				PARENTS I	NFORMATION						
NAME OF MOTHER	Jer	mie M	ay Tu	win .	NAME OF FATHER	Ec	lwa	ird	F	ın tasz	7
DATE OF BIRTH	Day	MO	DATE OF BIRTH	2 Da	3 .)ur Mo	ne	/9 90 Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Full Sta	atus of S	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		n-St			T ear			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES ONO	IF YES, WHAT IS HER BAND NUMBER?	4540	015801	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES UDMO	IF YES, IS HIS E NUMBE	BAND			
DID YOUR MOTHER ENFRANCHISE?	□YES □AKO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES IDNO	IF YES, AND IN	WHICH			
Address	C)eceas			Address	De	ceas	sed			
	Apt/ P.O. Postal Co	Box, Street Add de, Country	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				nce,			
IF DECEASED — DATE OF DEATH	Day Month Year				IF DECEASED — DATE OF DEATH	3	3 July 1992 Day Month Year				
				GRANDPARENT	S INFORMATION	, Da	<u>y</u>	IVIOI	IWI	Teal	
NAME OF MATERNAL GRANDMOTHER	Clar	a Bella	HHK	in50r7	NAME OF MATERNAL GRANDFATHER	00	Wic	100	2010	ge Twi	\sim
DATE OF BIRTH	30 Day) <u>Nov</u>		1921 Year	DATE OF BIRTH	Da		O C	1	1909	t
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		1/z br	eed	, 54.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}					Sawridgi Sawridgi Danc	—— e
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES IDMO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	©YES □No	IF YES, AND IN V	NHICH	Child	not wanth ren to atte lential School.	
NAME OF PATERNAL GRANDMOTHER	Ersi)/a(Ma	ary)S	avard	NAME OF PATERNAL GRANDFATHER	JO	nn 1	AHK	iv\s		
DATE OF BIRTH	Day	? 	nth	1891 Year	DATE OF BIRTH	7		?		1877	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		breed	L	r ear	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Ha	146	Mor N C C	ı	Year	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES D NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES ban o	IF YES, AND IN V	VHICH			
SIGNATURE I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							1011				



ru Canada	INFORMATION EXTRACTED FROM PAYLIST
INFORMA	ATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Worksheet Feuille brouillon	ı					THE DES BONDEHEAUX DE VERSEMENTS
Re – Objet						
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	1	Number Iombre de	r in family le personr	iy Ines		
Date of paylist	<u> </u>	dans la	la famille	T	e(s) ante(s	Canada.
Date de distribution			يو ا		elative) pare	Remarks Remarques
	Man Homme	Women		Girls Filles	Other relative(s) Autre(s) parenté(s)	
9 \$ 2 195 1950 1949 1947 1944 1943	14	[/-	3	2		Robert Potor born 29/6/51
1451 1000	+/,-	+-	3	2	 	
1949	+	+-	3	2	 	
1948	17	+	3	2	 	Coorgo Milas born 1/3/48
1947	17_	1.	2	2		Philip has 12/3/42
1946	71	1	1	2		Philip born 12/2/47 Years born 7/9/45
1945	 	[/,]	1			
1944	+-/!	 	 	+		Jenie May bon 11/5/44
1943	++-	 		 		Lawrence born 3/10/42 All consists and a later
1941	+++	 ' 			 -	Married Clara Atkinson, 1/2 Sr. Jan/42.
1940					 	
1939						
1938	\square					El #17 (St. Paul Mesocitasis).
1842 1941 1840 1839 1838 1837 1836	 	 	$\vdash \vdash \vdash$			Pd. Chief (#17) - order 3. Watkins
1935	1-4-1	 		 	 	
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"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

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. GEUMONT OMI officiating

in the presence of EVM ATKINSON

and witnesses

as recorded in the Matriage Register of this Church.

Stand Chyper

Sea of Chyper

Date. July 27, 2010 Diocess of Medicanuse.

gratisnschs-Gratitiahah, a grasinana

388, ÆcAzman, Alberta, Canada

TOH 2L0 Tel: 324-3002

X6	
	Certificate of Marriage
	TEIS IS TO CERTIFY
	That
	Child of CHARLES (PICHE) - NISOTESIS TWIN
	AND COURTOREILLE, ISABELLE
	and CARDINAL, JEANNETTE JULIENNE
	Child of JOSEPH CARDINAL (MANYOTAKUSIW) LIZETTE "LOUISE" CARDINAL
	mere <u>fonfuij</u>
	Married
	cr == Z. 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 Nisotesis.
	and Louis Giroux as copears
1	from the Marriage Register of St. Bernard Mission, Grouard, AB
V	Dated May 9th, 1995 La: Way Secretary



Government of Alberta 🖪

Albertan

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



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

REG 3413 (2009/12)

Sumame Nom

Twin

Given Names Prénoms

Charmaine Clara Nicole

Janet Skinner

Date of Birth Date de naissance

Jul 13, 1976

Place of Birth Lieu de naissance

Edmonton

Registration No. Nº d'enregistrement

1976-08-018066

Registration Date Date d'enregistrement

Jul 20, 1976

Date Issued Délivré le

Jan 10, 2011



Name of Mother Nom de la mère

Twin, Jennie May

Place of Birth Lieu de naissance

Alberta

Name of Father Nom de père

Place of Birth Lieu de naissa





ENTERED JUL 2 9 2010

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Mailing	1					<u></u>		iddle Name	:(s)			Last N	lame(s)	
ADDRESS			238			n Roa	id_	Edmi	onton	ı	AB	TGR IPS	3 Canada	a
	Apt/P.u	O. Box	<u></u>	Str	reet Ado	dress			Town		Prov	Postal Code		
DATE OF BIRTH		O (a Day		05 Mon		198	3 <u>2</u>	BIRTH CERTIFICA	ATE ¹	19	182-c	8-015	596	
PLACE OF BIRTH	51	lave	- ha			perta		Country	·	1	ana	Numbe da	∋r	-
Telephone		0905 e Phone						780				etwin@	hotmail.co	 sm
	ПОГПЕ	3 Prone	<u> </u>	Home	Fax	Cell H	Phone	Work Pl	hone			Email Add	Iress	
STATUS NUMBER		B,	ARE YO MARRIED ^S BAND MEMI	TOA	□YES MNO		ND		DID YO ENFRAN ISE?	NCH-	□Yes 5x1No	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS		nja	٠ ٦							<u> </u>	0,1120		
ARE YOU <u>DESCEND</u> FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	TO OR JE OF THE NO DETAILS TO OR PROVIDE DETAILS					G	eorge	 2 N	ist	 stes	is (Tw	in)		
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			<i>Bella</i> rdon											
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	l c	гт	арр	lyin	n8 6	fr	Bil	 LC-31	- 1 Sta	ıtır	o - U	went		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A FRUST BENEFICIARY? Beneficiary? Because lam a closendant of one of the original Lawridge band members.														
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LAND: NCLUDING POST TRE, LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND	DS DS DS DS DS DS DETAILS Francois Misotesis (Twin)													
MARITAL STATUS (check one)	Married	<u> </u>	Single	Divor	rced	Widowed	d Cc	ommon-Law	v			Other (Specify		

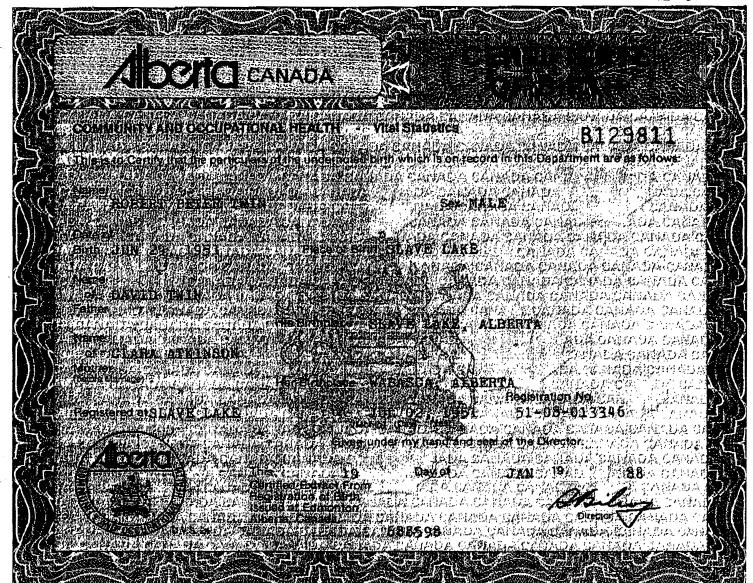
¹A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

				PARENTS IN	IFORMATION						
NAME OF MOTHER	Mary	1 Rose B	ertha		NAME OF FATHER						
DATE OF BIRTH	O Day	1 0	<u>Le</u> Month	195 6 Year	DATE OF BIRTH	Da	av	Mo	nth	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Bi	Bùl C-31					-1			i eai	
Is your Mother a Sawridge Band Member?	□YES Ş ANO	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No	IF YES IS HIS I NUMBE				
DID YOUR MOTHER ENFRANCHISE?	□YES MNO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, AND IN CATEGO	WHICH			
Address	Edmoi Apt/ P.O.	nton Ro nton , AB Box, Street A ode, Country	TGR IF	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						
IF DECEASED — DATE OF DEATH	Day		lonth	IF DECEASED — DATE OF DEATH	Day Month Year						
	Day		OHUI	Year GRANDPARENTS	h history	Day Month Y					
Name of Maternal Grandmother	Clare	Bella.	Atkin		NAME OF MATERNAL GRANDFATHER	Davie	d Ge	orge	2 Nie	sotesis (Twin)	
DATE OF BIRTH	30 Day		_	1931 Year	DATE OF BIRTH	Da	7	0	7	1909	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH DID YOUR					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		oride	Mor Te T		Year .	
MATERNAL GRANDMOTHER ENFRANCHISE?	ØTYES □No	IF YES, WHEN AND IN WHICH CATEGORY?	her Ki	s protecting ds froin utial school	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	ØYES □No	IF YES, AND IN V	WHICH	his c	s protecting hildren from ential school	
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER						
DATE OF BIRTH	Day	N	onth	Year	DATE OF BIRTH	Day	, T	Mor	uth 1	Vasa	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	<u>y </u>	IVIOI	iui j	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 V CATEGO	VHICH			
SIGNATURE I he	ereby certify t	that the informat	ion in this for with those w	rm is true and correct ho need it to determi	t. I give permission to ne my status as a be	o Sawridge		DATE	10	ly <i>9</i> 2/10	

BENEFICIARY APPLICATION FORM												
							FORMATION					
NAME	Rol	oert First N			Peter					Twin		
		First N	ame(s)		<u></u>	Mic	idle Name(s)			Last Nar	7
Mailing Address	A-1/D O D	- 700 1 A. Aue					Slave					Canada
	Apt/P.O. B	OX	31	reet Add	ress		 	own	l	Prov	Postal Code	Country
DATE OF BIRTH	29 Day		06		195		BIRTH CERTIFICA	.τε ¹		1312	9 811 Number	
PLACE OF BIRTH			alte,				COUNTRY			Can	ada	
Telephone	(780) 849	-4359		****	780	3656	3)	twir	eshaw.	ca
	Home Pl	none	Home	Fax	Cell P	hone	Work Pl	none			Email Addr	9\$S
STATUS NUMBER	454 00197 01	MAR	RE YOU RRIED TO A D MEMBER?	□YES BHO	IF YE BANI NUMBE	0		DID YO ENFRANC ISE?	CH-	□YES Lin o	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO OR ADDITION BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? THE YOU DESCENDED IF YES, PROVIDE DETAILS Tom descended from my great-grand father Charles (Piche)-Nisotesis Twin. My grandfather Francais. Nisotesis Twin. My father David George Wisotesis Twin Band#52						harles cois, sotesis					
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND					RE-MA PERSO NAME SPOU	•	OTHER DETAIL EN AND				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	teinsta	ited i	under	Bill-	631 i r	119	87				1953. I 4	
Why do you My ancestors belonged to Sawridge First Nationsan stated above. Iwas felligible as a Trust Beneficiary?												
ANCESTORS LIVED OF THE SAWRIDGE LANI INCLUDING POST TRILLANDS SET ASIDE FOR THE EXCLUSIVE USE	HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? My great-grand father Charles (Piche) Nisotesis Twin And my grand fother François Nisotesis Twin I Tued a ne died on Sawridge lands. My father and mother, David George and Clara Bella Twin lived on Sawridge lands Until my father enfranchised in 1953						esis Twin I Tued and r, David ge lands					
MARITAL STATUS											•	
(check one)	Married	Sin	gle Div	orced	Widowe	d C	ommon-La	w			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.

