BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	MAURICE (First Name(s))	Felix Flex (Middle Name(s))	STONEY (Last Name(s))			
MAILING ADDRESS	Apt/P.O. Box	500 - 4st. N.W. (Street Address)	SLAVE LAKE (Town)	AB. (Prov)	T0G 2A1 (Postal Code)	Can. (Country)
DATE OF BIRTH	24 (Day)	09 (Month)	1941 (Year)	BIRTH CERTIFICATE[1]	Inclosed (Number)	
PLACE OF BIRTH	SLAVE LAKE AB.			COUNTRY Can.		
Telephone	780 849 5173 (Home Phone)	(Home Fax)	780 516 1599 (Cell Phone)	(Work Phone)	(Email Address)	

STATUS NUMBER	454 0011401	ARE YOU MARRIED TO A BAND MEMBER?	☑YES ☐NO	IF YES, BAND NUMBER?	Bigstone Band # 458015 81-01	DID YOU ENFRANCHISE?	☑YES ☐NO	IF YES, WHEN, WHICH CATEGORY?	Note Inclosed,

IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.	N/A No monies was received,		
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	☐YES ☑NO	IF YES, PROVIDE DETAILS	N/A
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	N/A	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	N/A
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION[2,3]	C-31		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I was Born 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?	☑YES ☐NO	IF YES, PROVIDE DETAILS	My Grand Father & Grand Mother Lived on Sawridge Band Reseve # 150 "1896 - 1956" East of SLAVE LAKE,

MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
	✓					

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

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

PARENTS INFORMATION

NAME OF MOTHER	Margaret Decoine			NAME OF FATHER	William STONEY		
DATE OF BIRTH	24 (Day)	08 (Month)	1918 (Year)	DATE OF BIRTH	13 (Day)	04 (Month)	1921 (Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Sawridge Band #59			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Sawridge Band #59		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER? YES	☐YES ☐NO	IF YES, WHAT IS HER BAND NUMBER?	#59	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☑YES ☐NO	IF YES, WHAT IS HIS BAND NUMBER?	#59
DID YOUR MOTHER ENFRANCHISE?	☑YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?	Late 40's	DID YOUR FATHER ENFRANCHISE?	☑YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?	Late 40's
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	Sept. (Day)	2008 (Month)	(Year)	IF DECEASED – DATE OF DEATH	Death Cert: Inclosed (Day)	(Month)	(Year)

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	Henriette Sinclair			NAME OF MATERNAL GRANDFATHER	Johnny STONEY		
DATE OF BIRTH	Not Known (Day)	(Month)	(Year)	DATE OF BIRTH	Birth Cert: Inclosed (Day)	(Month)	(Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Sawridge Band #18			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Sawridge Band #18		
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	Rosalie Auger			NAME OF PATERNAL GRANDFATHER	Moise Decoine		
DATE OF BIRTH	Not Known (Day)	(Month)	(Year)	DATE OF BIRTH	Not Known (Day)	(Month)	(Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Married Metis *Was From the Big Stone Band			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Metis		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO ?	IF YES, WHEN AND IN WHICH CATEGORY?	Not Known	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO ?	IF YES, WHEN AND IN WHICH CATEGORY?	Not Known

SIGNATURE	Maurice Stoney 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	Dec. 31/09

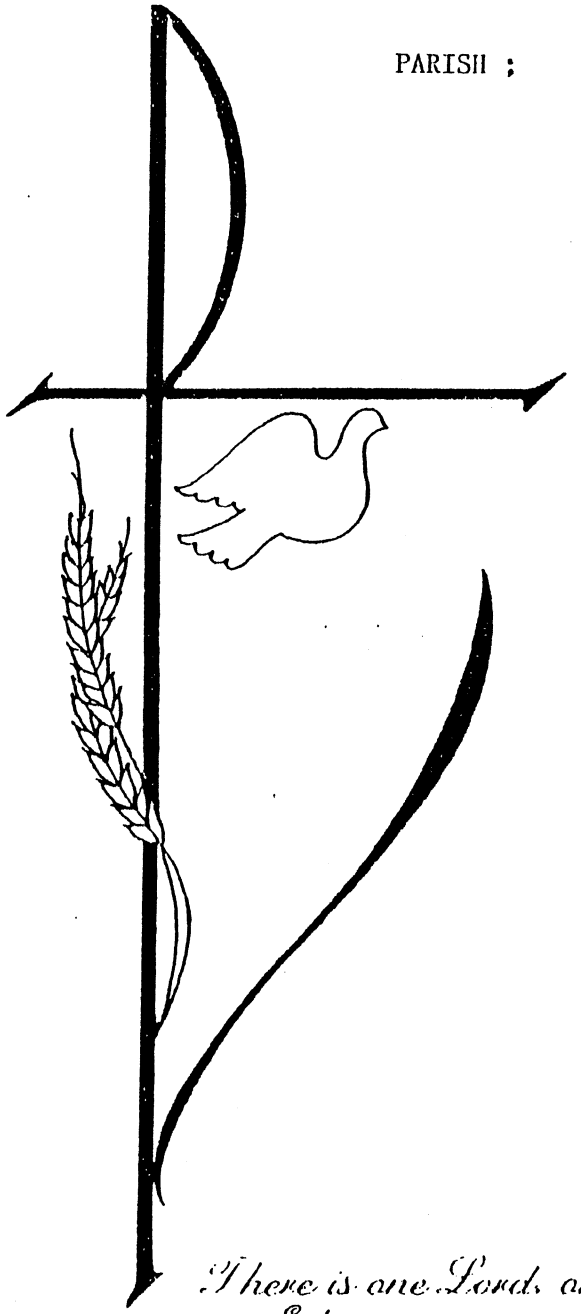
PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

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

Archevêché - Archbishop's Residence
R 388, McLennan, Alberta Canada
Tel: 324-3002 T0H 2L0

D 31/09
m/s



PARISH :

Baptism Certificate

According to the Rite of the Roman Catholic Church

~~Morris~~ Felix Stoney
MAURICE

Born on the 24th day of September, 1941

In _____
City State

Child of William Stoney and Margaret Decoine

was Baptized

in the name of the Father, Son and Holy Spirit

By Rev. Fr. Clément Kindervater, o.m.i.

St. Peter Celestine Slave Lake, Alberta
Church City, State

On the 4th day of October, 1941

Godparents Simon Cardinal

Virginia Decoine

There is one Lord, one faith, one baptism, One God and Father of all
Ephesians 4:5 - 6

DATED : Sept. 12, 1995

SIGNED BY : J Belanger
Secretary

Dec. 31/c
GMS

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

Your file / Votre référence

Our file / Notre référence

E6000-454 (M.MacDonald)
S15

OCT 11 1985

Mr. Maurice Felix Stoney,
P. O. Box 1276,
SLAVE LAKE, Alberta
T0G 2A0

Dear Mr. Stoney:

I am pleased to confirm that you are registered as an Indian in the Indian Register maintained in this Department.

Under the provisions of Section 10 of the Indian Act, a band may assume control of its band membership and establish its own regulations for inclusion in its band. The Sawridge Band has assumed control effective July 4, 1985 and you will therefore have to apply to the Sawridge Band for band membership. Your applications for band membership may be sent to:

Chief Patrick Walter Twinn,
P. O. Box 326,
SLAVE LAKE, Alberta T0G 2A0

To obtain your Certificate of Indian status, you may contact:

Lesser Slave Lake Indian Regional Council,
P. O. Box 1740,
HIGH PRAIRIE, Alberta T0G 1E0

Attention: Mrs. Marie Hodam.

I trust I have been of some assistance.

