for the benefit of the Beneficiaries including any act that any of the Trustees might lawfully do when dealing with his own property, other than any such act committed in bad faith or in gross negligence, and including, without in any manner or to any extent detracted from the generality of the foregoing, the power

- (a) to exercise all voting and other rights in respect of any stocks, bonds, property or other investments of the Trust Fund;
- (b) to sell or otherwise dispose of any property held by them in the Trust Fund and to acquire other property in substitution therefor; and

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(c) to employ professional advisors and agents and to retain and act upon the advice given by such professionals and to pay such professionals such fees or other remuneration as the Trustees in their uncontrolled discretion from time to time deem appropriate (and this provision shall apply to the payment of professional fees to any Trustee who renders professional services to the Trustees).

9. Administration costs and expenses of or in connection with this Trust shall be paid from the Trust Fund, including, without limiting the generality of the foregoing, reasonable reimbursement to the Trustees or any of them for costs (and reasonable fees for their services as Trustees) incurred in the administration of this Trust and for taxes of any nature whatsoever which may be levied or assessed by federal, provincial or other governmental authority upon or in respect of the income or capital of the Trust Fund.

10. The Trustees shall keep accounts in an acceptable manner of all receipts, disbursements, investments, and other transactions in the administration of the Trust.

11. The provision of this Deed may be amended from time to time by a resolution of the Trustees that received the approval in writing of at least eighty percent (80%) of the Beneficiaries who are then alive and over the age of twenty-one (21) years and, for greater certainty, any such amendment may provide for a commingling of the assets, and a consolidation of the administration, of this Trust with the assets and administration of any other trust established for the benefit of all or any of the Beneficiaries.

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12. The Trustees shall not be liable for any act or omission done or made in the exercise of any power, authority or discretion given to them by this Deed provided such act or omission is done or made in good faith; nor shall they be liable to make good any loss or diminution in value of the Trust Fund not caused by their gross negligence or bad faith; and all persons claiming any beneficial interest in the Trust Fund shall be deemed to take notice of and shall be subject to this clause.

13. Any decision of the Trustees may be made by a majority of the Trustees holding office as such at the time of such decision and no dissenting or abstaining Trustee who acts in good faith shall be personally liable for any loss or claim whatsoever arising out of any acts or omissions which result from the exercise of any such discretion or power, regardless whether such Trustee assists in the implementation of the decision.

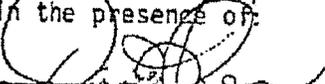
14. All documents and papers of every kind whatsoever, including without restricting the generality of the foregoing, cheques, notes, drafts, bills of exchange, assignments, stock transfer powers and other transfers, notices, declarations, directions, receipts, contracts, agreements, deeds, legal papers, forms and authorities required for the purpose of opening or operating any account with any bank, or other financial institution, stock broker or investment dealer and other instruments made or purported to be made by or on behalf of this Trust shall be signed and executed by any two (2) Trustees or by any person (including any of the Trustees) or persons designated for such purpose by a decision of the Trustees.

15. Each of the Trustees, by joining in the execution of this Deed, signifies his acceptance of the Trusts herein. Any other person who becomes a Trustee under paragraph 5 of this Trust shall signify his acceptance of the Trust herein by executing this Deed or a true copy hereof, and shall be bound by it in the same manner as if he or she had executed the original Deed.

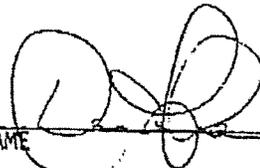
16. This Deed and the Trust created hereunder shall be governed by, and shall be construed in accordance with, the laws of the Province of Alberta.

IN WITNESS WHEREOF the parties hereto have executed this Deed.

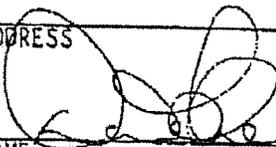
SIGNED, SEALED AND DELIVERED
in the presence of:


NAME _____

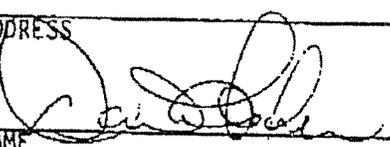
#1 - 10220 Stony Plain Road, Alta.
ADDRESS _____


NAME _____

ADDRESS _____


NAME _____

ADDRESS _____


NAME _____

ADDRESS _____

A. Settlor Walter P. Twinn
CHIEF WALTER P. TWINN

B. Trustees:

1. Walter P. Twinn
CHIEF WALTER P. TWINN

2. Catherine M. Twinn
CATHERINE TWINN

3. George Twinn
GEORGE TWINN

- 9 -

SCHEDULE

One Hundred Dollars (\$100.00) in Canadian Currency.



SAWRIDGE TRUSTS

24 November 2009

Dear Sawridge Trusts Potential Beneficiary,

This is Exhibit "D" referred to in the Affidavit of

Paul Boyold
Sworn before me this 30 day
of August A.D., 2011

A Notary Public, A Commissioner for Oaths
in and for the Province of Alberta

MARCO S. PORETTI

During the consultations carried out by Four World Centre for Development Learning (Four Worlds), some of those consulted raised some questions regarding either the Sawridge Band Inter-Vivos Settlement (1985 Trust) or the Sawridge Trust (1986 Trust) or both (Trusts). The Trustees of the Trusts are pleased to try to answer your questions to the best of our ability based on information available at this time. The questions asked were:

- *Who are the trustees and how are they appointed?*
- *Are the children of individuals who became eligible under Bill C-31 also eligible as beneficiaries?*
- *What about the children of those individuals who are now deceased?*
- *What is the process whereby decisions are made about who is or is not a beneficiary?*
- *How do we get to the place where we can operate the Trusts without being forced into boxes originated with the Indian Act and that continue to cause disunity?*
- *If I am a beneficiary under a Trust and I receive benefits, am I taking something from someone else's table?*
- *Do "new" beneficiaries get the same benefits as those who have been eligible for their whole lives?*
- *Can benefits to seniors be structured to avoid tax consequences and not impact old age benefits?*
- *How can we ensure equity for all beneficiaries when the Band only serves those individuals who live on the Reserve?*
- *What happens to the Trust programs if the trustees change and new trustees have a different set of ideas?*

Attached to this letter is a copy of each of the deeds setting out the terms of each of the Trusts. These are the basic governing documents which, along with generally applicable principles and the rules of trust law, determine how the Trusts are operated.

Currently, the trustees of the two Trusts are the same, namely, Bertha L'Hirondelle, Clara Midbo, Catherine Twinn, Roland (Guy) Twinn and Walter Felix Twin. The trustees can be reached through the Trusts' office located in Edmonton, Alberta. The address, telephone number, fax number and email address for the Trusts is listed below on the letterhead. According to the trust deeds, the existing trustees select new trustees as trustees leave. The number of possible trustees for each trust is slightly different but the trustees have chosen to appoint five trustees for both trusts and have appointed the same trustees to each trust so that the two trusts can operate together.

Letter to Beneficiaries, 24 November, 2009

Paragraph 6 of the deeds applying to each of the Trusts provides that the trustees have power to distribute income or capital of the Trusts “as they in their unfettered discretion from time to time deem appropriate for any one or more of the Beneficiaries; and the trustees may make such payment at such time and from time to time, in such manner and in such proportions as the Trustees in their uncontrolled discretion deem appropriate.”

Although this provision refers to the Trustees’ discretion as “unfettered”, it is in fact controlled by the requirements of trust law. These requirements, which have been laid down in case law and are expressed in fairly general terms, can be summarized as follows:

- Trustees must give their active consideration to the exercise of their discretionary powers.
- Trustees must act in good faith, in the sense that they must take account of relevant factors and must not take account of irrelevant factors.

Whatever is relevant for these purposes depends on the circumstances of each particular case. However, the basic idea is that trustees should take account of factors relevant to the purposes of the Trusts.

The trustees have recently hired a Trust Administrator and Program Manager, Paul Bujold, to administer the benefits, develop the programs and run the office of the Trusts. Paul can be reached at the address and telephone/fax numbers below, by email at paul@sawridgetrusts.ca or on his cell at (780) 270-4209.

Sawridge Trusts are developing a web site that will be accessible to all beneficiaries. Certain parts of the site will contain documents that are of interest to all beneficiaries while other parts will only be accessible to the particular beneficiary as it will contain private information about that person. The Web site will also list the programs currently available through the Trusts and how to access them and will provide useful links to other sites that can provide information or support programs to the beneficiaries.

Each of the Trusts owns all the shares in a separate holding company. In the case of the 1985 Trust, that company is Sawridge Holdings Ltd. and in the case of the 1986 Trust it is 352736 Alberta Ltd. Through these companies, the Trusts have invested in a number of businesses. The assets of Sawridge Holdings Ltd. and 352736 Alberta Ltd. are listed on the attached flow chart. The Directors of the holding companies and their subsidiaries, called the Sawridge Group of Companies, are independent individuals who have been chosen for their skills and experience in overseeing business enterprises such as those owned by the companies.

The Trusts were established to provide on-going benefits to the beneficiaries from the revenue generated by the Trusts’ investments. This revenue fluctuates with the economic climate. The success of the businesses vary, accordingly. The resources of each Trust are limited and any system of programs has to be based on views about equitable and appropriate use of the resources available.

Letter to Beneficiaries, 6 November 2009

It is for the trustees to consider the weight to be given to particular factors. They may consider the length of time a person has been a beneficiary as one relevant factor if this is appropriate to the nature of the particular program or benefit being provided.

Another factor the trustees may consider is the impact of taxation, both generally and in the circumstances of particular beneficiaries. The trustees may be able to attempt to structure distributions in a way that will be as tax-efficient as reasonably possible. It is possible, however, that a particular distribution from the Trusts may have an impact on a person's entitlement to other programs such as Old Age Security. In considering the appropriate programs, the trustees may consider it relevant that certain programs and other benefits are only available to beneficiaries who live on the Reserve and other programs may only be available to beneficiaries living off the Reserve.

As trustees of discretionary trusts, the trustees have a broad discretion to develop those benefits through the Trusts that they feel would, from time to time, assist the individual beneficiaries and the Sawridge Band community grow and develop to better meet their own needs, the costs of which are consistent with the revenues available to the Trusts. Following the Four Worlds report, the trustees adopted a list of potential benefits suggested by the beneficiaries and Four Worlds. These benefits will be put in place gradually as more work is done on planning the financial impact of the programs on the Trusts and as the programs are matched with other programs already existing through the Regional Council, the Alberta Government, the Canadian Government or other agencies.

The trustees are responsible for exercising their discretion in respect of the programs while they are trustees. They will be responsible for evaluating the success of the programs on an on-going basis and therefore would be expected to make changes when they determine that changes are required. They also have the power to make changes based on their having, as phrased in the question asked by a beneficiary, "a different set of ideas". However, in order to make any such change they would need to consider whether replacing an already existing program would be reasonable in all the circumstances. The trustees may also, from time to time, have to take into consideration the cost of a program in relation to the amount of revenue available to the Trusts.

The rules for eligibility as a beneficiary are presently being worked out for each of the trusts. According to the trust deeds, the persons who qualify as beneficiaries are to some extent different for the 1985 Trust and for the 1986 Trust. In the 1985 Trust (paragraph 2(a) of the Deed), 'beneficiaries' are defined as persons who are also qualified to be Band members in accordance with the criteria provided in the Indian Act as at 15 April 1982. In the 1986 Trust (paragraph 2(a) of the Deed), 'beneficiaries' are defined as "all persons who at that time qualify as members of the Sawridge Indian Band under the laws of Canada in force from time to time including, without restricting the generality of the foregoing, the membership rules and customary laws of the Sawridge Band as the same may exist from time to time to the extent that such membership rules and customary laws are incorporated into, or recognized by, the laws of Canada."

The trustees are presently in the process of having some research carried out by experts in Canadian law and First Nations and Cree traditional law to develop a clear list of criteria. This

Letter to Beneficiaries, 24 November, 2009

will help in the process of determining who is an eligible beneficiary, especially under the 1985 Trust where the rules are more complex.

As part of this process, the trustees will post a notice in newspapers in British Columbia, Alberta and Saskatchewan asking anyone who thinks that they may be a beneficiary under either trust to provide the Trusts with information about why they feel they are eligible. Based on the facts determined and the legal advice received, the Trusts will then develop a list of qualified beneficiaries. Where it is still not clear after this process whether someone is or is not a beneficiary, the Trusts will apply to the Alberta Court for its advice on the matter.

We hope that this information answers most people's questions. As more information becomes available we will keep the beneficiaries informed, either by newsletter or through the web site. If you have any questions, please do not hesitate to contact our office and the Trusts Administrator will try to assist you.

Cordially



Paul Bujold,

Interim Chair

Sawridge Trusts Board of Trustees

Attachments

**Paul Bujold –
Answers to
Undertakings –
UT #10**

CODE OF CONDUCT

Trustees of The Sawridge Band *Inter Vivos* Settlement and of The Sawridge Trust

WHEREAS:

- (1) The Sawridge Band *Inter Vivos* Settlement (the "1985 Trust") was established by Chief Walter P. Twinn by a Deed dated April 15, 1985.
- (2) The Sawridge Trust (the "1986 Trust") was established by Chief Walter P. Twinn by a Deed dated August 15, 1986.
- (3) The undersigned, Walter Felix Twinn, Bertha L'Hirondelle, Roland Twinn, Catherine Twinn and Clara Midbo, are currently the trustees (the "Current Trustees") of both the 1985 Trust and the 1986 Trust (collectively, the "Trusts"). The trustees of the Trusts from time to time are hereinafter referred to as the "Trustees".
- (4) The following additional documents are attached as schedules to this Code of Conduct:
 - (a) a document prepared by Davies Ward Phillips & Vineberg LLP as counsel for the Trustees which is entitled "Responsibilities of Trustees of the Sawridge Trusts" (the "Trustees' Responsibilities document"), which is attached as Schedule A; and
 - (b) Trustees' resolutions dealing with the procedure for Trustee decision-making, which are attached as Schedules B1 and B2.
- (5) In order to facilitate the effective administration of the Trusts, the Current Trustees wish to enter this Code of Conduct to which they have all agreed.

NOW THEREFORE the undersigned Current Trustees all agree to the following provisions of this Code of Conduct:

I. General

In order to carry out the Trustees' basic obligation of acting in the best interests of the beneficiaries, the Trustees must act with care, skill and diligence, integrity and impartiality; they must in general avoid conflicts of interest and duty; they must act in a way that enables decisions to be made effectively; they must respect confidentiality; and they must not act in a way which brings the office of Trustee into disrepute. This Code of Conduct will deal with each of these aspects of the Trustees' responsibilities. It will also deal with communications between Trustees and directors and management of the corporations directly or indirectly owned by the Trusts (the "Sawridge Corporations").

This Code of Conduct will also provide a procedure for resolving disputes arising from this Code of Conduct.

2. Care and Diligence

As expressed in the Trustees' Responsibilities document, the applicable general principle is that Trustees are required to exercise the care, skill and diligence of an ordinary prudent person. In particular, this requires that Trustees will:

- (a) attend all Trustee meetings except only when unable to do so;
- (b) read and consider the agendas for Trustee meetings along with accompanying materials; and
- (c) generally give careful consideration to all issues arising for decision by them as Trustees.

3. Communications with Directors and Management of Sawridge Corporations

As expressed in the Trustees' Responsibilities document, the Trustees have adopted an arrangement under which none of them sit on the boards of Sawridge Corporations; instead, the Trustees have elected qualified persons to act as directors. This arrangement rests on two principles. The first is that the Trustees will not interfere in the roles, respectively, of the directors and of the management of the corporations. The second is that the Trustees will have sufficient and timely information about the conduct of the Sawridge Corporations so that, as a group, they are kept fully apprised of the business and affairs of the corporations and where considered advisable communicate any concerns through the Trustees' Chair to the Chair of the Board of Directors.

Two points dealing with the practical application of these principles apply to the conduct of Trustees. These are:

- (a) Communications between the Trustees and the directors will ordinarily be made by and to the Trustees collectively only through the Trustees' Chair. Individual communications may occur only at meetings of the shareholders at which directors attend, including at annual shareholder meetings.
- (b) Trustees will not interfere with management of the Sawridge Corporations. If any Trustee has any concern relating to management of the corporations that concern must not be communicated to the management but is to be brought to the attention of the Trustees as a group and the Trustees' concern can then be communicated through the Trustees' Chair to the Chair of the Board of Directors.

4. Integrity, Impartiality and Conflict of Interest

Trustees must at all times act honestly in the best interests of beneficiaries and in making decisions as Trustees must make decisions which they honestly believe to be in the beneficiaries' best interests.

Trustees must exercise their functions as trustees free of extraneous and improper influence. This includes obvious circumstances such as receiving bribes but also extends to less obvious

circumstances such as making a decision on the basis of personal feelings about a particular beneficiary where such feelings have no relevance to the matter under consideration or where the Trustee has not expressed to the other Trustees the fact that such feelings are affecting his or her decision.

Conflicts of Interest

Avoidance of conflicts of interest is an aspect of the requirements of integrity and impartiality. As stated in the Trustees' Responsibilities document, the Trustees must avoid improperly acting in a position of conflict between self-interest and duty. The following procedure will be followed to deal with such conflicts:

- (a) For the purposes of this procedure, there will be considered to be a conflict in the following circumstances:

"There will be a conflict when a Trustee may obtain some benefit, directly or indirectly, from his or her position as Trustee or when the Trustee is in a position in which his or her decision-making as Trustee may potentially be influenced, directly or indirectly, by his or her personal interests. It will be assumed that a Trustee may obtain such a benefit if the benefit is obtained, not only by the Trustee, but also by the spouse, parent, sibling or child of the Trustee. Similarly, it will be assumed that a Trustee may be influenced if, not only the Trustee, but also the spouse, parent, sibling or child of the Trustee may be affected by the decision."

- (b) All possible conflicts must be disclosed by a Trustee to the other Trustees when the possible conflict becomes apparent to him or her. If in doubt about whether there is a conflict, the possible conflict should be disclosed.
- (c) Any Trustee, or the Chair if not a Trustee, may raise with the Trustees the issue of a possible conflict affecting any other Trustee.
- (d) If a conflict does not arise from the Trustees' dual position of Trustee and beneficiary, the conflict should ordinarily be avoided by the Trustee not entering into the transaction that would give rise to the conflict. For example, a Trustee must not sell his own property to the Trust (without court approval). Such a transaction cannot properly be carried out even if the vendor Trustee does not take part in the decision-making by the Trustees.

- (e) When the conflict is expressly dealt with by the terms of the Trust Deeds, the Trustees may, despite the conflict, take part in the applicable decision-making. In particular, the Trust Deeds expressly provide for the Trustees receiving reasonable fees for their services as Trustees. They can, therefore, properly make the decision about their own fees. However, such decisions must not be open to the criticism that the Trustees have abused their position. The fees must therefore be demonstrably reasonable, and this may involve obtaining input from qualified advisors.
- (f) When the conflict arises from the Trustees' dual position as Trustee and beneficiary – for example, when consideration is being given to a distribution of trust property to a Trustee/beneficiary, the normal procedure should be for the conflicted Trustee not to be present at the Trustees' consideration of the question and should not vote on the question. In effect, such Trustee should be treated in the same way as a beneficiary who is not a Trustee.
- (g) Where possible benefits to Trustees or their relatives from a proposal under consideration by the Trustees arise only because the proposal may benefit all beneficiaries, or a broad category of them, with no particular advantage being conferred upon any Trustee or relative of a Trustee, it would be impractical and unreasonable to disqualify Trustees from consideration of the proposal merely because of such potential benefits. In such cases the potential benefits to Trustees and their relatives will generally be obvious on the face of the proposal, so that there is no hidden advantage to a Trustee or relative which should be disclosed, nor should the Trustee be exposed to criticism or potential liability for having made such a decision on the basis that it would be in the interests of the beneficiaries as a whole, or some significant group of beneficiaries.
- (h) When the Trustees decide that there is in fact no conflict in respect of a particular question or transaction but that one or more beneficiaries might nevertheless consider that there is a conflict, it will ordinarily be appropriate for the affected Trustee not to be present at the Trustees' consideration of the matter and not to vote on it.

5. Conduct Involving Decision-Making Process

In order that the decision-making process be fair and effective, it is crucial that communication among Trustees be fair and effective. Therefore, the Trustees shall act in accordance with the following principles:

- (a) **Cooperation:** Trustees shall collaborate to serve the best interests of the beneficiaries.
- (b) **Tolerance:** each Trustee should seek to fully understand the views and values of the other Trustees in the best possible light and consider whether those views and values might be usefully adopted to guide the ongoing deliberations of the Trustees.

- (c) **Inclusion:** Trustees shall use their best efforts to include all Trustees in their deliberations so that each Trustee feels that he/she had a meaningful opportunity to contribute to the discussion and that his/her views and values were given fair and full consideration.
- (d) **Compassion:** each Trustee recognizes that the other Trustees are human beings with their own weaknesses and capable of making mistakes. The Trustees agree to show patience, and provide mentorship and caring for each other.
- (e) **Relationship:** the Trustees recognize that people live in complex and essential webs of relationship and acknowledge that decisions and actions of individuals and the community unavoidably affect each other. The Trustees shall seek to make their decisions in ways that positively strengthen their relationships and in ways that promote the best consequences for the beneficiaries.
- (f) **Honesty in Communication:** Trustees must be fair, open, truthful and sincere when dealing with each other and shall all times avoid attempts to deceive or mislead each other.
- (g) **Fair Procedures:** the Trustees agree to proceed with their decisions in accordance with known and fair procedures.
- (h) **Assertiveness:** Trustees have an obligation to state their views and concerns openly and clearly for consideration by the other Trustees.
- (i) **Consensus:** where possible, Trustees should work towards unanimous agreement; where unanimous agreement is not possible, Trustees shall try to come to a consensus; where neither of these is possible Trustees shall reach decisions by simple majority. In all cases, once a decision is made by the Trustees it should be respected and followed by all.
- (j) **Objectivity:** Trustees must base their decisions upon relevant facts and information in a way that is not biased by undisclosed personal feelings or opinions.
- (k) **Transparency:** to the extent possible, the Trustees should be able to articulate their reasons for coming to a particular decision.
- (l) **Peacefulness & Respect:** Trustees have an obligation to be polite, respectful and courteous in their dealings with other Trustees; they agree to deal with each other in a calm and open manner; and they agree to avoid expressions of anger and personal attacks which may disrupt the harmony of the group.
- (m) **Reconciliation:** the Trustees accept that they are morally accountable for their own actions. Where their actions or decisions have, intentionally or unintentionally, caused disharmony, they accept a personal obligation to work towards restoring harmony.

6. Confidentiality

The Trustees shall maintain the confidentiality of the deliberations of the Trustees and of any other confidential information imparted to the Trustees including information received from the Sawridge Corporations and their businesses and affairs.

7. Conduct Bringing Office of Trustee Into Disrepute

It is important that the role of the Trustees be respected by the beneficiaries of the Trusts. Therefore, criminal conduct or other conduct which brings the office of trustee into disrepute is contrary to this Code of Conduct, whether or not such conduct is directly connected to the carrying on of responsibilities as Trustee.

8. Application of the Code of Conduct

The following are the guiding principles applicable to the application of this Code of Conduct:

- (a) It is intended that Trustees will abide by this Code of Conduct, along with the Schedules to it, in carrying out their responsibilities as Trustees.
- (b) Any Trustee who has any concern about the conduct of another Trustee will ordinarily in the first place raise the concern either privately with the other Trustee or at a meeting of the Trustees, as may be appropriate in the circumstances. It is expected that such concerns will ordinarily be resolved informally without the need for any outside intervention.
- (c) Where it is alleged by a Trustee (the "Claimant") that another Trustee has acted inconsistently with this Code of Conduct and the Claimant is not satisfied that his or her concern has been properly resolved in accordance with (b) above, the Claimant may require that an outside person be appointed to act as a mediator and arbitrator to deal with the complaint, as follows:
 - (i) Subject to (iii) below, the Claimant will by notice in writing request the Trustees' Chair to arrange the selection of a mediator/arbitrator. Such mediator/arbitrator will be such person as shall be agreed by both the Claimant and the Respondent.
 - (ii) Subject to (iii) below, if the disputing Trustees do not, within 30 days from the date of the notice referred to in (i) above, agree on a mediator/arbitrator the Trustees' Chair shall appoint a mediator/arbitrator.
 - (iii) If the Trustees' Chair is a Trustee who is a disputing Trustee, the notice referred to in (i) above will be provided to the Trustees who are not the disputing Trustees and the appointment referred to in (ii) above will be made by the majority of the Trustees who are not the disputing Trustees.

- (d) The role and authority of the mediator/arbitrator will be as follows:
- (i) the mediator/arbitrator shall arrange for a joint meeting with the parties not later than 90 days from the date of the notice referred to in 8(c)(i) above;
 - (ii) the mediator/arbitrator will first act as a mediator in order to facilitate a resolution of the dispute without the need for any binding direction;
 - (iii) if the mediator/arbitrator determines that it will not be possible to resolve the dispute without any binding direction, he or she shall act as an arbitrator to resolve the dispute by one or more directions;
 - (iv) the mediator/arbitrator shall have all the authority, powers and discretion granted to an arbitrator under the Alberta *Arbitration Act*;
 - (v) if the mediator/arbitrator makes a finding that a Trustee has acted inconsistently with this Code of Conduct the mediator/arbitrator may make one or more directions relating to any of the following:
 - (A) that a Trustee act or abstain from acting in particular ways;
 - (B) that a Trustee not be entitled to be paid remuneration to which he or she would otherwise be entitled;
 - (C) that a Trustee resign as Trustee;
 - (D) that some or all of the costs and expenses of the dispute resolution process be paid by one or more of the Trustees personally.
 - (vi) Subject to a direction made by the mediator/arbitrator pursuant to 8(c)(iv) above, the costs and expenses incurred in respect of the dispute resolution process will be paid from the assets of the Trusts.
 - (vii) There shall be no appeal from a decision of the mediator/arbitrator.

9. Application of Code of Conduct to all Trustees

It is intended that all Trustees will be subject to this Code of Conduct. Therefore, it will be a condition of appointment of a person as Trustee that he or she will agree to become a signatory to the Code of Conduct.

10. Severability

If any provision of this Code of Conduct is determined to be invalid, illegal or unenforceable in any respect, such determination shall not impair or affect the validity, legality or enforceability of the remaining provisions of this Code of Conduct.

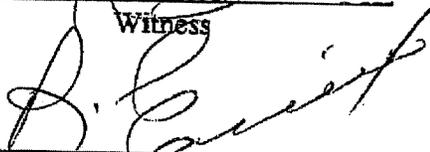
11. Amendment of Code of Conduct

This Code of Conduct may be amended from time to time by the unanimous agreement of all of the Trustees at any such time by instrument in writing.