	PARENT	s Information	
NAME OF MOTHER	Clara Bella (Athinson) Twin	NAME OF FATHER	David George(Nisates15) Twin
DATE OF BIRTH	36 1921 Day Month Year	DATE OF BIRTH	17
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	1/2 breed	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full status of Sawridge band.
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	DYES IF YES, WHEN When husband and in which category?		IF YES, WHEN AND IN WHICH CATEGORY? Old not want his children to attend residential school.
Address	Clora Twin - Long Term Care 309 6 51. NE Slave Lake, AB TOG 282 Canad 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	01 03 1985 Day Month Year
		ENTS INFORMATION	
NAME OF MATERNAL GRANDMOTHER	Ersula (Mary) Savard	NAME OF MATERNAL GRANDFATHER	John Atkinson
DATE OF BIRTH	7 7 1891	DATE OF BIRTH	? ? 1877
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day Month Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year Ly breed
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	Jeannette Julienne (Cardinal) Nisotesia Twin	NAME OF PATERNAL GRANDFATHER	Francois Nisotesis Twin
DATE OF BIRTH	? ? !879 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}	Full status of Sawridge Bond
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PAYERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form a true and usts to share this information with those who need it to d	correct. I give permission etermine my status as a t	to Sawridge beneficiary.





"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 AB

in the Church of ST. HARTIN - 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

St. Markin David Chyrch

Pastor

St. Markin Parish

Date July 27, 2010 Diocese of MeLen man

R 388, McLennen, Alberta Canada Tel: 324-3002 T0H 220

Baptism Certificate

According to the Rite of the Roman Catholic Church

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day of September		State
- day of	Albenta	4
17th	Gnouard,	City
Bour an the	d	

and Jeannette Candinal Child of François Nisotesis

was Baptized

in the name of the Father, Son and Holy Spirit

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St. Bennand Mission,	
St.	

day of October	APPORT NIKOTOXÍK
29th	4.5
On the	Q Shamen

Marie Ward

One God and	
one baptism,	
one faith.	•
There is one Lord one faith, one baptism, One God and	Ophesians 4:5 - 6

May 9th, 1995 DATED:

SIGNED BY : &

Archensché-Accheishop's Kesidencz 388, AcPleman, Alberta, Canada

TOH 2LO Tel: 324-3002

	Certificate of Marriage
ال	TEIS IS TO CERTIFY
	That NISOTESIS, FRANCOIS
	Child of CHARLES (PICHE) - NISOTESIS TWIN AND COURTOREILLE, ISABELLE
	andCARDINAL, JEANNETTE JULIENNE
	Child of JOSEPH CARDINAL (MANYOTAKUSIW) LIZETTE "LOUISE" CARDINAL
	were lawfully
	Married
	cn tre Twenty sixth (26th)
	According to the Rite of the Roman Catholic Church
	end in conformity with the laws of the Province of Alberta
	Rzu Father Constant Falher, o.m.i.
	officiating in the presence of Charle's Nisotesis
au	nd Louis Giroux
1	from the Marriage Register of St. Bernard Mission, Grouard, AB
	Dated May 9th, 1995 Le. Wayneset
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Indian and Northern Affairs Canada

Affaires indiennes et du Nord Canada

Canada INFORMATION EXTRACTED FROM PAYLIST
NFORMATION EXTRAITE DES BORDERFALIX DE VERSEMENT

INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS
Feuille broullion

na Nº de bande	Bang -	- Bende				Family name - Nom de famille Given name(s) - Prenom(s)							
						Family name - Nom de famile Given name(s) - Prénom(s)							
52)2	<u>، ۲س</u>	بريال			Noscotasis Parid							
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52	17	17	13	2	 ``	Robert Potor born 28/6/51							
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573	1	1	13	12									
49	17	1] 3	2									
8	1/	1	3	2		Coops Milad for 1/3/48							
<u> </u>	↓ -/,	<u> </u>	12	2		Philip born 12/2/47 Yurang born 7/9/45							
\$2 5/ 50 49 48 47 44 45 44	1	 /-	1 1	2									
<u> </u>	1-1	1	+-	 		Tomis May born 11/5/44							
43	+ 1	+	+-/-	-		Terris May born 11/5/44							
42		+	╆┷			Mucrosed Clara Atthinson, 1/2 Sr. Jan 142.							
9/	1	 -	t			accied Clara Atkinson, 12 3r. Jan 142.							
40	1	<u> </u>	†										
39													
35						El #17 (St Paul Mysocitasis)							
7	4	<u> </u>				Pd. Chief (#17: exter 3. Watkins							
12 41 40 31 32 22	141		<u> </u>										
35		<u> </u>	 	 		By from # 1 (Fancois Viscontacis (Edward)							
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FENTERED JUL 2 9 2010

Confidential

Date: July 29 2010
Facsimile
Attention: Paul Bujold
From: Robert Twin
pages including cover page
Copies in Mail

ENTERED JUL 2 9 2010

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	T					PERS	ONAL IN	IFORMATION	l					
NAME	1	<u>liel</u>	st Name	n(s)		\mathcal{B}	Bella Middle Name(s)				7	win, A		
Mailing										Last Name(s)				
Address	Ant/D	7 Pay	238	238 Burton Ro				Edm	ontor	1	AB	TGR IP	3 Can	ada
	Apt/P.0	J. Box	<u> </u>	St	reet Ad	dress	ress Town .				Prov	Postal Cod	e Co	ountry
DATE OF BIRTH		> 3 Day		O G Mor			Year BIRTH CERTIFICATE 200			0-40	8-0163 Numbe			
PLACE OF BIRTH	Edi	non	ton,	AlE	pert			COUNTRY	,	C	anac		er	
Telephone	780-64													
	Home	Phone	9	Home	Fax	Cell F	hone	Work P	hone		<u> </u>	Email Add	fress	
STATUS NUMBER		В	ARE Y MARRIED SAND MEN	TO A	□YES F No		ID D		DID YO ENFRAN ISE?	NCH-	□YES Ş INO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS		0/	a										
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ARE YOU DESCENDED FROM, MARRIED TO OR PROVIDE DETAILS DAVID GEORGE (Twin))							
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	EAND	nla				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					la			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION														
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Bec	avs	e d idge	am ba	a o	desci nem	nd ber	ant E	on	10	f the	ougin	nal	
Have you or your ancestors lived on the Sawridge Lands No He Sawridge Band? If Yes, Provide Details Francois Misotesis (Twin)														
MARITAL STATUS (check one)														

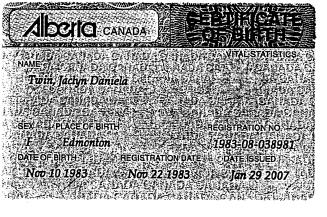
¹A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

					PARENTS	SINFORMATION								
NAME OF	1-10		Tani	- 7			T_							
Mother	UTIE	2110	Jeniu ———	ter U	laire Twin	FATHER	1 Jo	1500	n Ab	di				
DATE OF BIRTH	O (e		<u> </u>	5 Month	1982 Year	DATE OF BIRTH		05 05 1979 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}	nla		1010	ntn	<u> r</u>	ear		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES 1≸ No		ES, WHAT ER BAND BER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ØNO		S, WHAT S BAND BER?					
DID YOUR MOTHER ENFRANCHISE?	□YES Mo	AND II	ES, WHEN IN WHICH GORY?			DID YOUR FATHER ENFRANCHISE?	□YES 1≸No	AND II	S, WHEN N WHICH GORY?					
ADDRESS	238 Bu Edmor Apt/ P.O. Postal Co	nton Box, S	Street Add	TLR 183	Canada wn, Province,	Address	238 Burton Road Edmonton, AB, TGR 1P3, Canada Apt/ P.O. Box, Street Address, Town, Province Postal Code, Country							
IF DECEASED — DATE OF DEATH	Day		Mc	onth	- V	IF DECEASED — DATE OF DEATH								
			IVIO	ntn	Year GRANDPAREN	NTS INFORMATION	Da	ıy	Mor	ıth	Υe	ear .		
NAME OF MATERNAL GRANDMOTHER	mary f	Rose	Berth	γα Τω		NAME OF MATERNAL GRANDFATHER								
DATE OF BIRTH	O I Day		O La	<u>e</u>	1956 Year	DATE OF BIRTH								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Віш			lui	TGai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day	У	Mon	ith [Ye	ear		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES Ģ No		S, WHEN N WHICH GORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	1	S, WHEN I WHICH GORY?					
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER								
DATE OF BIRTH	Day		Mor	nth	Year	DATE OF BIRTH	Day	7	Mon	· .				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH DID YOUR						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day		Mon	tn ₁	Ye	ar		
PATERNAL	DNO '		S, WHEN I WHICH GORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	DNO		WHEN WHICH					
SIGNATURE I her	reby certify the	hat the	information	n in this for	m is true and corre	ect. I give permission to mine my status as a be	o Sawridge	,	DATE	Ju	1400,	110		

			E	BENEF	ICIARY	APP	LICATIO	N FOR	RM			0 7(13)	
	T						FORMATION						
NAME	Jac				L		iela			T	win		
	Box	FIRST IN	ame(s)		Middle Name(s)					Last Name(s)			
MAILING ADDRESS	Box 492						Slave	Lak	e	AB	TOG 2AO	Canada	
	Apt/P.O. B	ox	Str	reet Add	ress		Т	own		Prov	Postal Code	Country	
DATE OF BIRTH	10 Day		l l Mon	nth.	198. Yea	1983 BIRTH CERTIFICATE 1				Number			
PLACE OF BIRTH	Edmor	nton			100		COUNTRY		C	anado			
Telephone	780 849 9				6 78084		j	twin(9 hot mail	-com			
	Home Ph	one	Home	Fax	Cell Pl	hone	Work Pr	none		1	Email Addre	SS	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?				IF YES BAND NUMBE	o		DID YO ENFRAN ISE?	CH-	□YES ØNo	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? Tam a descendant of Charles Neesotasis who is the original signatory of the Treaty Signed in 1899.													
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	N/A				RE-MAI PERSO	DU SUBSEQU RRY TO ANO DN? IF YES, D S OF CHILDRE SE.	THER ETAIL		N / A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	N/A	B	orn as	a S	Sawri	dge	Band	mer	nb	er th	rough m	other	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? I am a direct descendant of original Sawridge Band member. I was born as a Sawridge Band member.													
Have you or your ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? Born and raised and currently reside on Sawridge lands. Born and raised and currently reside on Sawridge lands.													
MARITAL STATUS		~	/										
(check one)	Married	Sing	ale Div	orced	Widower	1 C	ommon-l av	N			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	NFORMATION	
NAME OF MOTHER	Vera Irene Twin	NAME OF FATHER	Everett Jody McCoy
DATE OF BIRTH	15 12 56 Day Month Year	DATE OF BIRTH	26 12 59 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	At Birth	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS	P.O. Box 992 Slave Lake, AB TOG 2AO Canada	Address	Deceased
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	10 02 2010 Day Month Year
		S INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHER	Pauline Neesotasis	NAME OF MATERNAL GRANDFATHER	Daniel Sinclair
DATE OF BIRTH	Unknown Unknown 1926	DATE OF BIRTH	Unknown II II
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year At Birth	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Unknown
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	TYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY? UN KNOWN
NAME OF PATERNAL GRANDMOTHER	Margaret Rose McCoy	NAME OF PATERNAL GRANDFATHER	Everett Edward McCoy
DATE OF BIRTH	22 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE OF BIRTH	13 09 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}	Day Month Year
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and corre ists to share this information with those who need it to determ	ct. I give permission to	DATE April 28110 eneficiary.





