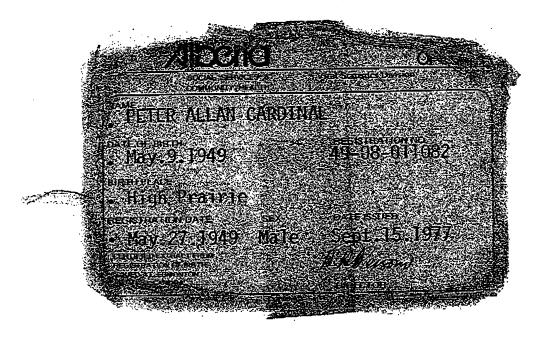
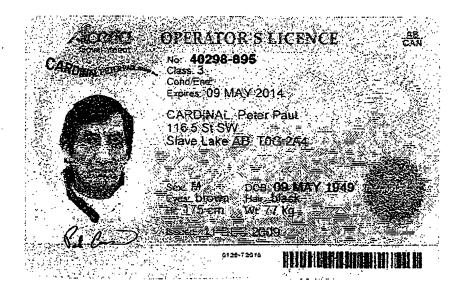
			BENI	FICIARY	APPLICATI	ON FOR	vi		
					AL INFORMATION		¥1	~	· · · · · · · · · · · · · · · · · · ·
Name	PETE	First Name	2/2)	2	LEN		CAL	DINAL (WA-RD)
Mailing Address	134	40	24-6	AVE NU	Middle Name	e(s) = Lake		Last Nam	rē(s)
DATE OF BIRTH	Apt/P.O. B	iox	Street A	1949	BIRTH CERTIFIC	Town ATE ¹	Prov	Postal Code	Country
PLACE OF SIRTH	HIGHI	PEAIRI		Year	COUNTRY	·	To the second of	Number	
Telephone	Home Ph		•	516-23	177 8	600			
Staius Number	45400	ARE YE MARRIED BAND MEN	TO A LIVE			Dio you Stiffwhist ISE?		Email Addres IF YES. WHEN, WHEN, CATEGORY?	is.
IF YOU ENFRANCHIS INDIAN ACY, PROVI INCLUDING SHARE (MONIES RECEIVED.	DE DÉTAILS OF PER CAPITA								
ARE YOU DESCEN FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID TREATY 8 SIGNATION	O OR OF THE DN	DOV		THER ENDE		SAG	WRID	14EB,	AND
IF MARRIED, DID Y MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	N/	1_	RE PE NA	D YOU SUBSEQUENTANCE OF CHILDRE	OTHER DETAIL	/	NIA	
Your Status Under Indian Act or Pay List at time or Application									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		M,	z mu	1 mm	er um	t into	st evi	be a band men	las
HAVE YOU OR YOUR WICESTORS LIVED OF THE SAWRIDGE LAND NOLUDING POST TREADS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BANKE	DS SEATY INO	IF YES, PROVID DETAIL)E -	ראס ו	RESER	:JE			·
MARITAL STATUS (check one)	Moriod	X							
(Married	Single	Divorced	Widowed	Common-Lav	<u> </u>		Other (Specify)	

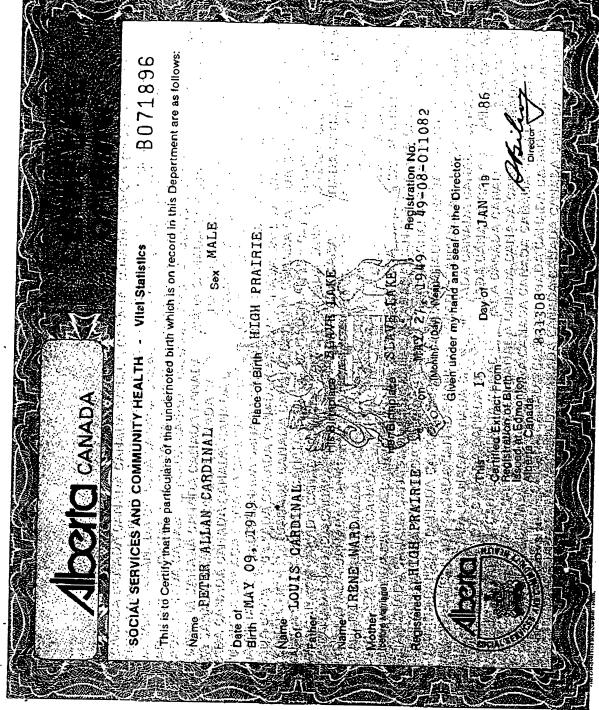
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

				PARENTS II	NFORMATION					
NAME OF MOTHER	MAR	y IREN	we l		NAME OF FATHER	Lou	13	Ca	RD	INAL
DATE OF BIRTH	Day	,	1onth	Year	DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		2	Onui	. 1 531	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	De	<u>ay</u>	<u>Mo</u>	<u>nin</u>	Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	MYES DNO	IF YES, WHAT IS HER BAND NUMBER?	SAW	181068	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No		S, WHAT BAND ER?		
DID YOUR MOTHER ENFRANCHISE?	□YES S No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No	AND IN	S, WHEN WHICH SORY?		
Address		Box, Street Add	lress, Towi	п, Province.	Address	Apt/ P.0			ddress,	, Town, Province,
IF DECEASED — DATE OF DEATH	Day	Mor	nth	1955 Year	IF DECEASED — DATE OF DEATH	Da	······································	Mon	oth	Year
				GRANDPARENTS	INFORMATION	<u> </u>			101	
NAME OF MATERNAL GRANDMOTHER	ANGI	LINE C	7 425,	INAL	NAME OF MATERNAL GRANDFATHER					
DATE OF BIRTH				•	DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day	Mor	nth [Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day	<u>y l</u>	Mon	ith	Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES F INO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No		, WHEN WHICH ORY?		
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH	Day	Mon	oth T	Year	DATE OF BIRTH	Day	. 1	Mon	•16	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}		1 17:00	101	1 04,	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	De		IVIOIT	<u>(r) </u>	7 Eai
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	CINC	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER EDIFFICINGES	□YES □No	IF YES, AND IN	WHICH		
SIGNATURE Their	reby certify t	hat the information with information with	in this form	n is true and correct o need it to determi	t. I give permission to	o Sawridge	;	Datë		

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







FAX COVER SHEET

) () 1:	MVOS Date: Dec 13, 20 Settlement
From:	eter Cardina	$\int_{-\infty}$ # Of Pages: $\frac{5}{2}$ (including c
Fax #:	80-988-7724	
Message:		
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	BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION											
Name	File	ンピ First Name(s	-1	505	ミピル Middle Nam	20/2)	ب	ARD Last Na	ma/s)		
Mailing Address	//5/5 Apt/P.O. Bo	-	Aju S Street Add	ress		2 / 4/2 Town	A 17/4 Prov	Postal Code	O Canada		
DATE OF BIRTH	2 E Day		1 O Month	UZ Year	BIRTH CERTIF	ICATE ¹	42	- US - 5 Numbe			
PLACE OF BIRTH	HIGH MEATER AS.										
Telephone	780 805 8899 8 05 -8899 516 0944										
STATUS NUMBER	Home Ph	ARE YO MARRIED T BAND MEME	OA LYES	In Ven		Phone Dio You ENFRAN	ICH- INO	Email Adda IF YES, WHEN, WHICH CATEGORY?	ess		
IFYOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIÈS RECEIVED.	É DETAILS		د آرم	Dic	いって						
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS MAZY IREA WARD WAZY IREA WARD MAZY IREA WARD M										
IF MARRIED, DID YO MARRIAGE PRODUC CHILOREN? IF YES, DETAIL NAMES OF CHILDREN.	CE ANE	ND		PE NA	D YOU SUBSE -MARRY TO A RSON? IF YES MES OF CHILL OUSE.	NOTHER 6, DETAIL	1	ن			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	5.4	7WR	IDGÉ	الحور[2~0	¥ Li	54 00	1701			
WHY DO YOU FEEL YOU ARE FLIGIBLE AS A TRUST BENEFICIARY?	rse	22	4 NO				5 LA	,NO			
HAVE YOU OR YOUR ANCES FOR LIVED OF THE SAWRIDGE LAND INCLUDING POST THE LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DS EATY OF	LPBOWN	E	^م لب	æ	RE	SERVI				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-l	Law		Other (Specif	у)		

