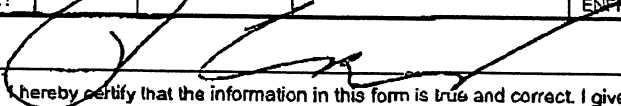


BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	PETER			ALLEN			CARDINAL (WARD)		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	134	404- BAVENW			SLAVE LAKE		AB	T66-2A1	
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	09	MAY		1949	BIRTH CERTIFICATE ¹		49-08-011082		
	Day	Month		Year			Number		
PLACE OF BIRTH	HIGH PRAIRIE				COUNTRY				
Telephone			780 516-2377		780 549-8600				
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	45400	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, DASH NUMBER?		DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	16401								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		MOTHER WAS SAWRIDGE BAND MEMBER				
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?		It is my inherent right to be a 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		WARD 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

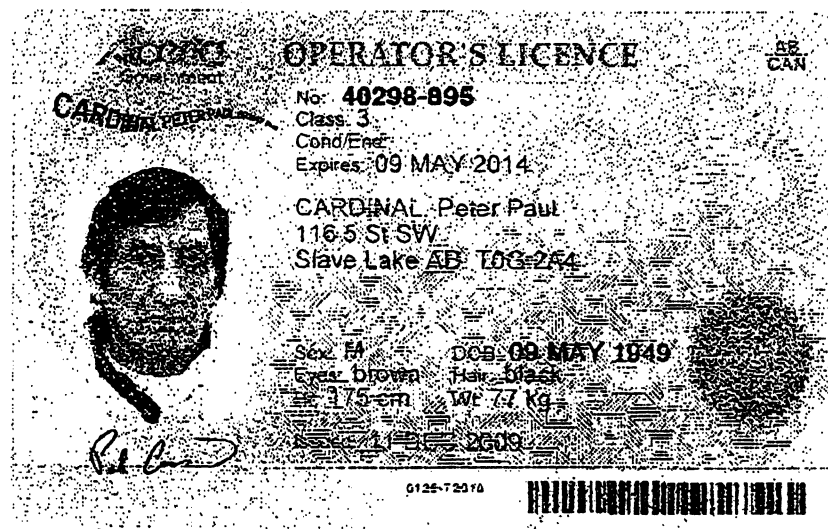
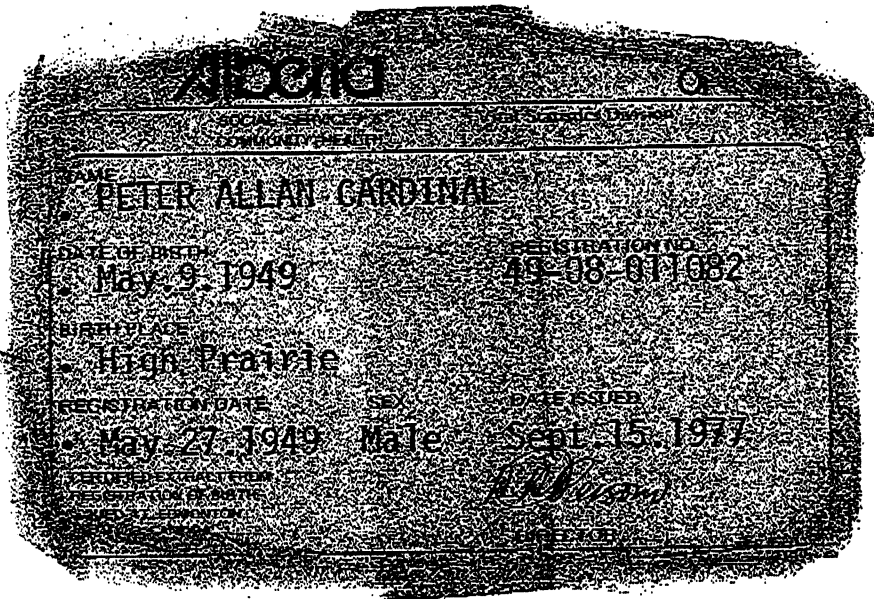
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION															
NAME OF MOTHER			MARY IRENE WARD				NAME OF FATHER			LOUIS CARDINAL					
DATE OF BIRTH			Day Month Year				DATE OF BIRTH			Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			22				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}								
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		SAWRIDGE		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			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 1955				IF DECEASED - DATE OF DEATH			Day Month Year					
GRANDPARENTS INFORMATION															
NAME OF MATERNAL GRANDMOTHER			ANGELINE CARDINAL				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 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			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										DATE					
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

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B071896

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

Name **PETER ALLAN CARDINAL** Sex **MALE**

Date of Birth **MAY 09, 1949** Place of Birth **HIGH PRAIRIE**

Name of Father **LOUIS CARDINAL**
 Name of Mother **IRENE WARD**
 (before marriage) **SLAVE LAKE**

Registered at **HIGH PRAIRIE** on **MAY 27, 1949** Registration No. **49-08-011082**
 (Month) (Day) (Year)

Given under my hand and seal of the Director

This **15** Day of **JAN** 19**86**

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

Stirling
 Director

831308

FAX COVER SHEET

To: Sawridge Band Inter-vivos Settlement Date: Dec 13, 2010

Attention: Paul Bujold

From: Peter Cardinal # Of Pages: 5 (including cover)

Fax #: 780-988-7724

Message: _____

Here is the information you
requested.

Peter.