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

Certificate is void if altered or laminated. REG 3148 (2004/03)

ENTERED JUN 0 8 2010

	BENEFICIARY APPLICATION FORM													
							NFORMATION							
NAME	KE	FRRI First Na	LYNX	JE_							TWIN			
		FIFSt INA				Middle Name(s)					Last Name(s)			
MAILING ADDRESS	Apt/P.O.	Box	719-12 Stre	51 % reet Add	<u>4 UE</u> Ires <u>s</u>			DNT()	M	AB	T5Y IW	CANADA		
DATE OF BIRTH	7-7 Da	2_ av	DEC Mont		1975 Year		BIRTH CERTIFICA	ATE ¹	BI	1860	1 16	,		
PLACE OF BIRTH		SOURIS			TOBA		COUNTRY				Number	•		
Telephone		28 2374	Home f		780 850 2 Cell Ph	2274				<u>Herri</u>	o shaw ca			
STATUS NUMBER		ARI MARR BAND M	RE YOU RIED TO A MEMBER?	□ YES □ No		s,	VVOINT	DID YOU ENFRAN	OU NCH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	ess		
IF YOU ENFRANCHISI INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS OF PER CAPITA									<u></u>	1			
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE OGE ORIES?	No PRO	ROVIDE			も	WESLE,	Y IR	VINC	5 TW	'/N .			
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	" 50	Sritlany teather Tustice LEXANDE	TWIN.	· 200		RE-MAI	OU SUBSEQUE ARRY TO ANOT ON? IF YES, D S OF CHILDRE SE.	OTHER DETAIL	T)	NO				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION 2,3				•	<u>-</u>			•				,		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?				***************************************										
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 PRO	YES, OVIDE TAILS	***************************************										
MARITAL STATUS (check one)	· 'tarriad	Cinal												
(Chock Cho)	Married	Single	e Divor	rced	Widowed	Cc	ommon-Law	N			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 I	NFORMATION						
NAME OF MOTHER	MAG	64	0=	ULE	KERR	NAME OF FATHER	11/10		N		<i>((</i>)	0 11
					- 1	TAINER	+NOI	<u>577</u>	LED COL	1616	KI	<u>RTH</u> =
DATE OF BIRTH	Da			PNE Month	/959 Year	DATE OF BIRTH	NOT STATED ON BIRTH CERTIFICATE Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			<u></u>		, real	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	·					Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES IQNO	IF YES, WHAT IS HER BAND NUMBER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No	IF YES				
DID YOUR MOTHER ENFRANCHISE?	□YES □No					DID YOUR FATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?					
Address	Ant/ P.O.	Box	Stroot Ad	droop Tou	vn, Province,	Address						
	Postal Co	ode, C	Country	uress, rov	vn, Province,		Apt/ P. Postal	O. Box, Code, C	Street A ountry	ddress,	Town,	Province,
IF DECEASED — DATE OF DEATH	Day Month Ver					IF DECEASED — DATE OF DEATH						
	Day Month Year				S INFORMATION	Da	ıy	Moi	nth		Year	
NAME OF					ORANDPARENT	NAME OF	T					
MATERNAL GRANDMOTHER					MATERNAL GRANDFATHER							
DATE OF BIRTH	David	7		.1		DATE OF BIRTH						
STATUS UNDER	Day		I Mo	onth	Year	STATUS UNDER	Da	у	Mor	nth		Year
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} DID YOUR						INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
MATERNAL GRANDMOTHER ENFRANCHISE? NAME OF	□YES □No	AND I	S, WHEN N WHICH GORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?					
PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER						
DATE OF BIRTH						DATE OF BIRTH						
STATUS UNDER	Day		l Mc	onth	Year		Da	у	Mor	th		Year
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 □No	IF YES, WHEN P P CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, AND IN V	VHICH					
SIGNATURE	arabu saati					DATE						
Tru	ists to share	this inf	ormation w	n in this for ith those wh	m is true and correct no need it to determ	ct. I give permission to line my status as a be	o Sawridge eneficiary.	,	- -			

Manitoba canada

AND THE STREET STREET, STREET,

CERTIFICATION NA GEARCE

B186916

Place of Birth/Lieu de naissance

Sex/Sexe

SOURIS

Name/Nom

KERR, KERRI LYNNE

Date of Birth/Date de naissance

DECEMBER 22, 1975

Name of Father/Nom du père

NOT STATED

Maiden name of Mother/Nom de jeune fille de la mère

KERR, MARGARET MAE

Registration No./Nº d'enregistrement

1975-06-018551

Date of Registration/Date d'enregistrement

JANUARY 2, 1976

Given under My Hand/Accordé de ma main

ISSUED/DÉLIVRÉ

MARCH 26, 2004

CERTIFIED EXTRACT FROM THE REGISTRATION OF BIRTH ISSUED AT WINNIPEG STRAIT OFFICIEL DU BULLETIN D'ENREGISTREMENT DE NAISSANCE DELIVRÉ À WINNIPEG

C DIRECTOR OF VITAL STATISTICS DIRECTRICE DE L'ÉTAT CIVIL

BENEFICIARY APPLICATION FORM												
Personal Information												
NAME		ADMI First Name	(s)							TWIN Last Nar	me(s)	
Mailing Address	P.o. Bo	× 16:	3		Slave Lake			-	AB.	TOG ZAO	Canada	
	Apt/P.O. Bo	ox	Street	Address		T ₁	own Prov			Postal Code	Country	
DATE OF BIRTH	13 Day		October		12 ar	BIRTH CERTIFICATE 1		72	-08-	0 2 4 5 6 4 Number		
PLACE OF BIRTH		e Lake	:			COUNTRY		. (anada			
Telephone	180-849-5	5723	_	_		180-84	19-494	3				
	Home Ph	one	Home Fax	Cell I	Phone	Work Ph	none		r	Email Addr	ess	
STATUS NUMBER	329-01	ARE YO MARRIED BAND MEN	TO A	YES IF YES BAN	ND D	4.	DID YO ENFRAN ISE	ICH-	□YES ₽ No	IF YES, WHEN, WHICH CATEGORY?	:	
INDIAN ACT, PROVID INCLUDING SHARE O	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.											
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE □N GE	1 2001	s My	father wa	as Ch	nester, h	is fath	ler W	as Pau	I, his father	was Charles.	
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND NO				RE-MA	OU SUBSEQU ARRY TO ANO ON? IF YES, E S OF CHILDRE SE.	THER ETAIL	, t				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Treaty	Indian						-				
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Am descended from the original Treaty 8 signatory. for Sawridge.												
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? IF YES, PROVIDE DETAILS HAVE IVED ON the Sawridge Reserve Since 1978.												
MARITAL STATUS						V						
(check one)	Married	Single	Divorce	d Widow	ed C	Common-Lav	N			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	Dehlia Neesotasis	NAME OF FATHER	Chester Neesotasis						
DATE OF BIRTH	21 February 1953 Day Month Year	DATE OF BIRTH	01 October 1941 Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Non Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treaty Indian						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER? 454-00082-02	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER? 454-00082-01						
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?						
Address	PO. Box 1653 Slave Lake AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country ToG 2AO	Address	P.O. BOX 1653 Slave Lake AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country ToG 240						
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	22 January 1996 Day Month Year						
	GRANDPARENTS	INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Myrtle Gervais	NAME OF MATERNAL GRANDFATHER	Ambrose Gervais						
DATE OF BIRTH	13 June 1914 Day Month Year	DATE OF BIRTH	17 December 1919 Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Non Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Non status						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES HOO IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER	lrene Neesotasis	NAME OF PATERNAL GRANDFATHER	Paul Neesotasis						
DATE OF BIRTH	05 December 1905 Day Month Year	DATE OF BIRTH	Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Non status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status Indian						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?						
SIGNATURE I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary. DATE May 13 10									

BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION												
NAME	Mo	ラ E L	ame(s)		Ric	Richard			NEESUTASIS- Twin			
			ame(s)		Middle Name(s)					Last Nai	me(s)	
MAILING ADDRESS	BOX3:						SLAVI	ELA	KK	AB.	706-2AC	CANADA
	Apt/P.O. E	Box	S	treet Add	ress		Т	own		Prov	Postal Code	Country
DATE OF BIRTH	2 g	,	l	(nth	194 T Yea		BIRTH CERTIFICA	ATE ¹				
PLACE OF BIRTH	hesse			4	1 162	11	COUNTRY		Λ	h (Number	
Telephone	809			144/42	_		Τ_			(13) C	<u>ianada</u> —	
	Home P	hone	Home	e Fax	Cell P	hone	Work PI	hone			Email Addr	ess
STATUS AND NUMBER	ઇક	MAF	RE YOU R!ED TO A D MEMBER?	□YES ¥ ŽNO	IF YE BANI NUMBE	-,	454	DID YO ENFRAN ISE?	ICH-	□YES NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
ARE YOU DESCENI FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	BY ONE OF THE SAWRIDGE DETAILS FATHER WAS Chief of the SAWRIDGE											
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	DE AND	N	Ä			RE-MA	OU SUBSEQUENTLY ARRY TO ANOTHER ON? IF YES, DETAIL S OF CHILDREN AND SE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	ı	4/4				-			1	-		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST CRIGINAL DESCENDANT OF A SAWRINGE Humber TRUST CRIGINAL DESCENDANT OF A SAWRINGE Humber TRUST											
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? HAVE ALWAYS LIVED ON PROVIDE DETAILS FOR THE SAWRIDGE BAND?												
MARITAL STATUS		V										
(check one)	Married	Sing	gle Div	vorced	Widowe	1 C	ommon-La	N			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	CUNNINGHAM TRENO	NAME OF 1ª AUL NEESUTAS 15								
DATE OF BIRTH	5 12 1905 Day Month Year	DATE OF BIRTH Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Worth Tear	STATUS UNDER INDIAN ACT OR PAY LIST AT 'BIRTH ^{2,3} STATUS UNDER (BIRTH ^{2,3} (BIR								
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER? BYES IF YES, WHAT IS HIS BAND NUMBER?								
DID YOUR MOTHER ENFRANCHISE?	TYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? 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	20 7 [98] Day Month Year	IF DECEASED - UNKNOWN Day Month Year								
	GRANDPARENTS									
NAME OF MATERNAL GRANDMOTHER	Justine (Page) Cunning) mm.	NAME OF MATERNAL GRANDFATHER CINNING ham								
DATE OF BIRTH	Nukyony	DATE OF BIRTH UNKNOWN								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year	Day Month Year STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}								
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?								
NAME OF PATERNAL GRANDMOTHER	Sabelle Necsotais	NAME OF PATERNAL. GRANDFATHER Charles Necsatasis								
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} STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3} STATUS UNDER INDIAN ACT OR PAY LIST AT STATUS UNDER INDIAN ACT OR								
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?								
SIGNATURE I h	ENFRANCHISE?									