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

A copy of the conflicate 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 In	IFORMATION	
NAME OF MOTHER	MARIC IRENE WARD	NAME OF FATHER	LOUIS CHILDWA
DATE OF BIRTH		DATE OF BIRTH	CARD INC
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year	STATUS UNDEA INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES IF YES, WHAT SAND IS HER BAND NUMBER? 22	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES ☐NO IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	TYES 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	7 7 Jahr or 1953	IF DECEASED -	
	Day Month Year GRANDPARENTS	INCODIA FIGU	Day Month Year
NAME OF MATERNAL GRANDMOTHER	ANGELINE WARD (CARDINA)	NAME OF MATERNAL GRANDI'ATHER	
DATE OF BIRTH	UZ APRIL	DATE OF BIRTH	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH 2.3	Day Month Year
DIO YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	ISUAT WARD	NAME OF PATERNAL GRANDFATHER	
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT EIRTH ^{2,3}	CHIEF OF WACE	SYATUS UNDER INDIAN ACT OF PAY LIST AT BIRYH ^{2,3}	Day Month Tear
DIO YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	DYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	UYES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE IN	ereby certify that the information in this form is true and corrected to share this information with those who need it to determ	ct. I give permission tilne my status as a b	o Sawridge Park / 36/6

Sawridge Trusts 801, 4445 Calgary Trail NW Edmonton, AB T6H 5P7

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN



This is to certify that - Le présent atteste que

Family name - Nom de famille

Given names - Prénoms

FRANK JOSEPH

Registry no - N° de registre

454001

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).

Dale of birth - Date de naissance

Registry group - Groupe d'apregistrement

SAWRIDGE FIRST NATION

947

Sex - Sexe

This card is valid until

Cette carte est valide jusqu'air \$\frac{1}{2015-03-24}\$

Hölder's signature - Signature du titulaire

Issue date - Date d'émission

2010-03-2

Quiconque frouve le présent est prie de le reklumer franc de port au ATNC, Otawa (Ontaño) Canada, KTA 0H4 83-004 2005-11-21 7530-21-023-3673

• Brank Joseph Ward

PATE DE BIRTH

PATE OF BIFTH:

• October 28.1942 PEGISARATION NO. T. 42-08-50 154

SISTIFIZOE

• High Prairie BEGISTER ON DATE

* Nov. 16: 19:2 Welle

ENTERED MAY 2 5 2010 RECEIVED MAY 2 5 2010

	BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION											
NAME	Joh	N N Y First Name	(s)	W		メんき dle Name(s)			Nand Last Nam	20(0)	
Mailing Address	3 (a Apt/P.O(B	. 5	ite (RR dress	RR2 Gibbons			AB -	TOE! NO Postal Code		
DATE OF BIRTH	25 Day		03 Month	196,	1962 BIRTH CERTIFICATE ¹			4	47683 Number		
PLACE OF BIRTH	Driftpile A					AB COUNTRY Carada					
Telephone	180942-4163 de							u tacom com			
STATUS NUMBER		ARE YOU MARRIED BAND MEM	DU TO A BER?	NUMBER	1?		DID YOU ENFRANCH ISE?	- □YES □NO	Email Addre IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	Sign Pe	ned Off or Cape	Band ta	35	ot 21	nfrai	nchised	and.	recieved	
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS											
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND			R P N	E-MAF	U SUBSEQUEN RRY TO ANOTH N? IF YES, DE OF CHILDREN E.	IER TAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	()(1)a									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	1	oas Cluck	a ful for	1 me.	nb	evi	up	unti	T	remed	
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	OS EATY OF □YES □NO	IF YES, PROVID DETAILS)E								
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Co	mmon-Law			Other (Specify)		

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 $\mathcal{V} / \mathcal{A}$								
DATE OF BIRTH	24 12 1939 Day Month Year	DATE OF BIRTH 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?	☐YES ☐NO IF YES, WHAT IS HER BAND NUMBER? 454008101	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?								
DID YOUR MOTHER ENFRANCHISE?	DYES DISTRIBUTION OF THE CATEGORY? Marriage to Mindian	DID YOUR FATHER ENFRANCHISE? DYES DNO 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	IF DECEASED — DATE OF DEATH Day Month Year								
	GRANDPARENT	s Information								
NAME OF MATERNAL GRANDMOTHER	Mary Chalifoux	NAME OF MATERNAL GRANDFATHER Felix Chalifoux								
DATE OF BIRTH	15 06 1903 Day Month Year	DATE OF BIRTH Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	4500005202	STATUS UNDER INDIAN ACT OR PAYLIST AT BIRTH 2.3 SAW idge								
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	TYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DYES 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?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?								
	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.									

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

CERTIFICATE
OF BIRTH

NAME

Vital Statistics Division

JOHNNY MAXWELL WARD
DATE OF BIRTH

REGISTRATION NO.

• March. 25.1962

62-08-011228

• Driftpile

SEX

DATE ISSUED

Apr. 8 1962
CERTIFIED EXTRACT FROM
REGISTRATION OF BIRTH,
ISSUED AT EDMONTON,
ALBERTA, CANADA Male

Apr. 17. 1978

DIRECTOR

May 19, 2010

MAY 2 5 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

John Ward

				BENE	FICIARY			ON FO	RM			
		,			PERSO	NAL IN	FORMATION					
NAME	K	ELU I First I	Vame(s)			JOSEPH. Middle Name(s)				4	JTLLTE Last Nan	\mathcal{R} .
MAILING ADDRESS	Apt/P.O.	Box	1282	0 - 1 Street Ad	20 57 dress	2057 EDMONITON.			RB. Prov		CANADA. Country	
Date of Birth	30 Da		10	<i>)</i> Month	1968 Yea) ar	BIRTH CERTIFICA		(·	1 二 1 世	z 68-08-02724
PLACE OF BIRTH	SLAVE LAKE. AB. COUNTRY CANADA					AOA.						
Telephone	Home Phone Home Fax			780 3/8-, Cell P) 2470 hone	Work P	hone			Email Addre		
STATUS NUMBER	45400	MA	ARE YOU RRIED TO ID MEMBEI		s IF YE	s, D	, violit	DID YO ENFRAN ISE?	ICH-	□YES X NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVI INCLUDING SHARE (MONIES RECEIVED.	DE DETAILS					L		-				
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? TAM OLD DECENDED FROM MY GREAT GRAND FATHER. CHARLES (PICHE) NESOTISTS TWIN, MY GREAT GRAND FATHER. FATHER. FRANCIS NESOTISTS TWIN MY GRAND FATHER. DANID GEORGE NISOTISTS TWIN #52.												
IF MARRIED, DID Y MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND					DID YO RE-MAI PERSO	OU SUBSEQU RRY TO ANC N? IF YES, I OF CHILDRI	ENTLY THER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	1953	, <u>-</u>	ן כאט	KEIN.	STATEL) u	NOER.	BIL.	<u></u> ረ	31	PRANCHIS IN 198	7
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	CELLYOU ARE CHAND FATHER. WAS CHARLES (PICHE) NISOTES IS TWIN MY GREAT GRAND FATHER WAS. FRANCIOS NISOTES IS TWIN, MY GRAND FATHER. DAVID GEORGE NISOTES IS TWIN RUST AND YVONUE ELIZABETH NISOTES TWIN											
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	ESTORS LIVED ON SAWRIDGE LANDS LUDING POST TREATY DS SET ASIDE FOR EXCLUSIVE USE OF EXCLUSIVE USE OF											
MARITAL STATUS		$\overline{}$		107.1	170 < 171	1610						
(check one)	Married	Sin	igle [Divorced	Widowed	Co	mmon-Lav	N			Other (Specify)	