Yours truly,

S. Gennest

for L. G. Smith,
Registrar,
OTTAWA, Ontario
K1A 0H4

cc Chief Patrick Walter Twinn

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

APPLICATION FOR REGISTRATION UNDER THE INDIAN ACT
DEMANDE D'INSCRIPTION EN VERTU DE LA LOI SUR LES INDIENS

D 30 31/01

A CHECK ONE - VEUILLEZ COCHER

1. ☑

I request that I and my minor children, if eligible, be registered in the Indian Register and, if applicable, that our names be entered in a Band List, as provided under the Indian Act as amended.

Je demande que moi-même et mes enfants mineurs, si éligibles, soient inscrits au Registre et, si approprié, que nos noms soient ajoutés sur une liste de bande, comme prévu dans la Loi sur les Indiens telle que modifiée.

Signature Maurice Stoney Date Sept 18/86

2. ☐

I make this application as guardian on behalf of the applicant who is under the age of 18 years or is mentally incompetent within the meaning of the Indian Act. I request that the applicant be registered in the Indian Register and, if applicable, that his/her name be entered in a Band List, as provided under the Indian Act as amended.

Je fais cette demande comme tuteur pour le requérant qui a moins de 18 ans ou est mentalement incapable tel que défini dans la Loi sur les Indiens. Je demande que le requérant soit inscrit au Registre et, si approprié, que son nom soit ajouté sur une liste de bande, comme prévu dans la Loi sur les Indiens telle que modifiée.

Signature _____ Date _____

IF MORE SPACE IS REQUIRED, ENTER ADDITIONAL INFORMATION ON A SEPARATE SHEET OF PAPER AND ATTACH IT TO THIS APPLICATION FORM

UTILISER AU BESOIN UNE FEUILLE SÉPARÉE POUR AJOUTER DES RENSEIGNEMENTS ADDITIONNELS ET LA JOINDRE À CETTE DEMANDE.

B

Surname of Applicant – Nom de famille du requérant: STONEY	Given Names – Prénoms: MAURICE
Mailing Address – Adresse: BOX 1276 SLAVE LAKE AB.	Postal Code – Code postal: T0G-2A0 / Tel. No. – N° de tél.: 403-849-5173
Date of Birth / Date de naissance (Y-A M D-J): 41 09 24	Former Band No. / Ancien N° de bande: 59
Name of Former Band – Nom de l'ancienne bande: SAWRIDGE Band	

C

Surname of Father – Nom de famille du père: ~~William~~ STONEY	Given Names – Prénoms: William J.
Date of Birth / Date de naissance (Y-A M D-J): 22 04 07	Band No. – N° de bande: 59
Name of Band – Nom de la bande: SAWRIDGE Band	
Maiden Name of Mother – Nom de fille de la mère: Decoine	Given Names – Prénoms: Margret
Date of Birth / Date de naissance (Y-A M D-J):	Band No. – N° de bande:
Name of Band – Nom de la bande:	
Surname of Paternal Grandfather – Nom de famille du grand-père paternel: STONEY	Given Names – Prénoms: Johnny
Surname of Paternal Grandmother – Nom de famille de la grand-mère paternelle: CALDER	Given Names – Prénoms: Harriette
Surname of Maternal Grandfather – Nom de famille du grand-père maternel: Decoine	Given Names – Prénoms: Moise
Surname of Maternal Grandmother – Nom de famille de la grand-mère maternelle: Auger	Given Names – Prénoms: Rosalie

D

Grounds for Registration – Raison pour l'inscription: BAND MEMBERSHIP	Registration Surname – Nom de famille (Inscription): STONEY # 454011401

E

If you have children under the age of 18, please list their names and birthdates and attach a LONG FORM BIRTH REGISTRATION showing the names of the parents. Your children who have REACHED THE AGE OF 18 must complete A SEPARATE APPLICATION and also PROVIDE A COPY OF THEIR LONG FORM BIRTH REGISTRATION.

Si vous avez des enfants agés de moins de 18 ans, veuillez indiquer leurs noms et date de naissance et attacher un CERTIFICAT D'ENREGISTREMENT DE NAISSANCE sur lequel apparaissent LES NOMS DES PARENTS. Vos enfants qui ont ATTEINT L'ÂGE DE 18 ANS doivent compléter UNE DEMANDE D'INSCRIPTION SÉPARÉE et aussi attacher un CERTIFICAT D'ENREGISTREMENT DE NAISSANCE SUR LEQUEL APPARAISSENT LES NOMS DES PARENTS.

Dec 31/09

cm/A

Alberta Government

OPERATOR'S LICENCE

AB

STONEY MAURICE FELIX

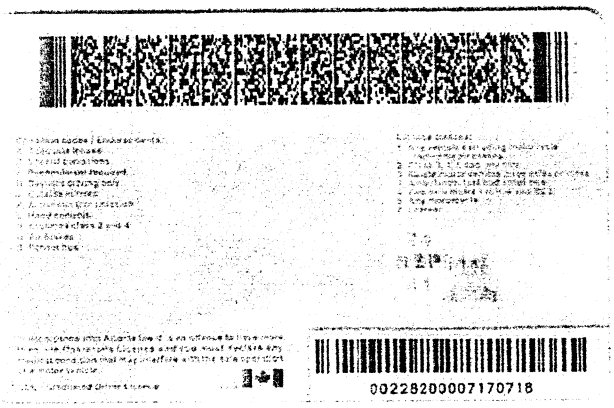
No: 47580-147
Class: 34
Cond/End: A
Expires: 24 SEP 2010

STONEY, Maurice Felix
500 4 St NW
Slave Lake AB T0G 2A1

Sex: M DOB: 24 SEP 1941
Eyes: brown Hair: grey
Ht: 180 cm Wt: 75 kg

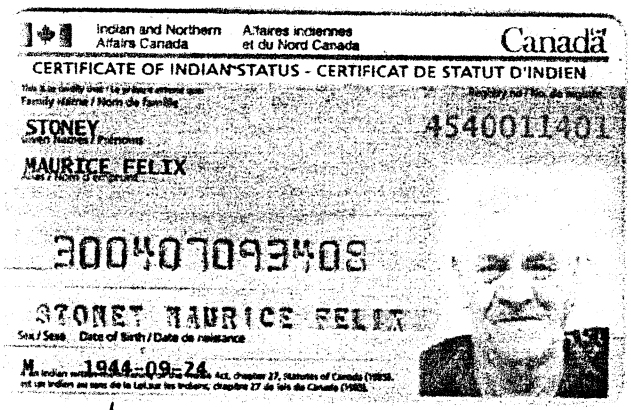
Issued: 18 SEP 2009

0019 50401


0022820007170718

Dec 31/09

MA


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

Canada

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

Family name / Nom de famille

STONEY

Registry No / No. de registre

4540011401

MAURICE FELIX

3004070934O8

STONEY MAURICE FELIX

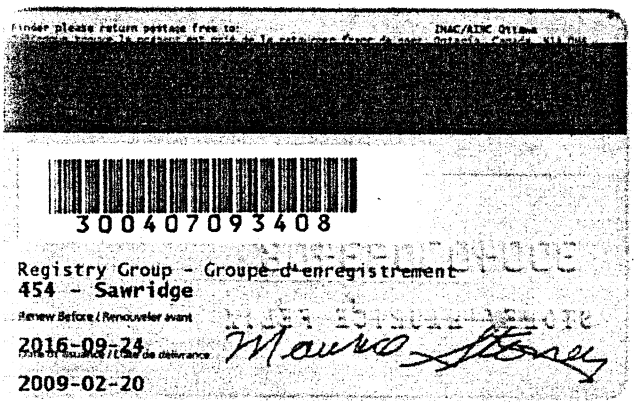
Sex / Sexe Date of birth / Date de naissance

M 1944-09-24

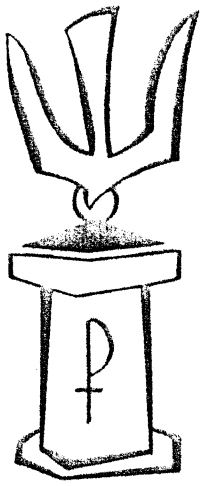
1941

errors in yr.