ENTERED JUN 20 1010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	FRANK		JOSEPH		WARD		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	1155		Main St E		Stavely Lake		ALTA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	28		10		42		BIRTH CERTIFICATE ¹
	Day		Month		Year		
PLACE OF BIRTH	HIGH PRAIRIE AB.				COUNTRY		CANADA
Telephone	780 805-8899		780 805-8899		780 516-0444		
	Home Phone		Home Fax		Cell Phone		Work Phone
STATUS NUMBER	454		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		NO DIDN'T					
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	MARY IRENE WARD MOTHER SAWRIDGE BAND # 22				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	NO		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}	SAWRIDGE BAND # 454-0011701						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	BORN AND RAISED ON SAWRIDGE LAND						
HAVE YOU OR YOUR ANCES/ORS 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	WARD 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.

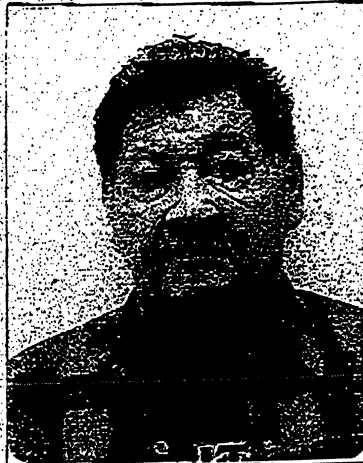
PARENTS INFORMATION							
NAME OF MOTHER	MARIE IRENE WARD			NAME OF FATHER	LOUIS CHILWA		
DATE OF BIRTH				DATE OF BIRTH	CARDINAL		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	BAND # 22	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	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	??	July or AUG	1953	IF DECEASED - DATE OF DEATH			
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	ANGELINE WARD (CARDINAL)			NAME OF MATERNAL GRANDFATHER			
DATE OF BIRTH	02 APRIL			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 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	ISUAT WARD			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}	CHIEF OF WARD RESERVE			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 type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	<i>Richard Ward</i>					DATE	Jan 1 - 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

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN



This is to certify that - Le présent atteste que

Family name - Nom de famille

WARD

Given names - Prénoms

FRANK JOSEPH

Alias - Nom d'emprunt

Registry no. - N° de registre

4540011701

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 des Lois du Canada (1985).

Date of birth - Date de naissance

Registry group - Groupe d'enregistrement

1942-10-28**SAWRIDGE FIRST
NATION**

Sex - Sexe

M

This card is valid until

Cette carte est valide jusqu'au

2015-03-24

Holder's signature - Signature du titulaire

Issuing officer's signature - Signature de l'agent émetteur

LINDSAY STEWART IRA

Issue date - Date d'émission

2010-03-24

Finder please return postage free to INAC, Ottawa, Ontario, Canada K1A 0H4

Quiconque trouve le présent est prié de le retourner franc de port, à l'AINC, Ottawa (Ontario) Canada, K1A 0H4

83-004 2006-14-21 7530-21-023-3673

• Frank Joseph Ward

DATE OF BIRTH
• October 28 1942

BIRTH PLACE
• High Prairie

REGISTRATION NO
42-08-50156

REGISTRATION DATE
• Nov 16 1942

SEX
Male

DATE ISSUED
Dec 14 1976

CERTIFIED EXTRACT FROM
REGISTRATION OF BIRTH
ISSUED AT EDMONTON
ALBERTA CANADA

J. Spohn
DIRECTOR

ENTERED MAY 25 2010

RECEIVED MAY 25 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Johnny		Maxwell		Ward	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	36	Site 1 RR2 Gibbons		AB	T0E1N0	Canada
	Apt/P.O.(Box)	Street Address		Town	Prov	Postal Code Country
DATE OF BIRTH	25	03	1962	BIRTH CERTIFICATE ¹	47683	
	Day	Month	Year		Number	
PLACE OF BIRTH	Driftpile		AB	COUNTRY	Canada	
Telephone	180442-4163				debjo@alberta.com.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 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.		Signed off Band not enfranchised and received per capita 350,000.00.				
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}	601a					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I was a full member up until I received a check for 2,500.00.					
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	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	Rita Ward				NAME OF FATHER	n/a			
DATE OF BIRTH	24	12	1939		DATE OF BIRTH				
	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}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	4540008101		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?	Oct 27, 1910 marriage to Mr. Indian		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					IF DECEASED – DATE OF DEATH				
	Day	Month	Year			Day	Month	Year	
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER	Mary Chalfoux				NAME OF MATERNAL GRANDFATHER	Felix Chalfoux			
DATE OF BIRTH	15	06	1903		DATE OF BIRTH			1894	
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	4500005202				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full b(1) Sawridge			
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					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 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	John Ward						DATE	Mar 23, 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

D/S 25

Alberta

CERTIFICATE
OF BIRTHSOCIAL SERVICES &
COMMUNITY HEALTH

Vital Statistics Division

NAME

• JOHNNY MAXWELL WARD

DATE OF BIRTH

• March. 25. 1962

REGISTRATION NO.