¹A 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 In	FORMATION				
NAME OF MOTHER	XUUA	INE ELIZ	ABETH	TWIN	NAME OF FATHER	Jos	SEDH FRA	MCIS	WILLTER
DATE OF BIRTH	O7		<i>G</i> Month	1945 Year	DATE OF BIRTH	Z Da		nth	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		•		1 001	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	RE	615TRY#	-	Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	MYES □NO	IF YES, WHAT IS HER BAND NUMBER?	4540	016201	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES XNO	IF YES, WHAT IS HIS BAND NUMBER?		***************************************
DID YOUR MOTHER ENFRANCHISE?	XYES □No	IF YES, WHEN AND IN WHICH CATEGORY?		N FATHER PANCHISE	DID YOUR FATHER ENFRANCHISE?	□YES XNO	IF YES, WHEN AND IN WHICH CATEGORY?		
Address	Apt/ P.O.	20 - 12 Box, Street Adode, Country	0 57 60. ddress, Tov	75 <i>E-</i> M. <i>AB.</i> 5 <i>NC</i> vn, Province,	- Address	Apt/ P.0 Postal 0	D. Box, Street A	ddress, To	wn, Province,
IF DECEASED DATE OF DEATH	Day	N	lonth	Year	IF DECEASED DATE OF DEATH	/6 Da		2 nth	2004 Year
				GRANDPARENTS	INFORMATION				
NAME OF MATERNAL GRANDMOTHER	CLAR	RA BELL	A CATI	(NSON) NOZNI)	NAME OF MATERNAL GRANDFATHER	DAU:	n Grafi		WIN SOTESIS)
DATE OF BIRTH	30 Day)	/(1921 Year	DATE OF BIRTH	1	_	9 nth	•
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	ME	713			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	T			SAWRIDC BAND.
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	YYES □No	IF YES, WHEN AND IN WHICH CATEGORY?		N HUSBAND ANCHISE	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	XYES □No	IF YES, WHEN AND IN WHICH CATEGORY?	CHILDR	T WANT HIS EN TO ATTEN ENTIAL SIK
Name of Paternal Grandmother	MAR	y WIL	LIER.	GIROUX	NAME OF PATERNAL GRANDFATHER	PET	TER TO	MPKI	
DATE OF BIRTH	Day		? lonth	Year	DATE OF BIRTH		7 7)	?
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Fut			i Gai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day	у <u>Мо</u> і <i>N] А</i>	ntn j	Year
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES MANO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	? □YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	7	
SIGNATURE I he	ereby certify ests to share	That the information	ion in this fo with those w	rm is true and correc ho need it to determi	t. I give permission t ne my status as a be	o Sawridge	DATE	aug	. 09/201

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



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:

KELVIN JOSEPH FRANCIS WILLIER Sex MALE

Date of

Birth OCT 30, 1968

Place of Birth SLAVE LAKE

His Birthplace JOUSSARD, ALBERT

of YVONNE ELIZABETH TWIN

Mother (before Marriage)

Her Birtiplace - SLAVE LAKE, ALBERTA

oms NOV 06, 1968

Registration No. **68**-08-027245

(Month) (Day) (Year)

Given under my hand and seal of the Director.



Registered at SLAVE LAKE

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

154059

Day of

Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



REG 3413 (2008/01)



Apr 01, 2010

Surname

Nesootasis

Given Names Prénoms

Yvonne Elizabeth

Date of Birth Date de naissance

Sep 07, 1945

Place of Birth Lieu de naissance

Slave Lake

Registration No. Nº d'enregistrement

1945-08-501940

Registration Date Date d'enregistrement

Apr 26, 1949

Name of Mother Nom de la mère

Atkinson, Clara

Place of Birth Lieu de naissance

Name of Father Nom de père

Twin, David

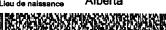
Place of Birth Lieu de naissance

Alberta















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. 5.3!

The Holy Sacrament of Matrimony

This is to Certify

That DAVID THIN

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

The Rev. B. GEUNONT ONI officiating
in the presence of EVA ATKINSON

and witnesses

as recorded in the Marriage Register of this Church

St. Martin Pastor

St. Martin Parish

Date. July 27, 2010 Diocese of Malauman

4

Archeneché-Acchinishup's Assidence 333. AcAleman, Alberta, Canada 104 24-3002

Certificate of Marriage

THIS IS TO CERTIFY	1
That	
CALLE OF CHARLES (PICHE) - NISOTESIS TWIN	
AND COURTCREILLE, ISABELLE	
and CARDINAL, JEANNETTE JULIENNE	
Child of JOSEPH CARDINAL (MANYOTAKUSIW) LIZETTE "LOUISE" CARDINAL	
were lawfully	
Married	
ca ±12 . Twenty sixth (26th)	
According to the Rite of the Roman Catholic Church	
and in conformity with the laws of the Province of Alberta	
Rzv	
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. Lo. Wave acet.	
9	

ENTERED AUG 2 7 2010

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				EIVE	PERS	ONALIN	FORMATION	JNTU	SOR - 7	超調	<u></u>		
	QL.	1.				_				~' '			
Name	Ja	Dhanu First Nam	<u>O</u>		<u> </u>	200				WI	lier	-	
Mailing	+				<u></u>		ddle Name(<u>(s)</u>			Last Na	ame(s)	
ADDRESS	416 Apt/P.O. B	Зох	OUS Stre	<u> (</u> reet Add	<u>J6AU</u>		Edmo	CONTON Town	A F	3 T	5H0B ostal Code	Canacl Count	
Date of Birth	US/ Day		\\ Mont	ıth	1981 Yea		BIRTH CERTIFICA	ATE ¹	198			12644.	
PLACE OF BIRTH		Prince George				<u>-</u>	COUNTRY	,				olumbi.	
Telephone	780-903-23					13-237	15 780-y	115-4458		5-2-	Hotal	Hotmail	
			Home F	Fax	Cell P	hone	Work Pr	none		E	Email Addr		
STATUS NUMBER	454004	MARRIE BAND ME	E YOU IED TO A MEMBER?	□YES □Mo	IF YES BAND NUMBE	ID D		DID YO ENFRANC ISE?	ICH-	ZS WH	YES, HEN, HICH ATEGORY?		-
INCLUDING SHARE OF MONIES RECEIVED.	INDIAN ACT, PROVIDE DETAILS NCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS IF YES, PROVIDE CHARLES (PICHE) NOSOTESIS TWIN, My Great Gre							ter it					
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND				1	DID YOU RE-MAR PERSON NAMES (SPOUSE	DU SUBSEQUE RRY TO ANOT DN? IF YES, DI G OF CHILDRE SE.	JENTLY OTHER DETAIL EN AND					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		· My	1 mot	rher	- Wat	2 C	anota	uted o	under	Bil	(1C-31	171987	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Great Grandfather was Charles (Piche) NE otesis Twin, My Great Great Grandfather was Francies Nesotesis Twin, My Great Great												
ANCESTORS LIVED ON THE SAWRIDGE LANDS	DESOTES S TWIN, MYGREUT Great GrandFather Was Francis S LIVEDING POST TREATY UND SET ASIDE FOR EEXCLUSIVE USE OF DETAILS DESOTES S TWIN, MYGREUT Great GrandFather Was David George Desotes S TWIN, MYGREUT GrandFather Was David George Desotes S TWIN MYGRAND MOTHER IS VEVONNE Elizabeth (Desotes S) TWIN - Willier, Until												
MARITAL STATUS				<u> </u>	1000,0	Tar	CITCUIN	34 - C1	Mu	Cina	<u>U</u> (990)	in 1453	
(check one)	Married	Single	Divord	ced	Widowed	Cor	mmon-Law	,+		Othe	er (Specify)	1	