CANADA)
PROVINCE OF ALBERTA)
TO WIT))
	AFFIDAVIT
I, Richard Neesotasis (Twin) of MAKE OATH AND SAY:	of the Sawridge Indian Reserve 150G, in the Province of Alberta,
That all the information that hereto marked as "Exhibit A",	I have completed in the Beneficiary Application Form attached is true and correct to the best of my knowledge.
SWORN before me at the Sawridge Indian Reserve 150G, in the Province of Alberta this 1 st day of February, 2010	p ~
A Commissioner for Oaths/Notary Public in and for the Province of Alberta MICHAEL BLAGKINNEY EXAMINER & SOLICITOL)))

BENEFICIARY APPLICATION FORM												
				DEIVE			FORMATION		₹IVI			
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	+		Name(s)		1	Mic	ddle Name				Last Na	
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	Apt/P.O.	Box	S1	treet Add	iress		7	Town		Prov	Postal Code	Country
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	Home F	hone	Home	+ax	Cell F	hone	Work P	hone	<u>L</u>	Г	Email Addr	ess
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YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	İ	N/A			······································			of	before	ore me t Ruani	hisA.D. §	day විට.(D
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MARITAL STATUS (check one)	Married	Sin		orced	Widowed	d Co	mmon-Lav	N			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 I	NFORMATION						
NAME OF			1		NAME OF						
MOTHER	HAN.	11 NGH	Am ,	RENU	FATHER	PAL	UL (VEE	907	AS	13
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IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		S, WHAT R BAND JER?	SAW	₹1DCn#	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	ØYES □No	IF YES IS HIS NUMBE		SA	ωR11	χ ^υ Ē
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	Postal Code, Co		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					Province,			
IF DECEASED — DATE OF DEATH	2D Day			1981	IF DECEASED — DATE OF DEATH			IKNO	NCI		
	Day	Mor	ונח	Year	ļ	Da	ıy	Mor	nth		Year
NAME OF				GRANDPARENTS							
MATERNAL COMMOTHER	Justinic (NAME OF MATERNAL GRANDFATHER	Sar	nuel	Ci	unn	inich	VT 11/1			
DATE OF BIRTH		Mor Mor Mor		Year	DATE OF BIRTH		Samuel Cunningham UNKNOWN				
STATUS UNDER		14101		I Eal	STATUS UNDER	Da	У [Mon	ith	,	Year
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PATERNAL GRANDMOTHER	Sabelle	Nec	sistais		NAME OF PATERNAL. GRANDFATHER	Cha	nles	Ne	esata	হাঃ	
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SIGNATURE I he	ereby certify that the ir	reby certify that the information in this form is true and correct. I give permission to Sawridge its to share this information with those who need it to determine my status as a beneficiary.									

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	Τ			PERSONA	L INFORMAT	ION				
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MAILING ADDRESS	1307 Apt(P.O. B	lox .	Street Add	drass	5/4	Town	ike	AB Prov	7062A	o (anoda Country
				41000			T	FIUV	FUSIAI COUG	Country
DATE OF BIRTH	2 / Day		⊖5 Month	1 <i>965</i> Year	BIRTH	I IFICATE ¹	190	<u> 65-</u>	05-01 Number	
PLACE OF BIRTH	Kine	250			Coun	TRY	C	ana	da	
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	780-849 Home Ph	none	Home Fax	Cell Pho		rk Phone	+	<u>~ 7 L </u>	Email Addr	wridge FirsTNi ess
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MARITAL STATUS	X						·_		7.00	77.001
(check one)	Married	Single	Divorced	Widowed	Common	-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 In	FORMATION						
NAME OF MOTHER					NAME OF FATHER	W	alter	Patri	ck Twinn		
DATE OF BIRTH	Day		1onth	Year	DATE OF BIRTH	<u>2</u>	9 0	onth	ick Twinn		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treat	Y	Ultur	I cai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Tre	aty Ind	ian Ran	Year 454		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	MNO IS	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	ØYES □No	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	DNO A	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES MANO	IF YES, WHEN AND IN WHICH CATEGORY?				
Address	Apt/ P.O. Bo Postal Code	Box, Street Add le, Country	iress, Tow	/n, Province,	- Address	Apt/ P.O. Box, Street Address, Town, Province Postal Code, Country			Town, Province,		
IF DECEASED — DATE OF DEATH	Day	Day Month Year				3 (Day	0 10) Inth	1997 Year		
				GRANDPARENTS	INFORMATION		<u>y</u>	nui i	i cai		
NAME OF MATERNAL GRANDMOTHER	Iren	e AU	16EF		Name of Maternal Grandfather	Mc	erTin	AU	FER		
DATE OF BIRTH	Day	Mor	-th	Year	DATE OF BIRTH			•			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	55,	ivic.	101	t ear	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day	y Mor	nth	Year		
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NAME OF PATERNAL GRANDMOTHER	Ívere	Twina	(nee (vnni ughan)	NAME OF PATERNAL GRANDFATHER	Pai	of Twin	1			
DATE OF BIRTH	5 Day	Mor	2 nth	1905 Year	DATE OF BIRTH	Day	5 9 y Mor	nth	∫8 && Year		
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SIGNATURE I h	ereby certify tha	reby certify that the information in this form is true and correct. I give permission to Sawridge sts to share this information with those who need it to determine my status as a beneficiary.									

ENTERED FEB 1 2011

BENEFICIARY APPLICATION FORM MORESO TESIS Brule										
PERSONAL INFORMATION										
Name	Mar	irst Name(s)		Middle Name(s)				Brule. Last Name(s)		
Mailing Address	47 Apt/P.O. Bo	10	Street Addr	moon St. Winnipes				MB	R2W4E/ Postal Code	CANA DA Country
DATE OF BIRTH	12 Day		ec_ Month	/959 Year	BIRTH CERTIFICA	τΕ ¹	19	59-0	08 - 0376 Number	57
PLACE OF BIRTH	HIGH	+ PRAI	KIE ,	AB.	COUNTRY		l c	ANA	12A	
Telephone	204~596 585 Home Pho	3	ome Fax	Cell Phon		313		mbru	le @wsdl	otmail. com
STATUS Number	454 00160	ARE YOU MARRIED TO BAND MEMBE	A DYES	IF YES, BAND NUMBER?	- TVIOLET	DID YO ENFRAN ISE	1CH-	OYES DNO	IF YES, WHEN, WHICH CATEGORY?	
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IF MARRIED, OID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	Glea T Savannah Roxanna	win Brule Brule	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL						
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bale	15-31	ma (S	\$ 1983	,				stated	
WHY DO YOU FEEL YOUARE ELIGIBLE ASA TRUST BENEFICIUMY? Why decester's belonged to Sawridge First Nation as stated above and from information extracted from paylist.										
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAVIRHOGE LANDS INCLIDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAVIRHOGE BAND? IF YES, PROVIDE DETAILS DETAILS DETAILS DETAILS DETAILS DETAILS TO GREAT GRANGEFACHER (Piche) NISOTERIS TWIN LIVED TO AND GREAT GRANGEFACHER (Piche) NISOTERIS TWIN LIVED THE SAVIRHOGE BAND? THE SAVIRHOGE BAND? DETAILS THE SAVIRHOGE BAND?										
MARITAL STATUS (check one)	Married	Single	Divorosid	Widowed	Common-L				Other (Specif	γ)

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 FEB 1 1 2011

PARENTS INFORMATION										
NAME OF MOTHER	Clara Bella (ATKINSON) TO	NAME OF FATHER	David George (Nisotesis) Twin							
DATE OF BIRTH	30 (1 (9:21)		17 09 1939 Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BURTH ^{2.3}	1/2 breed	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTIN ^{2,3}	Full status of Surridge Barch.							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	BYES IF YES, WHAT IS HIS BAND NUMBER?							
DID YOUR MOTHER ENFRANCHISE?	DYES IF YES, WHEN When husba AND IN WHICH CATEGORY? Enfranchited	ENFRANCHISE?	IFYES, WHEN DID NOT WENT HIS Children to attend CATEGORY? residential social							
Adoress	309-leth ST. NE Ling-Term Slave Leke AB TO 6 2A2, Can Apr 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 Yea		2 62 1985 Day Month Year							
GRANDPARENTS INFORMATION										
NAME OF MATERNAL GRANDMOTHER	Ursula (mary) Savard.	NAME OF MATERNAL GRANDFATHER	John Atkinson							
DATE OF BIRTH	18.9		1827 Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Y2 breed	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ²³	Yz breed							
DID YOUR MATERIVAL 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	Jeanette Julierne Cardinal Niviters Twin	NAME OF PATERNAL GRANDFATHER	Francois Nisutesis Twin							
DATE OF BIRTH	Day Month Ye		Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Full status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full status - Sowndan Band							
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SIGNATURE	hereby certify that the information in this form is true	and correct. I give permission	n to Sawridge DATE Dels 10/11							
18 17	rusts to share this information with those who need it	to determine thy status as a	UCITOIRAGE J.							

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

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts, 801, 4445 Calgary Trail NW, Edmonton, AB T6H 5R7, Fax: (780) 983-7724, Email: general@sawridgetrusts.ca

Government of Alberta **u**









Date Issued Jan 28, 2011







BIRTH CERTIFICATE ÇEHTIFICAT DE NAISSANCE

AFG 1411 - 2003:12/

Martha Ann Dec 12, 1959

Given Names Prénoms

High Prairie Date of Birth Date de neissance

1959-08-037657 Place of Birth Lice de neissance

Registration No. N^a d'enregistrement

Registration Dela Date d'enregistrement Dec 19, 1959

Atkinson, Clara Name of Mother Nom de la môre

Twin, David George Alberta Place of Birth Leu de naissance Name of Father Nom de påre

Alberta



Indian and Northern Affaires indiennes et du Nord Canada INFORMATION EXTRACTED FROM PAYLIST INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Worksheet
Feuille Erauillion

Re - Objek						ENIENC.	FEB 1 2011
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Indian and Northern Affaires inciennes et du Nord Canada INFORMATION EXTRACTED FROM PAYLIST

- Çojel					<u>.</u>	ENTEREU FEB 1 1 2011			
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ELAS ISSUE TENEZ COLATOT

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No. 3	Die mensis Marshanni millesi Ego infrascriptus presbyter ecclesiasticam sepulturam dedi c	corpori
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I win.	Testes fuerunt: Russel Za- et: Delsa's Deligard	qui Subscri
	et:	I be men .
		Presbyter
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in the D	a photocopy of the original cath Register of this shured,	St. Peter Celestia
Catholie C	lural.	ST. PETER CELESTIN
Det II	is senth day of May, 1995.	BOX 157 Slave Lake, Alberta
National Section 1		TOG 2AO
Heries J.	Mongran	
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Indian and Northern Affairs Canada

Affaires indiennes

et du Nord Canada INFORMATION EXTRACTED FROM PAYLIST

INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS Worksheet
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Date to distribution 3. 1952 Robert Roter been 38/6/51 1775 1944 come boin 3/10/42. All annits and an alabit 1743 Married Clara Athinson it be; Jan 142 194! 1940 1939 Fil #17 (St. Real Presentasis). Pol. Chief (#17: order 3 Watkins 1232 1436 By from # 1 (Francis Verntaris (Edward)

283, Meşkender, Junion (Carada 283, Mester, Carada

TOM 210

Certificate of Marriage TEIS IS TO CERTIFY That NISOTESIS, FRANCOIS Crite of CHARLES (PICHE) - NISOTESIS TWIN AND COURTOREILLE, ISABELLE CARDINAL, JEANNETTE JULIENNE and LIZETTE "LOUISE" CARDINAL were toutuity Married According to the Rite of the Roman Catholic Church end in conformity with the laws of the Province of Alberta..... Rzy. Father Constant Falher, c.m.i. officiating in the passance of Charles Nispfesis Louis Giroux from the Marriage Register of St. Bernard Mission, Grouard, AB le. (Wangach. Dated .May 9th, 1995

N.