62-08-011228

BIRTH PLACE

• Driftpile

REGISTRATION DATE

SEX

DATE ISSUED

• Apr. 8. 1962 Male

Apr. 17. 1978

CERTIFIED EXTRACT FROM
REGISTRATION OF BIRTH,
ISSUED AT EDMONTON,
ALBERTA, CANADA*R. Peterson*

DIRECTOR

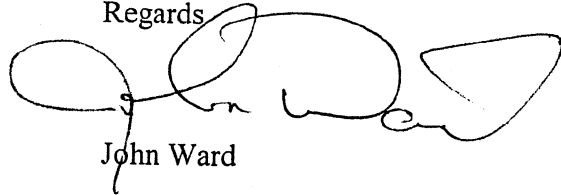
May 19, 2010

RECEIVED MAY 25 2010

Sawridge Trusts
801, 4445 - Calgary Trail N.W.
Edmonton, AB T6H 5R7

Please find an enclosed copy of documents of information attained through INAC but I am still in process of verifying that this may not be as correct as I feel. I am submitting for now and may at a later date resubmit if I feel the new information may be more relevant to this situation. Please feel free to call me with any questions at (780) 953-5401.

Regards

A handwritten signature in black ink, appearing to read 'John Ward', is written over the word 'Regards'. The signature is stylized with large loops and a trailing flourish.

John Ward

ENTERED SEP 22 2010

SEP 22 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	KEVIN			JOSEPH.			WILLER.		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	12820 - 120 ST.			EDMONTON.			T5E 5N6 CANADA.		
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	30	10	1968	BIRTH CERTIFICATE ¹		(B078090) # 68-08-027245			
	Day	Month	Year			Number			
PLACE OF BIRTH	SLAVE LAKE. AB.			COUNTRY		CANADA.			
Telephone	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
					780 318-2470				
STATUS NUMBER	45400-17701		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		I AM A DECEASED FROM MY GREAT GREAT GRAND FATHER. CHARLES (PICHE) NESOTESIS TWIN, MY GREAT GRAND FATHER. FRANCIS NESOTESIS TWIN MY GRAND FATHER. DAVID GEORGE NISOTESIS TWIN #52.			
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		MY MOTHER WAS FULL STATUS - HER FATHER FRANCHISED IN 1953, I WAS REINSTATED UNDER BILL C-31 IN 1987							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		MY ANCESTOR BELONG TO SAWRIDGE FIRST NATION, MY GREAT GREAT GRAND FATHER WAS CHARLES (PICHE) NISOTESIS TWIN MY GREAT GRAND FATHER WAS FRANCIS NISOTESIS TWIN, MY GRAND FATHER. DAVID GEORGE NISOTESIS TWIN AND YVONNE ELIZABETH (NISOTESIS) TWIN (WILLER) 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 GRAND FATHER. CHARLES (PICHE) TWIN NISOTESIS + MY GREAT GRAND FATHER FRANCIS NESOTESIS TWIN + MY GRAND PARENTS DAVID GEORGE AND CLARA BELLA NESOTESIS TWIN AND MY MOTHER. YVONNE ELIZABETH (NISOTESIS) TWIN (WILLER) UNTIL MY GRAND FATHER ENFRANCHISED IN 1953			
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> 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	YVONNE ELIZABETH TWIN			NAME OF FATHER	JOSEPH FRANCIS WILLIER		
DATE OF BIRTH	07	09	1945	DATE OF BIRTH	20	04	1941
	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}	REGISTRY# 4560069901		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	4540016201	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?	WHEN FATHER ENFRANCHISE	DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	12820 - 1205TH. AB. SNG Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH	16 02 2004		
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	CLARA BELLA (ATKINSON) TWIN			NAME OF MATERNAL GRANDFATHER	TWIN DAVID GEORGE (NESOTESIS)		
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	METIS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FULL STATUS OF SAWRIDGE BAND.		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	WHEN HUSBAND ENFRANCHISE	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 SCH
NAME OF PATERNAL GRANDMOTHER	MARY WILLIER. GIROUX			NAME OF PATERNAL GRANDFATHER	PETER TOMPKINS		
DATE OF BIRTH	?	?	?	DATE OF BIRTH	?	?	?
	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}	N/A		
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	Kelli J. Willier					DATE	aug. 09/201
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

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B078090

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

Name KELVIN JOSEPH FRANCIS WILLIER Sex MALE

Date of Birth OCT 30, 1968 Place of Birth SLAVE LAKE

Name of JOSEPH FRANCIS WILLIER
Father His Birthplace JOUSSARD, ALBERTA

Name of YVONNE ELIZABETH TWIN
Mother Her Birthplace SLAVE LAKE, ALBERTA
(before Marriage)

Registered at SLAVE LAKE

on NOV 06, 1968 Registration No. 68-08-027245
(Month) (Day) (Year)

Given under my hand and seal of the Director:



D.V.S. 24

This 03 Day of DEC 19 85
Certified Extract From
Registration of Birth
Issued at Edmonton,
Alberta, Canada.

154059

Stilroy
Director

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
Laune Beveridge
Director of Vital Statistics

REG 3412 (2008/01)

Surname
Nom

Nesootasis

Given Names
Prénoms

Yvonne Elizabeth

Date of Birth
Date de naissance

Sep 07, 1945

Sex
Sexe F

Place of Birth
Lieu de naissance

Slave Lake

Registration No.
N° d'enregistrement

1945-08-501940

Registration Date
Date d'enregistrement

Apr 26, 1949

Date Issued
Délivré le Apr 01, 2010

Name of Mother
Nom de la mère

Atkinson, Clara

Place of Birth
Lieu de naissance

Alberta

Name of Father
Nom de père

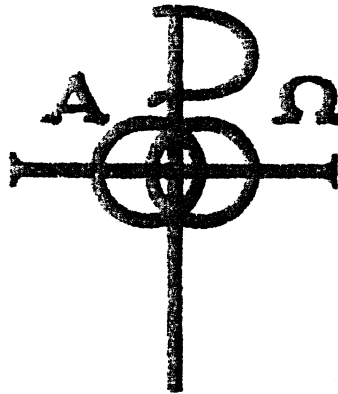
Twin, David

Place of Birth
Lieu de naissance

Alberta



A B 0 0 2 9 7 3 6 2



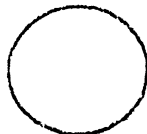
"For this reason, a man must leave his father
and mother and be joined to his wife, and the
two will become one body." Eph 5:31

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. GEUNONT OMI... officiating
in the presence of... EVA ATKINSON
and... witnesses

as recorded in the Marriage Register of this Church



Seal of Church

J. L. Ruelle Pastor
St. Martin Parish

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

Archdiocese-Archbishop's Residence

339, McTernan, Alberta, Canada

TON 213
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 (MANYOTAKUSIW)

..... 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.....