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.

<u> </u>				PARENTS IN	NFORMATION			
NAME OF		1 0	1 3 1		NAME OF	Т.		
MOTHER	Shir	-ley ann	1 Will	lier	FATHER		<u>Ó Ó Ó</u>	
DATE OF BIRTH	니 Day		1onth	1965 ·	DATE OF BIRTH		$\frac{2}{2}$	<u>ر</u>
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				<u> </u>	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	1		lonth Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ØYES □No	IF YES, WHAT IS HER BAND NUMBER?	4540	10071 00	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No	IF YES, WHAT IS HIS BAND NUMBER?	?
DID YOUR MOTHER ENFRANCHISE?	□Y∈S Mo	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	
Address	Apr P.O.	Box, Street Add	Mon AB Iress, Town	2 <u>T5E 5V6</u> , Province,	- Address	Apt/ P.(O. Box, Street /	Address, Town, Province,
IF DECEASED — DATE OF DEATH	Day	Mor		V	IF DECEASED — DATE OF DEATH	?		Š
		IVIOI	iui j	Year GRANDPARENTS	INCOMENTION	Day	y Mo	onth Year
NAME OF				CHARDPANLINIO	NAME OF	Т		
MATERNAL GRANDMOTHER	Yvonr	ne Eliza	ibeth.	Twin	MATERNAL GRANDFATHER	Jos	eph Fra	ancis Willier
DATE OF BIRTH STATUS UNDER	O7 Day	Mor	nth	1945 Year	DATE OF BIRTH	8C Day) O	
INDIAN ACT OR PAY LIST AT BIRTH	1	stry # . 001 620	اد		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Regi	24ry #.	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? NAME OF	□No	CATEGORY?	Enfrav		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□Ye\$ IZNo	IF YES, WHEN AND IN WHICH CATEGORY?	7
PATERNAL GRANDMOTHER	Clara	. Bella (A	tlinso	njTwin	NAME OF PATERNAL GRANDFATHER	David Tu	d Georgi Sin	e (Nesoteris)
DATE OF BIRTH	30 Day) \\	nth	1921 Year	DATE OF BIRTH	다 Day) Moi	101.
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH DID YOUR	mel	tis			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Stati	- Four
PATERNAL GRANDMOTHER ENFRANCHISE?	DNO A	AND IN WHICH	Wher H Nusbar Enfray	nd. 1	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	ØYES □No	IF YES, WHEN AND IN WHICH CATEGORY?	Hedio not want His Childrenin Residential School
SIGNATURE I her	reby certify It	pat the information	Delle Lin this form in	is true and correct	. I give permission to ne my status as a ber	Sawridge	DATE	Aug 5/10

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

Archensché-Archinshup's Assidence 333. McAeman, Alberta, Canada

TOH ZLD Tel: 324-3002

Certificate of Marriage

THIS IS TO CERTIFY	
That	
Child of CHARLES (PICHE) - NISOTESIS TWIN	
AND COURTOREILLE, ISABELLE	į
and CARDINAL, JEANNETTE JULIENNE	
Child of JOSEPH CARDINAL (MANYOTAKUSIW) LIZETTE "LOUISE" CARDINAL	
were lawfully	
Married	1
ca ±12 Twenty sixth (26th)	
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 Nisptesis	
and Louis Giroux, as appears	
from the Monriage Register of St. Bernard Mission, Grouard, AB	
Dated May 9th, 1995 La. Warrack.	• • • •



"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 THIN

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 - DESTARAIS

The Rev. B. GEUNONT OMI officiating
in the presence of ... EVM. ATKINION

and ... witnesses

as recorded in the Marriage Register of this Church

St. Martin ... Pastor

St. Martin ... Pastor

Parish

Date ... L. 27, 2010 Diocese of McLeuman

Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



REG 3413 (2008/01)



Apr 01, 2010

Sumame Nom

Given Names Prénoms

Place of Birth Lieu de naissance

Registration No. Nº d'enregistrement

Registration Date Date d'enregistrement

Name of Mother Nom de la mère

Place of Birth Lieu de naissance Name of Father Nom de père

Place of Birth Lieu de naissance

Nesootasis

Yvonne Elizabeth

Sep 07, 1945

Slave Lake

1945-08-501940

Apr 26, 1949

Atkinson, Clara

Alberta -

Twin, David

Alberta











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

	경기에 가입하는 것이 되었다. 그 말이 되는 말을 했다면 있다. 기계 기계 기
This is to certify the	at SHIRLEY ANN WILLIER
Child of Jos	seph Francis Willier and Yvonne Twin
Born in	Edmonton, Alberta Gender Female
On the <u>14th </u>	Day of June In the year of 1965
Was baptized on the	09th_Day ofJuly In the year of1965
according to the Rite	of the Roman Catholic Church and as recorded in
the Baptismal Regist	ter of this Church.
Officiating Priest: _	Rev. J.N. Adamyk
God Parents:	Michael Twin and Evelyn Twin
	$\Omega = M = -M = -M$
	Pastor to amos L. Holla Jour
	Rev. James L. Holland, OMI
	Date: 02nd. November 1998

BIGGERIFICATE

BRITISH COLUMBIA

BIRTH CERTIFICATE







Surname

/SA 434(05/09)