Sept 24/41


Finder please return postage free to:
INAC/AINC Ottawa
300407093408
Registry Group - Groupe d'enregistrement
454 - Sawridge
Renew Before / Renouveler avant
2016-09-24
2009-02-20

CERTIFICATE of BIRTH and BAPTISM

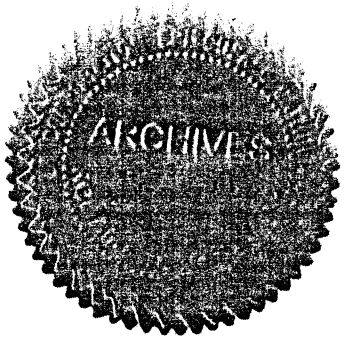


Church of ..... St. Peter Celestin .....

..... Slave Lake, Alberta .....

This is to Certify that ..... Jamy Willy Stony .....

Child of ..... Johnny Stony ..... and ..... Henriette Sinclair .....



born in ..... on the ..... 13th ..... day of ..... April .....,

was Baptized on the ..... 19th ..... day of ..... May, 1921 ....., according to

the Rite of the ..... Roman Catholic Church by the Rev. ..... E. Pétour, o.m.i. .....

the Sponsors being: ..... Emile Sinclair & Eulalie Nipissing .....

Confirmed on the ..... day of ....., at .....

as appears from the Baptismal Register of this Church

Dated ..... October 21st, 2008 .... Pastor

Secretary

New Document

Dec 31/09
m.s.

Alberta CANADA

CERTIFICATE OF DEATH

VITAL STATISTICS

LD362759

Name of Deceased: *Stoney, William*

Sex: *Male*

Age: *62 Years*

Date of Death: *Dec 18 1983*

Place of Death: *Slave Lake*

Marital Status: *Married*

Usual Residence: *Alberta*

Registration Date: *Dec 22 1983* Registration Number: *1983-08-012118*

Date Issued: *Dec 08 2005*

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

DIRECTOR OF VITAL STATISTICS

Director

REG 3151 (2001/10)

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Dec 31/09

call 324-3002 for (particular) rest!

Archevêché - Archbishop's Residence
B. 388 McLennan, Alberta, Canada
T0H 2L0
Tel. (403) 324-3002

Certificate Of Birth and Baptism

****

Church Of St. Charles, Dunvegan, AB

This is to Certify that: ASSINIBOITIS, JEAN BAPTISTE "Johnny"
(ASSINIBOINE - STONEY - AUGER)

Child of Joseph Assiniboitis and _____

Born in _____ on the _____ day of _____. _____

Was Baptised on the 2nd day of June. 1872 according to
(At approximately 6 months old)

The Rite of the Roman Catholic Church.

By the Rev. Father Christophe Tissier, o.m.i.

the Sponsors being: Christine Court'Oreille

and _____.

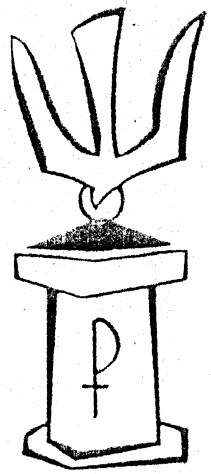
As appears from the Baptismal Registers of this Church

Dated: March 9th, 1995.....

C. Dawson.....
Signature

Dec 31/0
imis

CERTIFICATE of BIRTH and BAPTISM



Church of ..... St. Charles .....

..... Dunvegan, Alberta .....

This is to Certify that ..... Jean-Baptiste Assiniboitis .....

Child of ..... Assiniboitis ..... and .....

(Baptized at the age of six months)

born in ..... on the .....day of .....,

was Baptized on the .2nd..... day of ..June 1872....., according to

the Rite of the Roman Catholic Church, by the Rev. C. Tissier, o.m.i.

the Sponsors being: ....Christine Court'oreille.....

Confirmed on the ..... day of ....., at .....

as appears from the Baptismal Register of this Church

Dated .....January 6th, 2009..... .....

Secretary: J. Beland

Dec. 31/09

Dear Sirs,

These are some of the Documents, I inclosed for some of the questions asked in the form I recived. My Grandfather Johnny Stoney and his family lived on the Sawridge Reserve #150 Land from 1896 – 1956 when he passed away, I was born a Sawridge Bandmember.

I answered the questions as best as I could. These documents should help with your goal.

Thank You

Maurice Stoney
500 4st N.W.
SLAVE LAKE AB.
T0G 2A1

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

	First Name(s)	Middle Name(s)	Last Name(s)
NAME	TERRY	JAMES	(STONEY) CALDER

	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
MAILING ADDRESS	1609	17319 - 69 AVE	EDM.	AB	T5T3S7	CANADA

	Day	Month	Year		Number
DATE OF BIRTH	15	FEB	46 1967	BIRTH CERTIFICATE[1]	1967-08-004601

PLACE OF BIRTH	EDMONTON . AB
COUNTRY	CANADA

	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address
Telephone			780 720-6757		tcalder@telus.net

STATUS NUMBER	4540031101 SAWRIDGE BAND	ARE YOU MARRIED TO A BAND MEMBER?	☐YES ☑NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	☐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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	☑YES ☐NO	IF YES, PROVIDE DETAILS	JOHNNY STONEY - GREAT GRAND FATHER

IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	

YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION[2,3]	TREATY - STATUS INDIAN
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	OUR FAMILY IS AN ORIGINAL TREATY EIGHT SAWRIDGE BAND FAMILY.

HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	☑YES ☐NO	IF YES, PROVIDE DETAILS	• ORIGINAL MEMBER - JOHNNY STONEY, GR. GREAT FATHER • WILLIAM STONEY - GRANDFATER WHOM I WAS RAISED BY. • JOE STONEY - "UNCLE"

MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
		✓				

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

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

PARENTS INFORMATION

NAME OF MOTHER	PATRICIA STONEY			NAME OF FATHER	UNKNOWN		
DATE OF BIRTH	17 (Day)	MAR (Month)	1946 (Year)	DATE OF BIRTH	N.A (Day)	(Month)	(Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	THROUGH HER FATHER WILLIAM STONEY - MY GRAND-FATHER (NO)			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES ☑NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES ☑NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	☐YES ☑NO	IF YES, WHEN AND IN WHICH CATEGORY?	~~(GRAND~~	DID YOUR ~~FATHER~~ ENFRANCHISE?	☑YES ☑NO	IF YES, WHEN AND IN WHICH ~~CATEGORY?~~	1948.
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	5 (Day)	JUNE (Month)	1996 (Year)	IF DECEASED – DATE OF DEATH	~~18~~ (Day)	~~Dec~~ (Month)	~~1983~~ (Year)

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	MARGARET STONEY			NAME OF MATERNAL GRANDFATHER	WILLIAM STONEY		
DATE OF BIRTH	11 (Day)	AUG (Month)	~~198~~ 1918 (Year)	DATE OF BIRTH	11 (Day)	APR (Month)	1921 (Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	BIGSTONE BAND			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	SAWRIDGE BAND		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☑YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?	1948.	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☑YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?	1948. • BY APPLICATION. • TO PREVENT HIS CHILDREN FROM BEING TAKEN TO THE RESIDENTIAL SCHOOL.
NAME OF PATERNAL GRANDMOTHER	UNKNOWN.			NAME OF PATERNAL GRANDFATHER	(UNKNOWN).		
DATE OF BIRTH	(Day)	(Month)	(Year)	DATE OF BIRTH	(Day)	(Month)	(Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?	