According to the Rite of the Roman Catholic Chunch NISOTESIS (TWIN), DAVID GEORGES Rown on the 11th day of September, 1909 In Grouand, Alberta Sate Child of François Nisotesis and Jeannette Cardinal was Baftigged in the name of the Father, San and Holy Spinit By Father Edouard Pétour, o.m.i. St. Bernard Nission, Grouand, AB St. Bernard Nission, Grouand, AB Church Guy, State
NISOTESIS (TWIN), DAVID GEORGES 17th day of September, Grouand, Alberta Grouand, Alberta Grouand, Alberta Sain was Baftised was Pathen, San and Holy Ph ission, Grouand, AB Chunch Gay of October day of October
Grouand, Alberts State Grouand, Alberts State Suy Suy Suy Suy Suy Suy Sup Sup
Grouand, Alberta Gity Misotesis and Jeannette Cardiu was Maptiged me of the Father, San and Holy S tission, Grouand, AB Church day of October day of October
uncois Nisotesis and Jeannette Cardis uncas Mafitisfeed me of the Fathen, San and Haly S taskon, Snowand, AB Chunch Guy of October day of October
was Baftised me of the Father, San and Holy General Eather Edouard Pétour, o.m.i. Church Church day of October
me of the Father, San and Holy S Father Edouard Pétour, o.m.i. Church Church Cay of October
Father Edouand Pétour, o.m.i. ission, Grouand, AB Chunch Cotty, Itate day of October
Church Chuy, State day of October
day of October
- ' '
Godparents Albert Nisotesis

There is one Lind, one faith, one bufitism, One Gal and Fither of all

Manie Ward

DATED : May 9th, 1995

SIGNED BY: - C. (U.



"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

That DAVID THIN

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 OMI officiating

to the presence of EVA ATKINSON

and

witnesses

as recorded in the Marriage Register of this Church

Sea of Openh

Date. The Land Parish

Date. The Land Parish

William Whyte Community School

200 powers street

winnipeg, manitoba r2w4p3

phone: 201-589-4313 fax: 204-586-0144

Principal: D. Beach-Ducharme Vice-Principal: R. Ashley Where students...



to be the best

RECEIVED F	A t	n	2011 FACSIMILE	COVER	PA	GE
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To:	Paul Brield	Trust Administrator	iney can b —
		1-780-288-7724	
From:	Mortha Brule		
Date:	Feb 10,20	(_
Pages: (including o	cover page)	INTERED FEB.	¹ 2011
Re:			_

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WINNIPEG SCHOOL DIVISION

BENEFICIARY APPLICATION FORM										
					INFORMATIO					
NAME	WESLE	Y First Name(s	.)	1RVING JOSEPH Middle Name(s)				TWIN Last Name(s)		
Mailing Address		1910	1 - 151 A	VE.		NTON	J	AB	TSY IW I	CANADA
DATE OF BIRTH	Apt/P.O. Bo		Street Addi	1973	BIRTH CERTIFI	Town CATE ¹	AB	Prov Postal Code Country BOD 56027		
PLACE OF BIRTH	Day SLAVE	E LAKE	Month	Year	Countr	Y 4.D.M			Number	
Telephone	(780) (~28 23 Home Pho	374	lome Fax	(750) 289 776 Cell Phon	ole Work	Phone	we	25. +W	n e Shac Email Addr	w.Ca
STATUS NUMBER	454007	ARE YO MARRIED T BAND MEME	U □YES	Ic Vce	45400	T	NCH-	□YES MANO	IF YES, WHEN, WHICH CATEGORY?	
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA									
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? ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? They adepted me right from the time of my birth.								ents. birth.	
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND JUS ALEX	tice Walt	ma Hary er William ennon Luk s Hune Ta 1 1994-20	TUIN PE	O YOU SUBSE -MARRY TO A RSON? IF YE MES OF CHIL DUSE.	NOTHER S, DETAIL		NO		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Band) Men!	ber.							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Why parents / vonce + Wattr. F. Twin and I grew up on the source as part of the commenty.										
ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST THE LANDS SET ASIDE FOR THE EXCLUSIVE USE	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 DETAILS DETAILS DETAILS DETAILS THE YES, PROVIDE DETAILS Lands.									
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common	Law			Other (Specif	· · · · · · · · · · · · · · · · · · ·

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.

	F	PARENTS INFORMATION	
NAME OF MOTHER	YHONNE DOLLS THEIN	NAME OF FATHER	WALTER FELIX TWIN
DATE OF BIRTH	27 /05 /1°	939 DATE OF BIR	TH 30 / 05 / 1934 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	No	STATUS UNDE INDIAN ACT OF PAY LIST AT BIRTH ^{2,3}	ER .
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	9-01 IS YOUR FATHER A SAWRIDGE BAND MEMBE	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHIS	CATEGORY:
Address	AUERTA BOX 534 SLAVE LAKE \$109. Apt/ P.O. Box, Street Address, Town, Prov Postal Code, Country	2 A O Address	AUSERTA CANADA Box 534 Stave Lake TOG ZAO Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month	IF DECEASED DATE OF DEA	1
		ANDPARENTS INFORMATION	
NAME OF MATERNAL GRANDMOTHER	Sarah Co-dinal	NAME OF MATERNAL GRANDFATH	IER John Felix Condinal
DATE OF BIRTH	Z8 / /Z //	9/8 DATE OF BIR	ATH 08 / 06 / 19/5 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	No	STATUS UNDE INDIAN ACT O PAY LIST AT BIRTH ^{2,3}	ER ER
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATH ENFRANCHIS	CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Clemence Twin	Name of Paternal Grandfath	HER Perrier Twin
Date of BIRTH		794 DATE OF BIF	Z / / DZ / 1884 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	No Treaty at that time	STATUS UNDI INDIAN ACT C	ER DR
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATH ENFRANCHIS	SE? CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is trusts to share this information with those who nee	rue and correct. I give permied it to determine my status	ission to Sawridge as a beneficiary.



BIRTH CERTIFICATE







Surname Nom

Twin

Given Names Prénoms

Wesley Irving Joseph

Date of Birth

Place of Birth Lieu de naissance

Registration No. Nº d'enregistrement

Registration Date Date d'enregistrement

Apr 21, 1973

1973-08-009138

Apr 03, 1973

Slave Lake

Cardinal, Yvonne Doris

Jun 03, 2008

Name of Mother Nom de la mère

Alberta

Place of Birth Lieu de naissance Name of Father

Nom de père

Twin, Walter Felix

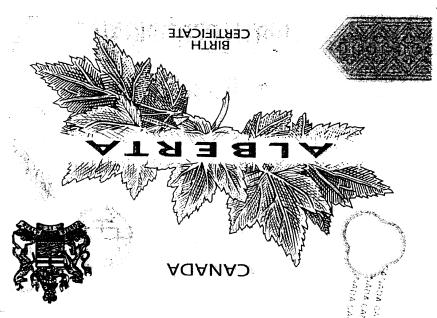
Place of Birth













IMPORTANT SECURITY INFORMATION

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

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

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

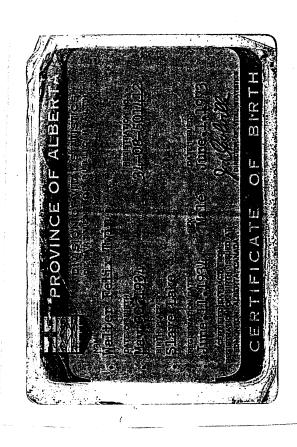


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			BENEF		\PPLICA		ORM			
				PERSONA	L INFORMAT	ON				,
NAME	WAL	First Name(s)	FELIX Middle Name(s)				1	Last Nar	ne(s)
Mailing Address	Box 53 Apt/P.O. Bo	4 FAV	ENECA Street Add		.1		KĒ	AB Prov	TOG 2AO Postal Code	
DATE OF BIRTH	307/	. M	AY Month	1934 Year	BIRTH CERT	FICATE ¹	3	4-08	R - 6014 Number	12
PLACE OF BIRTH	5AW	Rida	F RES	<u> </u>	Coun	IRY Y N	1	112	Number	
Telephone	780 849	6017 7808	349 63 2 P	84900	555			100		ICAPLE
STATUS NUMBER	Home Pho 454 000 7401	ARE YOU MARRIED T BAND MEMB	OA DNO	IF YES, BAND NUMBER	454	ENFF	YOU RANCH- SE?	□YES ⊡ No	Email Addre	ess
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED									
ARE YOU DESCEN FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID TREATY 8 SIGNAT	O OR OF THE DN		E	ARLE	's Tu	IIN	GM	RAND	FATHER	
IF MARRIED, DID Y MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	ICE AND \mathcal{O}_{i}	NE SO	V	F	DID YOU SUB: RE-MARRY TO PERSON? IF Y NAMES OF CH SPOUSE.	ANOTHER ES, DETAIL				
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?	WAS WHER	LE THI	ER FA	Rom	it wr	15 //	v 7	RU.	st	•
HAVE YOU OR YOU ANCESTORS LIVED THE SAWRIDGE LAI INCLUDING POST TE LANDS SET ASIDE FOR THE EXCLUSIVE US THE SAWRIDGE BA	ON NDS REATY OR E OF	PDOWN	'C	red or	w 65.	l.				
MARITAL STATUS	V									
(check one)	Married	Single	Divorced	Widowed	Commo	n-Law			Other (Specification)	y)

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.