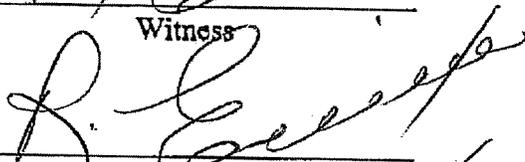
DATED this 12th day of January, 2009.



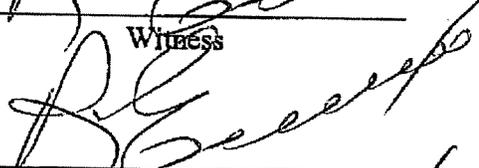
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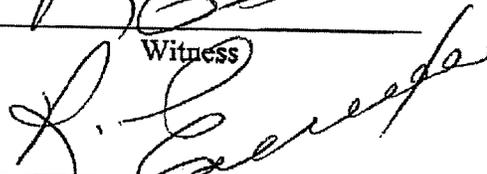
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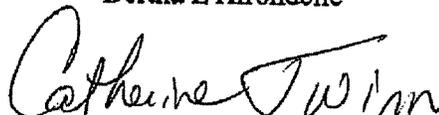
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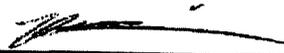
Walter Felix Twinn, WFT



Bertha L'Hirondelle



Catherine Twinn



Roland Twinn



Clara Midbo

SCHEDULE A

Responsibilities of Trustees of the Sawridge Trust

Introduction

This document describes, in a general way, the responsibilities of the trustees (the "Trustees") of the Sawridge Band *Inter Vivos* Settlement (the "1985 Trust") and of the Sawridge Trust (the "1986 Trust") (together, the "Trusts").

Trustees are required to act in accordance with the general law of trusts as modified by the provisions of the document establishing the particular trust.

Beneficiaries

Paragraph 2(a) of the Trust Deed applying to the 1985 Trust defines beneficiaries for the purposes of that Trust as all persons who at any particular time qualify as members of the Sawridge Indian Band pursuant to the provisions of the *Indian Act* as those provisions existed on April 15, 1982.

Paragraph 2(a) of the Trust Deed applying to the 1986 Trust defines beneficiaries for the purposes of that Trust as all persons who at any particular time qualify as members of the Sawridge Indian Band under the laws of Canada in force from time to time including the membership rules and customary laws of the Sawridge Indian Band as they exist from time to time to the extent that such membership rules and customary laws are incorporated into, or recognized by, the laws of Canada.

Number of Trustees

The Trust Deed applying to the 1985 Trust provides that at all times (except for the period pending an appointment) there shall be at least five Trustees. A non-beneficiary may not be appointed if immediately before such appointment there is more than one Trustee who is not a beneficiary. There cannot, therefore, be more than two Trustees who are not beneficiaries (paragraph 5).

The Trust Deed applying to the 1986 Trust provides that at all times (except for the period pending an appointment) there is required to be a minimum of three Trustees and a maximum of seven Trustees. A non-beneficiary may not be appointed if immediately before such appointment there are more than two Trustees who are not beneficiaries (paragraph 5). It would, therefore, be possible to have three Trustees who are not beneficiaries. However, for tax reasons, it is preferable that the two Trusts have the same Trustees.

Basic Obligation of Trustees

The basic obligation of trustees is to act in the best interest of the beneficiaries.

Distribution of Income or Capital of Trusts

Both Trusts provide for the Trustees to have a wide discretion as to the distribution of income or capital of the Trusts, paragraph 6 of each Trust Deed providing (in part) that the,

"Trustees shall have complete and unfettered discretion to pay or apply all or so much of the net income of the Trust Fund, if any, or to accumulate the same or any portion thereof, and all or so much of the capital of the Trust Fund as they in their unfettered discretion from time to time deem appropriate for any one or more of the Beneficiaries; and the Trustees may make such payments at such time, and from time to time, and in such manner and in such proportions as the Trustees in their uncontrolled discretion deem appropriate."

Although the provision of the Trust Deeds refers to the discretion as "unfettered" and "uncontrolled", it is in fact "fettered" and "controlled" by the requirements of the law of trusts. The point is that since the discretion is exercisable by the Trustees as trustees they must not exercise it arbitrarily but must do so in accordance with the requirements of trust law. These requirements, which have been laid down in case law and are expressed in fairly general terms, can be summarized as follows:

- Trustees must give active consideration to the exercise of their discretionary powers.
- Trustees must act in good faith, in the sense that they must take account of relevant factors and must not take account of irrelevant factors.

The case law does not define what is relevant for these purposes. It depends on the circumstances of each particular trust. However, the basic idea is that trustees should take account of factors relevant to the purposes of the particular trust. They must not, for example, take account of their personal feelings about particular beneficiaries.

Distributions from the Trusts may be made to or for the benefit of the beneficiaries in a variety of ways. These would include providing facilities or programmes generally for the benefit of beneficiaries and by programmes involving distributions to beneficiaries. It is important that the availability of any such facilities or programmes is made known to beneficiaries so that beneficiaries have the opportunity both to take advantage of any facilities or programmes that are generally available for beneficiaries and to apply for any facility or programme that will involve selection among the beneficiaries.

The topic of conflict of interest and duty is relevant to the exercise of the Trustees' discretion to distribute trust property. This is discussed below.

Process of Decision Making

Unlike the law applicable to corporations, trust law does not specify a procedure for trustees to make decisions. Also, trust documents – like the Deeds applicable to the Trusts – do not typically provide detailed guidance for such decision making.

The following should be noted:

- Both Trust Deeds provide for decisions being made by a majority of Trustees. In the case of the 1985 Trust, paragraph 13 of the Deed states that a "majority of fifty percent" of the Trustees shall be required for any decision or action taken on behalf of the Trust. This should be interpreted to require a simple majority which is clear when there is an odd number of Trustees, and when there is an even number it should be interpreted as a simple majority. In the case of the 1986 Trust, paragraph 13 of the deed provides as follows:

"Any decision of the Trustees may be made by a majority of the Trustees holding office as such at the time of such decision and no dissenting or abstaining Trustee who acts in good faith shall be personally liable for any loss or claim whatsoever arising out of any acts or omissions which result from the exercise of any such discretion or power, regardless whether such Trustee assists in the implementation of the decision."

Although, as described above, both Trust Deeds provide that the Trustees' decisions may be made by a majority, this does not mean that decisions can properly be made with the involvement of only a majority. In general, all Trustees must take part in the decision-making process, even though ultimately the decision may be made by a majority.

- Although trustees are not required to make decisions by any particular procedure, it is important that they do have a procedure that enables decisions to be made effectively.

Delegation

In general, trustees cannot delegate to others the exercise of their discretionary powers. They can, however, seek professional advice and they can appoint agents to implement their decisions. In fact, when trustees do not have the expertise needed for the making of a particular decision, they should obtain such advice.

Paragraph 8(c) of both Trust Deeds provides for the employment of professional advisors and agents as follows by confirming power,

"to employ professional advisors and agents and to retain and act upon the advice given by such professionals and to pay such professionals such fees or other remuneration as the Trustees in their uncontrolled discretion from time to time deem appropriate (and this provision shall apply to the payments of professional fees to any Trustee who renders professional services to the Trustees)."

The Trustees must exercise care in the appointment of professional advisors and agents and in monitoring their work appropriately.

Duty of Care

In general, in administering a trust and its property, trustees are required to exercise the care, skill and diligence of an ordinary prudent person. Two aspects of this should be noted, as follows.

Control of Corporations

Where trustees hold sufficient shares of a corporation to enable them to control that corporation, their fundamental obligation is to exercise that control for the benefit of the trust, and in doing so they must act in accordance with the standard of care referred to above. Ordinarily, this requires that:

- (1) the trustees obtain appropriate representation on the board of directors and, typically, this will have the result that one or more of the trustees will be directors;
- (2) the trustees should obtain and review appropriate information about the corporation's affairs; and
- (3) the trustees must exercise their powers as shareholders in order to fully protect the interests of the trust.

The principal assets of the Trusts are the shares in and debt owed by Sawridge Holdings Ltd. and 352736 Alberta Ltd. and their various subsidiaries (the "Sawridge Corporations"). Until the re-organization carried out in 2006, the same persons acted as Trustees of the Trusts and as directors of Sawridge Corporations. Since then, the Trustees have elected qualified persons whom they consider suitable to act as directors, and none of the Trustees has sat on the boards of Sawridge Corporations. In the circumstances of the Trusts and the Sawridge Corporations, this arrangement was considered to be the best method of dealing with the Sawridge Corporations. There are two inter-related aspects to this arrangement. The first is that the Trustees will not individually interfere in the respective roles of the directors and of management of the corporations. The second is that the Trustees have sufficient information about the conduct of the Sawridge Corporations so that they can properly monitor the activities of the corporations and be able to make informed decisions about: their concerns and what should be communicated by the Trustees' Chair to the Chair of the Boards of Directors; the election of the boards of directors; and when it might be necessary – in unusual circumstances – to take a position by communication on a Chair-to-Chair basis regarding the management of the corporations. The following principles are applicable in this context:

- (1) The Trustees shall be routinely provided with the same information as is provided by management to directors.
- (2) The Trustees shall be routinely and promptly provided with the material received by directors at directors' meetings, including agenda and minutes of meetings.
- (3) Generally, the directors will supply any other information requested by the Trustees' Chair as collectively required by the Trustees.

- (4) In order that the board of directors will not have concerns about providing confidential information, the Trustees receiving confidential information must respect the confidentiality of the information.
- (5) Communication between the Trustees and the directors will occur through the Trustees' positions being expressed collectively and through the Trustees' Chair. However, individual communications may occur at meetings of the Trustees as shareholders of the corporation, including at annual shareholder meetings.
- (6) Trustees should not interfere with management. If any Trustee has any concern relating to management, that concern should be brought to the attention of the other Trustees, and if considered by the other Trustees to be sufficiently material the Trustees' concern can then be communicated through the Trustees' Chair to the directors.

Investment

Paragraph 7 of both Trust Deeds gives the Trustees power to invest the Trust Fund in any investments authorized for trustees' investments by the Alberta *Trustee Act*, but the Trustees are not restricted to such investments and they may invest in any investment which they in their discretion think fit.

In dealing with investments, trustees are required to act in accordance with the standard of care described above. The Trusts were established in order to hold the Sawridge Corporations and the businesses carried on by them, and the exercise of the Trustees' investment responsibilities can properly be considered in light of this. However, it is also important for the Trustees to have regard to the principles generally applied, which are as follows:

- Trustees should, in selecting investments, perform an assessment of proposed investments, evaluating both the safety of the capital invested and the potential return from the investment. An assessment of risk, both of achieving the potential return and risk to the safety of the capital investment, should be considered.
- Ordinarily, trustees should diversify the investments of the trust, having regard to the requirements of the particular trust.
- The investment portfolio of the trust should be reviewed periodically as well as when unusual changes affecting the portfolio occur.
- Trustees may obtain expert professional advice on evaluating and selecting investments. Trustees may delegate authority to an agent with respect to the investments, so long as the trustees exercise appropriate care in the selection of the agent; the authority of the agent is clearly and appropriately restricted; and the performance of the agent is appropriately monitored.

Duty to Keep and Render Accounts and to Provide other Information

Under the general law of trusts, trustees have an obligation to maintain proper accounts dealing with the income and capital of the trust and, on request, to provide the accounts for the inspection of beneficiaries. Paragraph 10 of both Trust Deeds provides as follows:

"The Trustees shall keep accounts in an acceptable manner of all receipts, disbursements, investments, and other transactions in the administration of the Trust."

In addition to their right to inspect trust accounts, beneficiaries are also entitled to obtain information about the trust and its administration and to inspect trust documents. This includes a right to inspect legal opinions obtained by the trustees in their capacities as trustees. A recent court decision indicates that, at least in some circumstances, beneficiaries do not have an absolute entitlement to obtain trust information and documents but that the court has an overriding ability to control such entitlement. Nevertheless, the Trustees should assume that beneficiaries will, generally, be able to assert a right to obtain trust information and documents.

It is not completely clear to what extent beneficiaries are entitled to information relating to corporations, shares of which are directly or indirectly held in the Trust. It should be assumed that the beneficiaries will be entitled to obtain all information and documents in the possession of the Trustees as trustees or which the Trustees are entitled to obtain as trustees. This will likely include any information or documents relating to any of the Sawridge Corporations, unless the production of such information or documents involves a breach of confidence or otherwise would be improper. Even in this situation, court controlled production of information or documents may permit disclosure to be made in a controlled manner. As was stated in the recent case referred to above:

"Especially when there are issues as to personal or commercial confidentiality, the court may have to balance the competing interests of different beneficiaries, the trustees themselves and third parties. Disclosure may have to be limited and safeguards may have to be put in place."

It is the orthodox position that trustees cannot be required to provide beneficiaries with the reasons for their exercise of discretionary powers and, similarly, that documents expressing such reasons can be withheld. However, the Trustees should not rely on this orthodox position and should assume that their reasons for decisions (and the documents expressing them) will be scrutinized by beneficiaries and, in the event of a dispute, by the court.

The law is unclear as to trustees' obligations to volunteer information about the trust. As stated above, it is suggested that, at least when the Trustees have adopted a programme involving selection among beneficiaries, the availability of the programme should be made known to the beneficiaries.

Duty of Loyalty: Conflict of Interest and Duty

No Statutory Code

Unlike corporate law, trust law provides no statutory code dealing with the fiduciary obligations of trustees or, in particular, with conflict of interest and duty.

General Principles

The overriding obligation of trustees is to act in the best interests of the beneficiaries, and to prefer the interests of the beneficiaries over their personal interests. This is often described as the duty of loyalty. There are two, overlapping, aspects of the duty of loyalty. First, a trustee must not place himself in a position of conflict between his self-interest and his duty. Second, a trustee must not profit from his position as trustee. In general, a trustee who puts himself in a position of conflict is liable to disgorge any of the gains made from so doing and is liable for losses to the trust flowing from the breach of his trustee obligation. These general principles are applied very strictly against trustees. Liability does not depend on proof that the trustee in fact abused his or her position and the liability to disgorge gains does not require proof that the trust suffered any loss. Also, the liability to disgorge gains extends to those obtained indirectly as well as those obtained directly.

Remuneration as Trustees

The general principles dealing with conflict of interest and duty are subject to modification by the terms of a particular trust. Paragraph 9 of each of the Trust Deeds provides for the Trustees to receive reasonable fees for their services as trustees in the administration of the Trusts.

Application of General Principles

Clear examples of conflict occur if:

- a trustee makes use of trust property for his personal benefit;
- a trustee sells her own property to the trust;
- a trustee purchases property from the trust;
- a trustee establishes for herself personally a business competing directly with an established business of the trust; and
- a trustee takes advantage of a "maturing business opportunity" of the trust. For example, if trustees were negotiating to obtain some business opportunity for the trust, it would be improper for a trustee to obtain such business opportunity for himself or herself.

It is not clear whether a trustee may obtain for himself a business opportunity obtained otherwise than through his position as trustee in the circumstances that the business opportunity is of a type that the trust has adopted a policy of attempting to obtain.

It is not clear to what extent and in what circumstances the conflict principles apply where a benefit is obtained by the spouse or other close relative of the trustee. However, the Trustees should assume that the conflict principle will be applied in respect of any benefit that may be obtained indirectly by the Trustee, including where the benefit is obtained by the spouse or close relative.

Application of Principles Where Trustees are Also Beneficiaries

The application of the general principles discussed above gives rise to some difficulty when the same persons are both trustees and beneficiaries since a conflict will often be inevitable in such circumstances. Some conflict is inherent in the two Trusts. In particular, the 1985 Trust requires that at least two Trustees be beneficiaries. Also, although it would be possible to have three Trustees of the 1986 Trust who are non-beneficiaries, for tax reasons it is preferable to have the same Trustees of the two Trusts.

As stated above, both of the Trusts give the Trustees a wide discretion to distribute income or capital of the respective Trusts to one or more of the beneficiaries. Obviously, the Trustees may be in a position of conflict – one created by the Trust arrangements and not one they have put themselves into – in exercising their discretion in a way that might benefit themselves as beneficiaries. This conflict is not acute if the policy is adopted of making distributions from the Trusts that are of general benefit for the beneficiaries, for example, if a distribution of a particular amount was distributed to each and every beneficiary or if funds were expended in creating facilities or programs available for the general benefit of beneficiaries. However, the conflict may be problematic if a policy is adopted involving the exercise of discretion to make distributions – either by way of grant or by way of loan – to particular beneficiaries. There is an obvious danger that the Trustees could be accused of acting improperly if their powers are used to benefit one or more of their own number, particularly if applications for assistance are denied to other beneficiaries.

There are two possible ways in which the inherent conflict in which the Trustees may find themselves can be managed. They are as follows:

- (1) One possibility would be for Trustees (and perhaps others closely connected to them, such as spouse and other close relations) to be excluded from benefit from any programs that involve choice among beneficiaries. However, this appears to be unfair to persons who choose to take on the responsibility of being trustees and may be an inappropriate disincentive. It must be remembered in this context that the terms of the trust instrument clearly contemplate that not only may the same person be both a trustee and a beneficiary but, particularly in the case of the 1985 Trust, it is required that some trustees must be beneficiaries.
- (2) Another possibility is to permit trustees to benefit from programmes of the sort under consideration but to manage the conflict arising from that by the use of arrangements such as the typical provisions applicable to corporations. For example, section 120 of the *Canada Business Corporations Act* contains a scheme applicable to directors under which directors are required to disclose their interests when they have a personal interest in a matter involving the corporation and they are then excluded from voting on any resolution of the board of directors relating to such matter.

The second alternative is not perfect since trust law does not contain any provision or other rule absolving a trustee from responsibility with regard to a decision affecting a matter in the circumstances described in the second alternative. Nevertheless, in the special circumstances of

the Sawridge Trusts this is the better of the two alternatives and should provide the most appropriate method of minimizing the conflict to the extent reasonably possible.

Dealing with Conflict

Certain preliminary points should be emphasized. First, although a "working definition" of a conflict will be set out below, and although there are situations in which it is clear that there will be an improper conflict, there will be many other situations in which it will not be possible to determine with certainty whether it would be considered there was an improper conflict. Second, the relevant principles of trust law are typically applied strictly against trustees. Therefore, when in doubt the safe course is for trustees to avoid acting in a way that could be characterized as putting themselves into a position of conflict. This presumption in favour of caution is particularly applicable to the Trustees as the Trustees must be particularly careful not to attract the criticism that they may be improperly taking advantage of their position as Trustees to benefit themselves.

In order to deal with the management of conflicts, the following is a useful "working definition" of a conflict:

There will be a conflict whenever a Trustee may obtain some benefit, directly or indirectly, from his or her position as Trustee or when the Trustee is in a position in which his or her decision-making as Trustee may potentially be influenced, directly or indirectly, by his or her personal interests. It will be assumed that a Trustee may obtain such a benefit if the benefit is obtained, not only by the Trustee, but also by the spouse, parent, sibling or child of the Trustee. Similarly, it will be assumed that a Trustee may be influenced if, not only the Trustee, but also the spouse, parent, sibling or child of the Trustee may be affected by the decision.

Not every conflict literally falling within this definition is necessarily problematic. Where a decision of the Trustees will benefit a group of beneficiaries that may include some or all of the Trustees who are themselves beneficiaries, or other beneficiaries related to them, as long as there is no ulterior purpose of conferring advantages on Trustees or their relatives under the guise of a scheme purportedly for the benefit of a broader category of beneficiaries, the fact that Trustees or their relatives may incidentally benefit should not preclude the Trustees from making such a decision. As previously noted, the terms of the Trusts require some Trustees to be beneficiaries, so that it cannot have been the intention that decisions of the Trustees be disinterested in the sense of there being no possible interest of any Trustee in the administration of the Trusts.

SCHEDULE B1**THE SAWRIDGE BAND INTER VIVOS SETTLEMENT****Resolution of Trustees: Process of Decision-Making****WHEREAS:**

- (1) The Sawridge Band Inter Vivos Settlement (the "Trust") was settled by Chief Walter P. Twinn on April 15, 1985.
- (2) The undersigned, Bertha L'Hirondelle, Walter Felix Twinn, Roland Twinn, Catherine Twinn and Clara Midbo, are the present Trustees of the Trust.
- (3) Paragraph 13 of the Deed applying to the Trust provides that any decision of the Trustees may be made by a majority of 50% of the Trustees.
- (4) The Trustees, subject to the provisions of the Trust, wish to regulate the manner of making decisions by them as Trustees.

NOW THEREFORE BE IT RESOLVED THAT:**1. Chair of Trustee Meetings**

- (a) Ronald Ewoniak shall be invited to attend meetings of the Trustees and shall act as chair (the "Chair") of such meetings, provided that the Trustees may terminate such arrangement on reasonable notice to Ronald Ewoniak and shall from time to time appoint one of the Trustees or some other person to act as Chair.

2. Meetings of Trustees

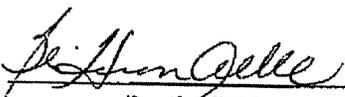
- (a) Subject to paragraph 3 below, all decisions of the Trustees shall be made at meetings of the Trustees.
- (b) The Trustees shall meet at least once every quarter.
- (c) The Chair shall be responsible for calling the regularly scheduled quarterly meetings of the Trustees and additional meetings which may be called by the Chair on 48 hours' notice to the Trustees.
- (d) Meetings in addition to the regularly scheduled meetings may be called by the Chair or any Trustee on 48 hours' notice to the Chair (if not calling the meeting) and to the other Trustees.
- (e) Notice may be given in writing, by e-mail, fax or telephone or in person.
- (f) Any person may participate in a meeting by means of telephone, electronic or other communication facility as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously.

- (g) A majority of the Trustees shall constitute a quorum of Trustees.
- (h) A reasonable time before each meeting, the Chair shall circulate to all Trustees an agenda to which shall be attached all relevant documents for consideration by the Trustees at the meeting.
- (i) The Trustees present at a meeting shall appoint one of the Trustees or some other person to act as the secretary of the meeting and to record the minutes of the meeting, including decisions of the Trustees.

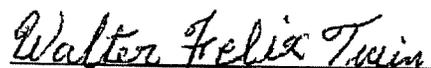
3. Resolutions of Trustees

A decision of the Trustees may be also made by a resolution in writing signed by all of the Trustees.

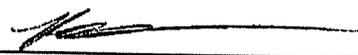
DATED this 12th day of January, 2009.



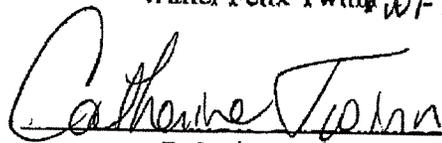
 Bertha L'Hirondelle



 Walter Felix Twinn WFT



 Roland Twinn



 Catherine Twinn



 Clara Midbo

SCHEDULE B2**THE SAWRIDGE TRUST****Resolution of Trustees: Process of Decision-Making****WHEREAS:**

- (1) The Sawridge Trust (the "Trust") was settled by Chief Walter P. Twinn on August 15, 1986.
- (2) The undersigned, Bertha L'Hirondelle, Walter Felix Twinn, Roland Twinn, Catherine Twinn and Clara Midbo, are the present Trustees of the Trust.
- (3) Paragraph 13 of the Deed applying to the Trust provides that any decision of the Trustees may be made by a majority of the Trustees holding office as such at the time of such decision and no dissenting or abstaining Trustee who acts in good faith shall be personally liable for any loss or claims whatsoever arising out of any acts or omissions which result from the exercise of any such discretion or power, regardless whether such Trustee assists in the implementation of the decision.
- (4) The Trustees, subject to the provisions of the Trust, wish to regulate the manner of making decisions by them as Trustees.

NOW THEREFORE BE IT RESOLVED THAT:

1. **Chair of Trustee Meetings**
 - (a) Ronald Ewoniak shall be invited to attend meetings of the Trustees and shall act as chair (the "Chair") of such meetings, provided that the Trustees may terminate such arrangement on reasonable notice to Ronald Ewoniak and shall from time to time appoint one of the Trustees or some other person to act as Chair.
2. **Meetings of Trustees**
 - (a) Subject to paragraph 3 below, all decisions of the Trustees shall be made at meetings of the Trustees.
 - (b) The Trustees shall meet at least once every quarter.
 - (c) The Chair shall be responsible for calling the regularly scheduled quarterly meetings of the Trustees and additional meetings which may be called by the Chair on 48 hours' notice to the Trustees.
 - (d) Meetings in addition to the regularly scheduled meetings may be called by the Chair or any Trustee on 48 hours' notice to the Chair (if not calling the meeting) and to the other Trustees.
 - (e) Notice may be given in writing, by e-mail, fax or telephone or in person.

- (f) Any person may participate in a meeting by means of telephone, electronic or other communication facility as permits all persons participating in the meeting to communicate with each other simultaneously and instantaneously.
- (g) A majority of the Trustees shall constitute a quorum of Trustees.
- (h) A reasonable time before each meeting, the Chair shall circulate to all Trustees an agenda to which shall be attached all relevant documents for consideration by the Trustees at the meeting.
- (i) The Trustees present at a meeting shall appoint one of the Trustees or some other person to act as the secretary of the meeting and to record the minutes of the meeting, including decisions of the Trustees.

3. Resolutions of Trustees

A decision of the Trustees may be also made by a resolution in writing signed by all of the Trustees.

DATED this 12th day of January

CT-14
2008
WFT
CLP

Bertha L'Hirondelle
Bertha L'Hirondelle

Walter Felix Twinn
Walter Felix Twinn WFT

Roland Twinn
Roland Twinn

Catherine Twinn
Catherine Twinn

Clara Midbo
Clara Midbo

**Paul Bujold –
Answers to
Undertakings –
UT #22**

Paul Bujold

From: Heather Poitras [Heather.Poitras@inac-ainc.gc.ca]
Sent: March-08-11 4:05 PM
To: Paul Bujold
Subject: RE: FW: Birth Certificates

Thanks - she is registered under me with Sawridge already. I will work with her on the form.

Sincerely,
 Heather

>>> Paul Bujold <Paul@sawridgetrusts.ca> 3/8/2011 10:18 AM >>>
 Heather,

I have updated your address. Your daughter could apply but, as indicated in my letter of 7 January 2011, she would also have to make application to Indian Affairs for status and to the Band for Band Membership. I have attached the application form for your daughter, if she wants to fill it in and return it.

Thanks
 Paul Bujold
 Trusts Administrator
 Sawridge Trusts
 Office (780) 988-7723

-----Original Message-----

From: Heather Poitras [<mailto:Heather.Poitras@inac-ainc.gc.ca>]
Sent: March-01-11 9:42 AM
To: Paul Bujold
Subject: RE: FW: Birth Certificates

Can you please update my home address, I moved at the end of November

-
 Heather Poitras, 136 Woodborough Way, Edmonton AB T5Y 1N2.

My oldest daughter is now 18 years old, can she also apply for this as well? She is registered under me - Sawridge.