SIGNATURE	[signature]	DATE	28. Dec. 2009

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

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA

CERTIFICATE OF CHANGE OF NAME

VITAL STATISTICS

CN006653

Old Name

Last Name Stoney

Full Given Name(s) Terry James

New Name

Last Name Calder

Full Given Name(s) Terry James

Date of Registration Dec 20 2000

Date Issued Dec 20 2000 Registration No. 2000-08-020653

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

Laurie Bevenstyl
Director

DIRECTOR OF VITAL STATISTICS

REG 3065 (98/03)

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Alberta CANADA

CERTIFICATE OF BIRTH

VITAL STATISTICS

NAME

Calder, Terry James

SEX	PLACE OF BIRTH	REGISTRATION NO.
M	Edmonton	1967-08-004601

DATE OF BIRTH	REGISTRATION DATE	DATE ISSUED
Feb 15 1967	Feb 24 1967	Jan 09 2001

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

	First Name(s)	Middle Name(s)	Last Name(s)
NAME	WILLIAM	CHARLES	STONEY

	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
MAILING ADDRESS		10421-142 ST.	EDMONTON	AB.	T5N-2P4	CANADA.

	Day	Month	Year		
DATE OF BIRTH	15th	MARCH	1940	BIRTH CERTIFICATE[1]	Number

PLACE OF BIRTH	High PRIARIE, AB.	COUNTRY	CANADA

	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address
Telephone	780 452-0024	—	—	—	—

STATUS NUMBER	49400018901 SAWRidge BAND	ARE YOU MARRIED TO A BAND MEMBER?	☐YES ☑NO	IF YES, BAND NUMBER?	—	DID YOU ENFRANCHISE?	☐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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	☑YES ☐NO	IF YES, PROVIDE DETAILS	JOHNNY STONEY GRANDFATHER

IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	SHELLEY F. STONEY TRACY LYNN STONEY BILLIE JO STONEY	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	

YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION[2,3]	TREPTY — STATUS INDIAN
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	OUR FAMILY IS AN ORIGINAL TREATY Eight. SAW RIDGE BAND FAMILY.

HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	☑YES ☐NO	IF YES, PROVIDE DETAILS	ORIGINAL MEMBER JOHNNY STONEY-GRANDFATHER WILLIAM T. STONEY-FATHER JOE STONEY — UNCLE

	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
MARITAL STATUS (check one)			✓			

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

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

PARENTS INFORMATION

NAME OF MOTHER	MARGARET STONEY			NAME OF FATHER	WILLIAM J. STONEY		
DATE OF BIRTH	13th AUG. 11-1918 (Day / Month / Year)			DATE OF BIRTH	11th APRIL 1921 (Day / Month / Year)		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	BIG STONE BAND. SAWRIDE—MARRIAGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	SAWRIDE BAND		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES ☑NO	IF YES, WHAT IS HER BAND NUMBER?	—	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES ☑NO	IF YES, WHAT IS HIS BAND NUMBER?	—
DID YOUR MOTHER ENFRANCHISE?	☐YES ☑NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	☑YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?	1948. • BY APPLICATION. • TO PREVENT HIS CHILDREN FROM BEING TAKEN TO RESIDENTIAL SCHOOL.
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	DECEASED MARCH 30 2009 (Day / Month / Year)			IF DECEASED – DATE OF DEATH	18 DEMBER 1983 (Day / Month / Year)		

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	ROSALIE AUGER ~~JULY 1879~~			NAME OF MATERNAL GRANDFATHER	MOISE DECOINE WABISCA, AB.		
DATE OF BIRTH	— JULY 1879 (Day / Month / Year)			DATE OF BIRTH	15th OCT 1898 (Day / Month / Year)		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	BIG STONE BAND			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	UNKNOWN.		
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	HENRIETTA CALERE			NAME OF PATERNAL GRANDFATHER	JOHNNY STONEY		
DATE OF BIRTH	— MARCH 1882 (Day / Month / Year)			DATE OF BIRTH	NOV. 1870 (Day / Month / Year)		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	UNKNOWN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	SAWRIDGE BAND		
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	William CHARLES STONEY 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	Dec 28 2009

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA

CERTIFICATE OF BIRTH

COMMUNITY AND OCCUPATIONAL HEALTH - Vital Statistics B127248

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

Name WILLIAM CHARLES STONEY Sex MALE

Date of Birth MAR 15, 1940 Place of Birth HIGH PRAIRIE

Name of Father WILLIAM STONEY His Birthplace SLAVE LAKE, ALBERTA

Name of Mother (before Marriage) MARGARET DECOINE Her Birthplace WABASCA, ALBERTA

Registered at EDMONTON on NOV 12, 1987 (Month) (Day) (Year) Registration No. 40-08-901126

Given under my hand and seal of the Director.

This 17 Day of NOV 19 87

Certified Extract From Registration of Birth Issued at Edmonton, Alberta, Canada. 676697

Director

Alberta COMMUNITY AND OCCUPATIONAL HEALTH

D.V.S. 24

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Metis Nation Of Alberta
Metis Identification & Registry Department

Applicant's Name: Al Stoney

1 Margaret Decoine ✓
Your Mother's Name
b 11 Aug. 1918 ✓
w Wabasca, AB
m 26 Dec. 1940
w Sawridge, AB
d
w
Metis ID #

2 Moise Decoine ✓
Grandfather's Name
b 1862
w Lac la Biche
m 15 Oct. 1898
w Lac Wabasca
d
w
Metis ID #

3 Rosalie Auger ✓
G-Mother's (maiden) Name
b Jul. 1879
w Lac Wabasca
m
w
d
w
Metis ID #

4 Francois Decoine
Great G-Father's name
b 1805
w Lac la Biche
m 11 Sept. 1844
w Fort des Prairie
Metis ID #

5 Josephte Desjarlais
Great G-Mother's (maiden) name
b 1814
w ST Albert
m
w
Metis ID #

6 John Auger
Great G-Father's name
b
w
m
w
Metis ID #

7 Theresa Kisikawasis
Great G-mother's (maiden) name
b
w
m
w
Metis ID #

8 (French) Decoine (Decoyne)
G-Great G-Father's name
b
w
16 17

9 Keenakwani Cheechar
G-Great G-Mother's maiden name Nak
b
w
18 19

10 Joseph Desjarlais
G-Great G-Father's name
b 1796
w Lac la Biche
20 21

11 Josephte Cardinal
G-Great G-Mother's maiden name
b
w
22 23

12
G-Great G-Father's name
b
w
24 25

13
G-Great G-Mother's maiden name
b
w
26 27

14
G-Great G-Father's name
b
w
28 29

15
G-Great G-Mother's maiden name
b
w
30 31

Legend:
b=date of Birth
w=where
m=date of Marriage
w=where
d=date of Death
w=where
Metis ID #=membership number

Metis Nation Of Alberta
Metis Identification & Registry Department

Applicant's Name: Al Stoney
Stoney-

James
1 William Stony-Petit-Couteau
Your Father's Name
b 11 Apr. 1921
w Riviere Qu'Barre
m 26 Dec. 1940
w Sawridge
d
w
Metis ID #

2 Johnny Petit-Couteau
Grandfather's Name
b Nov. 1870
w Ft. Assiniboia
m Aug. 1895
w ST. Albert
d
w
Metis ID #

3 Henriette Calder
G-Mother's (maiden) Name
b Mar. 1882
w Lac Ste. Anne
m
w
d
w
Metis ID #

4 Sti-i-nie Petit Couteau
Great G-Father's name
b
w
m
w
Metis ID #

5 Marguerite - Indian
Great G-Mother's (maiden) name
b
w
m
w
Metis ID #

6 William A. Calder
Great G-Father's name
b 01 Dec. 1850
w St. Johns MB
m 1875
w Fort Edmonton
Metis ID #

7 Madeleine L'Hirondelle
Great G-mother's (maiden) name
b 05 Oct. 1856
w St. Albert
m
w
Metis ID #

8
G-Great G-Father's name
b
w

16
17

9
G-Great G-Mother's maiden name
b
w

18
19

10
G-Great G-Father's name
b
w

20
21

11
G-Great G-Mother's maiden name
b
w

22
23

12 William Calder
G-Great G-Father's name
b 06 Aug. 1838
w St. Boniface, MB

24 Peter Calder
b. 1799 -
25 Louise Gadbois-Bousq

13 Marie Sinclair
G-Great G-Mother's maiden name
b 10 Dec. 1832
w

26 William Sinclair
27 Marie 'Wadin' McKay

14 Joseph L'Hirondelle
G-Great G-Father's name
b Nov. 1814
w Lesser Slave Lake

28 Jacques L'Hirondelle
29 Josephte Pilon

15 Marguerite Nipissing
G-Great G-Mother's maiden name
b 1823
w Lesser Slave Lake

30 Ignace-Commendant-Nipissi
31 Lizette Courteorielle

Legend
b=date of Birth
w=where
m=date of Marriage
w=where
d=date of Death
w=where
Metis ID # = membership number