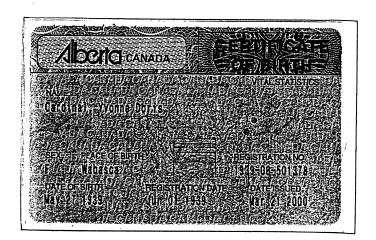
				PARENTS IN	IFORMATION				
NAME OF MOTHER	CLE	MENC	15		NAME OF FATHER	\$7	PIER	É	
DATE OF BIRTH	2 Day	JAN Medical Medical Me	onth	1894 Year	DATE OF BIRTH	21 Da	MAR.		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	50	RIP POST T	REAT	•	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	POST TREATY			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES IZIÑ O	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES DENO	IF YES, WHAT IS HIS BAND NUMBER?	NOT AP	
DID YOUR MOTHER ENFRANCHISE?	□YES Mano	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES ÉN O	IF YES, WHEN AND IN WHICH CATEGORY?	NOT AP	
Address		Box, Street Add	ress, Town	, Province,	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED — DATE OF DEATH	Z _N Day	del TAN	nth	/ <i>970</i> Year	IF DECEASED — DATE OF DEATH	7			
				GRANDPARENT	S INFORMATION				
NAME OF MATERNAL GRANDMOTHER	<u> </u>	UT E	AR		NAME OF MATERNAL GRANDFATHER				
DATE OF BIRTH	Day	· Mo	nth T	Year	DATE OF BIRTH	Da	y Moi	nth Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	,	,		1041	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		y ivioi	iui reai	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	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					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH	Day	, Mo	nth	Year	DATE OF BIRTH	Da	y Mo	nth Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		, , , , , ,			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		, , , , , , , , , , , , , , , , , , , ,	1001	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE I h	ereby certify usts to share	that the information w	n in this forr ith those wh	n is true and corre o need it to deterr	ect. I give permission nine my status as a b	to Sawridg peneficiary.	DATE		



BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION												
NAME	YONN F	C irst Name	(s)		Doris Middle Name(s)					Last Name(s)		
MAILING ADDRESS	534					1_	A.B.	roc-140 Postal Code				
	Apt/P.O. Bo	x	Str	eet Addı	ress		T	own	Т.			
DATE OF BIRTH	27 Day	1	3 5 Mon		3 9 Year		BIRTH CERTIFICA	TE ¹	10	139	Number	101378
PLACE OF BIRTH		as			ı rea		COUNTRY			AN		
Telephone	₹0G ~3.	ł			205/6	76	Not	re		NONE		Who are many and a second a second and a second a second and a second
	Home Pho		Home		Cell Ph		Work Pl	none			Email Addı	ress
STATUS NUMBER	454 -0079	ARE Y MARRIEI BAND ME	TOA	M ŶES □No	IF YES, BAND NUMBER	14	454	DID Y ENFRAI ISE	NCH-	□YES pZINO	IF YES, WHEN, WHICH CATEGORY?	
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA N 6 N 0											
FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS											
IF MARRIED, DID Y MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND IK	esley YIV HUY NIN	VET		F F 1	RE-MA PERSO	DU SUBSEQU RRY TO AND DN? IF YES, B OF CHILDR SE.	OTHER DETAIL		No		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	454	1-00	19-	01								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? TRUST TR												
HAVE YOU OR YOU! ANCESTORS LIVED I THE SAWRIDGE LAN INCLUDING POST TE LANDS SET ASIDE F THE EXCLUSIVE USI THE SAWRIDGE BA	ON NDS REATY OR E OF	1 2001	/IDE									
MARITAL STATUS	V											
(check one)	Married	Single	Div	vorced	Widowed	i C	ommon-La	w			Other (Speci	fy)

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				PARENTS I	NFORMATION				
NAME OF MOTHER	SAR	RAH C	rndi	ra L	NAME OF FATHER	Jo	HNFE	Lix	Cardinal
DATE OF BIRTH	Day	l Ma	onth	Year	DATE OF BIRTH				Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day	IVIC	onui	Teal	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	<u>Da</u>	y į ivioi	iui j	rear
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES ₽NO	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ØNO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?	□YES ¼ Ño	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES 121No	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS	Apt/ P.O. Postal Co	Box, Street Add) / E ress, Tow				O. Box, Street A	ddress,	Town, Province,
IF DECEASED — DATE OF DEATH	Day	Mo	nth	Year	IF DECEASED — DATE OF DEATH	Da	ıy Moi	nth	Year
					TS INFORMATION	***************************************		· · · · · · · · · · · · · · · · · · ·	
NAME OF MATERNAL GRANDMOTHER		D13	ED		NAME OF MATERNAL GRANDFATHER				
DATE OF BIRTH				·	DATE OF BIRTH		ıy Moi		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day	Mo	ntn	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	Year		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	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					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH	Day	, Mo	nth	Year	DATE OF BIRTH	Da	ay Mo	nth	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Say	1 1010		, rear	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		A IVIO		i reai
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?		
					rect. I give permission rmine my status as a b				



ENTERED JUN 0 8 2010

		BENEFICIARY APPLICATION FORM													
						PERSON	NAL İN	IFO	RMATION						
NAME	BRI	TTA	NY irst Name(s	<u> </u>		EMM	A		ARY e Name(s	<u>: \</u>		T	WIN Last Na	me/s)	
MAILING ADDRESS	Apt/P	.O. Box	1919-	15	A \{E		· VIII	T	DMO			AB Prov	T5Y IWI	C	ANADA Country
DATE OF BIRTH	2	29 Day	M	AR)	199_ Yea		BIRTH CERTIFICATE ¹			3376199 Number				
PLACE OF BIRTH	E	DM	DNTON	(,	AE	3		(COUNTRY(JAN.					
Telephone		<i>O)</i> 7 <u>23</u> ne Phor		lome	Foy	Cell Pi		e Work Phone							
STATUS NUMBER			□YES 124No	IF YES BAND NUMBE	S,)		VVORK Pri	DID YO ENFRAN	CH-	□YES □No	Email Addi IF YES, WHEN, WHICH CATEGORY?	ess			
IF YOU ENFRANCHISE INDIAN ACT, PROVID INCLUDING SHARE OF MONIES RECEIVED.	E DETAIL	DETAILS PER CAPITA													
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	OR OF THE GE	OR													
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND						RE-M/ PERS	ARF ON' S C	SUBSEQUE RY TO ANO ? IF YES, D OF CHILDRE	THER ETAIL					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}						•									
Why do you FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?															
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	OS EATY OR OF	S DYES IF YES, PROVIDE DETAILS													
MARITAL STATUS (check one)	Marı	ried	orced/	Widowed	i C	Con	nmon-Lav	v			Other (Specif	y)			

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	KER	RI -	TWIN	J	NAME OF FATHER	WE	SLE	· Y	TW	IN
DATE OF BIRTH	2.2 Day		onth	1975 Year	DATE OF BIRTH	Da		AP Mor		1973 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?	□YES ZINO	If Yes, What Is Her Band Number?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	TYES DNO	IF YES IS HIS NUMB			
DID YOUR MOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES IJNo	1	, WHEN WHICH GORY?		
Address		TALE EDMO	10	58 1Wl	Address	1919	-151	AUE	EDMO	st iwi anton AB
		Box, Street Add de, Country	ress, Tow	n, Province,		Apt/ P.0 Postal 0			ddress,	Town, Province,
IF DECEASED — DATE OF DEATH					IF DECEASED — DATE OF DEATH					
	Day	Mo	ntn	Year GRANDPARENTS	INFORMATION	Da	У	Mor	itn	Year
NAME OF MATERNAL GRANDMOTHER					NAME OF MATERNAL GRANDFATHER					
DATE OF BIRTH				•	DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day	Mo	nth	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	У	Mor	<u>ith</u>	Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	ANDIN	S, WHEN I WHICH GORY?		
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH	Day	l Mo	nth	Year	DATE OF BIRTH	Da		Mor	nth	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 □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	AND IN	S, WHEN WHICH GORY?		
					ct. I give permission nine my status as a b			DATE		

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CONTROL Registration Date. Apr. 06, 1993. Control Registration Number of 1993-08-008455 DA CANAL Date Issued CAPALA CANALA CA

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ENTERED JUN 0 8 2010

	BENEFICIARY APPLICATION FORM PERSONAL INFORMATION												
	T					PERSO	NAL IN	FORMATION					
NAME	ALE	XAN	DER st Name(s			LEM	NON	Luk ddle Name	E		_	WIN Last Na	mo(a)
Mailing Address	Apt/P.	O. Box	1919-	15	eet Add		IVIIC	EDMO	NTON Town	J	AB Prov	T5Y (W) Postal Code	CANADA Country
DATE OF BIRTH	2	3 Day		A) Mon	Ţ	200 Ye		BIRTH CERTIFICATE AE		3 00 [
PLACE OF BIRTH	E	DHON	NOTE		AB			COUNTR	FDA				
Telephone	628	Home Phone Home Fax					Phone	Work Phone			Email Addr	ess	
STATUS NUMBER		l l	ARE YOU MARRIED T BAND MEME	OA	□YES ‡No	IF YE BAN NUMB	ID D		DID Y ENFRA ISE	NCH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS F PER CAPITA												
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE GE	□YES □No	IF YES, PROVID DETAILS	_ 1									
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND	-					RE-MA	OU SUBSEC ARRY TO AN ON? IF YES, S OF CHILDI SE.	OTHER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}													
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?													
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAND INCLUDING POST TRILANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	OON INDS TREATY FOR SE OF											,	
MARITAL STATUS (check one)	Marri	ied	∨ Single	Div	orced	Widowe	ed C	common-L	aw			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	KE	RR	1 Ti	NIN			NAME OF FATHER	WE:	SLE	Υ	Tu	JIN
DATE OF BIRTH	22 Day		DE	Conth	10	175 Year	DATE OF BIRTH	Da		APK) ith	1973 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?	TONO		S, WHAT R BAND BER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?	XYES ONO	IF YES IS HIS NUMB			
DID YOUR MOTHER ENFRANCHISE?	I I I I I I I I I I I I I I I I I I I	AND II	S, WHEN N WHICH GORY?				DID YOUR FATHER ENFRANCHISE?	□YES □No		WHEN WHICH		
Address	Apt/ P.O. E Postal Cod	3ox, S	Street Add			N. AB ovince,	- Address		D. Box,			N.4B 1W1 Town, Province,
IF DECEASED — DATE OF DEATH	Dov		3.4-	- 41-	·	- V	IF DECEASED — DATE OF DEATH					
	Day	i	Mo	nun	G	Year	INFORMATION	Da	у	Mor	ith	Year
NAME OF MATERNAL GRANDMOTHER							NAME OF MATERNAL GRANDFATHER	-				
DATE OF BIRTH							DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day		Mo.	ntn	L	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	У	<u>Mor</u>	nth	Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □NO	AND II	S, WHEN N WHICH GORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	AND IN	S, WHEN I WHICH GORY?		
NAME OF PATERNAL GRANDMOTHER		***************************************					NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH	Day		Mo	nth	1	Year	DATE OF BIRTH			Mor		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day		1 IVIC			i Gai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	· J	<u> </u>		j i cai
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	I I I I I I I I I I I I I I I I I I I	AND I	S, WHEN N WHICH GORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	AND IN	S, WHEN WHICH SORY?		
SIGNATURE I h	ereby certify t usts to share t	hat the	e informatio	on in this fo	orm is vho ne	true and corrected it to determine	et. I give permission ine my status as a b	to Sawridg eneficiary.	е	DATE		







BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



Alexander Lennon Luke



Extrait certifié conforme de l'enregistrement de naissance, Edmonton, Alberta, Canad

REG 3413 (2008/01)