Sincerely,
 Heather

>>> Paul Bujold <Paul@sawridgetrusts.ca> 11/10/2010 9:33 AM >>>

No news yet. Could be a while since the Trustees have to ask the Court to appoint someone to review the applications.

Paul Bujold
 Trusts Administrator
 Sawridge Trusts
 Office (780) 988-7723

-----Original Message-----

From: Heather Poitras [<mailto:Heather.Poitras@inac-ainc.gc.ca>]
Sent: November-04-10 9:52 AM
To: Paul Bujold
Subject: RE: FW: Birth Certificates

Any news on us being to getting any money?

22-Heather Poitras to Paul Bujold, Application Information, 110308.pdf

Sincerely,
Heather

>>> Paul Bujold <Paul@sawridgetrusts.ca> 5/19/2010 2:04 PM >>>
Heather,
Here is the form.

Paul Bujold
Trusts Administrator
Sawridge Trusts
Office (780) 988-7723

-----Original Message-----

From: Heather Poitras [<mailto:Heather.Poitras@inac-ainc.gc.ca>]
Sent: May-19-10 2:00 PM
To: Paul Bujold
Cc: liz_poitras@hotmail.com
Subject: Fwd: FW: Birth Certificates

Dear Paul,

I am writing to request a copy of the application form.

Thanks,
Heather Poitras

>>> liz poitras <liz_poitras@hotmail.com> 5/18/2010 8:27 PM >>>

If you want to apply. contact Paul for for an application form.

liz

From: Paul@sawridgetrusts.ca
To: liz_poitras@hotmail.com
Date: Mon, 17 May 2010 15:24:12 -0600
Subject: Birth Certificates

Liz,
When the receipts were dropped off at the office, someone left birth certificates for Heather Jacqueline Poitras and Bruce Patrick Kendal Poitras but no application forms. Are the application forms coming later?
Thanks
Paul Bujold
Trusts Administrator
Sawridge Trusts

Notice of Confidentiality:

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**Paul Bujold –
Answers to
Undertakings –
UT #24**

RECEIVED MAR 01 2010 By Fsc

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		Cormican		—		Belcourt	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		222 7401 poplar Drive		Grande Prairie AB		T8V-5M7 Canada	
		Ap/P.O. Box Street Address		Town Prov		Postal Code Country	
DATE OF BIRTH		25 05 1971		BIRTH CERTIFICATE		1971-08-016535	
		Day Month Year				Number	
PLACE OF BIRTH		Beaverlodge AB		COUNTRY		Canada	
Telephone		780 830 3965		780-882-4051		Cormicanbelcourt@hotmail.com	
		Home Phone Home Fax		Cell Phone Work Phone		Email Address	
STATUS NUMBER		454-00312-01		ARE YOU MARRIED TO A BAND MEMBER?		IF YES, WHEN, WHICH CATEGORY?	
		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		N/A	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY B SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Maternal side of family is eligible to registered	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Kyle Belcourt / Gladys Kersten Belcourt		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		Registered with Indian Registry Stat no. 454-00312-01					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS			
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced	
				<input type="checkbox"/> Widowed		<input type="checkbox"/> Common-Law	
						Other (Specify)	

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

PARENTS INFORMATION											
NAME OF MOTHER <i>Marjorie Belcourt (nee Cardinal)</i>				NAME OF FATHER <i>Gordon Belcourt</i>							
DATE OF BIRTH <i>09 04 1945</i> Day Month Year				DATE OF BIRTH <i>06 01 1944</i> Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>metis</i>							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER? <i>4S4 0029901</i>		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS <i>Box 583, Hwy. AB 704-200</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS <i>Box 583, Hwy. AB 704-200</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH							
Day Month Year				Day Month Year							
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER <i>Elisabeth Lovie</i>				NAME OF MATERNAL GRANDFATHER <i>George Cardinal</i>							
DATE OF BIRTH <i>22 03 1926</i> Day Month Year				DATE OF BIRTH <i>05 06 1921</i> Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>She would have been eligible, Deceased</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Bigstone Cree nation</i>							
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER <i>Adelaide Belcourt</i>				NAME OF PATERNAL GRANDFATHER <i>Clarence Belcourt</i>							
DATE OF BIRTH <i>20 2 1921</i> Day Month Year				DATE OF BIRTH <i>31 01 1921</i> Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE <i>Car Belcourt</i>						DATE <i>Feb 24/10</i>					
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW



Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



Certified extract from
Registration of Birth filed in
Edmonton, Alberta, Canada
Extrait certifié des données
de l'enregistrement
de naissance,
Edmonton, Alberta, Canada

L. Beveridge
Laura Beveridge
Director of Vital Statistics

CCO 2413 (9/20/01)

Surname
Nom **Beicourt**

Given Names
Prénoms **Conway**

Date of Birth
Date de naissance **May 25, 1971**

Place of Birth
Lieu de naissance **Beaverlodge**

Registration No.
N° d'enregistrement **1971-08-016535**

Registration Date
Date d'enregistrement **Jul 07, 1971**

Name of Mother
Nom de la mère **Cardinal, Marjorie**

Place of Birth
Lieu de naissance **Alberta**

Name of Father
Nom de père **Beicourt, Gordon**

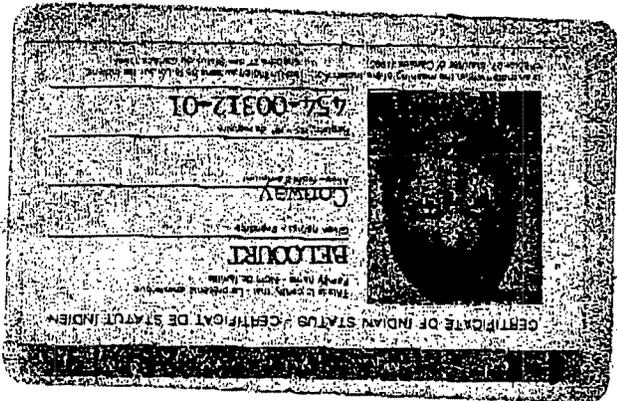
Place of Birth
Lieu de naissance **Alberta**

Sex
Sexe **M**

Date Issued
Délivré le **Feb 02, 2010**



A 8 0 0 2 7 5 7 1 7



BIRTH
CERTIFICATE
CERTIFICAT
DE NAISSANCE



CANADA

IMPORTANT SECURITY INFORMATION

This certificate is a valuable recognition identity document. Theft or loss of this document could lead to identity theft or financial loss. This document:

- contains numerous security features for your protection;
- is invalid if altered or tampered with;
- should be stored in a secure place and carried only when absolutely necessary.

This certificate has been issued under authority of the Vital Statistics Act. Use of this certificate is subject to the conditions of the Act. The certificate may be recalled, cancelled or invalidated in accordance with the Act.

RENSEIGNEMENTS IMPORTANTS SUR LA SÉCURITÉ

Ce certificat est un document d'identité de base très important. Le vol ou la perte de ce document peut entraîner une usurpation d'identité ou des pertes financières.

Ce document :

- comporte de nombreuses dispositions de sécurité pour votre protection;
- devient nul et n'est valide qu'en l'état;
- doit être gardé dans un endroit sûr et ne le porter que si cela est absolument nécessaire.

Ce certificat a été délivré en vertu de la Loi sur les statistiques de l'état civil et son utilisation est régie par les conditions de cette Loi. Il peut être révoqué, annulé ou invalidé conformément à la Loi.

Date of Birth / Date de naissance		MAY 25/74	
Sex / Sexe		Male	
Height / Taille		160 cm	
Weight / Poids		150 lb	
Hair / Cheveux		Brown	
Signature / Signature		<i>[Signature]</i>	
Date of Issue / Date de délivrance		MAY 1/97	

BENEFICIARY APPLICATION FORM																						
PERSONAL INFORMATION																						
NAME		Sheena			Lee			Cardinal														
		First Name(s)			Middle Name(s)			Last Name(s)														
MAILING ADDRESS		9601 69 Ave Grand Prairie AB T8V 5E3			Canada																	
		Apt/P.O. Box			Street Address			Town		Prov	Postal Code	Country										
DATE OF BIRTH		14 07 1986			BIRTH CERTIFICATE ¹			Number														
		Day			Month			Year														
PLACE OF BIRTH		Dawson Creek			COUNTRY																	
Telephone		780-357-1903			Home Phone			Home Fax			Cell Phone	Work Phone	mama_bean@live.ca									
		Home Phone			Home Fax			Cell Phone			Work Phone			Email Address								
STATUS NUMBER		454 00297 02			ARE YOU MARRIED TO A BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, - BAND NUMBER?			DID YOU ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.																						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, PROVIDE DETAILS			Maternal side of family is Eligible														
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Robin Hunter Auger			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.																	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		Not Registered (pending) Registered with in progress Indian Status No. 45400297-02																				
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		Family History Connected to Sawridge as Indian Band on Maternal side.																				
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, PROVIDE DETAILS																	
MARITAL STATUS (check one)		Married	Single	Divorced	Widowed	Common-Law	Other (Specify)															
						<input checked="" type="checkbox"/>																

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

CANADA

BRITISH COLUMBIA

MINISTRY OF HEALTH AND MINISTRY RESPONSIBLE FOR SENIORS
Division of Vital Statistics

This is to certify that the following is an extract from the registration on file in the Division of Vital Statistics,
Victoria, British Columbia, concerning the birth of

Name SHEENA LEE CARDINA

Date of Birth JULY 14, 1986

Place of Birth DAWSON CREEK

Date of Registration JULY 28, 1986

Name of Father DALE BERNARD CARDINA

Birthplace of Father ALBERTA, CANADA

Maiden Name of Mother DONNA DARLENE RESNER

Birthplace of Mother ALBERTA, CANADA

11354193

Sex FEMALE

Registration No. 1986-59-021053

Given under my hand at Victoria, British Columbia

this 17TH day of MARCH, 1998



Director of Vital Statistics

HLTH 434 (REV 9/1/11)

RECEIVED FEB 1 6 2010

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME		Misty			Lee			Dakken		
		First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS		# 27 Afton Cres.			ST ALBERT AB		T8N 2P5		Canada	
		Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH		12	02	1979		BIRTH CERTIFICATE		E049059 / 7909002869		
		Day	Month	Year				Number		
PLACE OF BIRTH		Chetwynd B.C.			COUNTRY		Canada.			
Telephone		(780) 458-4819		(780) 993-4819		MistyLee27@hotmail.com				
		Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		/	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		/								
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY B SIGNATORIES?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Paternal Side Of family is Eligible to be registered.						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Phoenix Fayant-Dion Joshua Fayant-Dakken Avery Fayant-Dakken			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		Registration Application is in Ottawa.								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		My whole family is registered and accepted and status. Family history is connected to the Sawridge Indian Band.								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS							
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)			

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

PARENTS INFORMATION															
NAME OF MOTHER			Marian Fayant				NAME OF FATHER			Dale Cardinal					
DATE OF BIRTH			12	08		1959	DATE OF BIRTH								
			Day	Month		Year				Day	Month		Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Reinstated in 1985 was Bill E C-31				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Status.					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		50,000 50,000 77101	IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				
ADDRESS			#48 Hannah Crescent Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country whitehorse Yukon				ADDRESS								
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED - DATE OF DEATH							IF DECEASED - DATE OF DEATH								
			Day	Month		Year				Day	Month		Year		
GRANDPARENTS INFORMATION															
NAME OF MATERNAL GRANDMOTHER			Olive Patrick				NAME OF MATERNAL GRANDFATHER			OSCAR Patrick					
DATE OF BIRTH			04	March		1933	DATE OF BIRTH			11	March		1919		
			Day	Month		Year				Day	Month		Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Status - Now Deceased.				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Non-status - Deceased.					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				
NAME OF PATERNAL GRANDMOTHER			Elizabeth (Loyie) Cardinal				NAME OF PATERNAL GRANDFATHER			George Cardinal					
DATE OF BIRTH			21	03		1926	DATE OF BIRTH			05	June		1921		
			Day	Month		Year				Day	Month		Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}							STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}								
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				
SIGNATURE			C. J. Taylor						DATE			Jan 6, 2010			
			I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		SYDNEY		MIDBO	
		First Name(s)		Middle Name(s)	
MAILING ADDRESS		20 NEWPORT DR.		SHERWOOD PARK AB T8A 5L3 CANADA	
		Apt/P.O. Box		Street Address	
DATE OF BIRTH		26 FEB 2006		BIRTH CERTIFICATE ¹ 2006-08-006161	
		Day		Month	
PLACE OF BIRTH		FORT McMURRAY		COUNTRY CANADA	
Telephone		780-467-6259			
		Home Phone		Home Fax	
		Cell Phone		Work Phone	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		DID YOU ENFRANCHISE?	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
		IF YES, BAND NUMBER?		IF YES, WHEN, WHICH CATEGORY?	
		N/A			
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A			
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS GREAT GRANDFATHER - PAUL NEESOTASIS	
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE. N/A	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		ANCESTRY			
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS THE AUNTS & UNCLAS STILL RESIDE ON THE RESERVE	
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single	
		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	
		<input type="checkbox"/> Common-Law		<input type="checkbox"/> Other (Specify)	

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION											
NAME OF MOTHER <i>DOMBROWSKI, MANON VALERIE</i>				NAME OF FATHER <i>MIDBO, DAVID PAUL</i>							
DATE OF BIRTH Day: <i>APRIL</i> Month: <i>1976</i> Year: <i>1976</i>				DATE OF BIRTH Day: <i>27</i> Month: <i>JANUARY</i> Year: <i>1970</i>							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>NON-NATIVE</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ADDRESS <i>?</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS <i>20 NEWPORT DR. SHERWOOD PARK. AB T8A5L3</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
IF DECEASED - DATE OF DEATH Day: <i>?</i> Month: <i>?</i> Year: <i>?</i>				IF DECEASED - DATE OF DEATH <i>N/A</i> Day: <i>?</i> Month: <i>?</i> Year: <i>?</i>							
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER <i>JANINE MARTEL</i>				NAME OF MATERNAL GRANDFATHER <i>HENRI DOMBROWSKI</i>							
DATE OF BIRTH Day: <i>?</i> Month: <i>?</i> Year: <i>?</i>				DATE OF BIRTH Day: <i>?</i> Month: <i>?</i> Year: <i>?</i>							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>NON-NATIVE</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>NON-NATIVE</i>							
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
NAME OF PATERNAL GRANDMOTHER <i>CLARA MIDBO</i>				NAME OF PATERNAL GRANDFATHER <i>GORDON MIDBO</i>							
DATE OF BIRTH Day: <i>30</i> Month: <i>Oct.</i> Year: <i>1946</i>				DATE OF BIRTH Day: <i>11</i> Month: <i>June</i> Year: <i>1943</i>							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>STATUS</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>NON STATUS?</i>							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		<i>MARRIED OUT.</i>		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
SIGNATURE I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.								DATE			

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

BIRTH/NAISSANCE

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



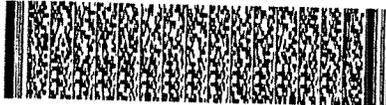
Certified extract from
Registration of Birth filed at
Edmonton, Alberta, Canada.

Extrait certifié conforme
de l'enregistrement
de naissance,
Edmonton, Alberta, Canada.

L. Beveridge
Laurie Beveridge
Director of Vital Statistics

REG 3413 (2008/01)

Surname Nom	Midbo		
Given Names Prénoms	Sydney		
Date of Birth Date de naissance	Feb 26, 2006	Sex Sexe	F
Place of Birth Lieu de naissance	Fort McMurray		
Registration No. N° d'enregistrement	2006-08-006161		
Registration Date Date d'enregistrement	Mar 10, 2006	Date Issued Délivré le	Apr 09, 2010
Name of Mother Nom de la mère	Dombrowski, Manon Valerie		
Place of Birth Lieu de naissance	Quebec		
Name of Father Nom de père	Midbo, David Paul		
Place of Birth Lieu de naissance	Alberta		



A B 0 0 2 9 9 6 8 4

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME										
CASEY			ELIJAH				MIDBO			
First Name(s)			Middle Name(s)				Last Name(s)			
MAILING ADDRESS										
Apt/P.O. Box		20 NEWPORT DR.			SHERWOOD PARK		AB.	T8A 5L3		CANADA
Street Address		Town			Prov	Postal Code		Country		
DATE OF BIRTH										
21			AUG		2003		BIRTH CERTIFICATE ¹			
Day		Month		Year		2003-08-024210				
PLACE OF BIRTH						COUNTRY				
FORT McMURRAY						CANADA				
Telephone										
780-467-6258										
Home Phone		Home Fax		Cell Phone		Work Phone		Email Address		
STATUS NUMBER										
		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?			DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			N/A							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	GREAT GRANDFATHER - PAUL NESSOTASIS						
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}										
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?										
ANCESTRY										
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	AUNTS + UNCLAS STILL RESIDE ON THE RESERVE - LIVED ON THE						
MARITAL STATUS (check one)										
Married	<input checked="" type="checkbox"/> Single	Divorced	Widowed	Common-Law	Other (Specify)					

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION													
NAME OF MOTHER			DOMBROWSKI, MANON VALERIE				NAME OF FATHER			MIDBO, DAVID PAUL			
DATE OF BIRTH			APRIL 1976				DATE OF BIRTH			27 JANUARY 1970			
			Day	Month		Year				Day	Month		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON-NATIVE				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS			?				ADDRESS			20 NEWPORT DR. SHERWOOD PARK. AB T8A5L3 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH							IF DECEASED - DATE OF DEATH			N/A			
			Day	Month		Year				Day	Month		Year
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER			JANINE MARTEL				NAME OF MATERNAL GRANDFATHER			HENRI DOMBROWSKI			
DATE OF BIRTH							DATE OF BIRTH						
			Day	Month		Year				Day	Month		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON NATIVE				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON NATIVE			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER			CLARA MIDBO				NAME OF PATERNAL GRANDFATHER			GORDON MIDBO			
DATE OF BIRTH			30 Oct. 1946				DATE OF BIRTH			11 June 1943			
			Day	Month		Year				Day	Month		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			STATUS				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON STATUS?			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		MARRIED OUT.	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE									DATE				
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.													

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

BIRTH/NAISSANCE

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



L. Beveridge
Laurie Beveridge
Director of Vital Statistics

REG 2413 (200801)

Surname
Nom **Midbo**

Given Names
Prénoms **Casey Elijah**

Date of Birth
Date de naissance **Aug 03, 2003** Sex
Sexe **M**

Place of Birth
Lieu de naissance **Fort McMurray**

Registration No.
N^o d'enregistrement **2003-08-024210**

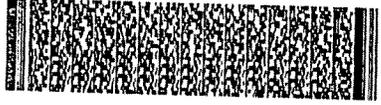
Registration Date
Date d'enregistrement **Aug 21, 2003** Date Issued
Délivré le **Apr 09, 2010**

Name of Mother
Nom de la mère **Dombrowski, Manon Valerie**

Place of Birth
Lieu de naissance **Quebec**

Name of Father
Nom de père **Midbo, David Paul**

Place of Birth
Lieu de naissance **Alberta**



BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME		ETHAN			ROY			MIDD			
		First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS		20 NEWPORT DR.			SHERWOOD PARK		AB.	T8A 5L3		CANADA	
		Apt/P.O. Box	Street Address			Town		Prov	Postal Code		Country
DATE OF BIRTH		08	Aug.		2004		BIRTH CERTIFICATE ¹		2004-08-25628		
		Day	Month		Year				Number		
PLACE OF BIRTH		Fort McMurray				COUNTRY		CANADA			
Telephone		780-467-6259									
		Home Phone		Home Fax		Cell Phone		Work Phone		Email Address	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS								
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}											
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?											
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Ancestors and current relatives still live on Reserve						
MARITAL STATUS (check one)		<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law		<input type="checkbox"/> Other (Specify)			

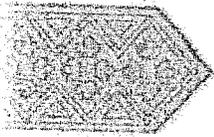
BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION													
NAME OF MOTHER			DDMBROWSKI, MANON VALERIE				NAME OF FATHER			MIDBO, DAVID PAUL			
DATE OF BIRTH			4	APRIL		1976	DATE OF BIRTH			27	JANUARY		1970
			Day	Month		Year				Day	Month		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}							STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			STATUS ?			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS			?				ADDRESS			20 NEWPORT DR. SHERWOOD PARK. AB T8A5L3			
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH						IF DECEASED - DATE OF DEATH						N/A	
			Day	Month		Year				Day	Month		Year
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER			JANINE MARTEL				NAME OF MATERNAL GRANDFATHER			HENRI DOMBROWSKI			
DATE OF BIRTH			?				DATE OF BIRTH			?			
			Day	Month		Year				Day	Month		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}							STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER			CLARA MIDBO				NAME OF PATERNAL GRANDFATHER			GORDON MIDBO			
DATE OF BIRTH			30	Oct.		1946	DATE OF BIRTH			11	June		1943
			Day	Month		Year				Day	Month		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			STATUS				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON STATUS ?			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
			MARRIED OUT.										
SIGNATURE			I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							DATE			

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts



Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



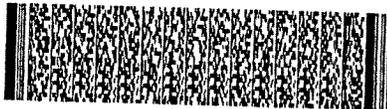
Certified extract from
Registration of Birth filed at
Edmonton, Alberta, Canada.

Extrait certifié conforme
de l'enregistrement
de naissance,
Edmonton, Alberta, Canada.

L. Beveridge
Laurie Beveridge
Director of Vital Statistics

REG 3413 (2008.01)

Sumame Nom	Midbo		
Given Names Prénoms	Ethan Roy		
Date of Birth Date de naissance	Aug 08, 2004	Sex Sexe	M
Place of Birth Lieu de naissance	Fort McMurray		
Registration No. N° d'enregistrement	2004-08-025628		
Registration Date Date d'enregistrement	Sep 02, 2004	Date issued Délivré le	Jan 19, 2010
Name of Mother Nom de la mère	Dombrowski, Manon Valerie		
Place of Birth Lieu de naissance	Quebec		
Name of Father Nom de père	Midbo, David Paul		
Place of Birth Lieu de naissance	Alberta		



A B 0 0 2 7 0 1 9 4

ENTERED APR 23 2010

RECEIVED APR 23 2010
85

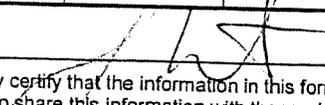
BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		JAMIE		GAIL		HUNT (MAIDEN/O'CONNELL)			
		First Name(s)		Middle Name(s)		Last Name(s)			
MAILING ADDRESS		522 MCKENZIE COURT		NORTH BAY		ONT	PIB 9M5	CANADA	
		Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH		08	05	1978		BIRTH CERTIFICATE ¹		1978-08-011607	
		Day	Month	Year				Number	
PLACE OF BIRTH		EDMONTON, ALBERTA				COUNTRY		CANADA	
Telephone		(705) 474-6423		(705) 492-1455					
		Home Phone		Home Fax		Cell Phone		Work Phone	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	
								<input type="checkbox"/> YES	<input type="checkbox"/> NO
								IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		YES, THROUGH MY GREAT GREAT GRANDPARENTS JOSEPHINE CARDINAL + LEON WARD AND THROUGH MY GRANDMOTHER ROSINA LINDBERG			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		KATE KONA HUNT		KENNEDY KODA HUNT		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		NON STATUS							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		BIRTHRIGHT							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		MY GREAT GRANDMOTHER, ELIZABETH MABLE WARD LIVED WITH HER PARENTS JOSEPHINE CARDINAL + LEON WARD			
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)		

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION							
NAME OF MOTHER GAIL O'CONNELL			NAME OF FATHER DANIEL O'CONNELL (ADOPTIVE FATHER)				
DATE OF BIRTH 11 02 1957 <small>Day Month Year</small>			DATE OF BIRTH 30 07 1954 <small>Day Month Year</small>				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} STATUS INDIAN/BILL C31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} NON INDIAN				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER? 454 004 1101 SHE APPLIED FOR MEMBERSHIP IN 2004 BUT HAS RECEIVED NO RESPONSE		IS YOUR FATHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS 3 DODGE AVE, RED DEER, AB CANADA T4R 3H6 <small>Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country</small>			ADDRESS 46 DIAMOND ST CLOSE RED DEER, AB, CANADA T4R 2B4 <small>Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country</small>				
IF DECEASED - DATE OF DEATH			BIOLOGICAL FATHER: JAMES EDWARD McKERCKE D.O.B. DEC 23, 1954 @ FORT McMURRAY, AB. CANADA JAMES MAY HAVE INDIAN STATUS				
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER ROSINA LINDBERG			NAME OF MATERNAL GRANDFATHER RON LINDBERG				
DATE OF BIRTH 20 10 1935 <small>Day Month Year</small>			DATE OF BIRTH 14 12 1929 <small>Day Month Year</small>				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} NON INDIAN				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY? THROUGH MARRIAGE BUT REGAINED STATUS THROUGH BILL C31		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER (ADOPTIVE) THELMA ANDERSON			NAME OF PATERNAL GRANDFATHER (ADOPTIVE) DANIEL O'CONNELL SR.				
DATE OF BIRTH 16 06 1920 <small>Day Month Year</small>			DATE OF BIRTH 17 04 1923 <small>Day Month Year</small>				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} NON - INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} NON INDIAN				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE 			I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.			DATE Apr. 5/10	

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
MAIL APPLICATION AND DOCUMENTS TO:
 Sawridge Trusts
 801, 4445 Calgary Trail NW
 Edmonton, AB T6H 5R7

Alberta CANADA

SEEDLING SAFE
DATE BIRTH

NAME: O'CONNELL, JAMIE GAIL DIVISION OF VITAL STATISTICS

DATE OF BIRTH: MAY 08, 1978 REGISTRATION No: 1978-08-011607

PLACE OF BIRTH: EDMONTON

REGISTRATION DATE: MAY 12, 1978 SEX: F DATE ISSUED: NOV 17, 1989

CERTIFIED EXTRACT FROM REGISTRATION OF BIRTH
ISSUED AT EDMONTON, ALBERTA, CANADA. 446294 *Bill Gilroy*
DIRECTOR

B0645886

VOID IF ALTERED OR LAMINATED

BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION												
NAME	MICHELLE			ELIZABETH			PAQUETTE					
	First Name(s)			Middle Name(s)			Last Name(s)					
MAILING ADDRESS	Apt/P.O. Box	3345 PANDEROSA STREET			Town	AGASSIS FORD	Prov	B.C.	Postal Code	V8T 5G2	Country	CANADA
DATE OF BIRTH	06	05	1972		BIRTH CERTIFICATE ¹	1972-59-013089						
	Day	Month	Year			Number						
PLACE OF BIRTH	VANCOUVER, B.C.				COUNTRY	CANADA						
Telephone	604-504-7550		Home Fax		778-342-7141	Work Phone		604-890-1330		Email Address		biondemikki@hotmail.com
	Home Phone		Home Fax		Cell Phone	Work Phone		Email Address				
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?			
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Sawridge Band #		Sucker Creek #					
				4540033501		4560100901						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		VICTORIA ASHLEY TAYLOR MATTHEW AARON TAYLOR AMBER CHRISTIAN FAITH DIX FRANKLYN LAYNE DIX JUDITH CHARITY DIX				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.						
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}												
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		Because my grandma was status, a sawridge band member.										
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		My dad was born there and my grandparents lived there (in Slave Lake) until 1947. in the area in the Sawridge area.							
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Separated since 2002						
										Other (Specify)		

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER BARBARA JANE MORIN			NAME OF FATHER DENNIS BERNARD PAQUETTE		
DATE OF BIRTH 27 04 1949 Day Month Year			DATE OF BIRTH 09 10 1945 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} METIS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} METIS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH 25 02 1973 Day Month Year			IF DECEASED - DATE OF DEATH 25 02 1973 Day Month Year		

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER STELLA MORIN (MORIN)			NAME OF MATERNAL GRANDFATHER JOHN BAPTISTE MORIN		
DATE OF BIRTH 21 06 1933 Day Month Year			DATE OF BIRTH 29 12 1930 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} METIS		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER Adele Marie Paquette Nee:Loyle			NAME OF PATERNAL GRANDFATHER Frank Napoleon Paquette		
DATE OF BIRTH 11 03 1924 Day Month Year			DATE OF BIRTH 17 10 1918 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Metis		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	

SIGNATURE

I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.