Rzv. 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. Dawgack
secretary

ENTERED AUG 27 2010

RECEIVED AUG 23 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		Stephanie		ann		Willier	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		416		10118-106 AV		Edmonton	
		Apt/P.O. Box		Street Address		Town	
				AB		T5H0B8 Canada.	
				Prov		Postal Code	
						Country	
DATE OF BIRTH		18		11		1981	
		Day		Month		Year	
				BIRTH CERTIFICATE ¹		1981-59-042644.	
						Number	
PLACE OF BIRTH		Prince George		COUNTRY		British Columbia	
Telephone				380-903-2375		780-415-4458	
		Home Phone		Home Fax		Cell Phone	
						Work Phone	
						Email Address	
STATUS NUMBER		454004		0101			
		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		I am decended From my Great, Great Great Grandfather Charles (Piche) Nesotesis Twin. My Great Great Grandfather Francis Nesotesis Twin. My Great Grandfather Was David George Nesotesis Twin.	
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		My Grandmother is full Statis - Her father franchised in 1953. my mother was ranslated under Bill C-31 in 1987.					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		My ancestors Belong To Sawridge First Nations my Great, Great Great Grandfather was Charles (Piche) Nesotesis Twin, My Great Great Grandfather was Francis Nesotesis Twin, my Great Grandfather was David George Nesotesis Twin. and my Grandmother is yvonne Elizabeth (Nesotesis) Twin. until my Great Grandfather Enfranchise 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 Great Grandfather was Charles (Ache) Nesotesis twin, my Great Great Grandfather was Francis Nesotesis twin, My Great Grandfather was David George Nesotesis twin, my Grandmother is yevonne Elizabeth (Nesotesis) Twin - Willier. until my Great 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	
						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			Shirley Ann Willier			NAME OF FATHER			???			
DATE OF BIRTH			14 06 1965			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}			?			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			454 00 17601			
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			12820-120 th Edmonton AB T5E 5W6			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			Vivonne Elizabeth Twin			NAME OF MATERNAL GRANDFATHER			Joseph Francis Willier			
DATE OF BIRTH			07 07 1945			DATE OF BIRTH			80 04 1941			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Registry #. 454 001 6201			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Registry #. 456 006 9901			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			When Her father Enfranchised			
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 Bella (Atkinson) Twin			NAME OF PATERNAL GRANDFATHER			David George (Nesbitts) Twin			
DATE OF BIRTH			30 11 1921			DATE OF BIRTH			17 09 1919			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			metis			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			full status			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			When Her husband Enfranchised			
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			He did not want His children in Residential school			
SIGNATURE			Stephen C. Willier						DATE		Aug 5/10	
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

Archbishop-Archbishop's Residence

338. St. James, Alberta, Canada

TOM 213
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 (MANYOTAKUSIW)

..... 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.....

Rzv. Father Constant Falher, o.m.i.

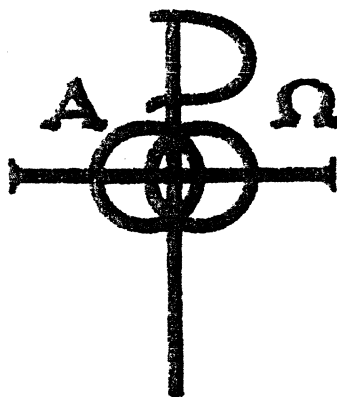
officiating in the presence of Charles Nisotesis

and Louis Giroux, as appears

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

Dated May 9th, 1995

L. Dawyack
secretary



"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... A.B.

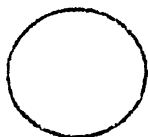
in the Church of... ST. MARTIN - DESMARAIS
City/Town

The Rev... B. GEUNONT OMI officiating

in the presence of... EVA ATKINSON

and... witnesses

as recorded in the Marriage Register of this Church



Seal of Church

J. B. Bouché Pastor

St. Martin Parish

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

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
Laune Beveridge
Director of Vital Statistics

REG 3413 (2008/01)

Sumame
Nom

Nesootasis

Given Names
Prénoms

Yvonne Elizabeth

Date of Birth
Date de naissance

Sep 07, 1945

Sex
Sexe F

Place of Birth
Lieu de naissance

Slave Lake

Registration No.
N° d'enregistrement

1945-08-501940

Registration Date
Date d'enregistrement

Apr 26, 1949

Date issued
Délivré le Apr 01, 2010

Name of Mother
Nom de la mère

Atkinson, Clara

Place of Birth
Lieu de naissance

Alberta

Name of Father
Nom de père

Twin, David

Place of Birth
Lieu de naissance

Alberta



A B 0 0 2 9 7 3 6 2

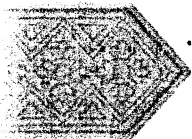
SACRED HEART
CHURCH OF THE FIRST PEOPLES
10821-96 Street
Edmonton, Alberta T5H 2J8
Phone: (403) 422-3052
Fax: (403) 423-0176