Surname Nom

Given Names Prénoms

Jan 23, 2005

Twin

Date of Birth Date de naissance Place of Birth Lieu de naissance

Edmonton

Registration No. Nº d'enregistrement

2005-08-001708 Jan 31, 2005

Date Issued Délivré le

May 29, 2009

Registration Date Date d'enregistrement Name of Mother Nom de la mère

Kerr, Kerri-Lynne

Place of Birth Lieu de naissance

Manitoba

Name of Father Nom de père

Twin, Wesley Irving Joseph

Place of Birth Lieu de naissance

Alberta





	BENEFICIARY APPLICATION FORM PERSONAL INFORMATION												
	T -				PERSON	NAL IN	FORMATION						
NAME	<u>C</u>	ody			1		and			•	Twing		
	10		lame(s)		<u> </u>		idle Name(Last Nai	me(s)	
MAILING ADDRESS	BOX. 19 Apt/P.O. 1) 1 3ox	#900 R	ange reet Add	Rad	N.E	Slave	lake		AB Prov	T052A0 Postal Code	Canada	
DATE OF BIRTH	2.2 Day	<u>,</u>	02	<u>)</u>	1997.	2	BIRTH CERTIFICATE 1			1992-08-005688			
PLACE OF BIRTH			Mon Lake,							Car	Number nada		
Telephone	(780)849-				780)805	-1368							
	Home P	hone	Home	Fax	Cell PI	hone	Work Pi	none			Email Addr	ess	
STATUS NUMBER	H5400107	D MAF	ARE YOU RHIED TO A D MEMBER?	□YES □Mo	IF YES BANL NUMBE)		DID YO ENFRAN ISE?	сн-	□YES ©W Ó	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS	£											
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID TREATY 8 SIGNATO	DESCENDED RRIED TO OR BY ONE OF THE BY ONE OF THE BAWRIDGE DETAILS DETAILS DESCENDED Chief Walter Patrick Twinn BYES, PROVIDE DETAILS DETAILS												
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND					RE-MA	OU SUBSEQUARRY TO ANO ON? IF YES, INSTRUMENTAL OF CHILDRI	OTHER DETAIL					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Tre	:aty	Status	S									
WHY DO YOU FEEI, YOU ARF ELIGIBLE AS A TRUST BENEFICIARY?	My Father and hrandfather are Beneficiaries												
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TRE LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DN IDS REATY OR E OF		F YES, PROVIDE DETAILS	I ha	we liv y ent	ved ive	on the life.	ne Sa	JUY	ndge	Reserve	,	
MARITAL STATUS													
(check one)	Married Single Divorced Widowed Common-Law						w			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	Shannon Twinn	NAME OF FATHER	Ardell Twinn
DATE OF BIRTH	20 10 1973 Day Month Year	DATE OF BIRTH	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}	Treaty Status
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER? 4540010701
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS	Box 191 Slave Lake, AB TO6 2AO Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country Canada	- Address	Box 191 Slavelake, AB T052AA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country Canada
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	Day Month Year
	GRANDPARENTS	INFORMATION	Day Worth Teal
NAME OF MATERNAL GRANDMOTHER	Thelma Sindair	NAME OF MATERNAL GRANDFATHER	Clifford Brazeall
DATE OF BIRTH	04 04 1942 Day Month Year	DATE OF BIRTH	01 01 1942 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Metis	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	metis
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Theresa Auger	NAME OF PATERNAL GRANDFATHER	Walter Twinn
DATE OF BIRTH	19 05 1942 Day Month Year	DATE OF BIRTH	29 03 1934 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treaty Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treaty Status
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	ØYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and corrected states to share this information with those who need it to determ	ct. I give permission	to Sawridge peneficiary.



NAME

Twinn, Cody Roland

SEX PLACE OF BIRTH REGISTRATION NO.

N Slave Lake 1992-08-005688

DATE OF BIRTH REGISTRATION DATE DATE ISSUED
Feb 21 1992 Feb 24 1992 Mar 13 2002

			В	ENEF	ICIARY	APP	LICATIO	N FOR	M			
					PERSO	NAL IN	FORMATION					
NAME		Arcy First Nar	me(s)		Ale	yar Mic	nder Idle Name(e)			TUIN Last Nar	na(s)
Mailing Address	P.O. BO 58	X				Wilco	Slave La	kc		AB.	To6 210	Canada
DATE OF BIRTH	Apt/P.O. B	ox	Augu	reet Add ust	ress 197	7	BIRTH CERTIFICA	own	1	Prov	Postal Code	Country
PLACE OF BIRTH	Day	Va la			Yea					anada	Number	
Telephone	- 214	Ve La	Ke, A	iner la	(180					anauq		
relephone	Home Ph	one	Home	Fax		940 - 9164 Cell Phone Work Phone					Email Addre	ess
STATUS NUMBER	ARE YOU ARE YOU MARRIED TO A BAND MEMBER? ARE YOU MARRIED TO A BAND MEMBER? BAND NUMBER?								OU CH-	□YES Dano	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	TO OR DETAILS My father was Chester, his father was Paul, his father was Charles. TO OR DETAILS My father was Chester, his father was Paul, his father was Charles.										was Charles.	
IF MARRIED, DID YOU MARRIAGE PRODUCHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND L	utumh ogan T iver				RE-MA	OU SUBSEQU ARRY TO ANO ON? IF YES, I S OF CHILDRI SE.	THER DETAIL	Co. Ne	wborn	w spouse is son. River	Brianne Batemo Twin
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Treaty	India	n									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a descendant from the original Treaty & signatory for Sawridge.											
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR OF	PR	YES, OVIDE TAILS	Have	lived or	1 the	Sawridg	ge Rese	ervo	e since	e 1978.	
MARITAL STATUS (check one)	Married	Singl	e Div	orced	Widowe	d C	common-La)A/			Other (Specify	v)
(IVIAITICU	ungi		UI CEU	AAIGOME	u l C	ommon-La	44			Outer (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.

	PARENTS IN	FORMATION	
NAME OF MOTHER	Dehlia Neesotasis	NAME OF FATHER	Chester Necsotasis
DATE OF BIRTH	21 February 1953 Day Month Year	DATE OF BIRTH	01 october 1941 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Non Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treaty Indian
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER? 454-00082-01
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?
Address	P.D. Box 1653 Slave Lake, AB To 6 2AO Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	- Address	P.O. Box 1653 Slave Lake AB Tob 240 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	05 Januayy 2009 Day Month Year	IF DECEASED — DATE OF DEATH	J2 January 1996 Day Month Year
	GRANDPARENT	SINFORMATION	
NAME OF MATERNAL GRANDMOTHER	Myrtle Gervais	NAME OF MATERNAL GRANDFATHER	Ambrose Gervais
DATE OF BIRTH	13 June 1914 Day Month Year	DATE OF BIRTH	17 December 1919 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Non status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Non status
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Ivene Neesotasis	NAME OF PATERNAL GRANDFATHER	Paul Neesotasis
DATE OF BIRTH	05 December 1905 Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Non Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status Indian
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and correusts to share this information with those who need it to determ	ct. I give permission nine my status as a b	to Sawridge DATE DATE

5	BENEFICIARY APPLICATION FORM												
					PERSO	NAL İN	FORMATION						
NAME	HAIT				Eu		BETH			Tu			
	BOX	First Name	s)			Mi	ddle Name I	(s)			Last Nai	ne(s)	
MAILING ADDRESS	1307						SLAVE 1			AB	TOG 240	CANADA	
	Apt/P.O. Bo	x	Str	eet Add	ress		<u> </u>	own	T	Prov	Postal Code	Country	
DATE OF BIRTH	99	7	<u>ن</u> رب		196		BIRTH (68-08-017012.			
	Day		Mon	<u>th</u>	Year					Number			
PLACE OF BIRTH	EDMOR	2701	Δ_{i}	BER			COUNTRY		Cr	1~AC	A		
Telephone	349-6	159			349.	915	6						
	Home Pho	one	Home	Fax	Cell F	hone	Work P	hone			Email Addr	ess	
STATUS NUMBER		ARE YO MARRIED BAND MEM	TO A	⊠YES □No	IF YE BAN NUMB	ID	454	DID Y ENFRAN ISE	NCH-	□YES ⊠No	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS												
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 IF YES, PROVIDE DETAILS												
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND Ro	5 y Karlt exand	nein er G	sord.	sinn e Sinn	RE-M	OU SUBSEQUARRY TO AND ON? IF YES, S OF CHILDR SE.	OTHER DETAIL					
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?	My husband told me that I may be able - because of the way the one trust was written under the 1982 Indian Act.												
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAND INCLUDING POST TRIL LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DS YES	IF YES PROVI DETAII	DE	Jie	red o	n S	xwr	dge	Ja	nd S	ine -	July 1991	
MARITAL STATUS				T					,				
(check one)	Married	Single	Div	orced	Widowe	d C	Common-La	ıw			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	MATHILDA HESTERMANN	NAME OF FATHER	KARLHEINZ HESTERMANN
DATE OF BIRTH	15 JUNE 1934	DATE OF BIRTH	29 JUNE 1930
STATUS UNDER	Day Month Year	STATUS UNDER	Day Month Year
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	-	INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?
	BOX (2 SITE 10 ER)		
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	02 MAY 1994
	Day Month Year		Day Month Year
N	GRANDPARENTS	T T	7 .
NAME OF MATERNAL GRANDMOTHER	HAITINA ELGERSMA	NAME OF MATERNAL GRANDFATHER	ANNE (ANOREW) ELGERSMA
DATE OF BIRTH		DATE OF BIRTH	23 JULY 1898
STATUS UNDER	Day Month Year	STATUS UNDER	Day Month Year
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	口YES AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	ELIZABETH HESTERMANN	NAME OF PATERNAL GRANDFATHER	TOHNOL JOHN) HESTERMANN
Date of Birth	Day Marth	DATE OF BIRTH	
STATUS UNDER	Day Month Year	STATUS UNDER	Day Month Year
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	INO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and corrections to share this information with those who need it to determ	ct. I give permission t ine my status as a b	DATE Fabla, 2010 eneficiary.



PROVINCE OF ALBERTA

DIVISION OF VITAL STATISTICS DEPARTMENT OF PUBLIC HEALTH

Haltina Elizabeth Hestermann

DATE OF BIRTH

REGISTRATION NO.

• Julÿ:22:1968

68-08-017012

BIRTH PLACE

Edmonton ESCURIOTICON
REGISTRATION DATE SEX

July.26.1968 Female Aug.7.1968

GENTIFIED EXTRACT PROM
GISTRATION OF BIRTH ISSUED AT
EDMONTON ALBERTA GANADA

DIRECTOR OF WITAL STATISTIC

EDMONTON ALBERTA GANADA

DIRECTOR OF WITAL STATISTIC

EDMONTON ALBERTA GANADA

CERTIFICATE OF

BENEFICIARY APPLICATION FORM Personal Information											
	Т,			PERSO	NAL İN	FORMATION					
NAME	Ange	First Name(s)		D		thy ddle Name(s	.,]	Nard	70(0)
Manage		i ilot idanie(s)		L	IVIII	ggia Maisiale	2)	~		Last Nar	ne(s)
MAILING Address	1155					Sicure	Lake	2	AB		Canada
	ApVP.O. Bo	ox I S	lreel Add	1955		T (own		Prov	Postal Code	Country
DATE OF BIRTH	21		1	1974	Í	BIRTH CERTIFICAT	ra1		BOT	77947	,
	Day	Mo	nth	Yea	r	CAMINICALE			Number		
PLACE OF BIRTH	Slave	lake	AB			COUNTRY			200	ader.	
Telephone	780-84C					780-849					
	Home Ph	one Hom	Fox	Cell P	hone	Work Ph	one	<u> </u>		Email Addr	ess
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMDER?	□YES ØN0	IF YE BANI NUMBE	p		DID YO ENFRAN (SE?	ICH-	□Yes □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU GNFRANCHIS INDIAN ACT, PROVID INCLUDING SMARE O MONIES RECEIVED.	E DETAILS	1	V0						**************************************	· · · · · · · · · · · · · · · · · · ·	•
ORIGINAL SAWRID	YOU DESCENDED M, MARRIED TO OR PTED BY ONE OF THE TANK PROVIDE										
if Married, DID YO Marriage Produc Children? If Yes Detail Names of Children	CRAND	12/12			RE-M	You subsequ Arry to and Son? If yes, D ES OF CHILDRE	THER		N	1.A.	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	20	wndo		200	<u>~</u>	# 40	54 (00)(2°	401	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	•						۸ 、	<	See	Status	chref cool,
	DCC	iuse I	- ar	<u> </u>	<u> </u>	ecti	rico	لخن	eon	-tralias	Status
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAND INCLUDING POST TRILLANDS SET ASIDE FOR THE EXCLLISIVE USE THE SAWRIDGE BAN	DA E	(FYES,	ı			Res				•	
MARITAL STATUS			1		1						
(check one)	Married	Single D	ivorced	Widowe	d (Common-La	w			Other (Specif	y)