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





| ENTERED SEP 2 2 2010

RECEIVED SEP 2 2 2010

				BENE	FICIAR	Y AP	PLICATION	ON FO	RM		i	
							NFORMATION					
NAME	S'Y	hir 10	Cy Name(s	·-\	A	t nr				h	lillier	
Mailing		1 100.		1			iddle Name			<u> </u>	Last Na	me(s)
MAILING ADDRESS	1 1/2 0		126	<u> 820-</u>		>t_		ionto	M_	A.B	TSESNE	6 Canada
	Apt/P.O.	Box		Street Ac	***			Town		Prov	Postal Code	
DATE OF BIRTH	14 Da			June Month		65 ear	BIRTH CERTIFICA	ATE ¹	·		N. Carles	
PLACE OF BIRTH			ntc	on. A		iai .	COUNTRY	,	(an	Number	
Telephone					780	0 -2470						LiverCA
	Home F	hone	<u> </u>	Home Fax		Phone	Work Pi	hone			Email Addre	
STATUS NUMBER	00 M	6. MAF BAND	ARE YOU RRIED TO ND MEMB	TO A LIYE		ND		DID YO ENFRANG ISE?	NCH-	□YES ☑MO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS OF PER CAPITA											
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE DGE ORIES?	JNO P	IF YES, PROVIDE DETAILS	E Nisot	m act rles(Pic tisis Tw	Lecei hest in	ndecl resotions my	from Twin, zrand	my my fa	great great ther D	tgreatgi grandfati avid Bea #5	rand father hertrancios ingellisotisis 2 Twin
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	ICE AND					RE-MAI PERSO NAMES SPOUS		OTHER DETAIL EN AND				
AT TIME OF APPLICATION	193.	217	-W	ias re	1115	rat	red u	nde	'v-V		C-311,N	isadin
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST THY CAMCESTOR DELONG TO SAW RICKYE FIRST Nation, My great, great greated Pather was charles (Piche) Wisotesis Twin, My Great grand feether was Trust T											
ANCESTORS LIVED ON THE SAWRIDGE LAND INCLUDING POST TRE. LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND	DN DS CHYE	TY DNO DETAILS Uponne Elizabeth (Nesotisis Twin and my mother										
Marital Status (check one)	Married	∠ Sing	nla la	Divorced	Widowed							
		<u> </u>	16	Divorced	Midower	1 00	ommon-Law	/		(Other (Specify)	

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.

<u> </u>				PARENTS IN	FORMATION						
NAME OF MOTHER	40	<u>onne Eli</u>	izab	ethTwin	NAME OF FATHER	Jo.	seph Fi	ranc	cis Willie		
DATE OF BIRTH	D /		09 Month	1945 Year	DATE OF BIRTH		20 0		1941		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	·		Ona	I Gai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Day Month Year				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ØYES □No	IF YES, WHAT IS HER BAND NUMBER?	4540	10-69100	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ☑No	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	DYES □No	IF YES, WHEN AND IN WHICH CATEGORY?	when Enotra	nfather acise	DID YOUR FATHER ENFRANCHISE?	□YES ☑No	IF YES, WHEN AND IN WHICH CATEGORY?				
Address		0-1205t		コルク	Address						
	Postal Co	. Box, Street Add ode, Country	ress, Tow	/n, Province,		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH	Day	/ Moi	nth	Year	IF DECEASED — DATE OF DEATH		16 02 2004 Day Month Year				
			1101	GRANDPARENTS	INFORMATION	νa	y I IVIO	nth	Year		
NAME OF MATERNAL GRANDMOTHER	Cla	ra Bella	(Atkin	nson)Twin	NAME OF	Pai	David George (Nisotesis) Twin				
DATE OF BIRTH	3 c			192 Year	DATE OF BIRTH	l Da	17 09 1909 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	met			, , , , , , , , , , , , , , , , , , , ,	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Full status of SawRidge band				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	©YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	1	n hushand PANChise	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	ØYES □No	IF YES, WHEN AND IN WHICH CATEGORY?	Did	Inotwanthis drento Attend Clental School		
NAME OF PATERNAL GRANDMOTHER	Mar	y Willie	r Cri	iroux	NAME OF PATERNAL GRANDFATHER	Pet	PeterTompkins				
DATE OF BIRTH	7 Day		nth	Year	DATE OF BIRTH	7	, (?			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		ustati		1 Gai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day	Day Month Year				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	EMO	IF YES, WHEN AND IN WHICH CATEGORY?	4		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?				
SIGNATURE I he	ereby certify the	that the information this information wi	n in this for th those wh	m is true and correct. no need it to determin	. I give permission to ne my status as a be	o Sawridge	DATE	a	ug2/10		

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

Archendché-Archinehop's Aestdence 393, AcFienna, Alberta, Canada

TOH 2L3 Tel: 324-3002

Certificate of Marriage

1		1
	THIS IS TO CERTIFY	1
	That	
	Child of CHARLES (PICHE) - NISOTESIS TWIN	
	AND COURTOREILLE, ISABELLE	
	and CARDINAL, JEANNETTE JULIENNE	
	Child of JOSEPH CARDINAL (MANYOTAKUSIW)	
	LIZETTE "LOUISE" CARDINAL	
	were lawfuliy	
	Married	[3]
	cr tiz Twenty sixth (26th)	
	According to the Rite of the Roman Catholic Church	
	and in conformity with the laws of the Province of Alberta	
	Rzv	
	officiating in the presence of Charles Nisotesus	
	and Louis Giroux, as appears	,
2	from the Morriage Register of St. Bernard Mission, Grouard, AB	
	Dated May 9th, 1995 le. Wangach	
No.	occretary	



"For this reason, a man must leave his tather 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

and CLARA ATKINSON

were lawfully united in the Holy Bonds of Marrimony

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

The Rev B. GEUNONT OMI officiating

in the presence of EVM ATKINSON

and witnesses

as recorded in the Marriage Register of this Church

St. Markin Pastor

St. Markin Pastor

Parish

Date July 27, 2010 Diocese of McLeuman

9

Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE





Sumame

REG 3413 (2008/01)

Nom

Nesootasis

Given Names Prénoms

Yvonne Elizabeth

Date of Birth Date de naissance

Sep 07, 1945

Place of Birth

Slave Lake

Registration No. Nº d'enregistrement

1945-08-501940

Registration Date Date d'enregistrement

Apr 26, 1949

Nom de la mère

Atkinson, Clara

Place of Birth Lieu de naissance

Alberta

Name of Father Nom de père

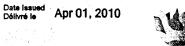
Twin, David

Place of Birth Lieu de naissa

Alberta









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

Tier in an anni C. 41		기 (1984년) 1982년 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
1 nis is to certify that _	SHIRLEY ANN W	ILLIER
Child of Joseph	Francis Willier and Yvonne	Twin
Born in E	dmonton, Alberta	<i>Gender</i> Female
	of June In the	그는 형과 사람들이 가장하는 것도 하는 한 학생들이 하는 것이 되는 것이 되었습니다.
	9th_Day ofJuly In	
사람들은 이 경기를 마음하는 경화 전에서 부모르겠습니다. 그는 사람들은 그리는 사람들은 사람들은 경우를 보고 있다.	the Roman Catholic Church an	
the Baptismal Register o	f this Church.	
Officiating Priest:	Rev. J.N. Adamy	k
God Parents:	Michael Twin and Evel	yn Twin
		^
Past	orto lines L. Hola	1 Date
	Rev. James L. Holland, O	祝

Date: 02nd, November, 1998

BENEFICIARY APPLICATION FORM												
	,			PERSONA	L İNI	FORMATION		1				
NAME		yla		marie					williams			
	F	irst Name(s)	L	Mic	idle Name(s	s)			Last Nan	ne(s)	
MAILING ADDRESS	Box 59					Dawso		214	BC		Canada	
	Apt/P.O. Bo	<u> </u>	Street Add	ress		To	own		Prov	Postal Code	Country	
DATE OF BIRTH	01		09		1989 BIRTH CERTIFICATE 1			19	89-	59-02	7662	
	Day		Month	Year						Number		
PLACE OF BIRTH		son C	ireek		- (COUNTRY		(Can	ada		
Telephone	250 782-50			250								
	Home Pho	ne H	lome Fax	Cell Pho	one	Work Ph	one	— т		Email Addre	ess	
C-1-10	454	ARE YOU	J □YES	IF YES,			DID YO	ou	□YES	IF YES, WHEN.		
STATUS NUMBER	0246	MARRIED T BAND MEME	DA DANO	BAND NUMBER	? /	N/A	ENFRAN ISE?		MNO	WHICH CATEGORY?	NIA	
IF YOU ENFRANCHIS INDIAN ACT, PROVIE INCLUDING SHARE O MONIES RECEIVED.	E DETAILS		N/A									
ARE YOU DESCENT FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID TREATY 8 SIGNATO	_	Maternal side of family is Eligible to be registered.										
IF MARRIED, DID YO MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	N/	A	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}	1	-	eved No.							Regist	·ry	
WHY DO YOU FEELYOU ARE FEELYOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Sawridge Indian Band on maternal side												
HAVE YOU OR YOUF ANCESTORS LIVED O THE SAWRIDGE LAN INCLUDING POST TF LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAI	ON IF YES, PROVIDE DETAILS											
MARITAL STATUS		<u> </u>										
(check one)	Married	Single	Divorced	Widowed	10	Common-La	w			Other (Specify	<u>/)</u>	