Certificate Of
Birth and Baptism

This is to certify that SHIRLEY ANN WILLIER
Child of Joseph Francis Willier and Yvonne Twin
Born in Edmonton, Alberta *Gender* Female
On the 14th *Day of* June *In the year of* 1965
Was baptized on the 09th *Day of* July *In the year of* 1965
according to the Rite of the Roman Catholic Church and as recorded in
the Baptismal Register of this Church.
Officiating Priest: Rev. J.N. Adamyk
God Parents: Michael Twin and Evelyn Twin

Pastor: Rev. James L. Holland, OMI
Rev. James L. Holland, OMI

Date: 02nd, November, 1998



BIRTH CERTIFICATE

BRITISH COLUMBIA

BIRTH CERTIFICATE



SA 434(05/09)


Jack Shewchuk
Chief Executive Officer
Vital Statistics Agency



Certified extract from
Registration of Birth
filed at Victoria, BC,
Canada.



Surname **WILLIER**
Given Name(s) **STEPHANIE ANN**
Date of Birth **NOV 18, 1981** Sex **FEMALE**
Place of Birth **PRINCE GEORGE**
Registration Number **1981-59-042644**
Date of Registration **APR 20, 1982** Date of Issue **JUL 28, 2010**
Name of Parent **WILLIER, SHIRLEY ANN**
thplace of Parent **ALBERTA, CANADA**
Name of Parent _____
Birthplace of Parent _____



8 C 0 0 3 8 7 7 0 5

ENTERED SEP 22 2010

RECEIVED SEP 22 2010

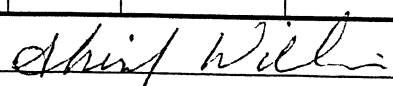
BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Shirley		Ann		Willier	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	12820-120st		Edmonton		A.B	T5E5N6 Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	14	June	1965	BIRTH CERTIFICATE ¹		Number
	Day	Month	Year			
PLACE OF BIRTH	Edmonton. A.B		COUNTRY		Canada	
Telephone	—		780 318-2470		5-Willier@Live.CA	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	454 0076 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
					DID YOU, 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	I am a descendent from my great great grand father Charles (Piche) Nesotisis Twin, my great grand father Francis Nesotisis Twin and my grand father David George Nesotisis #52. Twin			
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	my mother was full static - Her Father franchised in 1953, I was reinstated under bill C-31 in 1987					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	my ancestor belong to Sawridge First Nation, my great, great grand father, was Charles (Piche) Nesotisis Twin, my Great grand father was Francis Nesotisis Twin, my grand father David George Nesotisis Twin and Yvonne Elizabeth (Nesotisis) Twin until my grand father enfranchised in 1953 (Willier)					
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 grand father Charles (Piche) Twin Nesotisis + my great grand father Francis Nesotisis Twin + my grand parent David George and Clara Bella Nesotisis Twin and my mother Yvonne Elizabeth (Nesotisis) Twin (Willier) until my grand father enfranchised in 1953			
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			Yvonne Elizabeth Twin			NAME OF FATHER			Joseph Francis Willier			
DATE OF BIRTH			07 09 1945 Day Month Year			DATE OF BIRTH			20 04 1941 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}			4560069901			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			4540016201			
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?			when father enfranchise			
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
ADDRESS			12820-1205t Edm. A.B T5E 5N6 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS						
IF DECEASED - DATE OF DEATH						IF DECEASED - DATE OF DEATH			16 02 2004 Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Clara Bella (Atkinson) Twin			NAME OF MATERNAL GRANDFATHER			David George (Visotesis) Twin			
DATE OF BIRTH			30 11 1921 Day Month Year			DATE OF BIRTH			17 09 1909 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			metis			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full status of Sawridge band			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			when husband enfranchise			
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			Did not want this children to attend Residential School			
NAME OF PATERNAL GRANDMOTHER			Mary Willier Ciroux			NAME OF PATERNAL GRANDFATHER			Peter Tompkins			
DATE OF BIRTH			? ? ? Day Month Year			DATE OF BIRTH			? ? ? 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}			N/A			
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 2/10	
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

Archbishop-Archbishop's Residence

133, McTavish, Alberta, Canada

TOM 213
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 (MANYOTAKUSIW)

..... 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 Father, o.m.i.

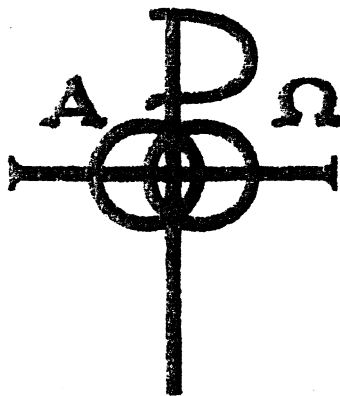
officiating in the presence of Charles Nisotesis

and Louis Giroux, as appears

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

Dated May 9th. 1995

L. Dawgall
secretary



"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

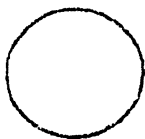
City/Town

The Rev. ... B. GEUNONT OMI ... officiating

in the presence of ... EVAN ATKINSON

and ... witnesses

as recorded in the Marriage Register of this Church



Seal of Church

J. B. Ruelle Pastor

St. Martin Parish

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

BIRTH NAISSANCE

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



Certified extract from
Registration of Births 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