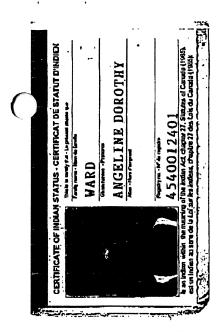
BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

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	Alvina Bostrice Ward	NAME OF FATHER	Frank Joseph Ward							
DATE OF BIRTH	08 12 1947 Day Month Year	DATE OF BIRTH	28 10 1942							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Sawridge Band.							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?							
DID YOUR MOTHER ENFRANCHISE?	DYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IFYES, WHEN AND IN WHICH CATEGORY?							
Address	BOX 155 SQUELOKE, AB TOC-200 APV P.O. BOX, Street Address, Town, Province, Postal Code, Country	Addross	Box 1155 Slave Lake, AB Too 34 Apv 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	INFORMATION	Day Month Year							
NAME OF MATERNAL GRANDMOTHER	Lena Golden	Name of Maternal Grandfather	George Auger							
DATE OF BIRTH	02 03 1930 Day Month Year	DATE OF BIRTH	15 10 1928 Day Month Year							
Status under Indian Act or Pay List at Birth	NO -	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ²³	. NO.							
DID YOUR MATERNAL GRANOMOTHER ENFRANCHISE?	LYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	DYES AND IN WHICH CATEGORY?							
NAME OF PATERNAL GRANDMOTHER	Macy Irene Ward	NAME OF PATERNAL GRANDFATHER	Louis Cordinal							
DATE OF BIRTH	Dey Month Year	DATE OF BIRTH	Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Souriage Bandiff 22	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Sauridse Band							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DIO YOUR PATERNAL GRANDFATHER ENFRANCHISE?	IFYES, WHEN AND IN WHICH CATEGORY?							
	regany certify that the information in this form is true and corrected to determine the information with those who need it to determine the information with those who need it to determine the information with those who need it to determine the information with those who need it to determine the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this form is true and corrected the information in this formation in this formation in this formation in the information in this formation in this formation in the information in the inf									

Please do not forget to send copies of relevant documents listed below, if applicable.

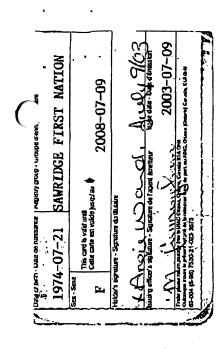
Mail application and documents to:



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09-52-10:05:21PM:

ZO CO CANADA

andar tamada sanyada sanada sanada canada canada sanada sanada sanada sa SOCIAL SERVICES AND COMMUNITY HEALTHARAVIIAL STATISTICS TARRADA DAS BULL a sanada canada This is to Certify that the particulars of the undernoted birth which is on tecord in this Department are as follows: La PLA PATILLA RETIADA LLA TRADA CAMADA CANAMO A CAMPIDA COMADA DEMADA CAMADA YNADA SANA<u>DA GAN</u>ADA A PANA ANGELTNE, DONOTHY WARD TO THE SAME OF THE PARTY OF FEMALE AND CANADA CANADA CANADA CADAGON SANADA CANADA C ánda cahada cahada canzida sanada c A BIANA JUL 21 J. 1974 ADA DAVE Place of BIANS SHAVE A LAKEADA CANADA CANADA CANADA ADA 72514 EADADA CADADA CARADA (ATZ CName (24514720 7441452 CONSTITUTO) difiada canada canada cana Camada Canada Canada C FRANK JOSEPH WARD 藥 GANADA CANADA CANADA CAN EFAILTE DE DE PLOS CASTADA (SA) TA DAVADA SASADA SASADA SHIS BIRINDIACO SELLCHI PRADRIE. ALBERTAN CANADA CANADA CANADA Name MADA CARADA CARAO CAROL MARY ELVINA BEATRICE AUGER CHIVADA CANADA C A Mother CANADA CANADA DA CARADA CARACA A Libelge Maniagon CALLANE AND SALVE WABASCA ALBERTA

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PACSIMILE TRANSMITTAL SHEET
TO ANGELINA WARD TO MARGARET SZAVA-KOVAT
SANRIDGE TRUSTS June 25,2010
TOTAL NO. OF PAGES, INCLUDING COVER- 1-780-988-7724 THONG NUMBER: SENDER'S REFERENCE NUMBER:
THONE NUMBER SENDER'S REFERENCE NUMBER SENDER'S REFERENCE NUMBER: YOUR REPTERENCE NUMBER:
my # 780-849-3039 Fax # 780-849-24
□ URGENT □ POR REVIEW : □ PLEASE COMMENT □ PLEASE RECYCL
NOTES/COMMENTS: Dear Hogeling, these are the forms we are sending to Frak work is the mail.
Frank Wara.
Box 1155 Regnds,
Scane AB TOG 2AO. Maganet
780-85-8399

401, 4445 CALGARY TRAIL NW, EDMONTON, AR TOH 5R7 OFFICE: (780) 9HH-7723 FAX: (780), 98H-7724

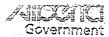
ENTERED JUL 0 5 2010 . FECEIVED JUN 3 0 2010

	BENEFICIARY APPLICATION FORM														
-	<u> </u>					PERSON	PERSONAL INFORMATION								
	ETER					ALLAN					CARDINAL (WARD)				
	1 -	First Name(s)				Middle Name(s)					Last Name(s)				
		134 404-6			J4	SLA	SLAVE LAK		AS	70 G TLA	CANADA.				
		ApvP.O. Box Street Address				ess Town				Prov Postal Code Country					
		Day		Month		Year BIRTH CERTIFICATE			i	19-1	08 - 01	. •			
1		HIGH PRAIR					Cally			CANA WA					
						7000				 	CMIC				
	Home Phone Home Fax					2606138 : 8.49 8600					,				
_	Hull	Phon	·		xe	Cell Phone		I WORK PR	ork Phone			Email Addr	ess		
	115	7 I	ARE YOU MARRIED TO BAND MEMBI	A	□YES ØNO	IF YES, BAND Number			DID YO ENFRAN ISE?	ICH-	□Yes □No	WHEN, WHICH CATEGORY?			
VIDI	ISED UNDER THE VIDE DETAILS FOR PER CAPITA D.														
TO E O	NOED TO OR E OF THE DOE TORIES? IF YES, PROVIDE DETAILS SAURIOGE BAND # 32										+ C C				
YOUR DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.															
	SAWRIDGE BAND # 4540016401														
	BORN: RAISED ON SAWRIDGE LAND														
JR ND: IREJ FOR SE C	ה לקלי ה	Yes Ino	IFYES, PROVIDE DETAILS	C	V4	IRD		RE	SER	2)	E				
			. /												
\perp	Marrie	d :	Single	Divor	ced \	Vidowed	Co	mmon-Lav	,			Other (Specify	')		

					PARENTO INF	ORMATION						
NAME OF MOTHER	MARI	۔۔ مَثَا	IRFA	i ι	NARD	NAME OF FATHER	LOUIS CHILOUA CARDINA					
DATE OF BIRTH	Day		NA _e	onth	DATE OF BIRTH	Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day		1410	31141	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ØYES □No		S, WHAT R BAND BER?	BA	10 # 22	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No	IF YES IS HIS NUMBE				
DID YOUR MOTHER ENFRANCHISE?	□YES ⊠No	AND I	3, WHEN N WHICH GORY?			DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?					
Address	Apt/ P.O. Postal Co		ountry		n, Province,	- Address		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED DATE OF DEATH	2 ? Day	}	SWL AU Mo	YOC VG.	1953 Year	IF DECEASED - DATE OF DEATH	Day Month Year					
					GRANDPARENTS	INFORMATION		4				
NAME OF MATERNAL GRANDMOTHER	ANGE	ELII	VE WA	PED PRDIN	1AL)	NAME OF MATERNAL GRANDFATHER	·					
DATE OF BIRTH	02 Day		APE	1.A	Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		•	, Wite		raa	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES SINO	AND	es, when IN WHICH EGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER	İSUF	7 T.	W	1R.D)	NAME OF PATERNAL GRANDFATHER						
DATE OF BIRTH	Day	, 	I Mo	onth	Year	DATE OF BIRTH	Day Month			Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			FW	ART	S ERVE	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES ØNo	AND	es, when In Which IGORY?		DID YOUR PATERNAL GRANDFATHER GRANDFATHER ENFRANCHISE? IF YES, WHEN AND IN WHICH CATEGORY?							
						ct. I give permission			DATE	S	june 23 2010	

Please do not forget to send copies of relevant documents listed below, if applicable.

Mail application and documents to:



CARDINAL PETER PAUL 09 44,

PERATOR'S LICEN



Class: 3 Cond/End:

Expires: 09 MAY 2014

CARDINAL, Peter Paul 116 5 St SW

Slave Lake AB TOG 2A4

DOB 09 MAY 1949

Eves brown Hair black 175 cm / wr 77 kg

DE 2009

0126-72010





Condition codes / Endorsements:

- A. Adequate lenses.
- a Special conditions
- Reantoliment requires .
- H Daylight driving only
- J. Outside missors
- K Automatic transmission
- L Hand controls
- N Excludes class 2 and 4
- G Air brakes
- S School bus

Licence classes:

- Licence classes:

 1 Any yearing excluding motorcycle induding air brakes

 2 Class 3, 4-5 and any but

 3 Single motor vehicle three extes of 4 Ambulance, text and small but

 5 Two externolor vehicle and are a factor of any of any motorcycle.

- 6 Any motorcycle.

in nesergance with Alberra law it is an offence to have more. than one operator's Licence and you must decisin any medical condition that may interiors while the safe operation of a motor vehicle.

GDL - Graduated Driver Licence



00228400007420453

AIDOIC

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SOCIAL SERVICES & COMMUNITY HEALTH

Vital Statistics Division

PETER ALLAN CARDINAL

DATE OF BIRTH . May. 9.1949

REGISTRATION NO. 149-08-011082

BIRTH PLACE

• High Prairie

REGISTRATION DATE

SEX

DATE ISSUED

• May.27.1949

Male

Sept.15.1977

CERTIFIED EXTRACT FROM LEGISTRATION OF BIRTH, SUED AT EDMONTON;

DIRECTOR

No 57576

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that / Le présent atteste que: Family Name / Nom'de famille

CARDINAL

Given Names / Prénoms

Alias / Nom d'emprunt





Sex / Sexe Date of Birth / Date de naissance

1949-05-09

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





Registry Group - Groupe d'eulegistrument Samidge

Rénew Before / Renouveler avant

Date of Bsuarge / Date de délivrati<mark>e</mark>