DATE

11/07/2010

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME		Heather			Jacqueline			Poitras			
		First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS		15	4204-139 Ave			Edmonton	AB	T5Y 2Z7	CANADA		
		Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country		
DATE OF BIRTH		24	07	1970		BIRTH CERTIFICATE ¹		18743402			
		Day	Month	Year				Number			
PLACE OF BIRTH		Edmonton				COUNTRY		CANADA			
Telephone		780 456 4051	N/A		780 982 8114	780 495-6728	Heather.Poitras@indc.gc.ca				
		Home Phone	Home Fax		Cell Phone	Work Phone	Work Email Address				
STATUS NUMBER		19901	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	N/A	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	N/A
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			N/A								
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS								
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Never Married - Theoren Poitras Never Married - Anastasia Poitras				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Never Married - Tamara Poitras			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		Bill C-31, Under Elizabeth (Potskin) Poitras.									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		As a direct descendant of Sawridge Band members, I believe I, along with my children, should benefit from the Sawridge Band. I am a proud Metis and honor both my First Nation and Metis ancestry.									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS Late Albert Potskin (a previous band councillor) Currently, Elder Jean Potskin. Previously, mother Elizabeth (Potskin) Poitras.								
MARITAL STATUS (check one)		Married	Single	Divorced	Widowed	Common-Law	Dating for almost 4 years.				
								Other (Specify)			

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION															
NAME OF MOTHER			Elizabeth (Potskin) Poitras				NAME OF FATHER			Late Homer Poitras					
DATE OF BIRTH			17	03		1944	DATE OF BIRTH			16	08		1941		
			Day	Month		Year				Day	Month		Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Was full status under parents Sawridge 11001 (36)				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Proud Métis - Could have registered under Kehewin Cree Nation.					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		Sawridge 11001			IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		N/A
DID YOUR MOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Married out in October 16, 1965			DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		N/A
ADDRESS			PO Box 387, Elk Point, AB T5A 1A0 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS			Deceased Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED - DATE OF DEATH			N/A	Day		Month	Year	IF DECEASED - DATE OF DEATH			18	04		2010	
			Day	Month		Year				Day	Month		Year		
GRANDPARENTS INFORMATION															
NAME OF MATERNAL GRANDMOTHER			Jean Potskin				NAME OF MATERNAL GRANDFATHER			Late Albert Potskin					
DATE OF BIRTH			10	10		1924	DATE OF BIRTH			26	12		1902		
			Day	Month		Year				Day	Month		Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Sawridge 3602				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Sawridge 3601					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		N/A			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		N/A
NAME OF PATERNAL GRANDMOTHER			Late Mary (Dion) Poitras				NAME OF PATERNAL GRANDFATHER			Lloyd Poitras					
DATE OF BIRTH			11	11		1918	DATE OF BIRTH			12	12		1920		
			Day	Month		Year				Day	Month		Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Was under Kehewin Cree Nation through J.F. Dion.				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Proud Métis					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Married out.			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		N/A
SIGNATURE			Heather Poitras						DATE			May 20, 2010			
										I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.					

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

Alberta CANADA

**CERTIFICATE
OF BIRTH**

LB743402

VITAL STATISTICS

Name *Pottras, Heather Jacqueline*

Sex *Female* Date of Birth *Jul 24 1970*

Place of Birth *Edmonton*

Name of Mother *Potskin, Elizabeth Bernadette*
(Maiden Name)

Place of Birth *Alberta*

Name of Father *Pottras, Homer Joseph*

Place of Birth *Alberta*

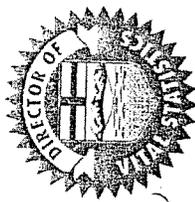
Registration Date *Jul 31 1970*

Registration Number *1970-08-018754*

Date Issued *Jan 25 2008*

Certified extract from REGISTRATION OF BIRTH
filed at Edmonton, Alberta, Canada.

REG 3147 (2007/03)



L. Duvidge
Director

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

Canada

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that / Le présent atteste que:

Registry no / No. de registre

Family Name / Nom de famille

4540019901

POITRAS

Given Names / Prénoms

HEATHER JACQUELINE

Alias / Nom d'emprunt

350304027929



POITRAS HEATHER JACQUELINE

Sex / Sexe Date of Birth / Date de naissance

F 1970-07-24

is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985) / est un Indien au sens de la Loi sur les Indiens, chapitre 27 de la Loi du Canada (1985)



[INAC](#) > [Employment](#) > [Careers](#) > [Profiles](#)

Heather Poitras

Communications Officer Edmonton, Alberta

Promoting Aboriginal awareness and interacting with all nations are large components of Heather Poitra's work. It's a role that provides her with an immense sense of job satisfaction.

"I feel blessed that I can do the work I do. I love my job," she said. "I do everything I can to help support the community groups."

"I have gained more spiritual and cultural growth and maturity in the work that I do at Indian and Northern Affairs Canada."

As a Communications Officer in Indian and Northern Affairs Canada's Edmonton office, Heather is the chairperson responsible for [National Aboriginal Day](#) in the Alberta region, an annual celebration that promotes awareness of Aboriginal culture and communities.

Heather is also proud of establishing and managing Canada's first Aboriginal Cultural Centre - *Four Places Where People Sit United*, a name provided by the Elders upon completion of a pipe ceremony, which derives from the Aboriginal medicine wheel. Located on the main floor of Canada Place in Edmonton, the centre is used by government and community groups for ceremonies and various activities and discussions. Working at Indian and Northern Affairs Canada supported her efforts in making the Aboriginal Cultural Centre become a reality.

Heather is proud of her cultural background - Métis and First Nation. She credits her ancestors for her natural leadership skills. Her late great grand-father, was a founder of the Métis Nation of Alberta, while her late grandfather was a Sawridge First Nation councillor. This is reflected in her personal spiritual commitment to the Aboriginal Cultural Centre, of which she is the spiritual lodge keeper.

"In terms of my own personal growth and development, I have gained more spiritual and cultural growth and maturity in the work that I do at Indian and Northern Affairs Canada with the ceremonies, the cultural awareness and working with the Elders."



Date Modified: 2009-03-31

Alberta CANADA

CERTIFICATE OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B063731

This is to Certify that the particulars of the undernoted birth which is on record in this Department are as follows:

Name HEATHER JACQUILINE POITRAS Sex FEMALE

Date of Birth JUL 24, 1970 Place of Birth EDMONTON

Name of Father HOMER JOSEPH POITRAS

His Birthplace GURNEYVILLE, ALBERTA

Name of Mother ELIZABETH BERNADETTE POTSKIN

(before Marriage) Her Birthplace KINUSO, ALBERTA

Registered at EDMONTON

on JUL 31, 1970 Registration No. 70-08-018754
(Month) (Day) (Year)

Given under my hand and seal of the Director.

This 11 Day of JUL 19 85

Certified Extract From
Registration of Birth
Issued at Edmonton,
Alberta, Canada.

Abiloy
Director

607613



D.V.S. 24

REPRODUCED FROM THE ORIGINAL RECORDS OF THE ALBERTA DEPARTMENT OF SOCIAL SERVICES AND COMMUNITY HEALTH

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		Jeanine		Marie		Potskin	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		5111-54 ST		Bonnyville		AB T9N 2B3 CANADA	
		Apt/P.O. Box		Street Address		Town Prov Postal Code Country	
DATE OF BIRTH		10 10 1979		BIRTH CERTIFICATE ¹		Number	
		Day Month Year					
PLACE OF BIRTH		Elk-Point		COUNTRY		CANADA	
Telephone		780 815-4877		780 815-3793		780 826-2225	
		Home Phone		Home Fax		Cell Phone Work Phone	
						j-po-12@live.ca	
						Email Address	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?	
						DID YOU ENFRANCHISE?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						IF YES, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> NO		IF YES, PROVIDE DETAILS			
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Jaise Ariel Potskin D.O.B March 25, 2003 Edm. AB. CANADA - (BOTH) Torja Lynn Moodie D.O.B January 29, 2008		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		NO	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		Pay list					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		I feel I am eligible because being a member of a reserve, I think I deserve the right to be treated equally. That's what it says in our constitution and Sawridge should not give every member on the pay list what their entitled to.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Grandmother (MATERNAL) still resides on reserve.	
MARITAL STATUS (check one)		<input type="checkbox"/> Married		<input checked="" type="checkbox"/> Single		<input type="checkbox"/> Divorced	
						<input type="checkbox"/> Widowed	
						<input type="checkbox"/> Common-Law	
						Other (Specify)	

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION											
NAME OF MOTHER <i>Judy Doreen Ann Patskin</i>				NAME OF FATHER <i>William Joseph Mosewich</i>							
DATE OF BIRTH <i>20 03 19 59</i> Day Month Year				DATE OF BIRTH <i>03 06 19 55</i> Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Pay list at Birth</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Status</i>							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY? <i>Through marriage</i>		DID YOUR FATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS <i>11934-56ST EDM. AB, CAN T5W 3S9</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS <i>Bonnyville AB</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH							
Day Month Year				Day Month Year							
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER <i>Mary Virginia Patskin</i>				NAME OF MATERNAL GRANDFATHER <i>Albert Norbert Patskin</i>							
DATE OF BIRTH <i>09 10 19 26</i> Day Month Year				DATE OF BIRTH <i>10 10 19 00</i> Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Pay list at birth</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Pay list at Birth</i>							
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER <i>Mary Mosewich</i>				NAME OF PATERNAL GRANDFATHER <i>Roy Gladue</i>							
DATE OF BIRTH <i>13 05 19 24</i> Day Month Year				DATE OF BIRTH <i>05 07 19 19</i> Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Status</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Status</i>							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE <i>[Signature]</i>								DATE <i>Feb. 5/10</i>			
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

The Players Lounge

facsimile transmittal

5426-50th Avenue
Bonnyville, Alberta
T9N 1Z6

Phone: 780-826-2225
Fax: 780-826-6156

To: Paul Fax: 780-988-7724
 From: Jeanine Potskin Date: Feb 5/10
 Re: Beneficiary Application Pages: ~~2~~ 3
 Cc: _____

- Urgent
- For review
- Please comment
- Please reply
- Please recycle

Please call me @ work ⁷⁸⁰ 826-2225
 if you need more info or if I filled
 it in wrong, regarding the status of my
 grandparents. The paternal grandparents were
 not from Sawridge.

Alberta CANADA

CERTIFICATE OF BIRTH

VITAL STATISTICS

B290368

This is to Certify that the particulars of the undernoted birth which is on record in this Department are as follows:

Name POTSKIN, JEANINE MARIE Sex FEMALE

Date of Birth OCT. 10, 1979 Place of Birth ELK POINT

Name of Father ***** His Birthplace *****

Name of Mother POTSKIN, JUDY DOREEN ANNE Her Birthplace ALBERTA

Registered at ELK POINT on OCT. 16, 1979 Registration No. 1979-08-029165

Given under my hand at Edmonton, Alberta.

This 02 Day of MAY 19 95 Certified Extract From Registration of Birth Issued at Edmonton, Alberta, Canada

M. J. Frosthuit Director

ENTERED AUG 31 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME		Nia			Brooke			Donald Lewis	
		First Name(s)			Middle Name(s)			Last Name(s)	
MAILING ADDRESS		11001 159st.			Edmonton.		AB	T5P3C2	Canada
		Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country
DATE OF BIRTH		27 06 2006			BIRTH CERTIFICATE ¹		Number		
		Day	Month	Year					
PLACE OF BIRTH		Edmonton Alberta			COUNTRY		Canada		
Telephone		780 443 3625		Home Fax		Call Phone		Work Phone	
		Home Phone		Home Fax		Call Phone		Work Phone	
								Spotkia@hotmail.com	
STATUS NUMBER		344	037	6401	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Adopted by Jonathan Potkin				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		/			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		/		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		Full status member.							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		Jonathan Potkin feels I should be apart of his trust.							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My chosen Mary Potkin currently resides on sawridge land.				
MARITAL STATUS (check one)		<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)		

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION																								
NAME OF MOTHER			Crisna Donald			NAME OF FATHER			Jonathan Potkin															
DATE OF BIRTH			17 09 1979			DATE OF BIRTH			4 4 1978															
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full STATUS.															
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454 00120 01		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		454 00095 01												
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?														
ADDRESS					11001 1595T Edmonton					Address					Australia									
Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country										Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country														
IF DECEASED - DATE OF DEATH										IF DECEASED - DATE OF DEATH														
Day					Month					Day					Month					Year				
GRANDPARENTS INFORMATION																								
NAME OF MATERNAL GRANDMOTHER			Lilly Potkin			NAME OF MATERNAL GRANDFATHER			Lyk Donald															
DATE OF BIRTH			14 4 1956			DATE OF BIRTH			29 4 1956															
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Full STATUS Member			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			None															
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		None - None		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?														
NAME OF PATERNAL GRANDMOTHER			Doradette Smith			NAME OF PATERNAL GRANDFATHER			Worley Lewis															
DATE OF BIRTH			12 10 1931			DATE OF BIRTH			12 03 1948															
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Full STATUS.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full STATUS.															
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?														
SIGNATURE										DATE					Aug 30 / 10									
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.																								

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts, 801, 4445 Calgary Trail NW, Edmonton, AB T6H 5R7, Fax: (780) 938-7724, Email: general@sawridgetrusts.ca

This certificate is an official document and when not being utilized it should be stored in a secure place similar to a passport.

SR: 2088237-1

REFERENCE#: Trans West Ins. & Reg.

Gina R. Donald
18415 75 Ave NW Suite 33
Edmonton, Alberta
T5T 5N9

NOTICE

This certificate is not valid if plasticized or altered. There are several security features within this certificate which allow authorities to detect attempts to counterfeit or alter it. Therefore, it is for your protection that this certificate is not plasticized or laminated as this makes the special characteristics less effective for examination or validation.

IMPORTANT: This certificate is a valuable legal document. Please keep it in a secure place.

VITAL STATISTICS		LB652191
Name	<i>Donald-Lewis, Nia Brooke</i>	
Sex	<i>Female</i>	Date of Birth <i>Jul 26 2006</i>
Place of Birth	<i>Edmonton</i>	
Name of Mother (Maiden Name)	<i>Donald, Gina Robin Anne</i>	
Place of Birth	<i>Alberta</i>	
Name of Father	<i>Lewis, Casey Lee</i>	
Place of Birth	<i>Saskatchewan</i>	
Registration Date	<i>Aug 08 2006</i>	Registration Number <i>2006-08-024228</i>
Date issued	<i>Dec 20 2006</i>	
Certified extract from REGISTRATION OF BIRTH filed at Edmonton, Alberta, Canada.		
REG 3147 (2004/03)	 Director	

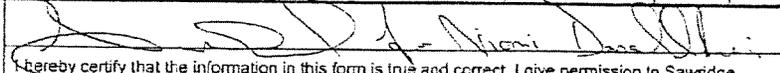


ENTERED AUG 31 2010

BENEFICIARY APPLICATION FORM							
PERSONAL INFORMATION							
NAME	Niamh		Mary Ann		Dawdel		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	Apt/P.O. Box	11001 1595T		Edmonton	AB	T5P3Z2	Canada
	Street Address		Town	Prov	Postal Code	Country	
DATE OF BIRTH	31	12	2007	BIRTH CERTIFICATE ¹		Number	
	Day	Month	Year				
PLACE OF BIRTH	Edmonton Ab.			COUNTRY		Canada	
Telephone	250 443 3625				j.potkin@hotmail.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	344 5923 01	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS Jonathan D. Potkin					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	/			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	/		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Full Status Indian						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Jonathan Potkin feels he should be a part of his trust.						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS Currently my chaper Mary Potkin is living on Sawridge land.					
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)	

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION													
NAME OF MOTHER			Gina Donald			NAME OF FATHER ^{ADOPT}		Louella Potkin					
DATE OF BIRTH			12 09 1979			DATE OF BIRTH			4 4 1978				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full status member.				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454 00100 01		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		454 00095 01	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS			11001-159 st. Edmonton AB			ADDRESS			Melbourn, Australia				
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Provin Postal Code, Country				
IF DECEASED - DATE OF DEATH						IF DECEASED - DATE OF DEATH							
			Day Month Year						Day Month Year				
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER			Lilly Potkin			NAME OF MATERNAL GRANDFATHER		Lyle Donald					
DATE OF BIRTH			14 04 1956			DATE OF BIRTH			29 04 1956				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Full status.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Metis				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Married - Metis		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER			Bernadette Smith			NAME OF PATERNAL GRANDFATHER		Westley Lewis					
DATE OF BIRTH			12 10 1951			DATE OF BIRTH			12 05 1948				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Full status.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full status.				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE								DATE		Aug 30/10			
<p>I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.</p>													

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
 MAIL APPLICATION AND DOCUMENTS TO:
 Sawridge Trusts, 801, 4445 Calgary Trail NW, Edmonton, AB T6H 5R7, Fax: (780) 988-7724, Email: general@sawridgetrusts.ca

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Stiles			Ansley			Donald		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	11001 159 ST			Edmonton AB		TSP 3C2	Canada		
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	05	01	05	BIRTH CERTIFICATE ¹			LWN034/667		
	Day	Month	Year				Number		
PLACE OF BIRTH	Edmonton, Alberta			COUNTRY			Canada		
Telephone	780 443 3625						j.potskin@hotmail.com		
	Home Phone	Home Fax	Cell Phone	Work Phone		Email Address			
STATUS NUMBER	344	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES	IF YES, WHEN, WHICH CATEGORY?
	0333201			<input checked="" type="checkbox"/> NO				<input checked="" type="checkbox"/> NO	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		NO.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?		<input checked="" type="checkbox"/> YES	IF YES, PROVIDE DETAILS		adopted by Jonathon Potskin				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.					DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Full status Indian								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Jonathon Potskin feels I should be apart of his Trust.								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES	IF YES, PROVIDE DETAILS		Chapman Mary Potskin currently resides on Sawridge lands					
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)		

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION													
NAME OF MOTHER ^{Biological}			Celia Donald			NAME OF FATHER ^{Adopted}		Jonathan Potsh.					
DATE OF BIRTH			17 Sept 1979			DATE OF BIRTH			41 4 1978				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			B-11C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full-Status Member				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454 00120 01		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		454 00095 01	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS			11001 159 St. Edmonton			ADDRESS			Australia				
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED - DATE OF DEATH			/ /			IF DECEASED - DATE OF DEATH			/ /				
			Day Month Year						Day Month Year				
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER			Lilja Potshkin			NAME OF MATERNAL GRANDFATHER		Celia Donald					
DATE OF BIRTH			14 4 1956			DATE OF BIRTH			29 4 1956				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Metis				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Married to Metis		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		/	
NAME OF PATERNAL GRANDMOTHER			Bernette Smith			NAME OF PATERNAL GRANDFATHER		Wesley Lewis					
DATE OF BIRTH			Oct 12 1951			DATE OF BIRTH			12 May 1948				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full Status Orionhah			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full Status Orionhah				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE			<i>[Signature]</i>					DATE		Aug 30 1			
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.													

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

This certificate is an official document and when not being utilized it should be stored in a secure place similar to a passport.

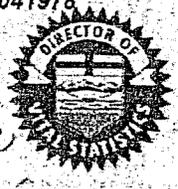
SR: 2607701-1
REFERENCE#: w

NOTICE

Gina Donald
11001 159 St NW
Edmonton, Alberta
T5P 3C2

This certificate is not valid if plasticized or altered. There are several security features within this certificate which allow authorities to detect attempts to counterfeit or alter it. Therefore, it is for your protection that this certificate is not plasticized or laminated as this makes the special characteristics less effective for examination or validation.

IMPORTANT: This certificate is a valuable legal document. Please keep it in a secure place.

VITAL STATISTICS		LCN034667	
Old Name			
Last Name:	<i>Lewis</i>		
Full Given Name(s):	<i>Stiles Ansley</i>		
New Name			
Last Name:	<i>Donald</i>		
Full Given Name(s):	<i>Stiles Ansley</i>		
Date of Registration:	<i>Sep 15 2009</i>		
Date Issued:	<i>Sep 16 2009</i>	Registration Number:	<i>2009-08-041978</i>
Certified extract from REGISTRATION OF CHANGE OF NAME filed at Edmonton, Alberta, Canada.			
PEG 3055 (2007/08)		  Director	

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	CRYSTAL			MARIE			POITRAS - JOHN		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	BOX	5352			BONNYVILLE		AB	T9N 2G5	CANADA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	30 APRIL 1968			BIRTH CERTIFICATE ¹		1968-08-010949			
	Day	Month	Year	Number					
PLACE OF BIRTH	EDMONTON				COUNTRY		CANADA		
Telephone	780 826-1882		780 201 6500		780 826 7647		crystal-m-john@hotmail.com		
	Home Phone	Home Fax		Cell Phone	Work Phone		Email Address		
STATUS NUMBER	125	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Descended from Albert + Virginia Potskin					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Corbin Poitras Jasmine Fouillard Jesse John Jordan John				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bill C-31 61								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a descendant of Sawridge band members it is my inherent treaty right. I am the same status as Clara Midbow/Freida Draney's children.								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		My mother Liz (Potskin) Poitras My grandmother Virginia Jemie Potskin still lives there					
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)			

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER		Elizabeth (Potskin) Poitras		NAME OF FATHER		Homer Poitras	
DATE OF BIRTH		17	March	1944	DATE OF BIRTH		16 Aug 1941
		Day	Month	Year			Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		TREATY		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		METIS	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		110	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DID YOUR MOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Section 12 1B	DID YOUR FATHER ENFRANCHISE?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
ADDRESS		Box 387 Elk-Point AB T0A1A0		ADDRESS		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	
		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH		18 04 2010	
		Day	Month	Year			Day Month Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER		Virginia Jennie Potskin		NAME OF MATERNAL GRANDFATHER		Albert Norbert Potskin	
DATE OF BIRTH		1026	10 ²	1924	DATE OF BIRTH		10 OCT 1902
		Day	Month	Year			Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Treaty		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		TREATY FULL STATUS # 36	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
							IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER		MARY DION		NAME OF PATERNAL GRANDFATHER		LLOYD POITRAS	
DATE OF BIRTH		11	11	1918	DATE OF BIRTH		12 12 1920
		Day	Month	Year			Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		TREATY		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		METIS	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		SECTION 12 1B	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

SIGNATURE	<i>Elizabeth Poitras</i>		DATE	April 30, 2010
	I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.			

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
 MAIL APPLICATION AND DOCUMENTS TO:
 Sawridge Trusts
 801, 4445 Calgary Trail NW
 Edmonton, AB T6H 5R7


 Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

Canada

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that / Le présent document certifie que
 Family Name / Nom de famille: **POITRAS - JOHN** Registry no / No de registre: **4540012501**
 Given Name(s) / Prénoms: **CRYSTAL MARIE**
 Alias / Nom d'emprunt:

360407087621

POITRAS JOHN CRYSTA
 Sex / Sexe: **F** Date of Birth / Date de naissance: **1968-04-30**

It is Indian within the meaning of the Indian Act, chapter 77, Statutes of Canada (1985) / est un Indien au sens de la Loi sur les Indiens, Chapitre 77 de la Loi du Canada (1985).




Alberta CANADA

CERTIFICATE OF BIRTH

NAME: **Poitras, Crystal Marie**

SEX: **F** PLACE OF BIRTH: **Edmonton**

DATE OF BIRTH: **Apr 30 1968**

REGISTRATION NO.: **1968-08-010949**

REGISTRATION DATE: **May 10 1968** DATE ISSUED: **Sep 17 2003**

VITAL STATISTICS


Alberta CANADA

CERTIFICATE OF MARRIAGE

NAME OF BRIDEGROOM: **JOHN, VERN JIMMY**

NAME OF BRIDE: **POITRAS, CRYSTAL MARIE**

DATE OF MARRIAGE: **AUG 03, 1996**

PLACE OF MARRIAGE: **BONNYVILLE**

REGISTRATION DATE: **AUG 14, 1996**

REGISTRATION No.: **1996-08-009276**

DATE ISSUED: **FEB 07, 1997**

CERTIFIED EXTRACT FROM REGISTRATION OF MARRIAGE
 ISSUED AT EDMONTON, ALBERTA, CANADA


13757 REGISTRAR

REG 31-92 94911 DIV-27

Alberta CANADA

CERTIFICATE OF BIRTH

B063729

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

This is to Certify that the particulars of the undernoted birth which is on record in this Department are as follows:

Name CRYSTAL MARIE POITRAS Sex FEMALE

Date of Birth APR 30, 1968 Place of Birth EDMONTON

Name of Father HOMER JOSEPH POITRAS His Birthplace GURNEYVILLE, ALBERTA

Name of Mother ELIZABETH BERNADETTE POTSKIN Her Birthplace KINUSO, ALBERTA

Registered at EDMONTON on MAY 10, 1968 Registration No. 68-08-010949 (Month) (Day) (Year)

Given under my hand and seal of the Director.

This 11 Day of JUL 19 85

Certified Extract From Registration of Birth Issued at Edmonton, Alberta, Canada.