Nesootasis

Given Names
Prénoms

Yvonne Elizabeth

Date of Birth
Date de naissance

Sep 07, 1945

Sex
Sexe F

Place of Birth
Lieu de naissance

Slave Lake

Registration No.
N° d'enregistrement

1945-08-501940

Registration Date
Date d'enregistrement

Apr 26, 1949

Date issued
Délivré le Apr 01, 2010

Name of Mother
Nom de la mère

Atkinson, Clara

Place of Birth
Lieu de naissance

Alberta

Name of Father
Nom de père

Twin, David

Place of Birth
Lieu de naissance

Alberta



A B 0 0 2 9 7 3 6 2

SACRED HEART
CHURCH OF THE FIRST PEOPLES
10821-96 Street
Edmonton, Alberta T5H 2J8
Phone: (403) 422-3052
Fax: (403) 423-0176

Certificate Of
Birth and Baptism

This is to certify that SHIRLEY ANN WILLIER
Child of Joseph Francis Willier and Yvonne Twin
Born in Edmonton, Alberta *Gender* Female
On the 14th *Day of* June *In the year of* 1965
Was baptized on the 09th *Day of* July *In the year of* 1965
according to the Rite of the Roman Catholic Church and as recorded in
the Baptismal Register of this Church.

Officiating Priest: Rev. J.N. Adamyk
God Parents: Michael Twin and Evelyn Twin

Pastor: Rev. James L. Holland, OMI
Rev. James L. Holland, OMI

Date: 02nd, November, 1998

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Kayla		marie		Williams			
	First Name(s)		Middle Name(s)		Last Name(s)			
MAILING ADDRESS	Box 591			Dawson Creek	BC	V1G 4H4	Canada	
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country	
DATE OF BIRTH	01	09	1989	BIRTH CERTIFICATE ¹	1989-59-027662			
	Day	Month	Year					
PLACE OF BIRTH	Dawson Creek B.C.			COUNTRY	Canada			
Telephone	250		250		Email Address			
	782-5694		219-9791					
	Home Phone	Home Fax	Cell Phone	Work Phone				
STATUS NUMBER	454	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?	
	00296		<input checked="" type="checkbox"/> NO			N/A		<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	Maternal side of family is Eligible to be registered.					
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}	Registered with the Indian Registry Status No. 454-00296-02							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Accepted & Registered with the Indian Registry & Family History connected to Sawridge 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)	<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

* Copy of Birth Certificate must be produced with the application

PARENTS INFORMATION							
NAME OF MOTHER	Donna Williams			NAME OF FATHER	Owen Cardinal		
DATE OF BIRTH	18	Nov.	1965	DATE OF BIRTH	26	Aug	1964
	Day	Month	Year		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}	B:11 C-31		
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?	454 00296 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	Apt. 324-1575 Queenway Prince George B.C. V2L-1L2 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Box 591 Dawson Creek B.C. V1G4H4 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	Elizabeth Loyie			NAME OF MATERNAL GRANDFATHER	George Cardinal		
DATE OF BIRTH	22	03	1926	DATE OF BIRTH	05	06	1921
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	She would have been eligible - Deceased			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Big Stone Cree Nation		
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 Ghostkeeper			NAME OF PATERNAL GRANDFATHER	Alfred Williams		
DATE OF BIRTH	20	May	1927	DATE OF BIRTH	31	March	1926
	Day	Month	Year		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}			
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 type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Kara Williams					DATE	Jan. 12/10
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



BIRTH CERTIFICATE

BRITISH COLUMBIA

BIRTH CERTIFICATE



Certified extract from
Registration of Birth
filed at Victoria, BC,
Canada.

[Signature]
Jack Shewchuk
Chief Executive Officer
Vital Statistics Agency

VSA 4240509

Surname **WILLIAMS**
Given Name(s) **KAYLA MARIE**
Date of Birth **SEP 01, 1989** Sex **FEMALE**
Place of Birth **DAWSON CREEK**

Registration Number **1989-59-027662**

Date of Registration **SEP 06, 1989** Date of Issue **JAN 13, 2010**

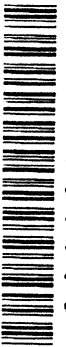
Name of Parent **WILLIAMS, DONNA MARIE**

Birthplace of Parent **BRITISH COLUMBIA, CANADA**

Name of Parent **CARDINAL, OWEN LOUIS**

Birthplace of Parent **BRITISH COLUMBIA, CANADA**

16



B C 0 0 3 1 2 2 5 3

RECEIVED FEB 26 2000

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	MARGARET		SUE		WARD	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	BOX 284		RED EARTH CREEK, AB		TOGIXO CANADA	
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	02 SEPT 1947		BIRTH CERTIFICATE ¹		77477 (ILLINOIS)	
	Day	Month	Year		Number	
PLACE OF BIRTH	OTTAWA, ILLINOIS		COUNTRY		UNITED STATES	
Telephone	780-649-2088		780-312-3287		780-649-3832	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
					wardp@northernlakescollege.ca	
STATUS NUMBER	#92	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> WAS	IF YES, BAND NUMBER?	#92	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 WAS	IF YES, PROVIDE DETAILS	MARRIED TO ALEC COWIN WARD JAN. 24, 1981 SEPARATED FROM " " " 1983 DIVORCED " " " " AUG. 26, 1985			
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	NATHAN ALEXANDER WARD		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}	ACTIVE STATUS ON INDIAN REGISTER OF INAC and ACTIVE BAND MEMBER OF SAWRIDGE FIRST NATION					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	It seems that I am eligible based on the criteria specified in each of the Trust documents, i.e., listed as member #92 of Sawridge Indian Band #454 on the Indian Register as it existed on April 15, 1982, on April 15, 1985, and subsequently/currently.					
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)
			✓			