RECEIVED MAR 3 1 2011

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Eric	Cameron	Shirt
	First Name(s)	Middle Name(s)	Last Name(s)

MAILING ADDRESS	1460	910 Caribou Trail NE	Slave Lake	AB	T0G 2A0	Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country

DATE OF BIRTH	12	April	1982	BIRTH CERTIFICATE[1]	82-08-012233
	Day	Month	Year		Number
PLACE OF BIRTH	Edmonton			COUNTRY	Canada

Telephone	N/A	N/A	780 708-0659	N/A	sniperjackson@hotmail.com
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address

STATUS NUMBER	46205-30201	ARE YOU MARRIED TO A BAND MEMBER?	☐YES ☑NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	☐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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	☑YES ☐NO	IF YES, PROVIDE DETAILS	I am the adopted son of Walter Patrick Twinn whose grand father Charles, signed treaty 8 in 1899.

IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	

YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION[2,3]	Treaty Indian, recognized by the indian act
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Because of my family relationships (Twinn), committment, character, lifestyle, descent, contribution, residency and connections

HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	☑YES ☐NO	IF YES, PROVIDE DETAILS	I was raised on the Sawridge Indian Band by my adopted father and my mother, lived there with my brothers who are sawridge band members. We continue to maintain our family home on the sawridge Reserve

MARITAL STATUS (check one)		✓				
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)

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

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

PARENTS INFORMATION

NAME OF MOTHER	Catherine May Twinn			NAME OF FATHER	Walter Patrick Twinn		
DATE OF BIRTH	27 (Day)	December (Month)	1953 (Year)	DATE OF BIRTH	29 (Day)	March (Month)	1934 (Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Under current indian act entitled to be recognized as a Indian. Related to Twinns by blood and Marriage.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Treaty Indian		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☑ YES ☐ NO	IF YES, WHAT IS HER BAND NUMBER?	75	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☑ YES ☐ NO	IF YES, WHAT IS HIS BAND NUMBER?	75
DID YOUR MOTHER ENFRANCHISE?	☐ YES ☑ NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	☐ YES ☑ NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	PO Box 1460 Slave Lake alberta T0G 2A0 Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			Address	P.O. Box 1460 Slave Lake Alberta T0G 2A0 Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED – DATE OF DEATH	(Day)	(Month)	(Year)	IF DECEASED – DATE OF DEATH	30 (Day)	October (Month)	1997 (Year)

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	Josephine L'Hirondelle			NAME OF MATERNAL GRANDFATHER	Alexander Cameron		
DATE OF BIRTH	17 (Day)	April (Month)	1921 (Year)	DATE OF BIRTH	18 (Day)	September (Month)	1918 (Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Under Current Indian act would have been entitled to be recognized as a Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Entitlement to status unknown		
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	Irene Cunningham			NAME OF PATERNAL GRANDFATHER	Paul Neesotasis		
DATE OF BIRTH	5 (Day)	December (Month)	1905 (Year)	DATE OF BIRTH	6 (Day)	April (Month)	1888 (Year)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Under current Indian Act entitled to be recognized as a Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Treaty Indian		
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	[signature]	DATE	March 31 2011
	I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.		

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

MAIL APPLICATION AND DOCUMENTS TO:

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

PARENTS INFORMATION

NAME OF MOTHER				NAME OF FATHER	Eric Ralph Shirt		
DATE OF BIRTH	Day	Month	Year	DATE OF BIRTH	15	March	1947
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Treaty Indian		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES ☐NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES ☐NO	IF YES, WHAT IS HIS BAND NUMBER?	Saddle Lake 462094401
DID YOUR MOTHER ENFRANCHISE?	☐YES ☐NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	☐YES ☑NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			Address	Apt 204 2320 - 119st Edmonton Alberta T6S 4H1 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED – DATE OF DEATH	Day	Month	Year	IF DECEASED – DATE OF DEATH	Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER				NAME OF MATERNAL GRANDFATHER			
DATE OF BIRTH	Day	Month	Year	DATE OF BIRTH	Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐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	Edna Shirt			NAME OF PATERNAL GRANDFATHER	Ralph Shirt		
DATE OF BIRTH	7	April	1923	DATE OF BIRTH	9	August	1909
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Treaty Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH[2,3]	Treaty Indian		
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 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	March 31 2011

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

MAIL APPLICATION AND DOCUMENTS TO:

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

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Deborah	Anne	Serafinchon				
	First Name(s)	Middle Name(s)	Last Name(s)				
MAILING ADDRESS		12233-47 St	Edmonton	AB	T5W 2X6	Canada	
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	09	10	1961	BIRTH CERTIFICATE[1]			
	Day	Month	Year	Number			
PLACE OF BIRTH	Edmonton			COUNTRY CA			
Telephone	780 477-1133		780 691 6032	780 642 4364	serafinc@ca.ibm.com djseraf@telus.net		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		

STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	☐YES ☑NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	☐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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	☑YES ☐NO	IF YES, PROVIDE DETAILS	Father Walter Twinn

IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Neil Serafinchon Lisa Serafinchon John Serafinchon	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	

YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	~~(NO)~~ application is pending on Indian Status
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I feel I am eligible due to my family relationship ~~commitment~~, character, lifestyle, descent & connections. I feel I am entitled as a direct descendant of Walter Twinn

HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	☑YES ☐NO	IF YES, PROVIDE DETAILS	My biological father lived on the Sawridge reserve along with my brothers & sisters

MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
	✓					

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

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

Parents Information

Name of Mother	Lillian M McDermott			Name of Father	Walter Twinn		
Date of Birth	04 (Day)	01 (Month)	43 (Year)	Date of Birth	29 (Day)	03 (Month)	1934 (Year)
Status under Indian Act or Pay List at Birth[2,3]	Status			Status under Indian Act or Pay List at Birth[2,3]			
Is your Mother a Sawridge Band member?	☐Yes ☑No No	If Yes, what is her Band Number?		Is your Father a Sawridge Band member?	☑Yes ☐No	If Yes, what is his Band Number?	75
Did your Mother enfranchise?	☐Yes ☑No	If Yes, when and in which category?		Did your Father enfranchise?	☐Yes ☐No	If Yes, when and in which category?	
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			Address	PO Box 1460 AB Canada Slave Lake T0G 2A0		
If deceased – Date of Death	30 (Day)	08 (Month)	2000 (Year)	If deceased – Date of Death	30 (Day)	10 (Month)	1997 (Year)

Grandparents Information

Name of Maternal Grandmother				Name of Maternal Grandfather	(Alexander)		
Date of Birth	Day	Month	Year	Date of Birth	Day	Month	Year
Status under Indian Act or Pay List at Birth				Status under Indian Act or Pay List at Birth[2,3]			
Did your 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	Irene Cunningham			Name of Paternal Grandfather	Paul Neesokasis		
Date of Birth	5 (Day)	Dec (Month)	1905 (Year)	Date of Birth	6 (Day)	APR (Month)	1888 (Year)
Status under Indian Act or Pay List at Birth	Under Current Indian Act entitled to be recognized as Indian			Status under Indian Act or Pay List at Birth[2,3]	Treaty Indian		
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 hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.	Date	