PARENTS INFORMATION												
NAME OF MOTHER	Donna Williams	NAME OF FATHER	Owen Cardinal									
DATE OF BIRTH	18 NOV. 1965 Day Month Year	DATE OF BIRTH	26 Aug 1964 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}	3:11 C-31									
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT USU USU USU USU USU USU USU USU USU US									
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?									
Address	Prince George B.C. V2L-1L2 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Box 591 Pawson Creek B.C. VIG4H4 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									
	GRANDPARENT	S INFORMATION	Tear									
NAME OF MATERNAL GRANDMOTHER	Elizabeth Loyie	NAME OF MATERNAL GRANDFATHER	George Cardinal									
ATE OF BIRTH	22 03 1926 Day Month Year	DATE OF BIRTH	05 06 1921 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?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?									
NAME OF PATERNAL GRANDMOTHER	Elizabeth Ghostkeeper	NAME OF PATERNAL GRANDFATHER	Alfred Williams									
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	3 March 1926 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?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?									
Ihe	Kardo (Hilliam)											

Sawridge Trusts 801, 4445 Calgary Trail NW

Edmorton AB TOH- SR7



















1989-59-027662

Registration Number Date of Registration

Place of Birth Date of Birth

KAYLA MARIE SEP 01, 1989 DAWSON CREEK

SEP 06, 1989

WILLIAMS, DONNA MARIE

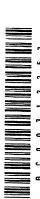
Name of Parent

BRITISH COLUMBIA, CANADA Birthplace of Parent

CARDINAL, OWEN LOUIS Name of Parent BRITISH COLUMBIA, CANADA Birthplace of Parent







BENEFICIARY APPLICATION FORM													
PERSONAL INFORMATION													
NAME	M		ARET Name(s)		SUE Middle Name(s)					WARD Last Name(s)			
Mailing Address	BOX	284		Street Addr	RED EARTH CRE					K,AA		XO C	ANADA Country
DATE OF BIRTH	Apt/P.C	02	 S2	EPT	1947	,	BIRTH CERTIFICA	own TE ¹	77477 (ILLINOIS)				
PLACE OF BIRTH		Day TTAW	A, ILLI	NO15	Year		COUNTRY		CIA	ITEI	Numb 0 57)	····	
Telephone	780-	649-2 e Phone	088	ne Fax	780- 312-35 Cell Pho	287	780 - 7 649 - Work Ph	1833	li	ardj	O (A) NOT		kes college
STATUS NUMBER	#9:	2 1	ARE YOU MARRIED TO A	□YES	IF YES, BAND NUMBER		#92	DID YOU ENFRANCISE?	сн-	□YES ⊠No	IF YES, WHEN, WHICH CATEGORY		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS												
ARE YOU DESCENI FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID TREATY 8 SIGNATO	O OR OF THE GE	DYES ONO	IF YES, PROVIDE DETAILS	SEA	RRIFD ARATEI VORCED	D	ALEC FROM "	COHI	(UARL ''	148	_	1981 1985
IF MARRIED, DID YOMARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE ANDY	NAT	THAN AL	EXAND WA	ER F	RE-MA	OU SUBSEQUARRY TO ANC ON? IF YES, I S OF CHILDR	OTHER DETAIL	/	Vo			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION 2,3	YOUR STATUS UNDER INDIAN ACT OR PAY LIST ACTIVE STATUS ON INDIAN REGISTER OF INAC and ACTIVE AT TIME OF												
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? The 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 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? IF YES, PROVIDE DETAILS													
MARITAL STATUS (check one)	Marri	ied	Single	Divorced	Widowed	d (Common-La	aw			Other (Sp	ecify)	

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.

NAME OF MOTHER NAME OF FATHER NAME OF TATE NAME OF	Year			
DATE OF BIRTH Day Month Year STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} IS YOUR MOTHER A SAWRIDGE BAND BAND DATE OF BIRTH DAY MONTH PAY LIST AT BIRTH ^{2,3} Is YOUR FATHER A SAWRIDGE BAND DATE OF BIRTH Day Month STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} IS YOUR FATHER A SAWRIDGE BAND NUMBER? DATE OF BIRTH Day Month IF YES, WHAT IS HIS BAND NUMBER?	Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} IS YOUR MOTHER A SAWRIDGE BAND STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} IF YES, WHAT IS HER BAND NUMBER? SAWRIDGE BAND STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} IF YES, WHAT IS HIS BAND NUMBER?	Year			
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} IS YOUR MOTHER A SAWRIDGE BAND NUMBER? INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} IS YOUR FATHER A SAWRIDGE SAWRIDGE SAWRIDGE NUMBER?				
MOTHER A SAWRIDGE BAND IF YES, WHAT IS HER BAND NUMBER? IS YOUR FATHER A SAWRIDGE DNO NUMBER? IF YES, WHAT IS HIS BAND NUMBER?				
MEMBEH?				
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ADDRESS Address				
Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country Apt/ P.O. Box, Street Address, Town Postal Code, Country	vn, Province,			
IF DECEASED — DATE OF DEATH DATE OF DEATH				
Day Month Year Day Month	Year			
GRANDPARENTS INFORMATION				
NAME OF MATERNAL MATERNAL GRANDFATHER NAME OF MATERNAL GRANDFATHER				
DATE OF BIRTH NA	,			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Day Month Year STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} BIRTH ^{2,3} Day Month STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Year			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? IF YES, WHEN AND IN WHICH CATEGORY? DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?				
NAME OF PATERNAL GRANDMOTHER NAME OF PATERNAL GRANDFATHER NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH NA				
Day Month Year Day Month STATUS UNDER	Year			
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NA			
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SIGNATURE Margaret Suasion	19,2010			

MARRIAGE CERTIFICATE

This Certifies That on the ZH day of JALANKAK AKY 1981 The Rite of Matrimony Was Duly Contracted Before Me Between ALKEX ANDER C. WARP Of HIGH PRAILET AS PROVINCE Witness my hand this ZH day of ANKAM AKY 1981 Grand Commissioner Grand Commissioner Grand Commissioner Grand Commissioner Grand Commissioner	Itnesses
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Affairs 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 $1\overline{4}$ 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,

Registrar.