Director

607611



D.V.S. 24

ENTERED MAY 17 2010

RECEIVED MAY 17 2010 112

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME		CRAW			JOSUUA			POITRAS		
		First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS		387	EIK Point			AB	T0A1H0		Canada	
		Apt/P.O. Box	Street Address			Town	Prov		Postal Code	
DATE OF BIRTH		29	01	1980		BIRTH CERTIFICATE ¹		Number		
		Day	Month	Year						
PLACE OF BIRTH		EIK Point			COUNTRY		Canada			
Telephone		780 724 2091	780 724 4977	780 201 3573			lj.whatchamacallit@hotmail.com			
		Home Phone	Home Fax	Cell Phone	Work Phone		Email Address			
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A								
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Liz Poitras - Albert Norbert + Virginia (Mary) Jennie Potskan						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		4620539001			Bill C-31					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		I am a descendant of Sawridge Band members. It is my inherent right I am registered under Saddle Lake and have family precedence my rightful place as a status Indian.								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS							
MARITAL STATUS (check one)		<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)			

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION											
NAME OF MOTHER			CRYSTAL John (Poitras)			NAME OF FATHER			Vern John		
DATE OF BIRTH			30 04 1968			DATE OF BIRTH			03 12		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Treaty		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS			4203 43 ave Bonnyville AB T9N 2G5			ADDRESS			same		
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH			N/A			IF DECEASED - DATE OF DEATH			N/A		
			Day Month Year						Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			Elizabeth Bernadette (Potkin) Poitras			NAME OF MATERNAL GRANDFATHER			Momer JOSEPH Poitras		
DATE OF BIRTH			17 3 1944			DATE OF BIRTH			16 08 1941		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Métis		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		section 12 1B	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		N/A
NAME OF PATERNAL GRANDMOTHER			Elizabeth John			NAME OF PATERNAL GRANDFATHER			Walter John		
DATE OF BIRTH						DATE OF BIRTH					
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Treaty		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE									DATE		May 13/10
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

NAME
Poitras, Corbin Joshua

SEX PLACE OF BIRTH
M Elk Point

REGISTRATION NO
1988-08-002934

DATE OF BIRTH
Jan 24 1988

REGISTRATION DATE
Jan 26 1988

DATE OF ISSUE
May 13 2005

114



LB964331

The information on the face of this certificate is a certified extract from the REGISTRATION OF BIRTH filed at Edmonton, Alberta, Canada.

[Signature]
Director

Certificate is void if altered or laminated.

REG 3148 (2004/03)

[Signature] May 13 2010

May 13, 2010

To: Paul. RECEIVED MAY 13 2010

Jy. I.

my grandson, (son)
Corbin Joshua Postus
D.O.B Jan 24, 1988
also applied for
beneficiary.

As per old native
custom, Homer and I
took him ~~as~~ and
brought him up.

We had legal
guardianship for him.
Hopefully he will
be recognized as a
beneficiary.

Thanks again.

Liz Petras

780-645-8722

or home

780-724-2091.

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		BRENT		ALBERT		POTSKIN	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		8419-186 STEEDMONTON		AB		T5T 1H3 CANADA	
		Apt/P.O. Box		Street Address		Town Prov Postal Code Country	
DATE OF BIRTH		11 09 1975		BIRTH CERTIFICATE ¹		Number	
		Day Month Year					
PLACE OF BIRTH		EDMONTON, AB		COUNTRY		CANADA	
Telephone		910-3625 (780)		784-3348 (587)		brentzky@hotmail.com	
		Home Phone		Home Fax		Cell Phone Work Phone Email Address	
STATUS NUMBER		454-00341		ARE YOU MARRIED TO A BAND MEMBER?		FEB/95	
		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	
						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
						IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		1 PER CAPITA SHARE					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS			
				ALBERT & JEAN POTSKIN - GRAND PARENTS LILLY POTSKIN - MOTHER			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		PAYLIST AT BIRTH FULL STATUS.					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		HELD MEMBERSHIP FROM SEPT 11, 1975 - FEB, 1995. I WAS 18 Y/O WHEN MY FATHER HAD LAWYERS VISIT MYSELF TO SIGN FOR WHAT I THOUGHT AT THE TIME WAS MY "TRUST FUND". A WHILE LATER I LEARNED OF MY ENFRANCHISEMENT.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS			
				- CARE GIVING FOR KOOKUM 2007-2010 - WINTER. - LIVED ON RESERVE AS A CHILD.			
MARITAL STATUS (check one)		<input type="checkbox"/> Married		<input checked="" type="checkbox"/> Single		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)	

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

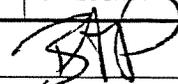
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER	LILLY POTSKIN			NAME OF FATHER	LYLE DONALD		
DATE OF BIRTH	14	04	1956	DATE OF BIRTH	29	04	1956
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	SAWRIDGE BAND MEMBER			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON STATUS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	MARRIAGE	DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	1552 SMITH AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country TOG 2A0			ADDRESS	8419 - 156 ST EDM AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH			
	Day	Month	Year		Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	JEAN POTSKIN "MARY VIRGINIA POTSKIN"			NAME OF MATERNAL GRANDFATHER	ALBERT POTSKIN		
DATE OF BIRTH	09	10	1921	DATE OF BIRTH	10	10	1901
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FULL STATUS / BAND MEMBER SAWRIDGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FULL STATUS SAWRIDGE MEMBER		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	GEORGINA DONALD			NAME OF PATERNAL GRANDFATHER	ROSS DONALD		
DATE OF BIRTH	10	11	1941	DATE OF BIRTH	31 31	10	1936
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON STATUS		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	

SIGNATURE		DATE	MARCH 4, 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.			

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

SAWRIDGE TRUSTS

BENEFICIARY INFORMATION

Identifying Information (Please be complete to distinguish from others)

Last Name(s) POTSKIN	First Name(s) BRENT	Middle Name(s) ALBERT	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
--------------------------------	-------------------------------	---------------------------------	--

Home Address

Address 8419-186 ST	Town EDMONTON	Province AB	Postal Code T5T1H5
-------------------------------	-------------------------	-----------------------	------------------------------

Mailing Address (If different from Home Address)

SAWRIDGE			
Address Box 185	Town SLAVE LAKE	Province AB	Postal Code T0G2A5

Ways to Reach You (Please provide as many as possible)

Home Telephone <small>SLAVE LAKE.</small> (780) 849-1279	Home Fax (780) 	Cell Phone (780) 297-1544
Business Phone <small>FATHER</small> (780) 1432-1511	Work Email _____@_____	Home Email brentky@hotmail

Benefits Qualifying Information

Birth Date <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td style="width: 20%;">11</td><td style="width: 20%;">09</td><td style="width: 20%;">75</td></tr> <tr><td>DD</td><td>MM</td><td>YY</td></tr> </table>	11	09	75	DD	MM	YY	Parent's Name (if under 18 years of age) 454 00341-81	Spouse's Name
11	09	75						
DD	MM	YY						
Band Member <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Band Number 454 00341-81	Social Insurance Number <table border="1" style="width: 100%; text-align: center; border-collapse: collapse;"> <tr><td style="width: 20%;">644</td><td style="width: 20%;">172</td><td style="width: 20%;">785</td></tr> </table>	644	172	785			
644	172	785						

Signed 	Dated November 2/09
------------	-------------------------------

Office Use Only

Sawridge Inter Vivos Trust <input type="checkbox"/> Yes <input type="checkbox"/> No	Sawridge Trust <input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME									
Trent			Ruan Albert				Potskin		
First Name(s)			Middle Name(s)				Last Name(s)		
MAILING ADDRESS									
Apt/P.O. Box		11956 - 34 st			Edmonton		AB	T5W 3S9	Canada
Street Address		Town			Prov	Postal Code	Country		
DATE OF BIRTH									
6		9		1981		BIRTH CERTIFICATE ¹		1981-08-028399	
Day		Month		Year		Number			
PLACE OF BIRTH									
Slave Lake				Alberta		COUNTRY		Canada	
Telephone									
(780) 644-9630								trentpotskin@yahoo.ca	
Home Phone		Home Fax		Cell Phone		Work Phone		Email Address	
STATUS NUMBER									
454004 0001		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?			DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, PROVIDE DETAILS							
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.									
Ethan Elijah.		Talia M. L.		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
born and raised on treaty Land registered at birth to Sawridge Band.									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Grandmother, Grand Father (Deceased) Mother; born and raised on Sawridge reserve. Grandmother still resides on Sawridge reserve. Yes. born and raised on Sawridge Treaty land.					
MARITAL STATUS (check one)									
Married	Single	Divorced	Widowed	Common-Law	<input checked="" type="checkbox"/>				
Other (Specify)									

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER Judy Patskin		NAME OF FATHER William Moosewah	
DATE OF BIRTH 20 March 1959 Day Month Year		DATE OF BIRTH 3 6 1955 Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Full treaty		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Full treaty. Saddle lake.	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER? # 97.	IS YOUR FATHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY? marriage	DID YOUR FATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS 11934-56 st Edmonton AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		ADDRESS Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	
IF DECEASED - DATE OF DEATH Day Month Year		IF DECEASED - DATE OF DEATH Day Month Year	

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER Jean Patskin		NAME OF MATERNAL GRANDFATHER Albert Norbert Patskin	
DATE OF BIRTH 10 09 10 1924 Day Month Year		DATE OF BIRTH 10 10 1900 Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Full treaty		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Full treaty	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER Don't Know !!		NAME OF PATERNAL GRANDFATHER Don't Know !!	
DATE OF BIRTH Day Month Year		DATE OF BIRTH Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?

SIGNATURE Tut Patskin	I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.	DATE	January 28, 2010.

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

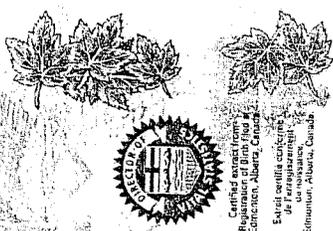
MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

BIRTH/NAISSANCE

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



L. Bowering
Laine Bowering
Director of Vital Statistics

REG 413 (2004)

Surname
Nom

Given Names
Prénoms

Date of Birth
Date de naissance

Place of Birth
Lieu de naissance

Registration No.
N° d'enregistrement

Registration Date
Date d'enregistrement

Date Issued
Délivré le

Potskin

Trent Ryan Albert

Sep 06, 1981

Slave Lake

1981-08-028399

Sep 11, 1981

Dec 04, 2009

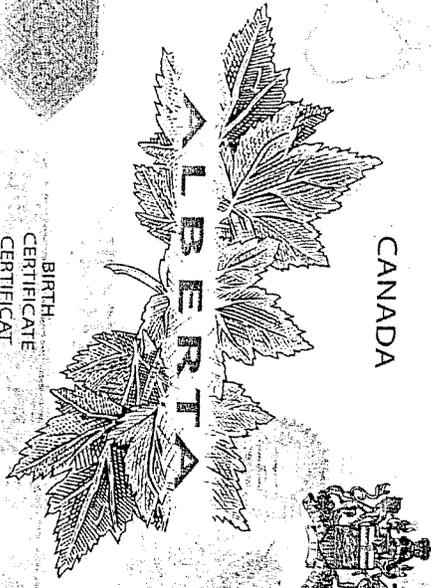
Sex
Sexe

M



A 8 0 0 2 5 0 0 8 9

BIRTH
CERTIFICATE
CERTIFICAT
DE NAISSANCE



CANADA



IMPORTANT SECURITY INFORMATION

This certificate is a valuable identification document. The original of this document should be held in a secure place. This certificate has been issued under authority of the Vital Statistics Act and is subject to the conditions of the Act. The certificate may be issued or made subject to the conditions of the Act.

RENSEIGNEMENTS IMPORTANTS SUR LA SECURITE

Ce certificat est un document d'identité de valeur. L'original de ce document doit être conservé dans un endroit sûr. Ce certificat a été émis en vertu de la Loi sur les statistiques vitales et est assujéti aux conditions de la Loi. Le certificat peut être émis ou assujéti aux conditions de la Loi.

ENTERED MAY 17 2010

123
RECEIVED MAY 13 21

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Nicole			Tanya Marie			Poitras		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	9	Kehewin			Kehewin		AB	TOA1C0	Canada
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	3	07	74	BIRTH CERTIFICATE ¹		B063733			
	Day	Month	Year			Number			
PLACE OF BIRTH	St. Paul			COUNTRY		Canada			
Telephone	Home Phone		Home Fax		Cell Phone	Work Phone		Email Address	
								poitras_nicole@yahoo.com	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Descended from Albert Norbert + Virginia Jennie (Mary) Potskin						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Alisha Claire Poitras 95/17/12 Torian Ashley Hennrich 28/12/00 Tyreese Cameron Poitras 20/08/03			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bill C-31 61.								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a descendant of my ^{late} mother Albert Potskin a once band councillor, and it is my inherent right. I am the same generation as late Walter's sisters Clara Midbow/Freda Drane's children they are ^{are} eligible, why am not?								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My grandparents Albert and Jennie have lived in Sawridge First Nations throughout their relationship. Granny (Jennie) still resides in Sawridge. I lived there as a child						
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			
					<input checked="" type="checkbox"/>				

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION																			
NAME OF MOTHER			Elizabeth Bernadette Potkin-Poitras				NAME OF FATHER			Homer Joseph Poitras									
DATE OF BIRTH			17	3	1944		DATE OF BIRTH			16	08	1941							
			Day	Month	Year					Day	Month	Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					Treaty					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					Metis				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		110			IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		N/A						
DID YOUR MOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Section 12 1B			DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		N/A						
ADDRESS					Box 387 Elk Point AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country TOA 1A6 Canada					ADDRESS									
IF DECEASED - DATE OF DEATH					N/A					IF DECEASED - DATE OF DEATH					18	04	2010		
					Day	Month	Year								Day	Month	Year		
GRANDPARENTS INFORMATION																			
NAME OF MATERNAL GRANDMOTHER			Jennie Virginia Potskin				NAME OF MATERNAL GRANDFATHER			Albert Norbert Potskin									
DATE OF BIRTH			26	12	1924		DATE OF BIRTH			10	10	1902							
			Day	Month	Year					Day	Month	Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					Treaty					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					Treaty				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?								
NAME OF PATERNAL GRANDMOTHER			Mary (Dion) Poitras				NAME OF PATERNAL GRANDFATHER			Lloyd J. Poitras									
DATE OF BIRTH			11	11	1918		DATE OF BIRTH			12	12	1920							
			Day	Month	Year					Day	Month	Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					Treaty 6					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					Metis				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?								
SIGNATURE			Homer Poitras					DATE			May 12/2010								
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.																			

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

Alberta CANADA

CERTIFICATE OF BIRTH

B063733

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

This is to Certify that the particulars of the undernoted birth which is on record in this Department are as follows:

Name NICOLE TANIA MARIE POITRAS Sex FEMALE

Date of Birth JUL 03, 1974 Place of Birth ST. PAUL

Name of Father HOMER JOSEPH POITRAS His Birthplace GURNEYVILLE, ALBERTA

Name of Mother ELIZABETH BERNADETTE POTSKIN Her Birthplace KINUSO, ALBERTA

Registered at ST. PAUL on JUL 12, 1974 Registration No. 74-08-016175



Given under my hand and seal of the Director.

This 11 Day of JUL 19 85

Certified Extract From Registration of Birth Issued at Edmonton, Alberta, Canada.

Signature of Director

607615

D.V.S. 24

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		JUSTICE		WALTER WILLIAM		TWIN	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		1919-151 AVE		EDMONTON		AB TSY1W1 CANADA	
		Apt/P.O. Box Street Address		Town		Prov Postal Code Country	
DATE OF BIRTH		20 SEPT 2001		BIRTH CERTIFICATE ¹		B 432365	
		Day Month Year				Number	
PLACE OF BIRTH		EDMONTON		COUNTRY CAN.			
Telephone		(780) 628 2374					
		Home Phone		Home Fax		Cell Phone Work Phone Email Address	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, BAND NUMBER?	
						DID YOU ENFRANCHISE?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
						IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS			
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)	

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER KERRI TWIN		NAME OF FATHER WESLEY TWIN	
DATE OF BIRTH 22 DEC 1975 Day Month Year		DATE OF BIRTH 03 APR 1973 Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS 1919-151 AVE EDMONTON, AB T5Y 1W1 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country CANADA		ADDRESS 1919-151 AVE EDMONTON, AB T5Y 1W1 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country CANADA	
IF DECEASED - DATE OF DEATH N/A Day Month Year		IF DECEASED - DATE OF DEATH N/A Day Month Year	

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER		NAME OF MATERNAL GRANDFATHER	
DATE OF BIRTH Day Month Year		DATE OF BIRTH Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER		NAME OF PATERNAL GRANDFATHER	
DATE OF BIRTH Day Month Year		DATE OF BIRTH Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?

SIGNATURE	I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.		DATE

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

Alberta CANADA

CERTIFICATE OF BIRTH

VITAL STATISTICS

B432365

Name Twin, Justice Walter William

Sex Male Date of Birth Sep 20 2001

Place of Birth Edmonton

Name of Mother (Maiden Name) Kerr, Kerri-Lynne

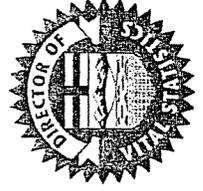
Place of Birth Manitoba

Name of Father Twin, Wesley Irving Joesph

Place of Birth Alberta

Registration Date Oct 01 2001 Registration Number 2001-08-027274

Date Issued Oct 29 2001



Certified extract from REGISTRATION OF BIRTH filed at Edmonton, Alberta, Canada.

Laurie Lunnell Director

REG 3147 (99/03)

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		Nicole Chammaine Clara		Twin	
MAILING ADDRESS		12925-69st		Edmonton AB T5C0H3 Canada	
DATE OF BIRTH		13 07 1976		1976-08-018066	
PLACE OF BIRTH		Edmonton, Alberta		Canada	
Telephone		780-637-9658		780-691-0966 780-407-3357	
STATUS NUMBER		4540034961		ntwin@shaw.ca	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS I am descended from my great great grandfather Charles (Piche) Nisotesis Twin. My great grandfather Francois Nisotesis Twin. My Grandfather David George Nisotesis Twin. Band #52.	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Common Law Dominique Twin - 17yrs Taylor Peterson - 9yrs		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE. NO.	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		My mother was full Status and on payroll at time of birth. Grand father enfranchised in 1953. I was reinstated under Bill C-31 in			
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		My ancestors belonged to Sawridge First nations stated above. My mother was full Status and on payroll until my grand father enfranchised in 1953.			
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS My great great grandfather Charles (Piche) Nisotesis Twin and my great grandfather Francois Nisotesis Twin lived and died on sawridge lands. My Grandfather and Grandmother, David George and Clara Bella Twin lived on Sawridge lands until my Grandfather enfranchised in 1953.	
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)	

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION											
NAME OF MOTHER			Jennie May Twin			NAME OF FATHER			Edward Funtasz		
DATE OF BIRTH			11 May 1944			DATE OF BIRTH			23 June 1930		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full status of Sawridge band			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Non-Status		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			4540015801		
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS			Deceased			ADDRESS			Deceased		
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH			14 Dec 1997			IF DECEASED - DATE OF DEATH			3 July 1992		
			Day Month Year						Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			Clara Bella Atkinson			NAME OF MATERNAL GRANDFATHER			David George Twin		
DATE OF BIRTH			30 Nov 1921			DATE OF BIRTH			17 09 1909		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			1/2 breed			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full status of Sawridge band		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			Did not want his children to attend residential school.		
NAME OF PATERNAL GRANDMOTHER			Ersula (Mary) Savard			NAME OF PATERNAL GRANDFATHER			John Atkinson		
DATE OF BIRTH			? ? 1891			DATE OF BIRTH			? ? 1877		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			1/2 breed			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Half breed		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE			 I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE	Jan 13 / 2011	

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
 801, 4445 Calgary Trail NW
 Edmonton, AB T6H 5R7



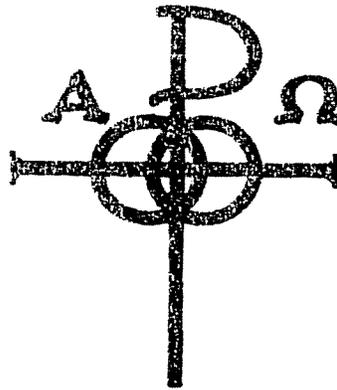
Worksheet
Feuille brouillon



Re - Cbjet

Band no. - N° de bande 52	Band - Bande Sawridge	Family name - Nom de famille Moscotas	Given name(s) - Prénom(s) David
-------------------------------------	---------------------------------	---	---

Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s) Autre(s) parent(s)	Remarks Remarques
	Man Homme	Women Femme	Boys Garçons	Girls Filles		
1952	1	1	4	2		Robert Peter born 29/6/51
1951	1	1	3	2		
1950	1	1	3	2		
1949	1	1	3	2		
1948	1	1	3	2		George Michael born 1/3/48
1947	1	1	2	2		Philip born 2/12/47
1946	1	1	1	2		Yvonne born 7/9/45
1945	1	1	1	1		
1944	1	1	1	1		Tennis May born 1/15/44
1943	1	1	1			Laurence born 3/10/42. All annuity pd on c/lebt
1942	1	1				Married Clara Atkinson, 1/2/42, Jan/42.
1941	1					
1940	1					
1939	1					
1938	1					Pt #17 (St. Paul Moscotasis).
1937	1					Pt. Chief (#17) - order B Watkins
1936	1					
1935	1					Boy from #1 (Francis Moscotasis (Edward))



"For this reason, a man must leave his father and mother and be joined to his wife, and the two will become one body." Eph 5:31

The Holy Sacrament of Matrimony

This is to Certify

That ... DAVID TWIN

and ... CLARA ATKINSON

were lawfully united in the Holy Bonds of Matrimony

on ... DEC. 26, 1941

according to the Rite of the ... R.C. CHURCH

and in conformity with the laws of the Province of ... AB

in the Church of ... ST. MARTIN - DESMARAIS ...
City/Town

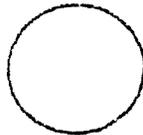
The Rev. ... B. GEMMONT OMI

officiating

in the presence of ... EVA ATKINSON

and witnesses

as recorded in the Marriage Register of this Church.



Seal of Church

J. M. ... Pastor

St. Martin Parish

Date ... July 27, 2010 ... Diocese of Metuchen ...

Archepiscopaté-Archbishop's Residence

388, St. James, Alberta, Canada

TOH 210
Tel: 324-3002

Certificate of Marriage

THIS IS TO CERTIFY

That NISOTESIS, FRANCOIS

Child of CHARLES (PICHE) - NISOTESIS TWIN

AND COURTOREILLE, ISABELLE

and CARDINAL, JEANNETTE JULIENNE

Child of JOSEPH CARDINAL (MANYOTAKUSI)

..... LIZETTE "LOUISE" CARDINAL

were lawfully

Married

on the *Twenty sixth (26th)* day of *December* 1894

According to the Rite of the Roman Catholic Church

and in conformity with the laws of the Province of Alberta....

Rev. *Father Constant Falher, o.m.i.*

officiating in the presence of *Charles Nisotesis*

and *Louis Giroux*, as appears

from the Marriage Register of *St. Bernard Mission, Grouard, AB*

Dated *May 9th, 1995*

L. Dawgall
secretary



Government of Alberta

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



Certified extract from
Registration of Birth filed at
Edmonton, Alberta, Canada

Extrait certifié conforme
de l'enregistrement
de naissance,
Edmonton, Alberta, Canada.

J. Skinner
Janel Skinner
Director of Vital Statistics

REC 3413 (2009/12)

Surname
Nom

Twin

Given Names
Prénoms

Charmaine Clara Nicole

Date of Birth
Date de naissance

Jul 13, 1976

Sex
Sexe F

Place of Birth
Lieu de naissance

Edmonton

Registration No.
N° d'enregistrement

1976-08-018066

Registration Date
Date d'enregistrement

Jul 20, 1976

Date Issued
Délivré le Jan 10, 2011

Name of Mother
Nom de la mère

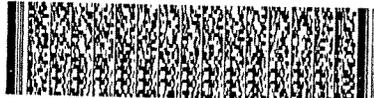
Twin, Jennie May

Place of Birth
Lieu de naissance

Alberta

Name of Father
Nom de père

Place of Birth
Lieu de naissance



A B 0 0 3 3 6 9 0 5

135
ENTERED JUL 29 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Orleane	Jennifer Claire	Twin
	First Name(s)	Middle Name(s)	Last Name(s)
MAILING ADDRESS	238 Burton Road	Edmonton	AB T6R 1P3 Canada
	Apt/P.O. Box	Street Address	Town Prov Postal Code Country
DATE OF BIRTH	06 05 1982	BIRTH CERTIFICATE ¹	1982-08-015596
	Day Month Year		Number
PLACE OF BIRTH	Slave Lake, Alberta	COUNTRY	Canada
Telephone	780 644-0905	780 644-5317	orleanetwin@hotmail.com
	Home Phone	Home Fax	Cell Phone Work Phone Email Address
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		n/a	
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	David George Nisotesis (Twin)
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Miel Bella Twin, Abdi Shirdon Keith Abdi	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	no
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	I am applying for Bill C-31 Status - current		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Because I am a descendant of one of the original Sawridge band members.		
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Francois Nisotesis (Twin)
MARITAL STATUS (check one)	Married	Single	Divorced
			Widowed
			Common-Law
			Other (Specify)

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER	Mary Rose Bertha Twin			NAME OF FATHER			
DATE OF BIRTH	01	06	1956	DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	238 Burton Road Edmonton, AB T6R 1P3 Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH			
	Day	Month	Year		Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	Clara Bella Atkinson			NAME OF MATERNAL GRANDFATHER	David George Nisotesis (twin)		
DATE OF BIRTH	30	11	1921	DATE OF BIRTH	17	09	1909
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Sawridge Band		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	she was protecting her kids from residential school	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	he was protecting his children from residential school.
NAME OF PATERNAL GRANDMOTHER				NAME OF PATERNAL GRANDFATHER			
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	

SIGNATURE		DATE	July 22/10
	I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.		

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

ENTERED JUL 29 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME										
Miel			Bella				Twin, Abdi			
First Name(s)			Middle Name(s)				Last Name(s)			
MAILING ADDRESS										
Apt/P.O. Box		238 Burton Road			Edmonton		AB	T6R 1P3		Canada
Street Address		Town			Prov	Postal Code		Country		
DATE OF BIRTH										
03		06		2004		BIRTH CERTIFICATE ¹		2004-08-016315		
Day		Month		Year		Number				
PLACE OF BIRTH										
Edmonton, Alberta					COUNTRY		Canada			
Telephone										
780-644-0905										
Home Phone		Home Fax		Cell Phone		Work Phone		Email Address		
STATUS NUMBER										
ARE YOU MARRIED TO A BAND MEMBER?			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			n/a							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		David George Nisotesis (Twin)				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		n/a			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		n/a			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION										
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?										
Because I am a descendant of one of the original Sawridge band members.										
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Francois Nisotesis (Twin)				
MARITAL STATUS (check one)										
Married	Single	Divorced	Widowed	Common-Law	Child under 18 years					
Other (Specify)										

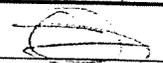
BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER		Orleane Jennifer Claire Twin			NAME OF FATHER		Jason Abdi		
DATE OF BIRTH		06	05	1982	DATE OF BIRTH		05	05	1979
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		n/a		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		238 Burton Road Edmonton, AB, T6R 1P3 Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS		238 Burton Road Edmonton, AB, T6R 1P3, Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH				
		Day	Month	Year			Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER		Mary Rose Bertha Twin			NAME OF MATERNAL GRANDFATHER					
DATE OF BIRTH		01	06	1956	DATE OF BIRTH					
		Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH					DATE OF BIRTH					
		Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE							DATE		July 29/10	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.										