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	NA			NAME OF FATHER	NA		
DATE OF BIRTH	NA			DATE OF BIRTH	NA		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NA			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NA		
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 checked="" type="checkbox"/> YES <input 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	NA			ADDRESS	NA		
	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	NA			IF DECEASED – DATE OF DEATH	NA		
	Day	Month	Year		Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	NA			NAME OF MATERNAL GRANDFATHER	NA		
DATE OF BIRTH	NA			DATE OF BIRTH	NA		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NA			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NA		
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	NA			NAME OF PATERNAL GRANDFATHER	NA		
DATE OF BIRTH	NA			DATE OF BIRTH	NA		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NA			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NA		
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	Margaret L Ward 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	Feb 19, 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

Alberta

MARRIAGE
CERTIFICATE

This Certifies

That on the 24 day of JANUARY 1981
at PEACE RIVER, ALBERTA
IN THE DOMINION OF CANADA

The Rite of Matrimony
Was Duly Contracted Before Me Between

ALEXANDER C. WARD
of DRIFT PILE, ALBERTA
and MARGARET S. FITZGERALD
of HIGH PRALIE, ALBERTA

Witness my hand this 24 day of JANUARY 1981

John B. Ward
OFFICIATING MARRIAGE COMMISSIONER

151181
LICENCE NUMBER

John Ward
Roseline Ward
Witnesses



Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

.December 16, 1983

Your file Votre référence

Our file Notre référence

E6015-454-92 (LM8-4)

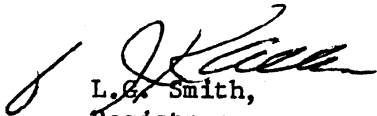
Mrs. Margaret Ward,
#35 - 5 Acadia Road,
LETHBRIDGE, Alberta
T1K 4C1

Dear Mrs. Ward:

I wish to acknowledge receipt of your letter of December 9 and your telex of December 14 indicating that you are separated from your husband, Alex Collin Ward No. 92 Sawridge Band and that you did not wish you and your son, Nathan, to be included in your husband's enfranchisement.

We have removed the name of you and your son from the submission recommending the enfranchisement of your husband. Therefore, regardless of the result of your husband's application, you and your son will remain members of the Sawridge Band.

Yours sincerely,


L.G. Smith,
Registrar.
Ottawa, Ontario
K1A 0H4

c.c. Regional Director General,
Indian and Inuit Affairs,
Alberta.

c.c. Lesser Slave Lake Indian
Regional Council,
P.O. Box 1740,
HIGH PRAIRIE, Alberta
TOG 1E0

Attention: Mrs. Marie Hodam

Canada

RECEIVED MAR 29 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	MARGARET AGNES CHAIRE		WARD	
	First Name(s)	Middle Name(s)	Last Name(s)	
MAILING ADDRESS	134	404-6AVE NW	SLAVE LAKE	AS T8G-2A1
	Apt/P.O. Box	Street Address	Town	Prov Postal Code Country
DATE OF BIRTH	16	03	1947	BIRTH CERTIFICATE ¹
	Day	Month	Year	Number
PLACE OF BIRTH	SPURFIELD		COUNTRY	CANADA
Telephone		(780) 805-9695		
	Home Phone	Home Fax	Cell Phone	Work Phone Email Address
STATUS NUMBER	229	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 IRGENE WARD MARY IRENE WARD	
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY 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?	Because of rightful birth on Sawridge lands and my mother & grandmother both come from 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	where Auntie Jean Patahik was we were raised there as kids	
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 <i>IRENE WARD</i>				NAME OF FATHER <i>WALTER LOUIS LENNIE</i>									
DATE OF BIRTH Day Month Year				DATE OF BIRTH <i>19</i> <i>05</i> <i>1924</i>									
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		<i>22</i>		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		<i>I DON'T KNOW</i>	
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 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS <i>MIRROR LANDING, AB</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country									
IF DECEASED – DATE OF DEATH <i>She died when I was 8.</i> Day Month Year				IF DECEASED – DATE OF DEATH <i>06</i> <i>06</i> <i>2007</i> Day Month Year									
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER <i>ANGELINE WARD CARDINAL</i>				NAME OF MATERNAL GRANDFATHER <i>CHARLES LENNIE</i>									
DATE OF BIRTH <i>April</i> <i>?</i> <i>?</i> 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 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 <i>EUSTIA WARD</i>				NAME OF PATERNAL GRANDFATHER <i>LOUIS GILROY</i>									
DATE OF BIRTH <i>?</i> <i>?</i> <i>?</i> 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 type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE <i>Margaret Claire Ward</i>										DATE <i>March 21/10</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

RECEIVED MAR 29 2010

Will Clarke also
inter did we start
to receive into should
be a treaty?

I suspect the law
but something is
government should
have a day. I
don't know if
treaty land and
lands of good
lands would be
and these
most of these
times that
should not
their
children be
included as

and also being
to said receive
I said you
copy with
just please
hopeful respect
of my without right.

you respect
Margaret Place
Lambert # 229

I'm missing a lot of
information but a
lot of stuff I don't
understand. I was
wrong.