Ottawa, Ontario

Kla OH4

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 1EO

Attention: Mrs. Marie Hodam

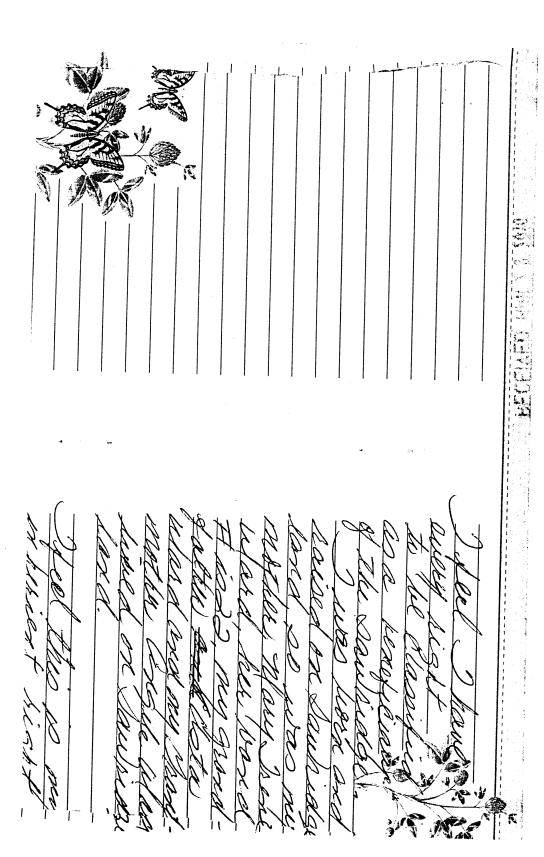
BENEFICIARY APPLICATION FORM PERSONAL INFORMATION									
	7			PERSONAL	INFORMATION			<u> </u>	
NAME	MARGA	RET First Name(s	4G1865	ChACA	<i>EE</i> Middle Name(s	s)	I by	A CD Last Nar	me(s)
MAILING ADDRESS	134 Apt/P.O. Bo	404	/ - GA // Street Addr	VE NW) SLAVEA	AKE own	A5 Prov	786-2A/ Postal Code	Country
DATE OF BIRTH	/6 Day		3 Month) 94 7 Year	BIRTH CERTIFICA	TE ¹		Number	
PLACE OF BIRTH	0	FIEL			Country		CANAT	D.F	
Telephone	Home Pho		ome Fax	805-969 Cell Phon		one		Email Addr	955
STATUS NUMBER	229	ARE YOU MARRIED T BAND MEME	J DYES	IF YES, BAND NUMBER?	NOINT	DID YO ENFRANC ISE?	ILIYES	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVIE INCLUDING SHARE C MONIES RECEIVED.	E DETAILS				······································				
ARE YOU DESCENI FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID TREATY 8 SIGNATO	O OR DF THE SING		E TREA	ENDE! H-tw)	ARD.	,	RYIK	CENE	WARD
IF MARRIED, DID YO MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND			RE- PER NAM	YOU SUBSEQUENT OF ANCERSON? IF YES, INTERSONS OF CHILDRES OF CHILD	THER DETAIL			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}				4					÷ .
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY RESULT BEOMY BLOCAUSE of Substituting Strandmorther bath come Where Crantil Jean Patakes wies IF YES, well were raised their as keids									
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TE LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAI	DN IDS IEATY OR E OF	IF YES, PROVID DETAIL	/ -	rl A ulr	antil E kan	Jen sid	n Pa theel	taked as I	lvis
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-La	aw .		Other (Specif	v)

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 IN	ECRMATION	
NAME OF		NAME OF	T (, , , , , , , , , , , , , , , , , ,
MOTHER	FRENE WARD	FATHER	WALTERLOWIS LEUNIE
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	19 05 1924
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	- Control Cont	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	BYES ☐ IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □NO IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	TYES: IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES □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	She died when I was 8. Day Month Year	IF DECEASED — DATE OF DEATH	06 06 2007
	GRANDPARENTS	INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHER	ANGELINE WARD CARDNAL	NAME OF MATERNAL GRANDFATHER	CHARLES LENNIE
DATE OF BIRTH	Agril APPIL 3 Day Month Year	DATE OF BIRTH	,
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} DID YOUR		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
MATERNAL GRANDMOTHER ENFRANCHISE? NAME OF	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?
PATERNAL GRANDMOTHER	EUSIA WARD	NAME OF PATERNAL GRANDFATHER	Louis Gilonx
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} DID YOUR		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
PATERNAL GRANDMOTHER ENFRANCHISE?	AND IN WHICH CATEGORY?	_	☐YES AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and correct. usts to share this information with those who need it to determine	I give permission to le my status as a be	DATE DATE DATE

RECEIVED MAN 2 9 2010

expectance.



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	BENEFICIARY APPLICATION FORM												
								NFORMATION		1800.			
NAME	NA-	THAN	st Name(-/e)	-	ALE		JOER			WA		
Mailing	+ 7		T		~ ~			liddle Name(Last Na	T
Address	2 Ant/B 0		10.			AVE N	W	CALG	· · ·		AB	TZM 2119	CANADA
	Apt/P.O		<u></u>		reet Add			Т	Town	—	Prov	Postal Code	[
DATE OF BIRTH		2 Dav		12 Mont		198		BIRTH CERTIFICA	ATE ¹	(Will	ll send soon		
PLACE OF BIRTH			AIRIE		tri	Ye	<u>ar</u>	Country	·	1	ANAD!	Number A	
Telephone	403-988					403-92		49%		+		·	lgary.ca
		Phone		Home	Fax_		Phone		hone	 '	Jun	Email Addre	
STATUS NUMBER	454004	BA	ARE YO MARRIED BAND MEM	OU TO A	□YES ☑No	s IF YE	ES, ND	110000	DID YOU ENFRAN	NCH-	□Y₅s ⊠No	IF YES, WHEN, WHICH CATEGORY?	∋ss
IF YOU ENFRANCHISI INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS OF PER CAPITA			r/A								<u> </u>	
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE OGE	⊠YES □No	IF YES, PROVID DETAILS	DE	De:	scende	scended from, through paternal side						
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	ICE AND		N)/	A			RE-MAI PERSO	OU SUBSEQUE ARRY TO ANOT ON? IF YES, DI S OF CHILDRE SE.	THER DETAIL		N/A		-
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	自	Chee	Acti	VR.	STA-	TUS	<i>Ο</i> Λ	 .u,\	DIAN ,	I REG	USTAK	of WAC	C
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	WHY DO YOU FEEL YOU ARE ELIGIBLE AS A BASED ON CRITCHIA SET OUT IN TRUST DOCUMENTS												
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LAND INCLUDING POST TRE. LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND	DN DS EATY DR OF	No I	IF YES, PROVIDE DETAILS	DE	My	Fath	u Ś	ancest	545	mai	y have	· .	
MARITAL STATUS (check one)	11	<u>`</u>	/						T			-	
(CHECK ONC)	Married	S	Single	Divor	rced '	Widowed	J Cc	ommon-Law	,			Other (Specify)	

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 INF	ORMATION					
NAME OF MOTHER	MARGA	ARET SUE	. WAI	RD	NAME OF FATHER	ALE	C	Соц	_iN	WARD
DATE OF BIRTH	0a Day		onth	47 Year	DATE OF BIRTH		Т		.1	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		HIVE STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ØYES □NO	IF YES, WHAT IS HER BAND NUMBER?		92	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No	IF YES IS HIS NUMBE			
DID YOUR MOTHER ENFRANCHISE?	□Y£S ENO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES AND IN CATEG			
Address	Apt/ P.O.	Box, Street Add		n, Province,	o Address	Apt/ P.0	D. Box,	Street A	ddress,	Town, Province,
IF DECEASED — DATE OF DEATH	Posiai Co	ode, Country			IF DECEASED -	Postal Code, Country				
DATE OF DEATH	Day	Mo	nth	Year	DATE OF DEATH	Da	У	Mon	ith	Year
				GRANDPARENTS	INFORMATION					
NAME OF MATERNAL GRANDMOTHER	N/A				Name of Maternal Grandfather	N/A				
DATE OF BIRTH	"∧∫ Day	A Mo	n+h	Year	DATE OF BIRTH	N/A				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	N/A	1 1110	lui	I Edi	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year				Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	MID		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, AND IN CATEGO	WHICH	NA	
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH	Day	Mo	nth	Year	DATE OF BIRTH	Da	, 1	Mon	th I	Vaar
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Da	у	WIOT	ui 1	Year
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, AND IN CATEGO	WHICH		
SIGNATURE I he	ereby certify	that the information withis information with	n in this for	m is true and correct	t. I give permission to ne my status as a be	o Sawridge eneficiary.	•	DATE	JUA	JE 19th 2010