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

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts, 801, 4445 Calgary Trail NW, Edmonton, AB T6H 5R7, Fax: (780) 988-7724, Email: general@sawridgetrusts.ca

ENTERED JUN 0 8 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	JUSTICE	WALTER WILLIAM	TWIN			
	First Name(s)	Middle Name(s)	Last Name(s)			
MAILING ADDRESS		1919 - 151 AVE	EDMONTON	AB	T5Y 1W1	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	20	SEPT	2001	BIRTH CERTIFICATE[1]	B 4323365	
	Day	Month	Year		Number	
PLACE OF BIRTH	EDMONTON			COUNTRY CAN.		
TELEPHONE	(780) 628 2374					
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	

STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	☐YES ☐NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	☐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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	☐YES ☐NO	IF YES, PROVIDE DETAILS	

IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	

YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION[2,3]	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	

HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	☐YES ☐NO	IF YES, PROVIDE DETAILS	

MARITAL STATUS (check one)						
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
		✓				

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

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

Parents Information

Name of Mother	KERRI TWIN		Name of Father	WESLEY TWIN	
Date of Birth	22 DEC 1975 (Day / Month / Year)		Date of Birth	03 APR 1973 (Day / Month / Year)	
Status under Indian Act or Pay List at birth[2,3]			Status under Indian Act or Pay List at birth[2,3]		
Is your Mother a Sawridge Band member?	☐Yes ☒No	If Yes, what is her Band Number?	Is your Father a Sawridge Band member?	☒Yes ☐No	If Yes, what is his Band Number?
Did your Mother enfranchise?	☐Yes ☐No	If Yes, when and in which category?	Did your Father enfranchise?	☐Yes ☐No	If Yes, when and in which category?
Address	1919-151 AVE EDMONTON. AB T5Y 1W1 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country CANADA		Address	1919-151 AVE EDMONTON. AB T5Y 1W1 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country CANADA	
If deceased – Date of Death	N/A (Day / Month / Year)		If deceased – Date of Death	N/A (Day / Month / Year)	

Grandparents Information

Name of Maternal Grandmother			Name of Maternal Grandfather		
Date of Birth	(Day / Month / Year)		Date of Birth	(Day / Month / Year)	
Status under Indian Act or Pay List at birth[2,3]			Status under Indian Act or Pay List at birth[2,3]		
Did your Maternal Grandmother enfranchise?	☐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 / Month / Year)		Date of Birth	(Day / Month / Year)	
Status under Indian Act or Pay List at birth[2,3]			Status under Indian Act or Pay List at birth[2,3]		
Did your Paternal Grandmother enfranchise?	☐Yes ☐No	If Yes, when and in which category?	Did your Paternal Grandfather enfranchise?	☐Yes ☐No	If Yes, when and in which category?

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

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA

CERTIFICATE OF BIRTH

VITAL STATISTICS

B432365

Name: Twin, Justice Walter William

Sex: Male Date of Birth: Sep 20 2001

Place of Birth: Edmonton

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

Place of Birth: Manitoba

Name of Father: Twin, Wesley Irving Joesph

Place of Birth: Alberta

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

Date Issued: Oct 29 2001

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

Laurie Berenzl
Director

DIRECTOR OF VITAL STATISTICS

REG 3147 (98/03)

PRINTED IN CANADA IMPRIME AU CANADA

95510370 - No 3 - 3737N

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Jimmy (First Name(s))	Andrew (Middle Name(s))	Twin (Last Name(s))

MAILING ADDRESS	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
		3405 Harrington St.	Saskatoon	SK	S7H 3X3	Canada

DATE OF BIRTH	Day	Month	Year	BIRTH CERTIFICATE[1] Number
	19	04	1967	LB 884894

PLACE OF BIRTH	COUNTRY
Edmonton. AB	Canada

Telephone	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address
	(306) 979-1481	-	(306) 716-7718	(306) 655-8647	mayzotaysis@yahoo.ca

STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	IF YES, WHEN, WHICH CATEGORY?
454 00178 -01	☐YES ☑NO		☐YES ☑NO	

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?	☑YES ☐NO	IF YES, PROVIDE DETAILS
		Charles (Richy) Nisotasis Twin was my great-grandfather, Francois Nisotasis Twin was my grandfather and David George Nisotasis Twin was my father (#52)

IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.
Tysheena Thomas Nolan Randal Thomas Clara Florence Thomas Taylon James Thomas Emmanuel Thomas	Spouse: Sandra Wolfe

YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Reinstated under Bill C-31 in 1986
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My ancestors are from the sawridge first nations

HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	☑YES ☐NO	IF YES, PROVIDE DETAILS
		My great-grandfather Charles and Grandfather Francois Nisotasis lived and died on Sawridge lands. My Father David George Nisotasis + Clara Bella lived on the Sawridge land until 1953 (enfranchised)

MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
			✓			

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

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

PARENTS INFORMATION

NAME OF MOTHER	Clara Bella Atkinson (Twin)	NAME OF FATHER	David George Twin (Nisotesis)
DATE OF BIRTH	30 (Day) 11 (Month) 1921 (Year)	DATE OF BIRTH	17 (Day) 09 (Month) 1909 (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]	Full Status @ Sawridge first Nation
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☑ YES ☐ NO — IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☑ YES ☐ NO — IF YES, WHAT IS HIS BAND NUMBER? #52
DID YOUR MOTHER ENFRANCHISE?	☑ YES ☐ NO — IF YES, WHEN AND IN WHICH CATEGORY? when my father David Twin enfranchised	DID YOUR FATHER ENFRANCHISE?	☑ YES ☐ NO — IF YES, WHEN AND IN WHICH CATEGORY? Did it want his children to attend residential school
ADDRESS	Long-term care; 309 6th St NE Slave Lake, AB. T0G 2A0 Can. — 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 (Day) 03 (Month) 1985 (Year)

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	Ersula Mary Savard	NAME OF MATERNAL GRANDFATHER	John Atkinson
DATE OF BIRTH	? (Day) ? (Month) 1891 (Year)	DATE OF BIRTH	? (Day) ? (Month) 1877 (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 ☑ 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	Jeannette Julienne Cardinal	NAME OF PATERNAL GRANDFATHER	Francois Nisotesis (Twin)
DATE OF BIRTH	? (Day) ? (Month) 1879 (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 @ Sawridge first Nation
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	[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	August 1, 2010

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

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts, 901, 4445 Calgary Trail NW, Edmonton, AB T6H 6R7, Fax: (780) 988-7724, Email: general@sawridgetrusts.ca

07/28/2010 18:35 3066550000 SPH FACILITIES ENGIN PAGE 04/12

Alberta CANADA

CERTIFICATE OF BIRTH

VITAL STATISTICS

NAME

Twin, Jimmy

SEX

M

PLACE OF BIRTH

Edmonton

REGISTRATION NO.

1967-08-009543

DATE OF BIRTH

Apr 19 1967

REGISTRATION DATE

Apr 24 1967

DATE ISSUED

May 11 2004

DIRECTOR OF VITAL STATISTICS

LB884894

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

Laurie Beveridge
Director

Certificate is void if altered or laminated.