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

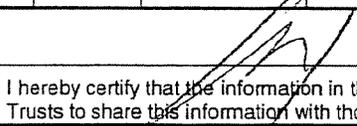
BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		WESLEY		IRVING JOSEPH		TWIN	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		1919 - 151 AVE		EDMONTON		AB T5Y 1W1 CANADA	
		Apt/P.O. Box Street Address		Town		Prov Postal Code Country	
DATE OF BIRTH		3 APRIL 1973		BIRTH CERTIFICATE ¹		AB00056027	
		Day Month Year				Number	
PLACE OF BIRTH		SLAVE LAKE		COUNTRY CANADA			
Telephone		(780) 628 2374		(780) 289 7766		wes.twin@shaw.ca	
		Home Phone Home Fax		Cell Phone Work Phone		Email Address	
STATUS NUMBER		454003 07-01		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				IF YES, BAND NUMBER?		DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
				454003 07-01		IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Yvonne + Walter F. Twin are my parents. They adopted me right from the time of my birth.	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Brittany Emma Mary TWIN Justice Walter William TWIN Alexander Lennon Luke TWIN Heather Doris Anne TWIN (Deceased 1994-2007)		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		NO	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		Band Member.					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		My parents Yvonne + Walter F. Twin and I grew up on the Sawridge Reserve as part of the community.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		My Parents still reside on the Sawridge Lands. My father Walter F. Twin grew up on the Sawridge Reserve lands and his father before him hunted and lived on those lands.	
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)					

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION													
NAME OF MOTHER		YVONNE DOIS TWIN			NAME OF FATHER		WALTER FELIX TWIN						
DATE OF BIRTH		27	05	1939	DATE OF BIRTH		30	05	1934				
		Day	Month	Year			Day	Month	Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		No			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454-0079-01		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		454-00079-01	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS		ALBERTA CANADA Box 534 Slave Lake T0G 2A0			ADDRESS		ALBERTA CANADA Box 534 Slave Lake T0G 2A0						
		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH								
		Day	Month	Year			Day	Month	Year				
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER		Sarah Cardinal			NAME OF MATERNAL GRANDFATHER		John Felix Cardinal						
DATE OF BIRTH		28	12	1918	DATE OF BIRTH		08	06	1915				
		Day	Month	Year			Day	Month	Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		No			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		No						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER		Clemence Twin			NAME OF PATERNAL GRANDFATHER		Perrier Twin						
DATE OF BIRTH		02	01	1894	DATE OF BIRTH		21	02	1884				
		Day	Month	Year			Day	Month	Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		No Treaty at that time			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		No Treaty at that time						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE								DATE		Feb 26/2010			
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

BIRTH CERTIFICATE

Alberta

BIRTH CERTIFICATE

L. Beveridge
Laurie Beveridge
Director of Vital Statistics



Certified extract from
Registration of Birth filed at
Edmonton, Alberta, Canada.

REG 3413 (2007.06)

Surname
Nom **Twin**

Given Names
Prénoms **Wesley Irving Joseph**

Date of Birth
Date de naissance **Apr 03, 1973** Sex
Sexe **M**

Place of Birth
Lieu de naissance **Slave Lake**

Registration No.
N° d'enregistrement **1973-08-009138**

Registration Date
Date d'enregistrement **Apr 21, 1973** Date Issued
Délivré le **Jun 03, 2008**

Name of Mother
Nom de la mère **Cardinal, Yvonne Doris**

Place of Birth
Lieu de naissance **Alberta**

Name of Father
Nom de père **Twin, Walter Felix**

Place of Birth
Lieu de naissance **Alberta**



BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	ALEXANDER			LENNON LUKE			TWIN		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	1919-151 AVE			EDMONTON		AB	T5Y 1W1	CANADA	
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	23	JAN	2005	BIRTH CERTIFICATE ¹		AB 00194456			
	Day	Month	Year			Number			
PLACE OF BIRTH	EDMONTON - AB			COUNTRY CANADA					
Telephone	(780) 628 2374					Email Address			
	Home Phone	Home Fax	Cell Phone	Work Phone					
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			
		✓							

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

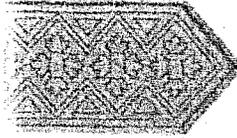
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION											
NAME OF MOTHER			KERRI TWIN			NAME OF FATHER			WESLEY TWIN		
DATE OF BIRTH			22 DEC 1975			DATE OF BIRTH			03 APR. 1973		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS			1919-151 AVE EDMONTON. AB			Address			1919-151 AVE EDMONTON. AB T5Y 1W1		
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T5Y 1W1						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH						IF DECEASED - DATE OF DEATH					
			Day Month Year						Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER						NAME OF MATERNAL GRANDFATHER					
DATE OF BIRTH						DATE OF BIRTH					
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH						DATE OF BIRTH					
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE			I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE		

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7



BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



Certified extract from
Registration of Birth filed at
Edmonton, Alberta, Canada.

Extrait certifié conforme
de l'enregistrement
de naissance.
Edmonton, Alberta, Canada.

L. Beveridge
Laurie Beveridge
Director of Vital Statistics

REG 3413 (2008/01)

Surname
Nom **Twin**

Given Names
Prénoms **Alexander Lennon Luke**

Date of Birth
Date de naissance **Jan 23, 2005** Sex
Sexe **M**

Place of Birth
Lieu de naissance **Edmonton**

Registration No.
N° d'enregistrement **2005-08-001708**

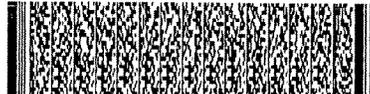
Registration Date
Date d'enregistrement **Jan 31, 2005** Date Issued
Délivré le **May 29, 2009**

Name of Mother
Nom de la mère **Kerr, Kerri-Lynne**

Place of Birth
Lieu de naissance **Manitoba**

Name of Father
Nom de père **Twin, Wesley Irving Joseph**

Place of Birth
Lieu de naissance **Alberta**



A B 0 0 1 9 4 4 5 6

ENTERED MAY 17 2010

RECEIVED MAY 17 2010 146

BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME		Darcy			Alexander			TWIN			
		First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS		P.O. Box 58			Slave Lake			AB.	T06 2A0	Canada	
		Apt/P.O. Box			Street Address			Town	Prov	Postal Code	
DATE OF BIRTH		9	August		1977		BIRTH CERTIFICATE ¹		Number		
		Day	Month		Year						
PLACE OF BIRTH		Slave Lake, Alberta				COUNTRY		Canada			
Telephone				(780) 940-9164				Email Address			
		Home Phone		Home Fax		Cell Phone		Work Phone			
STATUS NUMBER		370-01	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
										IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.											
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		My father was Chester, his father was Paul, his father was Charles.					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Autumn Twin Logan Twin River			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			Common Law spouse is Brianne Bateman Newborn son: River Twin			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		Treaty Indian									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		I am a descendant from the original Treaty 8 signatory for Sawridge.									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Have lived on the Sawridge Reserve since 1978.					
MARITAL STATUS (check one)		Married	Single	Divorced	Widowed	Common-Law	<input checked="" type="checkbox"/>	Other (Specify)			

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION																			
NAME OF MOTHER			Dehlia Neesotasis				NAME OF FATHER			Chester Neesotasis									
DATE OF BIRTH			21	February		1953	DATE OF BIRTH			01	October		1941						
			Day	Month		Year				Day	Month		Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Non status				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Treaty Indian									
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454-00082-02				IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		454-00082-01			
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?						DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS			P.O. Box 1653 Slave Lake, AB T0G 2A0 Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS			P.O. Box 1653 Slave Lake, AB T0G 2A0 Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country									
IF DECEASED - DATE OF DEATH			05	January		2009	IF DECEASED - DATE OF DEATH			22	January		1996						
			Day	Month		Year				Day	Month		Year						
GRANDPARENTS INFORMATION																			
NAME OF MATERNAL GRANDMOTHER			Myrtle Gervais				NAME OF MATERNAL GRANDFATHER			Ambrose Gervais									
DATE OF BIRTH			13	June		1914	DATE OF BIRTH			17	December		1919						
			Day	Month		Year				Day	Month		Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Non status				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Non status									
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?						DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER			Irene Neesotasis				NAME OF PATERNAL GRANDFATHER			Paul Neesotasis									
DATE OF BIRTH			05	December		1905	DATE OF BIRTH												
			Day	Month		Year				Day	Month		Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Non status				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			status Indian									
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?						DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE									DATE			May 13 / 10							
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.																			

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Grace		Erika		Worden		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	Box 262	Paunton			SK	S0M 250	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	22	10	1987	BIRTH CERTIFICATE ¹		Number	
	Day	Month	Year				
PLACE OF BIRTH	Edmonton Alberta			COUNTRY		Canada	
Telephone			(306) 480-2636			Kenzie_Deshea@live.ca	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	3400-218801	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		Never Enfranchised					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Grand Fathers name is chester Alexander Neeshotasis (Twin) # 4540008201 Indian registration Fathers name is william August McDonald status number 4540093701				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Kenzie Deshea Kasokeo Kazley Tahilia harmony Worden		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Registered Indian						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Grand Father chester Alexander Neestasis (Twin) was a registered band member						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Grand Father chester Alexander Neestasis (Twin) lived on sawridge Reserve till he passed away				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	
		<input checked="" type="checkbox"/>					

BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION													
NAME OF MOTHER			Sylvia June Worden				NAME OF FATHER			William August McDonald			
DATE OF BIRTH			Day Month Year				DATE OF BIRTH			13 08 66			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Registered Indian				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Registered Indian			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, WHAT IS HER BAND NUMBER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS			Box 262 paynton sk som 230 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS			7719-188st Edmonton AB T5T 5S4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH			Day Month Year				IF DECEASED - DATE OF DEATH			Day Month Year			
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER			Sylvia Jimmy				NAME OF MATERNAL GRANDFATHER			Russel Rice			
DATE OF BIRTH			26 01 1946				DATE OF BIRTH			18 12			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Registered Indian				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Non status			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER			Mary Lucille McDonald				NAME OF PATERNAL GRANDFATHER			Chester Alexander Neeshobasi			
DATE OF BIRTH			05 12 1945				DATE OF BIRTH			01 10 1941			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			unregistered Indian				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Registered Indian			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE			Stace Worden				DATE			July 25 2011			
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.													

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
 801, 4445 Calgary Trail NW
 Edmonton, AB T6H 5R7

**Paul Bujold –
Answers to
Undertakings –
UT #29**

Such notification, your consent is assumed.

From: Kindrake, E. James [<mailto:E.James.Kindrake@JUSTICE.GC.CA>]
Sent: Tuesday, November 22, 2011 2:38 PM
To: Marco S. Poretti
Subject: Sawridge Trusts Application Notifications

Hello Marco,

The letter, to all the affiliates and minors we could identify, went out to their last known addresses on November 8th, 2011.

It went to 374 persons of whom 60 appeared to be minors.

I trust this is satisfactory and our voluntary role to assist is completed.

As for your proposed meeting with the two Counsel the Public Trustee has retained, I will seek instructions about attending --if the two Counsel have no objections, of course.

Regards

E. James Kindrake
Senior Counsel, Aboriginal Law Services | Avocat Principal, Services de droit des autochtones
Prairie Region | Région des prairies
Department of Justice Canada | Ministère de la Justice Canada

EPCOR Tower

300, 10423 – 101st Street | 300, 10423 – rue 101

Edmonton, AB T5H 0E7

tel. | tél.: (780) 495-6427

fax | téléc.: (780) 495-2964

james.kindrake@justice.gc.ca

Government of Canada | Gouvernement du Canada

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**Paul Bujold –
Answers to
Undertakings –
UT #31**

1985 Trust Minor Beneficiaries as of 30 August 2011

Beneficiaries	Non-Beneficiaries	Birthdate	Age	Status	Address	Town	Prov	Code	Category
Lamouche-Twin, Everett (Justin Twin)		05/10/2003	10.8	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Lamouche-Twin, Justice (Justin Twin)		02/04/2001	13.3	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Lamouche-Twin, Kaitlyn (Justin Twin)		24/08/2007	6.9	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Lamouche-Twin, Maggie (Justin Twin)		27/03/2009	5.3	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Moodie, Jorja L. (Jeanline Potskin)		29/01/2008	6.5	Minor as of 30 August 2011	5111-54 Street	Bonnyville	AB	T9N 2B3	Child of Unmarried Female Band member
Potskin, Ethan E.R. (Trent Potskin)		15/01/2004	10.5	Minor as of 30 August 2011	13540 Woodcraft Avenue NW	Edmonton	AB	T5M 3L9	Child of Unmarried Female Band member
Potskin, Jaise A. (Jeanline Potskin)		25/03/2003	11.3	Minor as of 30 August 2011	5111-54 Street	Bonnyville	AB	T9N 2B3	Child of Unmarried Female Band member
Potskin, Talia M.L. (Trent Potskin)		16/03/2010	4.4	Minor as of 30 August 2011	13540 Woodcraft Avenue NW	Edmonton	AB	T5M 3L9	Child of Unmarried Female Band member
Twin, Alexander L. (Wesley Twin)		23/01/2005	9.5	Minor as of 30 August 2011	1919-151 Avenue	Edmonton	AB	T5Y 1W1	Child of Male Band member
Twin, Autumn J. (Darcy Twin)		26/09/2002	11.8	Minor as of 30 August 2011	P.O. Box 58	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twin, Logan F. (Wesley Twin)		20/09/2001	12.8	Minor as of 30 August 2011	1919-151 Avenue	Edmonton	AB	T5Y 1W1	Child of Male Band member
Twin, Justice W. (Wesley Twin)		17/04/2007	7.3	Minor as of 30 August 2011	P.O. Box 58	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twin, Rainbow (Winona Twin)		31/05/1998	16.2	Minor-Admitted after 30 Aug 2011	P.O. Box 1337	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twin, River C. (Darcy Twin)		03/05/2010	4.2	Minor as of 30 August 2011	P.O. Box 58	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twin, Starr (Winona Twin)		29/11/2002	11.7	Minor-Admitted after 30 Aug 2011	P.O. Box 1337	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twin, Alexander G. (Roland Twinn)		01/10/1997	16.8	Minor-Admitted after 30 Aug 2011	P.O. Box 1307	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twinn, Clinton (Irene Twinn)		03/02/1997	17.5	Minor as of 30 August 2011	P.O. Box 402	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twinn, Corey R. (Ardell Twinn)		18/01/1994	20.5	Adult-Admitted after 30 Aug 2011	P.O. Box 191	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twinn, Kaitlyn (Paul Twinn)		23/02/1995	19.4	Adult after 30 Aug 2011	P.O. Box 2331	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twinn-Vincent, Seth (Arlene Twinn)		01/07/2001	13.1	Minor as of 30 August 2011	P.O. Box 121	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twinn-Vincent, W. Chase (Arlene Twinn)		31/07/1998	16.0	Minor as of 30 August 2011	P.O. Box 121	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
	Awad, Zayna (Winona Twin)	02/11/2010	3.7	Minor as of 30 August 2011	P.O. Box 1337	Slave Lake	AB	T0G 2A0	Child of Female Band member who married a Non-Band member
	Awad, Zayne (Winona Twin)	02/11/2010	3.7	Minor as of 30 August 2011	P.O. Box 1337	Slave Lake	AB	T0G 2A0	Child of Female Band member who married a Non-Band member
	Burd, Svea A. (Denise Midbo)	24/06/1994	20.1	Adult after 30 Aug 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Female Band member Admitted Post-1985
	Midbo, Casey E. (David Midbo)	08/03/2003	11.4	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Ethan R. (David Midbo)	08/08/2004	10.0	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Kieran P. (David Midbo)	20/02/1998	16.4	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Kylee M. (David Midbo)	17/10/2010	3.8	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Sydney (David Midbo)	26/02/2006	8.4	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Tristan G. (David Midbo)	28/09/2001	12.8	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Morton, Caelyn O. (Deana Morton)	09/09/2009	4.9	Minor as of 30 August 2011	341 Calderon Crescent	Edmonton	AB	T6V1R4	Child of Female Band member Admitted Post-1985

1985 Trust Minor Beneficiaries as of 27 May 2014

Beneficiaries	Non-Beneficiaries	Birthdate	Age	Status	Address	Town	Prov	Code	Category
Lamouche-Twin, Everett (Justin Twin)		05/10/2003	10.8	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Lamouche-Twin, Justice (Justin Twin)		02/04/2001	13.3	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Lamouche-Twin, Kalyn (Justin Twin)		24/08/2007	6.9	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Lamouche-Twin, Maggie (Justin Twin)		27/02/2009	5.3	Minor as of 30 August 2011	P.O. Box 462	Slave Lake	AB	T0G 2A0	Child of Male Band member
Moodie, Jorja L. (Jeanine Potskin)		29/01/2008	6.5	Minor as of 30 August 2011	5111-54 Street	Bonnyville	AB	T9N 2B3	Child of Unmarried Female Band member
Potskin, Ethan E.R. (Trent Potskin)		15/01/2004	10.5	Minor as of 30 August 2011	135-40 Woodcraft Avenue NW	Edmonton	AB	T5M 3L9	Child of Male Band member
Potskin, Jaise A. (Jeanine Potskin)		25/03/2003	11.3	Minor as of 30 August 2011	5111-54 Street	Bonnyville	AB	T9N 2B3	Child of Unmarried Female Band member
Potskin, Talia M.L. (Trent Potskin)		16/03/2010	4.4	Minor as of 30 August 2011	135-40 Woodcraft Avenue NW	Edmonton	AB	T5M 3L9	Child of Male Band member
Potskin, William (Aaron Potskin)		19/09/2013	0.8	Born after 30 Aug 2011	1638 Avenue B North	Saskatoon	SK	S7L 1H3	Child of Male Band member
Robberstad, Jacyln (Jaclyn Twin)		04/07/2011	3.1	Minor as of 30 August 2011	P.O. Box 992	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twin, Alexander L. (Wesley Twin)		23/01/2005	9.5	Minor as of 30 August 2011	1919-151 Avenue	Edmonton	AB	T5Y 1W1	Child of Male Band member
Twin, Autumn J. (Darcy Twin)		26/09/2002	11.8	Minor as of 30 August 2011	P.O. Box 58	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twin, Destin D. (Jaclyn Twin)		24/06/2008	6.1	Minor as of 30 August 2011	P.O. Box 992	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twin, Justice W. (Wesley Twin)		20/09/2001	12.8	Minor as of 30 August 2011	1919-151 Avenue	Edmonton	AB	T5Y 1W1	Child of Male Band member
Twin, Logan F. (Darcy Twin)		17/04/2007	7.3	Minor as of 30 August 2011	P.O. Box 58	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twin, River C. (Darcy Twin)		03/05/2010	4.2	Minor as of 30 August 2011	P.O. Box 58	Slave Lake	AB	T0G 2A0	Child of Male Band member
Twin, Clinton (Irene Twinn)		03/02/1997	17.5	Minor as of 30 August 2011	P.O. Box 402	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twinn-Vincent, Seth (Arlene Twinn)		01/07/2001	13.1	Minor as of 30 August 2011	P.O. Box 121	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
Twinn-Vincent, W. Chase (Arlene Twinn)		31/07/1998	16.0	Minor as of 30 August 2011	P.O. Box 121	Slave Lake	AB	T0G 2A0	Child of Unmarried Female Band member
	Awad, Zayna (Winona Twin)	02/11/2010	3.7	Minor as of 30 August 2011	P.O. Box 1337	Slave Lake	AB	T0G 2A0	Child of Female Band member who married a Non-Band member
	Awad, Zayne (Winona Twin)	02/11/2010	3.7	Minor as of 30 August 2011	P.O. Box 1337	Slave Lake	AB	T0G 2A0	Child of Female Band member who married a Non-Band member
	Midbo, Casey E. (David Midbo)	08/03/2003	11.4	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Ethan R. (David Midbo)	08/06/2004	10.0	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Kendra J. (David Midbo)	05/07/2012	2.0	Born after 30 Aug 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Kieran P. (David Midbo)	20/02/1998	16.4	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Kylee M. (David Midbo)	17/10/2010	3.8	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Sydney (David Midbo)	26/02/2006	8.4	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Midbo, Tristan G. (David Midbo)	28/09/2001	12.8	Minor as of 30 August 2011	20 Newport Drive	Sherwood Park	AB	T8A 5L3	Child of Male Band member Admitted Post-1985
	Morton, Caelyn O. (Deana Morton)	09/09/2009	4.9	Minor as of 30 August 2011	341 Calderon Crescent	Edmonton	AB	T6V 1R4	Child of Female Band member Admitted Post-1985

**Questioning of
Elizabeth Poitras –
Exhibit W
For
Identification**



Fax

Exhibit W For Identification
Date: April 9, 2015
Exam. of: Elizabeth Peitras
Court Reporter: Susan Stetter, CSR (A)

To: Mike From: Honora
Fax: _____ Pages: 8
Phone: _____ Date: JAN 9/01
Re: _____ CC: _____

- Urgent For Review Please Comment Please Reply Please recycle

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● Comments:

As discussed

Questions

- When was mother married?

Application 2 (A) (xiv) States mother became Band member in 1950

Application 2 (A) (v) States mother became member by marriage

Application 2 (A) (iv) States mother was member when Poitras born

Application 1 (D) States Poitras born March 17, 1944

Application B (v) Indicates father was married when Poitras born

- Where did father live?

Application 2 (B) (viii) States father always lived on the reserve

Application 2 (B) (vi) Says father lived at Kinuso when she was born

- How come mother wasn't Indian at birth?

Application 2 (C) (iv) Indicates mother's mother was Indian - Sturgeon Band

Application 2 (A) (v) Says got status by marriage

- How come claims 100% aboriginal blood but know nothing about her maternal grandpa?

Application 2 (D) No information on maternal grandpa

Application 1 (P) Claims 100% aboriginal blood

- If mother was fostered and adopted (2 (D) (viii))

Who was real grandmother?

Who were adoptive parents?

- Who lived with you in Slave Lake?

Question 4 (a) says some did and then says she has not resided with anyone else.

- Financial information indicates income of \$37,000 and a monthly budget of \$2600.00 (Questions 5A and B) - she indicates in 5(B)(ii) that she is just making it. But budget indicates >1 person (food 750/rent 650 ...)
- Does husband work? Note 5F indicates some spousal support.
- If so, where does his dollars go?
- If not, why not?
- How is it that she owes \$27,500 on a \$23,500 car? - Question 5(C).
- In question 5(D) she indicates monthly payments of \$897.00. These items do not appear to be included in budget [5(B)(i)] yet her monthly income of \$2600 would more than take all after tax dollars of her \$37,000 income. How is she making these payments?
- Claims she can fluently speak/understand/read/write Cree.
- Question 8(J)
- Says she is frustrated because others reinstated but she has had application form for years and only just applied.
- Question 8(F)
- Says she want to be warmly accepted without friction - why did she sue Band?
- Question 9(B)
- Claims a right to share in resources. Didn't she already receive a per capita share.
- Question 9(C)
- Wants a house/job/golf membership/retirement/vacation/to go south in winter.
- Does she expect Band to pay for all this?
- Doesn't she have a home?
- Doesn't she have a job?
- Doesn't she golf now?
- Does she travel now?
- Who pays now?

- Question 10(3)

Does not indicate plans for future education - does she have any?

- Question 14

In what "lucrative" manner does she expect the Band to provide for her?

- Question 15

What is her quest for justice?

- Question 16

What other expectations does she have?

- Question 18(A)

Refuses to go on probation

- Question 18(B)

Does not feel she should have to buy her membership.

DEFICIENCIES

- No passport photo (sent AVC temporary card)
- 1(D.1) (ii) (e) (iv) Did not say how spent enfranchisement money
- 1(G) Did not indicate dates lived at Kinuso - Sawridge as child
- 1(M.1) Child #1 No residence information after 1987
- Child #2 No residence information after 1990
- Child #4 No residence information after 1991
- Child #5 No residence information
- Child #6 No residence information
- Child #7 No residence information
- 1(P) No calculation of aboriginal blood
- 2(A) (vi) No marriage certificate for parents
- 2(A) xi) No calculation of mothers aboriginal blood
- 2(B) (v) No marriage certificate for parents
- 2(B) (x) No explanation of fathers aboriginal blood
- 2(B) (xi) No indication of when father was Councillor
- 2(C) (vi) No indication of maternal grandma marital status at ma's birth
- 2(vi) No marriage certificate etc. for maternal grandma

- 2 (C) (vii) No indication if maternal grandma lived on reserve at ma's birth
- 2 (C) (x) No indication of maternal grandma's residence
- 2 (C) (xi) No explanation of maternal grandma's blood calculation
- 2 (D) No information on maternal grandpa
- 2 (E) (iii) No information on when/where paternal grandma born
- 2 (E) (vi) No copy of paternal grandma's marriage certificate
- 2 (E) (vii) No information on residence of paternal grandma when dad born
- 2 (B) (ii) Doesn't say when dad born
- 2 (A) (iii) Doesn't say when mom born
- 2 (E) (iv) Does not indicate paternal grandma's Band
- 2 (E) (x) No information on residence on paternal grandma
- 2 (E) (xi) No indication of % of Indian blood
No calculation of Indian blood
- 2 (E) (xii) No indication of languages paternal grandma spoke or how well spoken
- 2 (E) (xiii) No indication of paternal grandma's education
- 2 (E) (xiv) No indication of paternal grandma positions
- 2 (F) (ii) No indication of paternal grandpas place/date of birth.
No birth certificate of paternal grandpa
- 2 (F) (v) No marriage certificate of paternal grandpa

- 2 (F) (vi) No information on residence of paternal grandpa at dad's birth
- 2 (F) (ix) No information on residence of paternal grandpa
- 2 (F) (x) No calculation of aboriginal blood
- 2 (F) (xiii) No information on positions of paternal grandpa
- 3 (B) No information on residence of brothers
- 3 (D) Incomplete information on sisters (2 missing all information) plus two others missing Band membership information.
- All missing dates of residence
- 4 (A) No information on cousins/relatives that resided with her
- 7 No information on salaries or reasons for leaving
- No information on previous job's
- 8 (D) Does not describe activities/relationship/history re: mother
- 10 (1) No information on primary/secondary education
- No information on dates attended school
- 11 (5) Does not indicate when she stopped smoking
- 12/13/14/15/16 Essays - none of them are the minimum length
- 13 Does not indicate how she plans to contribute to the Band in the future
- 17 One of the letters of reference is from a vice principal and not a principal (but she is probably a teacher).