47.5

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

MAIL APPLICATION AND DOCUMENTS TO:

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME	Deb	VCC Name(s)		Pabett		W	Williams East Name(s)			
	First	Name(s)	l M	iddle Name(s)		1				
MAILING ADDRESS	Box591			Dawson C	reck	B.C.		Canada		
	Apt/P.O. Box	Street Add	ress	Towi	n	Prov	Postal Code	Country		
DATE OF BIRTH	06 Day	A.g. Month	1987 Year	BIRTH CERTIFICATE ¹	10	787-	59-020 Number	6317		
PLACE OF BIRTH		George	<u> rear</u>	COUNTRY		Can	ada			
Telephone	250		250	.						
	フタムーミンの Home Phone	Home Fax	Cell Phone	Work Phon	е		Email Addre	SS		
STATUS NUMBER	00936 B	ARE YOU ARRIED TO A TO NO. MEMBER ?	IF YES, - BAND - NUMBER?		DID YOU NFRANCH- ISE?	□YES MO	IF YES, WHEN, WHICH CATEGORY?	M/A		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	Ν.	/ _A			1				
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE ONO	PROVIDE I					nily i	S		
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	N/A	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}	Regis	stered u	vith 9	He In 73601	clian	Re	gistry	,		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A Registery and family-history connected to BENEFICIARY? 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? IF YES, PROVIDE DETAILS										
MARITAL STATUS							**************************************			
(check one)	Married S	Single Divorced	Widowed	Common-Law	<u> </u>		Other (Specify))		

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 IN	FORMATION	
NAME OF MOTHER		NAME OF	0
		FATHER	Owen Carolinal
DATE OF BIRTH	18 NOV 1965 Day Month Year	DATE OF BIRTH	26 Aug. 1964 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?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	FYES IF YES, WHAT USY IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS	APE. 324-1575 Queenway Prince George BC. V2L-1L2 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Box 591 Dawon Creek Br VIG4H4 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	Day Month Year
NAME OF MATERNAL GRANDMOTHER	Elizabeth Loyie	NAME OF MATERNAL GRANDFATHER	George Cardinal
DATE OF BIRTH	22 03 1926 Day Month Year	DATE OF BIRTH	05 06 1931 Day Month Year
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 5tone Cree Nation.
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? NAME OF	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
PATERNAL GRANDMOTHER	Elizabeth Ghostkerper	NAME OF PATERNAL GRANDFATHER	Alfred Williams
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	31 March 1926 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} DID YOUR	metis	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day Month Year
PATERNAL	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I her	reby certify that the information in this form is true and correct.	I give permission to e my status as a ber	Sawridge DATE Jan. 22/10 reficiary.



BRITISH COLUMBIA

BIRTH CERTIFICATE



VSA 434(05/09)







WILLIAMS

Surname

DEBRA ELIZABETH Given Name(s)

AUG 06, 1987 Date of Birth

Sex FEMALE

PRINCE GEORGE 1987-59-026317 Registration Number Place of Birth

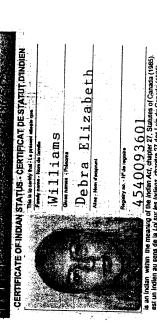
Date of Issue JAN 11, 2010 SEP 04, 1987 Date of Registration

WILLIAMS, DONNA MARIE Name of Parent BRITISH COLUMBIA, CANADA Birthplace of Parent Name of Parent

Birthplace of Parent







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BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME	Grac	e irst Name	e(s)	Er	<u>~iK</u>) ddle Name	(a)		W	orden	
Mailing Address	BOX Apt/P.O. Box	Po	aun t	O Y \ Address	IVIIC				SK	Som asso	20 Canada
DATE OF BIRTH	Town Prov Postal Code Cou										
PLACE OF BIRTH	Edm	mt		Alber		COUNTRY		(<u> </u>	Numbe	er
Telephone	Home Phor	ne	Home Fax	(306)	2634) Work Pr	2000	1		_Deshear	Olive, ca
Status Number		ARE YO MARRIED BAND MEM	OU []	YES IF YE BAN NUMBE	s, D	VVOIR	DID YOU ENFRAN	ICH-	□YES ☑MO	Email Add If Yes, WHEN, WHICH CATEGORY?	ress
F YOU ENFRANCHISE NDIAN ACT, PROVIDE NCLUDING SHARE OF MONIES RECEIVED.	E DETAILS	N	ever	Enfra	nct	ised	1				
ARE YOU DESCEND FROM, MARRIED TO LOOPTED BY ONE O DRIGINAL SAWRIDG REATY 8 SIGNATO	OR YES	IF YES PROVID	DE FOR	ことフルロチ	ası nan	sciu	$(n)^{-3}$	F 49 icur	\sim	1068へ	Kander Indian legistro Medonald
F MARRIED, DID YOU IARRIAGE PRODUCI HILDREN? IF YES, ETAIL NAMES OF HILDREN.	E AND OKaz	Kası Ley T	Deshores oreo ahilin	a	RE-MAR PERSOI	U SUBSEQUE RRY TO ANOT N? IF YES, DI OF CHILDRE	HER ETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AFT TIME OF APPLICATION NAMES OF CHILDREN AND SPOUSE. NAMES OF CHILDREN AND SPOUSE.											
Chrand Father chester Alexander Nierstasis (Twin) FELIGIBLE AS A TRUST BENEFICIARY?											
AVE YOU OR YOUR ICESTORS LIVED ON IE SAWRIDGE LANDS CLUDING POST TREA NDS SET ASIDE FOR IE EXCLUSIVE USE OI IE SAWRIDGE BAND	ELANDS ST TREATY IDE FOR E LUSE OF INO INO INO INO INO INO INO I										
ARITAL FATUS (check one)	Married	Single	Divorced	Widowed		nmon-Law				Other (Specify)	

¹A 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 INF	ORMATION							
NAME OF MOTHER	Sylvia June Worden	NAME OF FATHER	William August Mcdonald						
Date of Birth	Day Month Year	DATE OF BIRTH	13 08 66 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?	☐YES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	DNO IF YES, WHAT IS HIS BAND NUMBER? 45400 - 93701						
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?						
Address	Box 262 paynton sk Som 250 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	7719 - 188st Edmonton AB T5T 554 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 Simmy	NAME OF MATERNAL GRANDFATHER	Russel Rice						
DATE OF BIRTH	26 01 1946 Day Month Year	DATE OF BIRTH	18 12 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?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER	Mary Lucille Medonald	NAME OF PATERNAL GRANDFATHER	chester Alexander Neeshot						
DATE OF BIRTH	05 12 1945 Day Month Year	DATE OF BIRTH	Dl 10 1941 Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Unregisterd Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indian						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐F YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?						
SIGNATURE Signature Signa									