REG 3148 (2002/05)

PAGE 06/12
SPH FACILITIES ENGIN
07/28/2010 18:35 3066550000

Indian and Northern Affairs Canada

Affaires indiennes et du Nord Canada

2266803

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that - Le présent atteste que

Family name - Nom de famille

TWIN

Given names - Prénoms

JIMMY ANDREW

Alias - Nom d'emprunt

Registry no. - N° de registre

4540017801

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

PAGE 07/12
SPH FACILITIES ENGIN
07/28/2010 18:35 3066550000

Date of birth - Date de naissance	Registry group - Groupe d'enregistrement
1967/4/19	SAW RIDGE

Sex - Sexe	This card is valid until / Cette carte est valide jusqu'au
M	2013/10/15

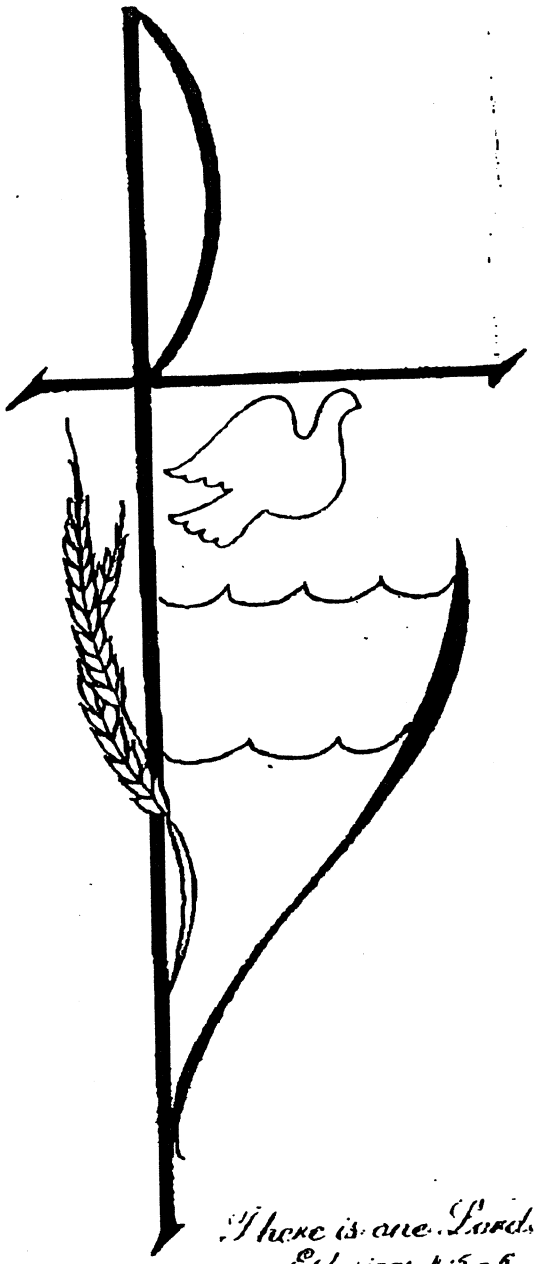
Holder's signature - Signature du titulaire

Issuing officer's signature - Signature de l'agent émetteur	Issue date - Date d'émission
MARINA SMOKEYDAY IR	OCT.15/08

Finder please return postage free to INAC Ottawa, Ontario, Canada K1A OH4
Quiconque trouve le présent est prié de le retourner franc de port, au AINC, Ottawa (Ontario) Canada, K1A 0H4
83-004 2005-11-21 7530-21-023-3673

PAGE 08/12
PAGE 05
SPH FACILITIES ENGIN
ROBERT
07/28/2010 18:35 3066550000
05/31/2010 01:08 7809901059S9

ARCHIVISTS - ARCHIVISTES & RESEARCHERS
R 388, McLennan, Alberta, Canada
Tel: 324-3002 T0H 2L0



Baptism Certificate

According to the Rite of the Roman Cathalic Church

NISOTESIS (TWIN), DAVID GEORGES

Born on the 17th day of September, 1909

In Grouard, Alberta
City State

Child of François Nisotesis and Jeannette Cardinal

was **Baptized**

in the name of the Father, Son and Holy Spirit

By Father Edouard Pétpur, o.m.i.

St. Bernard Mission, Grouard, AB
Church City, State

On the 29th day of October, 1909

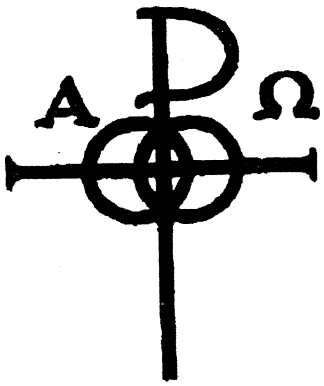
Godparents Albert Nisotesis

Marie Ward

There is one Lord, one faith, one baptism, One God and Father of all
Ephesians 4:5-6

DATED : May 9th, 1995

SIGNED BY : C. Dauphinais



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

The Holy Sacrament of Matrimony

This is to Certify

That.... DAVID TWIN .....

and .... CLARA ATKINSON .....

were lawfully united in the Holy Bonds of Matrimony

on..... DEC. 26. 1941 .....

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

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

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

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

in the presence of.... EVA ATKINSON .....

and ..... witnesses

as recorded in the Marriage Register of this Church.

..... Pastor

..... Parish

Seal of Church

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

Vicariatus Grouard

No. 3

Die 1st mensis March anni millesimi nongentesimi 95

Ego infrascriptus presbyter ecclesiasticam sepulturam dedi corpori

David George Twin

David George Twin Spons Clara Cardinal

Fili Francis Twin & Henriette Cardinal

qu. vita cessit High Prairie die 26th mensis February annos nat. 75

Testes fuerunt: Russel Twin qui Subscri.

et: Delores Odegard

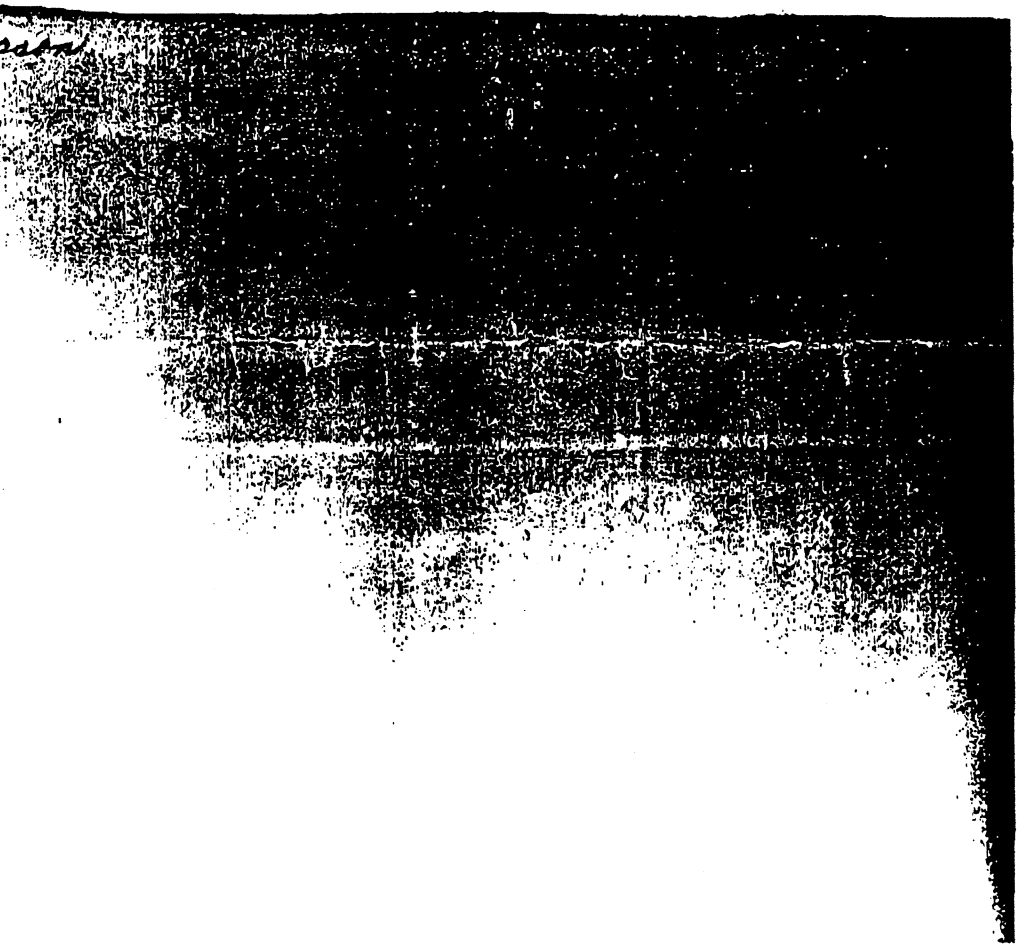
J. Kennedy
Presbyter

This is a photocopy of the original record as appears in the Death Register of this church, St. Peter Celestin Catholic Church.