- 18 (C) (D) (E) Does not answer questions about probation period
- 19 (A) Does not say how often she visits family members
- 19 (B) Does not indicate how often she talks to family members
- 19 (C) Does not indicate activities with other family members
- 19 (D) No essay on closeness with family

**Paul Bujold –
Questioning
May 27-28, 2014**

1 A That is correct.

2 (Discussion off the record.)

3 Q MS. HUTCHISON: Mr. Bujold, just looking at the
4 1982 Trust to begin with, can you help me a bit with, I
5 am just looking at the names of the trustees in the
6 first 1982 Trust. Walter Patrick Twinn, Walter Felix
7 Twin, and George Twin?

8 A Right.

9 Q Do you know what the relationship was between those
10 three individuals? Were they brothers, cousins?

11 A Well, Walter Patrick Twinn is a cousin to Walter Felix
12 Twin.

13 Q Okay.

14 A And a brother to George Twin.

15 Q Okay. And is it your understanding that at the time
16 the 1982 Trust was created Walter Patrick Twinn, Walter
17 Felix Twin, and George Twin were the only members of
18 Chief and Council for Sawridge First Nation?

19 A Yes.

20 Q Okay. And then when we turn to Exhibit D which is the
21 1985 Trust, am I correct in understanding that Walter
22 Patrick Twinn, George V. Twin, and Samuel G. Twin were
23 the councillors of Sawridge First Nation in 1985?

24 A That is right.

25 Q Okay. And what was the relationship as far as you know
26 between Walter Patrick Twinn and Samuel G. Twin?

27 A They were brothers as well.

1 Q Okay. And just out of curiosity, any idea why the Twin
2 name is spelt with two N's in some places and one in
3 others?

4 A Yes. Walter Patrick Twinn and Walter Felix Twin had
5 the same name.

6 Q Okay.

7 A And so it caused confusion and so they added a double N
8 on Walter Patrick Twinn's name, even though -- because
9 he never went by Walter Patrick, he went by Walter.
10 And Walter Felix actually started going by Walter
11 Felix, so everybody knows him as Walter Felix Twin, but
12 the name, just so that there is no confusion, is spelt
13 differently.

14 Q Thank you, that is very helpful. And the George V.
15 Twin that is referred to here in the 1985 Trust is the
16 same, that is the George Twin as referred to in the
17 1982 one?

18 A Yes.

19 Q Okay. Turning to the 1986 Trust, which is Exhibit C to
20 your Affidavit, I see that the trustees for that Trust
21 are Chief Walter P. Twinn, Catherine Twinn and George
22 Twin?

23 A Yes.

24 Q So George again is Walter Patrick's brother?

25 A Yes.

26 Q Catherine Twinn was Walter Patrick's wife at that time?

27 A That is right.

1 Q Was she also a member of Chief and Council at that
2 time?

3 A No.

4 Q Has she ever been a member?

5 A Never.

6 Q Never been on council?

7 A Never.

8 Q Okay. If we could just flip to your September 12th,
9 2011 Affidavit for a moment, paragraph 3, where you
10 list the five trustees of the 1985 Trust?

11 A Yes.

12 Q Bertha L'Hirondelle, Clara Midbo, Catherine Twinn,
13 Roland C. Twinn, and Walter Felix Twin, are those still
14 the trustees as of today's date?

15 A No.

16 Q Who are the current trustees?

17 A Walter Felix Twin resigned the 21st of January of this
18 year, 2014.

19 Q Okay.

20 A And was replaced by Everett Justin Twin, single N Twin.

21 Q And sorry, Everett Justin?

22 A He goes by Justin, but his legal name is Everett,
23 E-V-E-R-E-T-T.

24 Q So that would be the same Justin Twin that is currently
25 a member of Chief and Council for Sawridge First
26 Nation?

27 A That is right.

1 Q Okay. And so I understand that Walter Felix Twin also
2 resigned from the Membership Review Committee?

3 A I understand that. It is not -- we don't know who sits
4 on that committee anymore.

5 Q Okay. So in terms of Walter Felix Twin's resignation
6 from the Trust, did he give any reasons for his
7 resignation?

8 A He was aged and ill. He had just had major surgery.

9 Q Sorry to hear that.

10 A Yes.

11 Q Now just so that I can try to get a bit of a sense of
12 the trustees, then. Bertha L'Hirondelle was Walter
13 Patrick Twinn's sister, or is his sister?

14 A Right.

15 Q Clara Midbo is also his sister?

16 A Yes.

17 Q Catherine Twinn is his widow?

18 A Right.

19 Q And Roland C. Twinn, was that Walter Patrick's son?

20 A Yes.

21 Q And Walter Felix Twin, when he was a trustee, was
22 Walter Patrick's brother?

23 A Cousin.

24 Q Cousin, right. And what relationship, if any, did
25 Everett Justin Twin have to Walter Patrick?

26 A Justin is the son of Vera Twin, Vera McCoy as she is
27 known now, but she was Vera Twin, and I think she is

1 the niece of Walter Patrick and Bertha and Clara.

2 Q Okay.

3 A So that makes Justin their --

4 Q That is okay.

5 A -- nephew once removed.

6 Q We will figure that out.

7 A Okay.

8 Q But Vera was Walter Patrick's niece?

9 A Yes.

10 Q Do you know who her mother was?

11 A Pauline.

12 Q Twin?

13 A Yes.

14 Q And Pauline was one of Walter Patrick's sisters?

15 A Sisters.

16 Q Okay. Now I understand the other current member of
17 Chief and Council, and there are only three members of
18 Chief and Council, correct?

19 A Yes.

20 Q Is Winona Twin?

21 A Yes.

22 Q And what is her relationship to either Walter Patrick
23 or --

24 A She is Justin's sister.

25 Q Okay.

26 A But they were raised by different people.

27 Q Okay. But by birth they are brother and sister?

1 A Right.

2 Q Mr. Bujold, I will probably ask this question by way of
3 undertaking unless you have a very good memory, but
4 what I am interested in is getting a list of who sat on
5 Sawridge First Nation Chief and Council from 1985 until
6 present. And the second undertaking would be to advise
7 me who the Sawridge trustees were from 1985 to present.
8 And if you could break it up as terms that they sat,
9 you know, if they had multiple terms, just give me the
10 date range, that would be super.

11 A I can do that for the trustees.

12 Q Okay.

13 A But I can't do it off the top of my head. I will have
14 to look it up.

15 Q That is fantastic.

16 A And the Chief and Council, I have no idea. So we would
17 have to get that information.

18 Q If you could certainly make inquiries, perhaps, of the
19 trustees if they might be able to assist on that? Your
20 counsel will have a very good understanding of the
21 scope of information that you are required to actually
22 ask. So if you are able to provide it that is super.

23 MS. BONORA: We will undertake to provide the
24 Sawridge list of trustees. We will make our best
25 efforts to try and get the information on Chief and
26 Council since 1985.

27 MS. HUTCHISON: Thank you.

1 UNDERTAKING NO. 1:
2 RE PROVIDE LIST OF WHO SAT ON SAWRIDGE
3 FIRST NATION CHIEF AND COUNCIL FROM 1985
4 UNTIL PRESENT.

5 UNDERTAKING NO. 2:
6 RE ADVISE WHO THE SAWRIDGE TRUSTEES WERE
7 FROM 1985 TO PRESENT, BREAKING IT UP
8 INTO TERMS THAT THEY SAT IF THEY HAD
9 MULTIPLE TERMS, AND PROVIDE DATE RANGE.

10 Q MS. HUTCHISON: So I am still on our list of
11 trustees for now. So let's start with the new trustee,
12 Mr. Bujold. He is Justin Twin?

13 A Yes.

14 Q He is a member of Chief and Council?

15 A Yes.

16 Q Obviously he is a member of the Sawridge First Nation?

17 A Yes.

18 Q And by virtue of being a member of the Sawridge First
19 Nation he would also be a beneficiary of both Trusts,
20 the 1986 and '85?

21 A Yes, yes.

22 Q Okay. And is it your understanding that as a member of
23 the First Nations he would also be a member of the
24 Appeal Committee for membership issues? Are you aware
25 of that structure?

26 A The Appeal Committee are all of the electors, and I
27 would presume he is an elector.

1 Q Okay.

2 A But I don't know.

3 Q So the Appeal Committee is electors, not necessarily --
4 so there could be members that are not electors?

5 A Right.

6 Q Okay.

7 A There would probably be minors.

8 Q Okay. And do you know if Justin Twin sits on the
9 Membership Review Committee?, Did he take Walter
10 Felix's position on that, or you are not --

11 A I don't know.

12 Q Let's just go off for a second.

13 (Discussion off the record.)

14 Q MS. HUTCHISON: Mr. Bujold, your counsel just
15 reminded me that she gave me a list a week or so ago,
16 and the current members of the Membership Committee are
17 Vera McCoy, and she is the mother of Winona and Justin,
18 correct?

19 A That is correct.

20 Q Roland C. Twinn who is Chief of Sawridge?

21 A Yes.

22 Q Catherine Twinn, Walter Patrick's widow?

23 A Yes.

24 Q Bertha L'Hirondelle, Walter Patrick's sister?

25 A Yes.

26 Q And Arlene Twinn?

27 A Is Roland's sister.

1 Q Okay. And so Walter Patrick's daughter?

2 A Right. I don't know if I need to clarify this, but she
3 is -- Roland and Arlene are children of Walter's first
4 marriage.

5 Q Okay. And are there children of Walter and Catherine's
6 marriage as well?

7 A Yes.

8 Q Who are they?

9 A Walter Patrick; Samuel, I can't remember his second
10 name; and Isaac, and I can't remember his second name.

11 Q Okay. And none of those children are trustees?

12 A No.

13 Q And none of them are on council?

14 A No.

15 Q Do you know if they hold any particular positions
16 within the Nation?

17 A Not that I know of.

18 Q And no positions within the Trust?

19 A No.

20 Q They are beneficiaries of both Trusts?

21 A Yes, yes.

22 Q Okay. So other than the positions that we have just
23 talked about for Justin Twin, any other positions that
24 he holds in relation to the Sawridge Trust or the
25 Nation that you are aware of?

26 A In relation to the Trusts, no. In relation to the
27 First Nation, I am not aware of.

16

1 Q Any other one?

2 A No.

3 Q If you become aware of any other positions Justin Twin
4 holds within the First Nation, if you could advise us?

5 A Sure.

6 MS. BONORA: Well, it will always be under this
7 constant undertaking. So do you want us to undertake
8 to inquire, or?

9 MS. HUTCHISON: Sure.

10 MS. BONORA: I don't want to be under a constant
11 undertaking.

12 MS. HUTCHISON: Let's do it that way.

13 MS. BONORA: Okay.

14 MS. HUTCHISON: If you could undertake to advise us
15 of any other titles or positions Justin Twin holds
16 within the Sawridge First Nation.

17 UNDERTAKING NO. 3:
18 RE ADVISE OF ANY OTHER TITLES OR
19 POSITIONS JUSTIN TWIN HOLDS UNDER THE
20 SAWRIDGE FIRST NATION.

21 Q MS. HUTCHISON: Let's chat about Catherine Twinn
22 for a second. Catherine Twinn is a trustee of the
23 Sawridge Trust?

24 A Yes.

25 Q She was married to Walter Patrick Twinn?

26 A Yes.

27 Q Obviously she is a member of Sawridge?

1 A Yes.

2 Q And as far as you know, is she an elector?

3 A Yes.

4 Q Okay. So she would also be a member of the Membership
5 Appeal Committee as an elector?

6 A As far as the definition goes.

7 Q As far as you know, is she a beneficiary of both the
8 '85 and '86 Trust?

9 A Yes.

10 Q And Roland C. Twinn, the current Chief of Sawridge,
11 would be her stepson?

12 A Yes.

13 Q Okay. And Catherine Twinn was, are you aware of her
14 having a role in council or the Sawridge First Nation
15 litigation about the constitutionality about Bill C-31?

16 A Yes.

17 Q She played that role?

18 A Yes.

19 Q Does she continue to deal with membership issues in
20 that capacity?

21 A No.

22 Q And you have told me that she has never sat on Chief
23 and Council?

24 A Not that I am aware of.

25 Q Okay.

26 MS. HUTCHISON: Ms. Bonora, if I could ask you to
27 undertake to inquire whether or not Catherine Twinn has

1 actually ever been a member of Chief and Council.

2 MS. BONORA: We will give that to you in our
3 earlier undertaking, so I don't need to give you
4 another one.

5 MS. HUTCHISON: That is right.

6 Q MS. HUTCHISON: And Catherine Twinn sits on the
7 Membership Review Committee?

8 A Yes, as far as I know.

9 Q Okay. Do you have any idea how long she has been on
10 the Membership Review Committee?

11 A No, I don't.

12 Q Okay. As of today are you aware of any other role that
13 Catherine Twinn holds for the Sawridge Trust?

14 A No.

15 Q Nothing, okay. Are you aware of any other roles or
16 positions, titles, that she has for the Sawridge First
17 Nation?

18 A No.

19 Q If I could ask you to undertake to inquire whether or
20 not Catherine Twinn does actually hold any other roles,
21 titles, positions, or fulfill any other
22 responsibilities for the Sawridge First Nation, other
23 than what we have discussed already.

24 UNDERTAKING NO. 4:

25 RE ADVISE WHETHER CATHERINE TWINN HOLDS
26 ANY OTHER ROLES, TITLES, POSITIONS, OR
27 FULFILLS ANY OTHER RESPONSIBILITIES FOR

1 THE SAWRIDGE FIRST NATION OTHER THAN
2 THAT PREVIOUSLY DISCUSSED.

3 Q MS. HUTCHISON: Bertha L'Hirondelle. We have
4 talked about the fact that she is a sister of Walter
5 Patrick Twinn?

6 A Yes.

7 Q My understanding is that Bertha L'Hirondelle was Chief
8 of Sawridge First Nation for a period of time?

9 A Yes.

10 Q And we will find out timing on that with the other
11 undertaking. Do you happen to know if she stopped --
12 when her last term as Chief ended?

13 A No. The only thing that I am aware of is she became
14 Chief when Walter Patrick died.

15 Q Okay.

16 A And she ceased to be Chief when she resigned and Roland
17 Twinn was elected.

18 Q Okay.

19 A But the first undertaking should give you that.

20 Q The time frame?

21 A That time frame.

22 Q Thank you. And Bertha L'Hirondelle, she is a member of
23 Sawridge First Nation?

24 A Yes.

25 Q As far as you are aware she is an elector of Sawridge
26 First Nation?

27 A Yes.

1 UNDERTAKING NO. 5:
2 RE ADVISE WHICH YEAR BERTHA L'HIRONDELLE
3 WAS ACCEPTED BACK INTO THE SAWRIDGE
4 FIRST NATION AS A MEMBER.

5 Q MS. HUTCHISON: And we have already talked about
6 Bertha also having a role in the Membership Review
7 Committee.

8 A Yes.

9 Q Do you know how long she sat in that position?

10 A No.

11 Q My understanding from your counsel, and perhaps I will
12 just ask if you have different information, is that the
13 current membership of the Membership Review Committee,
14 other than Walter Felix Twin's recent resignation, has
15 been essentially the same for approximately a decade.
16 Do you have any other information?

17 A No.

18 Q Okay. Other than the roles or the titles that we have
19 discussed for Bertha L'Hirondelle, are you aware of her
20 holding any other roles, titles, positions, or having
21 responsibilities for the Sawridge Trust?

22 A No.

23 Q Okay.

24 MS. BONORA: Perhaps let's just go off the
25 record for a second.

26 (Discussion off the Record.)

27 Q MS. HUTCHISON: Mr. Bujold, we just had a bit of a

1 chat off the record. I understand within the Sawridge
2 Trust structure, at least, other than the trustees and
3 yourself and the chairman, which is Brian Heidecker,
4 there are no other roles --

5 A No.

6 Q -- within the structure of the Trust?

7 A No, there aren't.

8 Q So no subcommittees, no other particular titles or
9 positions?

10 A No.

11 Q Okay. Thank you. That will save time. With Bertha
12 L'Hirondelle, are you aware of her holding any roles,
13 titles, positions or having other responsibilities
14 within the Sawridge First Nation?

15 A Yes.

16 Q And what are the other roles?

17 A She is an elected elder.

18 Q Okay.

19 A Under the constitution.

20 Q Any other roles that you are aware of?

21 A Not that I am aware of. She could have, but I am not
22 aware of them.

23 Q Ms. Bonora, I will ask for the same undertaking that we
24 have been asking for, just to check and confirm whether
25 or not Bertha L'Hirondelle holds any other roles,
26 titles, positions or has other significant
27 responsibilities within the Sawridge First Nation

23

1 structure?

2 MS. BONORA: Yes.

3 MS. HUTCHISON: Thank you.

4 UNDERTAKING NO. 6:

5 RE ADVISE IF BERTHA L'HIRONDELLE HOLDS
6 ANY OTHER ROLES, TITLES, POSITIONS OR
7 HAS OTHER SIGNIFICANT RESPONSIBILITIES
8 WITHIN THE SAWRIDGE FIRST NATION
9 STRUCTURE.

10 MS. BONORA: I am just going to say overall,
11 that anything to do with our inquiries of Sawridge
12 First Nation will just be on best efforts because we
13 can't actually undertake.

14 MS. HUTCHISON: I understand. I do understand. I
15 also appreciate that through the trustees you have a
16 fair repository of knowledge about the Nation, but.

17 MS. BONORA: Absolutely.

18 MS. HUTCHISON: But I completely understand that it
19 is a separate legal entity.

20 Q MS. HUTCHISON: Okay. Clara Midbo. We already
21 chatted about the fact that she is the sister of Walter
22 Patrick Twinn?

23 A Yes.

24 Q A member of Sawridge First Nation?

25 A Yes.

26 Q As far as you are aware, is she an elector of Sawridge
27 First Nation?

1 A As far as I am aware of.

2 Q And Clara would be also in a situation of being a
3 beneficiary of the '86 Trust but not the '85 Trust; is
4 that correct?

5 A That is correct.

6 Q And another individual who would become a beneficiary
7 of the 1985 Trust if the new definition were adopted?

8 A That is correct.

9 Q Are you aware of Clara holding any other roles, titles,
10 positions or having significant responsibilities within
11 the Sawridge First Nation?

12 A She is also an elected elder and I am not aware of any
13 other roles that she may have.

14 Q Okay. And I will just ask for the same best efforts
15 undertaking to find out if she does hold any other
16 roles, titles, positions or responsibilities, Ms.
17 Bonora. Thank you.

18 MS. BONORA: Yes.

19 UNDERTAKING NO. 7:

20 RE DETERMINE IF CLARA MIDBO HOLDS ANY
21 OTHER ROLES, TITLES, POSITIONS OR
22 RESPONSIBILITIES WITH SAWRIDGE FIRST
23 NATION.

24 Q MS. HUTCHISON: Roland Twinn. So Chief of
25 Sawridge?

26 A Yes.

27 Q At the present time. Are you aware of, and you may not

1 be, but are you aware of his role as principal
2 financial officer under the Sawridge Financial
3 Administration Act?

4 A I am not aware.

5 Q Not aware of it, okay. He is a member of Sawridge
6 First Nation, obviously. And as far as you know he
7 would be an elector?

8 A As far as I know.

9 Q Is Roland the beneficiary of both the '85 and '86
10 Trust?

11 A Yes, he is.

12 Q And we have confirmed that he is on the Membership
13 Review Committee?

14 A Yes.

15 Q Any other roles, titles, positions or responsibilities
16 that you are aware of Roland Twinn holding for the
17 Sawridge First Nation?

18 A I am not aware of any.

19 MS. HUTCHISON: We will ask for the same
20 undertaking, Ms. Bonora, to check on that.

21 MS. BONORA: Yes.

22 UNDERTAKING NO. 8:

23 RE ADVISE IF ROLAND TWINN HOLDS ANY
24 OTHER ROLES, TITLES, POSITIONS OR
25 RESPONSIBILITIES FOR SAWRIDGE FIRST
26 NATION.

27 Q MS. HUTCHISON: Now Walter Felix Twin, and I do

1 determine whether or not there are any other
2 guidelines, policies, contracts, that relate to code of
3 conduct or conflict of interest, or dealing with
4 conflict of interest in relation to Sawridge First
5 Nation Chief and Council, the Membership Review
6 Committee, the Elders Commission, or the Membership
7 Appeal Committee, other than what you have already
8 provided to us which is the Governance Act and the
9 Constitution Act, if you could undertake to use best
10 efforts and advise.

11 MS. BONORA: I don't think that we will provide
12 the undertaking with respect to all of Sawridge First
13 Nation.

14 MS. HUTCHISON: Okay.

15 MS. BONORA: We are prepared to provide you with
16 the Membership Committee and Membership Appeal
17 Committee. But I don't think the whole of Sawridge
18 First Nation is relevant to these proceedings. But we
19 will give the undertaking on membership.

20 MS. HUTCHISON: I would also like it in relation to
21 Chief and Council.

22 MS. BONORA: I don't understand the relevance.
23 I'm happy to hear it, but I don't understand the
24 relevance with respect to Chief and Council and these
25 Trusts.

26 MS. HUTCHISON: The relevance, I would suggest, is
27 that Chief and Council is actually the decision maker

31

1 on membership issues. So in the membership process, as
2 I understand it, the Membership Review Committee makes
3 a recommendation to Chief and Council and then Chief
4 and Council make a decision to accept or reject. Is
5 that your understanding, Mr. Bujold?

6 A That is my understanding.

7 MS. HUTCHISON: So Chief and Council being
8 inherently involved in the membership process I would
9 suggest makes that relevant.

10 MS. BONORA: So what specifically are you asking
11 for with respect to Chief and Council?

12 MS. HUTCHISON: Whether are not there are any codes
13 of conduct or any policies or legislation -- I
14 understand the Nation refers to their policies as acts
15 as a general rule, really any documentation that would
16 deal with codes of conduct and conflicts of interest
17 for Chief and Council. If there is one specific to the
18 membership decision, that is really all I am interested
19 in.

20 MS. BONORA: We will give an undertaking to
21 provide code of conduct, conflict of interest issues,
22 make our best efforts, for Chief and Council specific
23 to membership. So that what is what we are prepared to
24 do.

25 MS. HUTCHISON: Thank you.

26 UNDERTAKING NO. 11:

27 RE ON A BEST EFFORTS BASIS DETERMINE

**Affidavit of
Paul Bujold –
September 12, 2011
Exhibit K**

This is Exhibit "K" referred to in the Affidavit of Paul Bujold Sworn before me this 12 day of September A.D. 20 11

THE SAWRIDGE TRUST
DECLARATION OF TRUST

A. Magnan
Notary Public, A Commissioner for Oaths in and for the Province of Alberta
Catherine A. Magnan
My Commission Expires 29, 20 12

THIS TRUST DEED made in duplicate as of the 15th day of August, A.D. 1986.

BETWEEN:

CHIEF WALTER P. TWINN,
of the Sawridge Indian Band, No. 19, Slave Lake, Alberta
(hereinafter called the "Settlor")

OF THE FIRST PART,

- and -

CHIEF WALTER P. TWINN, CATHERINE TWINN and GEORGE TWIN,
(hereinafter collectively called the "Trustees")

OF THE SECOND PART,

WHEREAS the Settlor desires to create an inter vivos trust for the benefit of the members of the Sawridge Indian Band, a band within the meaning of the provisions of the Indian Act R.S.C. 1970, Chapter I-6, and for that purpose has transferred to the Trustees the property described in the Schedule attached hereto;

AND WHEREAS the parties desire to declare the trusts, terms and provisions on which the Trustees have agreed to hold and administer the said property and all other properties that may be acquired by the Trustees hereafter for the purposes of the settlement;

NOW THEREFORE THIS DEED WITNESSETH THAT in consideration of the respective covenants and agreements herein contained, it is hereby covenanted and agreed by and between the parties as follows:

- 2 -

1. The Settlor and Trustees hereby establish a trust fund, which the Trustees shall administer in accordance with the terms of this Deed.

2. In this Deed, the following terms shall be interpreted in accordance with the following rules:

(a) "Beneficiaries" at any particular time shall mean all persons who at that time qualify as members of the Sawridge Indian Band under the laws of Canada in force from time to time including, without restricting the generality of the foregoing, the membership rules and customary laws of the Sawridge Indian Band as the same may exist from time to time to the extent that such membership rules and customary laws are incorporated into, or recognized by, the laws of Canada;

(b) "Trust Fund" shall mean:

(A) the property described in the Schedule attached hereto and any accumulated income thereon;

(B) any further, substituted or additional property, including any property, beneficial interests or rights referred to in paragraph 3 of this Deed and any accumulated income thereon which the Settlor or any other person or persons may donate, sell or otherwise transfer or cause to be transferred to, or vest or cause to be vested in, or otherwise acquired by, the Trustees for the purposes of this Deed;

- (C) any other property acquired by the Trustees pursuant to, and in accordance with, the provisions of this Deed;
- (D) the property and accumulated income thereon (if any) for the time being and from time to time into which any of the aforesaid properties and accumulated income thereon may be converted; and
- (E) "Trust" means the trust relationship established between the Trustees and the Beneficiaries pursuant to the provisions of this Deed.

3. The Trustees shall hold the Trust Fund in trust and shall deal with it in accordance with the terms and conditions of this Deed. No part of the Trust Fund shall be used for or diverted to purposes other than those purposes set out herein. The Trustees may accept and hold as part of the Trust Fund any property of any kind or nature whatsoever that the Settlor or any other person or persons may donate, sell, lease or otherwise transfer or cause to be transferred to, or vest or cause to be vested in, or otherwise acquired by, the Trustees for the purposes of this Deed.

4. The name of the Trust Fund shall be "The Sawridge Trust" and the meetings of the Trustees shall take place at the Sawridge Band Administration Office located on the Sawridge Band Reserve.

5. The Trustees who are the original signatories hereto, shall in their discretion and at such time as they determine, appoint additional Trustees to act hereunder. Any Trustee may at any time resign from the office of Trustee of this Trust on giving not less than thirty (30) days notice addressed to the

other Trustees. Any Trustee or Trustees may be removed from office by a resolution that receives the approval in writing of at least eighty percent (80%) of the Beneficiaries who are then alive and over the age of twenty-one (21) years. The power of appointing Trustees to fill any vacancy caused by the death, resignation or removal of a Trustee and the power of appointing additional Trustees to increase the number of Trustees to any number allowed by law shall be vested in the continuing Trustees or Trustee of this Trust and such power shall be exercised so that at all times (except for the period pending any such appointment) there shall be a minimum of Three (3) Trustees of this Trust and a maximum of Seven (7) Trustees of this Trust and no person who is not then a Beneficiary shall be appointed as a Trustee if immediately before such appointment there are more than Two (2) Trustees who are not then Beneficiaries.

6. The Trustees shall hold the Trust Fund for the benefit of the Beneficiaries; provided, however, that at the expiration of twenty-one (21) years after the death of the last survivor of the beneficiaries alive at the date of the execution of this Deed, all of the Trust Fund then remaining in the hands of the Trustees shall be divided equally among the Beneficiaries then alive.