RECEIVED MAY 1 1919



I feel I have
every right
to be claiming
as a beneficiary
of the land.

I was born and
raised on land
and so was my
mother, my
father, my
grandfather, my
great-grandfather,
and my mother
and my father
were on the
land.

I feel that so
much right

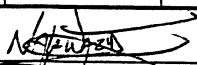
ENTERED JUN 24 2010

RECEIVED JUN 24 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	NATHAN			ALEXANDER			WARD		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	2	2021 28 AVE NW			CALGARY		AB	T2M 2L7	CANADA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	2	12	1981		BIRTH CERTIFICATE ¹		(Will send soon)		
	Day	Month	Year				Number		
PLACE OF BIRTH	HIGH PRAIRIE				COUNTRY		CANADA		
Telephone	403-988-9496				403-988-9496		naward@ucalgary.ca		
	Home Phone	Home Fax		Cell Phone		Work Phone		Email Address	
STATUS NUMBER	454004	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
	0201								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, through paternal side				
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}		Eve ACTIVE STATUS ON INDIAN REGISTAR OF INAC							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		BASED ON CRITERIA SET OUT IN TRUST DOCUMENTS							
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 Father's ancestors may have.				
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		MARGARET SUE WARD			NAME OF FATHER		ALEC COLLIN WARD		
DATE OF BIRTH		02 09 47 Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		ACTIVE STATUS UNDER INDIAN ACT			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		92		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input 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 type="checkbox"/> NO
ADDRESS		Box 284 Red Earth Creek, AB T0G 1X0 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		N/A			NAME OF MATERNAL GRANDFATHER		N/A		
DATE OF BIRTH		N/A Day Month Year			DATE OF BIRTH		N/A Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		N/A			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		N/A		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		N/A		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
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
SIGNATURE							DATE		JUNE 19 th 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

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Debra		Elizabeth		Williams		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	Box 591		Dawson Creek		BC	V1G 4H4	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	06 Aug 1987			BIRTH CERTIFICATE ¹	1987-59-026317		
	Day	Month	Year		Number		
PLACE OF BIRTH	Prince George			COUNTRY	Canada		
Telephone	250 782-5694		250 219-5752				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	454	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?
	0093601		<input checked="" type="checkbox"/> NO			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	maternal side of family is eligible to be registered.				
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}	Registered with the Indian Registry Status no. 4540093601						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Accepted & Registered with the Indian Registry and family-history connected to Sawridge 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)	<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	Danna Williams			NAME OF FATHER	Owen Cardinal		
DATE OF BIRTH	18	NOV.	1965	DATE OF BIRTH	26	AUG.	1964
	Day	Month	Year		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}	Bill C-31		
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?	454 00296 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	Apt. 324-1575 Queenway Prince George BC. V2L-1L2 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Box 591 Dawson Creek BC V1G4H4 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	Elizabeth Loyie			NAME OF MATERNAL GRANDFATHER	George Cardinal		
DATE OF BIRTH	22	03	1926	DATE OF BIRTH	05	06	1921
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	She would have eligible - Deceased.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Big Stone Cree Nation.		
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 Ghostkeeper			NAME OF PATERNAL GRANDFATHER	Alfred Williams		
DATE OF BIRTH	20	may	1927	DATE OF BIRTH	31	March	1926
	Day	Month	Year		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}			
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 type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Debra Williams					DATE	Jan. 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



BIRTH CERTIFICATE

BRITISH COLUMBIA



BIRTH CERTIFICATE

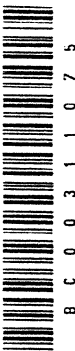


Certified extract from
Registration of Birth
filed at Victoria, BC,
Canada.


Jack Shewchuk
Chief Executive Officer
Vital Statistics Agency

VSA 424(05/09)

Surname	WILLIAMS	
Given Name(s)	DEBRA ELIZABETH	
Date of Birth	AUG 06, 1987	Sex FEMALE
Place of Birth	PRINCE GEORGE	
Registration Number	1987-59-026317	
Date of Registration	SEP 04, 1987	Date of Issue JAN 11, 2010
Name of Parent	WILLIAMS, DONNA MARIE	
Birthplace of Parent	BRITISH COLUMBIA, CANADA	
Name of Parent	_____	
Birthplace of Parent	_____	



B C 0 0 3 1 1 0 7 5

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that the person named herein
Ceci est pour certifier que la personne nommée ci-dessous

Family name - Nom de famille
Williams

Given names - Prénoms
Debra Elizabeth

Alias - Nom d'époux

Registry no. - N° de registre
4540093601



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 des Lois du Canada (1985).

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ENTERED SEP 22 2011

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				
	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) # 4840008201 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)			<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.

ENTERED SEP 22 2011

PARENTS INFORMATION												
NAME OF MOTHER			Sylvia June Worden			NAME OF FATHER			William August McDonald			
DATE OF BIRTH						DATE OF BIRTH			13 08 66			
			Day Month Year						Day Month Year			
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?			45400 - 93701			
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 S0M 2J0			ADDRESS			7719 - 188st Edmonton AB T5T 5S4			
			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			Sylvia Jimmy			NAME OF MATERNAL GRANDFATHER			Russel Rice			
DATE OF BIRTH			26 01 1946			DATE OF BIRTH			18 12			
			Day Month Year						Day Month Year			
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 Neeshobtsi			
DATE OF BIRTH			05 12 1945			DATE OF BIRTH			01 10 1941			
			Day Month Year						Day Month Year			
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			Stacey 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