Dated this ninth day of May, 1995.

ST. PETER CELESTIN
BOX 157
SLAVE LAKE, ALBERTA
T0G 2A0

Renee J. Thompson
Parish Secretary



Archevêché-Archbishop's Residence
388, McTavish, Alberta, Canada
T5H 2L2
Tel: 424-3002

Certificate of Marriage

THIS IS TO CERTIFY

That NISOTESIS, FRANCOIS

Child of CHARLES (PICHE) - NISOTESIS TWIN

AND COURTOREILLE, ISABELLE

and CARDINAL, JEANNETTE JULIENNE

Child of JOSEPH CARDINAL (MANYOTAKUSIW)

LIZETTE "LOUISE" CARDINAL

were lawfully

Married

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

According to the Rite of the Roman Catholic Church

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

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

officiating in the presence of Charles Nisotesis

and Louis Giroux, as appears

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

Dated May 9th, 1995 L. Dauncault
secrettary

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

INFORMATION EXTRACTED FROM PAYLIST
INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

☐ Worksheet / Feuille brouillon

Re – Objet

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

Date of paylist / Date de distribution	Number in family / Nombre de personnes dans la famille: Man / Homme	Woman / Femme	Boys / Garçons	Girls / Filles	Other relative(s) / Autre(s) parenté(s)	Remarks / Remarques
1952	1	1	4	2		Robert Peter born 29/6/51
1951	1	1	3	2		
1950	1	1	3	2		
1949	1	1	3	2		
1948	1	1	3	2		George Michael born 1/3/48
1947	1	1	2	2		Philip born 12/2/47
1946	1	1	1	2		Yvonne born 7/9/45
1945	1	1	1	1		
1944	1	1	1	1		Jennie May born 11/5/44
1943	1	1	1			Lawrence born 3/10/43. All enquiries pd on debt
1942	1	1				Married Clara Atkinson, ½ br, Jan/42
1941	1					
1940	1					
1939	1					
1938	1					Pd #17 (St Paul Nescotasis)
1937	1					Pd. Chief (#17) - order B. Watkins
1936	1					
1935	1					Boy from #1 (Francois Nescotasis (Edward))

=== COVER PAGE ===

TO: _____

RECEIVED AUG 0 3 2010

FROM: SPH FACILITIES ENGIN

FAX: 3066550000

TEL:

COMMENT: PLEASE CALL

TO: Sawridge Trust/Paul Bujold

DATE: August 1, 2010

NUMBER OF PAGES: (including this page) 12

MESSAGE:

To whom it may concern:
I put a copy of my certificate of birth and status-card, both side of each. Hopefully this will be enough info and I hope I'm able to qualify.

SENDER: Jimmy Twin

PHONE: (306) 716-3998

IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL BACK TO THE SENDER AS SOON AS POSSIBLE.

ENTERED JUL 2 9 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Mary	Rose Bertha	Twin				
	First Name(s)	Middle Name(s)	Last Name(s)				
MAILING ADDRESS		238 Burton Road	Edmonton	AB	T6R 1P3	Canada	
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	01	06	1956	BIRTH CERTIFICATE[1]	1956-08-016184		
	Day	Month	Year		Number		
PLACE OF BIRTH	Slave Lake, Alberta			COUNTRY	Canada		
Telephone	780 644-0905		780 695-4463		marytwinn_49@yahoo.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		

STATUS NUMBER	454 0021201	ARE YOU MARRIED TO A BAND MEMBER?	☐YES ☒NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	☐YES ☒NO	IF YES, WHEN, WHICH CATEGORY?

IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.	n/a

ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	☒YES ☐NO	IF YES, PROVIDE DETAILS	Francois Misotesis (Twin

IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Orleane Jennifer Claire Twin Mark Yorath	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	n/a

YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bill C-31
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Because I am a descendant of one of the original Sawridge band members. (Very first Chief)

HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	☒YES ☐NO	IF YES, PROVIDE DETAILS	David George Misotesis (Twin)

MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
		✓				

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

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

Parents Information

Name of Mother	Clara Bella Atkinson			Name of Father	David Georges Nisotesis (Twin)		
Date of Birth	30 (Day)	11 (Month)	1921 (Year)	Date of Birth	17 (Day)	09 (Month)	1909 (Year)
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?	☐ Yes ☒ No	If Yes, what is her Band Number?		Is your Father a Sawridge Band member?	☐ Yes ☒ No	If Yes, what is his Band Number?	
Did your Mother enfranchise?	☒ Yes ☐ No	If Yes, when and in which category?	She was protecting her kids from residential school	Did your Father enfranchise?	☒ Yes ☐ No	If Yes, when and in which category?	he was protecting his kids from residential school
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			Address	deceased Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
If deceased – date of death	Day	Month	Year	If deceased – date of death	01 (Day)	03 (Month)	1985 (Year)

Grandparents Information

Name of Maternal Grandmother	Ursula (Mary) Savard			Name of Maternal Grandfather	John Atkinson		
Date of Birth	Day	Month	1891 (Year)	Date of Birth	Day	Month	1877 (Year)
Status under Indian Act or Pay List at birth				Status under Indian Act or Pay List at birth[2,3]	Metis		
Did your Maternal Grandmother enfranchise?	☒ Yes ☐ No	If Yes, when and in which category?	Married out	Did your Maternal Grandfather enfranchise?	☐ Yes ☐ No	If Yes, when and in which category?	
Name of Paternal Grandmother	Jannette Cardinal			Name of Paternal Grandfather	Francois Nisotesis (Twin) Piche		
Date of Birth	Day	Month	1879 (Year)	Date of Birth	Day	Month	Year
Status under Indian Act or Pay List at birth				Status under Indian Act or Pay List at birth[2,3]	Sawridge Band		
Did your 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 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	July 22, 2010

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

MAIL APPLICATION AND DOCUMENTS TO:

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

ENTERED FEB 0 2 2011

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Nicole Charmaine	Clara	Twin				
	First Name(s)	Middle Name(s)	Last Name(s)				
MAILING ADDRESS	—	12925-69St	Edmonton	AB	T5C0H3	Canada	
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	13	07	1976	BIRTH CERTIFICATE[1]	1976-08-018066		
	Day	Month	Year		Number		
PLACE OF BIRTH	Edmonton, Alberta			COUNTRY	Canada		
Telephone	780-637-9658	—	780-691-0966	780-407-3357	ntwin@shaw.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		

STATUS NUMBER	45400349 01	ARE YOU MARRIED TO A BAND MEMBER?	☐YES ☑NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	☐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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ☑YES ☐NO — IF YES, PROVIDE DETAILS	I am desended from my great great grandfather Charles (Piche) Nisotesis Twin. My great grandfather Francois Nisotesis Twin. My Grandfather David George Nisotesis Twin. Band #52.
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Common Law Dominique Twin - 17yrs Taylor Peterson - 9yrs
DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	NO.
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	My mother was full Status and on paylist at time of birth. Grand father enfranchished in 1953. I was reinstated under Bill-C-31 in
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My ancestors belonged to Sawridge First nations stated above. My mother was full Status and on paylist until my grand father enfranchished in 1953.
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? ☑YES ☐NO — IF YES, PROVIDE DETAILS	My great great grandfather Charles (Piche) Nisotesis Twin and my great grandfather Francois Nisotesis Twin lived and died on Sawridge lands. My Grandfather and grandmother, David George and Clara Bella Twin lived on Sawridge lands until my Grandfather enfranchised in 1953.

MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)
		✓				

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

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