During the existence of this Trust, the Trustees shall have complete and unfettered discretion to pay or apply all or so much of the net income of the Trust Fund, if any, or to accumulate the same or any portion thereof, and all or so much of the capital of the Trust Fund as they in their unfettered discretion from time to time deem appropriate for any one or more of the Beneficiaries; and the Trustees may make such payments at such time, and from time to time, and in such manner and in such proportions as the Trustees in their uncontrolled discretion deem appropriate.

7. The Trustees may invest and reinvest all or any part of the Trust Fund in any investments authorized for trustees' investments by the Trustee's Act, being Chapter T-10 of the Revised Statutes of Alberta, 1980, as amended from time to time, but the Trustees are not restricted to such Trustee Investments but may invest in any investment which they in their uncontrolled discretion think fit, and are further not bound to make any investment and may instead, if they in their uncontrolled discretion from time to time deem it appropriate, and for such period or periods of time as they see fit, keep the Trust Fund or any part of it deposited in a bank to which the Bank Act (Canada) or the Quebec Saving Bank Act applies.

8. The Trustees are authorized and empowered to do all acts that are not prohibited under any applicable laws of Canada or of any other jurisdiction and that are necessary or, in the opinion of the Trustees, desirable for the purpose of administering this Trust for the benefit of the Beneficiaries including any act that any of the Trustees might lawfully do when dealing with his own property, other than any such act committed in bad faith or in gross negligence, and including, without in any manner or to any extent detracted from the generality of the foregoing, the power

- (a) to exercise all voting and other rights in respect of any stocks, bonds, property or other investments of the Trust Fund;
- (b) to sell or otherwise dispose of any property held by them in the Trust Fund and to acquire other property in substitution therefor; and

(c) to employ professional advisors and agents and to retain and act upon the advice given by such professionals and to pay such professionals such fees or other remuneration as the Trustees in their uncontrolled discretion from time to time deem appropriate (and this provision shall apply to the payment of professional fees to any Trustee who renders professional services to the Trustees).

9. Administration costs and expenses of or in connection with this Trust shall be paid from the Trust Fund, including, without limiting the generality of the foregoing, reasonable reimbursement to the Trustees or any of them for costs (and reasonable fees for their services as Trustees) incurred in the administration of this Trust and for taxes of any nature whatsoever which may be levied or assessed by federal, provincial or other governmental authority upon or in respect of the income or capital of the Trust Fund.

10. The Trustees shall keep accounts in an acceptable manner of all receipts, disbursements, investments, and other transactions in the administration of the Trust.

11. The provision of this Deed may be amended from time to time by a resolution of the Trustees that received the approval in writing of at least eighty percent (80%) of the Beneficiaries who are then alive and over the age of twenty-one (21) years and, for greater certainty, any such amendment may provide for a commingling of the assets, and a consolidation of the administration, of this Trust with the assets and administration of any other trust established for the benefit of all or any of the Beneficiaries.

12. The Trustees shall not be liable for any act or omission done or made in the exercise of any power, authority or discretion given to them by this Deed provided such act or omission is done or made in good faith; nor shall they be liable to make good any loss or diminution in value of the Trust Fund not caused by their gross negligence or bad faith; and all persons claiming any beneficial interest in the Trust Fund shall be deemed to take notice of and shall be subject to this clause.

13. Any decision of the Trustees may be made by a majority of the Trustees holding office as such at the time of such decision and no dissenting or abstaining Trustee who acts in good faith shall be personally liable for any loss or claim whatsoever arising out of any acts or omissions which result from the exercise of any such discretion or power, regardless whether such Trustee assists in the implementation of the decision.

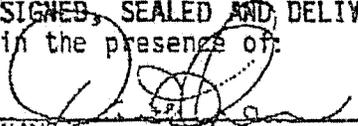
14. All documents and papers of every kind whatsoever, including without restricting the generality of the foregoing, cheques, notes, drafts, bills of exchange, assignments, stock transfer powers and other transfers, notices, declarations, directions, receipts, contracts, agreements, deeds, legal papers, forms and authorities required for the purpose of opening or operating any account with any bank, or other financial institution, stock broker or investment dealer and other instruments made or purported to be made by or on behalf of this Trust shall be signed and executed by any two (2) Trustees or by any person (including any of the Trustees) or persons designated for such purpose by a decision of the Trustees.

15. Each of the Trustees, by joining in the execution of this Deed, signifies his acceptance of the Trusts herein. Any other person who becomes a Trustee under paragraph 5 of this Trust shall signify his acceptance of the Trust herein by executing this Deed or a true copy hereof, and shall be bound by it in the same manner as if he or she had executed the original Deed.

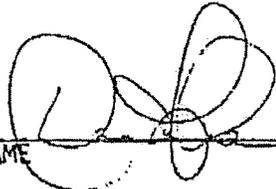
16. This Deed and the Trust created hereunder shall be governed by, and shall be construed in accordance with, the laws of the Province of Alberta.

IN WITNESS WHEREOF the parties hereto have executed this Deed.

SIGNED, SEALED AND DELIVERED
in the presence of:

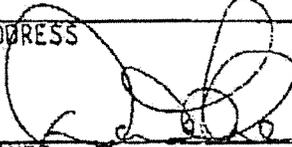

NAME _____
#12770 Stony Plain Road, Alta.
ADDRESS _____

A. Settlor Walter P. Twinn
CHIEF WALTER P. TWINN

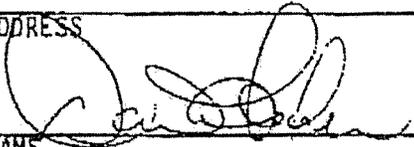

NAME _____

B. Trustees:

1. Walter P. Twinn
CHIEF WALTER P. TWINN

ADDRESS _____

NAME _____

2. Catherine M. Twinn
CATHERINE TWINN

ADDRESS _____

NAME _____

3. George Twinn
GEORGE TWINN

ADDRESS _____

SCHEDULE

One Hundred Dollars (\$100.00) in Canadian Currency.

**Questioning of
Liz Poitras –
May 29, 2014**

1 So that is how we intend to proceed on the without
2 prejudice documents.

3 With respect to Mr. Glancy's letter, which has been
4 marked as Exhibit I for Identification, he raises an
5 issue relating to the implied undertaking of
6 confidentiality, and I understand that you would like
7 to put your position on the record in relation to how
8 we are going to proceed today.

9 MS. HUTCHISON: Thank you, Mr. Poretti. And so
10 just to be clear, we have agreed to your proposal on
11 how to deal with the without prejudice documents from
12 the collection of documents that you provided to us
13 with a letter dated July 7th, 2014. They will be
14 marked as exhibits for identification only and won't be
15 examined on, and of course we both may have future
16 positions to take up with the court about whether or
17 not they actually go before the court.

18 In relation to Mr. Glancy's letter and how that
19 pertains to the other documents in the collection that
20 are not marked without prejudice, Mr. Glancy, as
21 counsel in the process of litigation that these
22 documents relate to, has flagged a concern about
23 potential breach of implied undertaking of
24 confidentiality.

25 He has also provided some information that tells us
26 that, of course, these are not the only documents that
27 were produced in the Poitras litigation. And so on the

1 basis of both of those items Mr. Glancy has flagged I
2 have advised you that the public trustee does have some
3 concerns about whether or not these documents are being
4 produced in breach of an implied undertaking of
5 confidentiality in another proceeding. But possibly,
6 even more importantly, whether or not there is an issue
7 about completeness of production or full and fair
8 production of documentation, really from Sawridge First
9 Nation.

10 And you and I have had quite extensive discussions
11 now off the record, Mr. Poretti. I have indicated that
12 rather than interrupt you as much as I had to at our
13 last questioning, I'm content for you to examine Ms.
14 Poitras on these documents that you have given me that
15 are not without prejudice under reserve of our ability
16 to bring the matter before the court in terms of
17 whether there is an issue about breach of implied
18 undertaking of confidentiality with these undertakings,
19 or alternatively, whether there is a need to seek more
20 fulsome production of documents I suspect from Sawridge
21 First Nation, Mr. Poretti, but potentially from your
22 client as well. Does that fairly summarize our
23 discussion?

24 MR. PORETTI: Yes. And so now I am going to just
25 make some comments on the record in relation to
26 Mr. Glancy's letter. And specifically, Mr. Glancy
27 mentions in paragraph numbered 1 of his letter, which

1 is Exhibit I for Identification, that all but six of
2 the 40 documents that we have provided to you are
3 contained in an Affidavit of Documents sworn by Mrs.
4 Poitras on December 5, 1998, a copy of which was
5 provided to counsel for the Sawridge Band in Action
6 T-2655-89. And Mr. Glancy concludes that those
7 documents are subject to an implied undertaking of
8 confidentiality.

9 The 40 documents that were provided to you are
10 original documents that did not come from the Affidavit
11 of Documents referred to by Mr. Glancy. These are the
12 original documents prior to any of them ever being
13 produced in any litigation. It is our position that
14 there is no implied undertaking as a result. The fact
15 that some of these documents may have been produced in
16 another litigation does not cloak the document with
17 some sort of a protection based on the implied
18 undertaking of confidentiality. The documents, if they
19 are in their original form, otherwise relevant or
20 producible, can be used by anyone in any litigation in
21 our respectful submission.

22 Contrast that to a situation where a party was able
23 to obtain documents from a production, documents that
24 have been produced in some other litigation, and that
25 is the only way that that party has been able to come
26 into possession of these documents, then I think
27 clearly the implied undertaking rule prima facie

1 applies.

2 I put that on the record as much for Mr. Glancy's
3 benefit. He may not be aware that these documents came
4 into our possession independently of them being
5 produced in another litigation, and as well, I can
6 state on the record that I put my mind to the implied
7 undertaking issue prior to making use of these
8 documents, and prior to providing them to you. And I
9 am confident that there is no issue.

10 Now I am going to, given your position that you are
11 prepared to proceed on --

12 MS. HUTCHISON: Mr. Poretti, may I interrupt for
13 one brief moment. I just wanted to confirm that I am
14 at liberty to pass on the transcript to Mr. Glancy in
15 regards to this discussion, so in the event that it
16 affects his position as set out in the letter.

17 MR. PORETTI: Yes.

18 MS. HUTCHISON: Thank you.

19 MR. PORETTI: Thank you. I think rather than
20 comment on some of the other matters raised in
21 Mr. Glancy's letter, I think given the position that
22 the public trustee is taking today, which effectively
23 is you are going to allow us to proceed with the
24 questioning under reserve of certain rights that you
25 may have in respect of the implied undertaking issue,
26 and any other issues that you have already put on the
27 record, I think that I am going to leave it at that for

1 DOCUMENT DATED OCTOBER 3, 1985 FROM
2 ELIZABETH POITRAS.

3 Q MR. PORETTI: Mrs. Poitras, I am showing you a
4 document that was marked at your last questioning as
5 Exhibit H For Identification, and that is where we left
6 off at your last questioning. And I believe at the
7 time you did not recall seeing this letter. Is that
8 still your recollection?

9 A It is still my recollection.

10 Q Mr. Glancy was your counsel at that time, however?

11 A Yes.

12 Q And I take it that you have no reason to believe that
13 this letter was not actually sent by Mr. Glancy, is
14 that fair?

15 A Sent to me?

16 Q No, to be clear, so the letter was from Mr. Glancy
17 addressed to a Mr. Morgan. You have no reason to
18 believe that this letter was not actually sent?

19 A I don't know how to answer that, because I believe
20 Mr. Glancy sent it.

21 Q And that is what I meant. It is an awkward question.
22 The reason that I am asking is -- let's go off the
23 record.

24 (Discussion off the record.)

25 Q MR. PORETTI: You have had an opportunity to
26 review Exhibit H For Identification, and you will note
27 that Mr. Glancy indicates in the middle of the

1 paragraph, the first paragraph, that -- well, initially
2 he indicates that the original document sent to me by
3 Mr. Cullity was sent as a draft document and not for my
4 client's use. Then a little bit later, in any event,
5 my position is that the document now forwarded to me as
6 an application form is more a barrier to application
7 than anything that would facilitate it.

8 Is it your recollection that you initially received
9 a draft application form to consider in respect of your
10 membership application?

11 A It was sent to Mr. Glancy.

12 Q And do you recall whether there was initially a draft
13 application form and then, if I can refer to it as a
14 final application form around this time, June of 1992?

15 A I cannot recollect.

16 Q In any event, it is fair to say that you would have
17 received some sort of application form at least by June
18 of 1992, correct?

19 A I believe so, yes.

20 Q And as of June of 1992, at that point in time you were
21 refusing to fill out the application form as at that
22 point in time, correct?

23 A I honestly cannot recall what year, what month, but I
24 did refuse to fill out the application form. But I
25 can't tell you what year, what month.

26 Q Is it your understanding that the first application
27 form that you filled out was in 1994?

1 A Yes.

2 Q Mrs. Poitras, I am showing you a document that is
3 entitled Transcription of Elizabeth Poitras, CBC Radio,
4 September 2, 1992. Do you recall giving an interview
5 to the CBC radio on or about September 2, 1992?

6 A I do recall, yes.

7 Q Have you ever seen this transcription?

8 A No.

9 Q You have had a chance to review it?

10 A I will correct that. I saw it last night.

11 Q Fair enough. Prior to last night you had not seen it?

12 A Yes.

13 Q You have had a chance to review it now?

14 A Yes.

15 Q And does it accurately reflect the discussion that you
16 had at that time, as best you can tell?

17 A 1992 is a long, long time ago. I can't say word for
18 word that this is right, but the drift of it is
19 probably right.

20 Q So at the bottom of the first page there is a reference
21 to a statement where you say, or where the transcript
22 indicates, "So what I am trying to do is get back into
23 my band, my former band, which is the Sawridge Band,
24 and last year or the year before he did give us, give
25 my lawyer a 74-page application form."

26 So is it your recollection that either in 1991 or
27 1990 your lawyer received a 74-page application form?

1 A Yes.

2 Q And then you go on to say, and I am on page 2 now, the
3 announcer says "74 pages"? And you say "yes". "And
4 then we got, last year I think it was, we got a 43-page
5 application form."

6 Is it your recollection that in or around 1991 that
7 you would have received a 43-page application form?

8 A Again, I can't remember the year, but I guess if I said
9 it, I said it. I don't believe there were dates
10 stamped on these application forms, so I can't even go
11 back to make a reference as to when they were given
12 out. But I said it, I said it.

13 Q You indicate a few lines down that you had a severe
14 problem with the form and you refused to fill it out.
15 You recall that that, in fact, was the case, correct?

16 A Yes.

17 Q And a few paragraphs later you indicate, in relation to
18 an essay that was required on your spiritual beliefs,
19 you concluded, or you indicated that you refused to do
20 that. You say, "It is not that I couldn't, I just
21 don't want to." And that was the position that you
22 took in or around 1992, that you simply didn't want to
23 fill out that information on the application form,
24 correct?

25 A Yes, sir.

26 Q Could we mark this as the next exhibit.

27

EXHIBIT NO. 6:

1 gain access, or to gain membership in the Sawridge
2 First Nation was dealt with through your legal counsel
3 in the litigation that had been commenced for that
4 purpose. Is that fair?

5 A Yes, I just left it to my counsel.

6 Q Now was there a mediation that you were involved in, in
7 or around 2002, where you attempted to resolve the
8 issue?

9 A I believe it was in November, and it was in St. Albert
10 at, I don't know, at North Star?

11 Q Yes.

12 A Yeah, there was a mediation.

13 Q And you think that that was in November of 2002?

14 A I think so. I can't remember the date.

15 Q Obviously it would have been prior to March 2003 when
16 Justice Huggessen's order was granted?

17 A Yeah, yeah.

18 Q And I think we looked at this earlier. On March 27,
19 2003 Justice Huggessen granted an order whereby you
20 became a member of the Sawridge First Nation, correct?

21 A I and several other people.

22 Q Thank you. And those individuals that were included in
23 the order have sometimes been referred to as the
24 acquired-rights people, correct?

25 A Yes.

26 Q And as of today you are recognized as a member of the
27 Sawridge First Nation, correct?

1 A Yes, I am.

2 Q And you indicated this morning, in reference to your
3 application form, that you still had not received a
4 response from the Sawridge First Nation. And I think
5 what you have since told us you never received a yes or
6 a no?

7 A M-hm.

8 Q Now since becoming a member pursuant to court order on
9 March 27, 2003 is there some reason why you would
10 expect a response from Sawridge First Nation in
11 relation to your application?

12 A I don't really expect a response. I am just saying
13 that it still was never dealt with, that it does not
14 have to be dealt with now because I am a full band
15 member.

16 Q Fair enough. You have been a member for the last 12
17 years or so?

18 A Already, yeah.

19 Q So you don't expect a response at this point in time?

20 A No, no.

21 Q Correct?

22 A No, I don't.

23 Q Now if I could take you back to your Affidavit,
24 paragraph 11. And there in the first sentence you
25 indicate, "While I do not know the dates on which this
26 occurred, I know that three of the other
27 acquired-rights women, Clara Midbo, Bertha

**Questioning of
Liz Poitras –
April 9, 2015**

1 to the Department of Indian Affairs, correct?

2 A M-hm.

3 Q Did you say INAC?

4 A Yes.

5 Q INAC is Indian and Northern Affairs Canada?

6 A Yeah.

7 Q And you received a response on September 17th from INAC
8 indicating that your status as an Indian was restored,
9 correct?

10 A And my children as well.

11 Q And your children as well?

12 A Yeah.

13 Q And did that communication also advise you that your
14 membership in the Sawridge Band could not be restored
15 at that time?

16 A Yes.

17 Q And that you would have to apply to the band?

18 A Yes.

19 Q You would have to apply to the band to seek membership
20 with the band?

21 A Yes, yeah.

22 (Questioning adjourned.)

23 (Questioning resumed.)

24 Q MR. PORETTI: Ms. Poitras, if you could take a
25 look at paragraph 4 of your Affidavit, and I am going
26 to read a portion of that paragraph. You state,

27 "Shortly after I received that information I verbally

1 requested membership for myself and my children all of
2 whom except Tracy were minors at that time in a phone
3 conversation with Chief Walter Twinn."

4 Now when you say "shortly after I received that
5 information", are you referring to the information that
6 you received on September 17th, 1985 from INAC?

7 A Yes, sir.

8 Q Is there any other information that you are referring
9 to in that sentence?

10 A No.

11 Q Do you recall when the phone conversation with Chief
12 Twinn occurred?

13 A Not at this time. I can't recall.

14 Q Would it have been on or around October 31st, 1985?

15 A I believe so because I made notes and I kept those
16 notes. So I do have the notes at home.

17 Q Now what number did you call Chief Twinn at?

18 A I don't remember.

19 Q Were you by yourself when you called him?

20 A Yes.

21 Q Now the second sentence of paragraph 4 you state that,
22 "I understood from that conversation my children and I
23 would be reinstated to band membership but that did not
24 occur."

25 What did Chief Twinn tell you at that time?

26 A I remember Chief Walter Twinn saying that you and your
27 children will be reinstated. Period, that was it.

1 with information on its membership process and its
2 membership application form but received no response."
3 When did you begin asking the Sawridge Band for
4 information?

5 A As soon as I found out that they had these documents
6 that needed to be filled out. So that would be the
7 fall of 1985. And I did ask them numerous times and
8 they didn't give me anything.

9 Q Now you say that you received no response. But
10 eventually you did receive a response from them, didn't
11 you?

12 A Not from Sawridge. I got the membership code faxed to
13 me from Hull, Quebec. I got the original one.

14 Q From the Department of Indian Affairs?

15 A I am not sure who faxed it to me, but I do have a copy
16 of that at home. And it wasn't from the Sawridge Band,
17 it was from Quebec.

18 Q You don't recall who provided it?

19 A No, I do have a copy of it though at home.

20 Q What about the membership application form?

21 A Where did I get that from? It wasn't from Sawridge,
22 and it was like, I think, 75 pages and it was big.

23 Q You didn't receive that from Sawridge?

24 A No. I do have a copy of that as well.

25 Q Who did you receive that from?

26 A I'm not sure where I got that from, but I got it from,
27 I think again Indian Affairs maybe. I can't tell you,

1 I don't know. But I do have a copy of the original
2 one. And you had to put, write these essays, and by
3 the time you finished you think that you are working
4 for a doctorate.

5 Q But of course you didn't fill that out when you first
6 got it, did you?

7 A To be honest with you, I filled out parts of it and I
8 sent it to them. I didn't fill out everything. There
9 were parts if you had STDs, if you had TB, have you had
10 mental illness, can you write a paragraph -- not a
11 paragraph, 300-word essay what you would do for
12 Sawridge. Are you willing to give up your estate, if
13 you have an estate. So I answered some of the
14 questions, like my heritage, some of the health
15 information, I was too interested whether I could
16 answer that, and the very back part was and still
17 remains that if you -- if you are refused admission you
18 have no recourse for appeal. Well, who would sign
19 that? So I wouldn't sign that.

20 Q Well, my question to you was --

21 A Did I fill it out.

22 Q Let me finish please. Initially when you were provided
23 the application form you didn't fill it out, did you?

24 A I filled one out, yes.

25 Q Not right away though?

26 A Not right away.

27 Q You refused to fill it out, didn't you?

1 Q You agree with me?

2 A Yeah, I don't know. I didn't know.

3 Q Now you did receive a form at some point. Would that
4 have been around 1991 or thereabouts?

5 A An application form?

6 Q Yes.

7 A Thereabouts, yes.

8 Q And you ultimately submitted it, submitted the
9 application form on or about December 16, 1994; is that
10 correct?

11 A Yes.

12 Q Do you have a copy of that application form that you
13 submitted dated December 16, 1994?

14 A At my house probably.

15 Q I would like you to undertake to provide us with a copy
16 of that. Will you do that?

17 MS. HUTCHISON: We will undertake to look for that
18 document and if it is still in Ms. Poitras' possession
19 we will provide a copy.

20 UNDERTAKING NO. 1:

21 RE PROVIDE COPY OF APPLICATION FORM THAT
22 MS. POITRAS SUBMITTED DATED DECEMBER 16,
23 1994.

24 Q MR. PORETTI: If not, if you don't have a copy of
25 it, will you consent to the Sawridge First Nation
26 providing us with a copy of it?

27 A Yes.

1 Q MR. PORETTI: Ms. Poitras, my understanding is
2 that Mr. Cullity at Davies Ward & Beck was legal
3 counsel for Sawridge. Were you aware of that?

4 A Yes.

5 Q Now the letter indicates, "We have not had much in the
6 way of correspondence in this file for nearly a year.
7 I have reviewed the form of application that was sent
8 to me as a draft."

9 The reference to the form of application, is it
10 your understanding that this was the application form
11 for membership that you had made earlier reference to,
12 and I believe that you had indicated that you received
13 around 1991 or thereabouts?

14 A I am not sure what he is talking about.

15 Q Mr. Glancy goes on to say, "Could you please advise
16 whether this form was ever ratified by your client and
17 put in place. The form is unnecessarily complex and I
18 doubt if any member, applicant or otherwise, of the
19 Sawridge Band could very easily complete it."

20 Do you see that?

21 A Yes, I do.

22 Q That was consistent with the position that you took
23 once you saw the application form for membership to the
24 Sawridge Band, correct?

25 A Yes, sir.

26 MS. HUTCHISON: Mr. Poretti, did you want to deal
27 with whether this can be marked as an exhibit?

1 A A draft, excuse me.

2 Q A draft form, yes.

3 A M-hm.

4 Q Do you recall receiving a draft form initially?

5 A I don't know if it was draft or not, but I did receive
6 a big, thick long, long page form.

7 Q We will get to that form shortly.

8 A Okay.

9 Q Because you ultimately did fill out an application
10 form, correct?

11 A Yes.

12 Q That was the one that, I think in your Affidavit, it is
13 dated December 16, 1994, correct?

14 A Correct.

15 Q But when you first got the application form you would
16 agree that you did not take any immediate steps to fill
17 it out, correct?

18 A I really wanted to be a member, and I did fill it out,
19 but I didn't fill it out completely.

20 Q When you first got the form you made no attempts to
21 fill it out, did you?

22 MS. HUTCHISON: Mr. Poretti, I think she answered
23 your question, but I will let you go a little bit here.

24 Q MR. PORETTI: So your recollection is that you
25 did make attempts to fill it out, is that right?

26 A Yes.

27 Q Wasn't it your position that the form was too long?

1 A Definitely, yes.

2 Q And --

3 A I felt it was too long.

4 Q And you wanted a two-page application form, not a
5 75-page application form?

6 A Well, at least five pages. I never -- I don't think
7 that I wrote anywhere how many pages I wanted, but I
8 certainly didn't agree to filling out a 75-page
9 application form.

10 Q You certainly didn't provide any form to Sawridge until
11 December 1994, correct?

12 A Correct.

13 Q I am showing you a letter dated May 14, 1992 from
14 Mr. Glancy to Mr. Cullity. Do you recall seeing this?

15 A I don't recall seeing this, but I am sure that
16 Mr. Glancy spoke to me about it.

17 Q Let's mark it for identification, please.

18 EXHIBIT NO. F FOR IDENTIFICATION:
19 LETTER DATED MAY 14, 1992 FROM MR.
20 GLANCY TO MR. CULLITY.

21 Q MR. PORETTI: You have indicated that you are
22 sure that you spoke to Mr. Glancy about this letter.
23 There is a reference to inactivity on a federal court
24 file. Was that the action that you commenced in 1988,
25 or was that a different action?

26 A I believe it would be the one, because I haven't made
27 other actions.

**Paul Bujold –
Questioning
May 27-28, 2014 –
Exhibit #4**

Exhibit # 4
 Date: May 27, 2014
 Exam. of: Paul Bujold
 Court Reporter: Susan Steiter, CSR (A)

Total Applications Received and Processed

	Received	Processed
Unknown	1	0
1993	0	1
1999	1	0
2000	0	0
2001	3	0
2002	0	2
2003	7	16
2004	3	1
2005	1	0
2006	1	0
2007	0	0
2008	5	3
2009	2	2
2010	24	0
2011	8	10
2012	11	14
2013	5	3
2014	2	0
Total	74	52

Notes:

- The processed number for 2003 includes the 11 people who were admitted pursuant to a court order. Of these 11 people one had applied, but this application was not recorded as received as it was not complete and incomplete applications were not tracked until 2006.
- The received applications include 14 applications which were received in 2006 and subsequent which were not complete. Letters were sent to those applicants requesting completion of the application.

Total Membership Additions / Denials

	Admissions	Denials
Accepted	15	
Appeal Denied		5
Automatic Admission	3	
Appeal Allowed	1	
Letter - Re Already Applied		1
Court Ordered Admission	11	
Denied		19
	30	25

There were 37 People on the Membership List when it was transferred to the First Nation in 1985.