PERSONAL INFORMATION NAME TOUCH Comme Rythas-Collins		BENEFICIARY APPLICATION FORM											
MAILING ADDRESS ADDRES												A 15	
MALING ADDRESS APUP.O. BOX Street Address Town Prov Postal Code Country Day Month Year Certificate Number Country Place of Birth Day Month Telephone 132436 0559 TELEPHONE Home Phone Home Phone Home Phone Home Phone Home Pax Cell Phone Work Phone Email Address III ARE YOU MARRIED TO O MARRIED TO OR ADDRESS DESCRIPTION MONES RECEIVED. NIA ARE YOU DESCRIPTION DETAIL MONES RECEIVED. NIA DE SCORT of THE MONES RECEIVED. NIA DID YOU SUBSEQUENTLY MONES RECEIVED. NIA DID YOU SUBSEQUENTLY MONES RECEIVED. NIA DID YOU SUBSEQUENTLY MONES RECEIVED. NIA DETAIL MARRIED TO OR ADDRESS PROQUE AND CHILDREN 7 IF YES, DETAIL DETAIL MARRIES OF CHILDREN 7 IF YES, DETAIL DETAIL MARRIES OF CHILDREN 7 IF YES, DETAIL MONES RECEIVED. NIA DID YOU SUBSEQUENTLY REMARKET TO NOTHER PERSON IF YES, DETAIL MONES RECEIVED. NIA DID YOU SUBSEQUENTLY REMARKET TO NOTHER PERSON IF YES, DETAIL MONES RECEIVED. NIA DID YOU SUBSEQUENTLY REMARKET TO NOTHER PERSON IF YES, DETAIL MONES RECEIVED. NIA DETAIL MARRIES OF CHILDREN AND STATUS UNCER TATUS UN	NAME	1ra				1					toit	_	
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DATE OF BIRTH 14							st_	<u> </u>					
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Have you or your ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? MARITAL STATUS My grandpairents Albert and Jennie have lived I lived Where AS and a Child.	FEEL YOU ARE ELIGIBLE AS A TRUST	inherent right. I am the same status as Clara Midbow/											
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I (UIDUN UID) Married Single Divorced Widowed Common-Law Other (Specify)		Married											

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	Eliza	beth Berr	rudelle (Pots	Kin) Poitrus	NAME OF FATHER	Ho	mer Jos	eph Aitras		
DATE OF BIRTH	17 Day	M	onth	1944 Year	DATE OF BIRTH	Da	16 +0 y Mor			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Tre			roar	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		étis			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	⊠ÝES □No	IF YES, WHAT IS HER BAND NUMBER?	İID		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ⊡¥fo	IF YES, WHAT IS HIS BAND NUMBER?	N/A		
DID YOUR MOTHER ENFRANCHISE?	⊡YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	Section 1B	12	DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	NIA		
	Box	. 387 E	eik Point	AB TO	AIAO Corrida		A			
Address		Box, Street Add de, Country	ress, Town, Pi	rovince,	Address	Apt/ P.O. Box, Street Address, Town, Pr Postal Code, Country				
IF DECEASED —		nla			IF DECEASED -		8 0	4 2010		
DATE OF DEATH	Day	Mo		Year	DATE OF DEATH	Da	y Mor	nth Year		
			G	RANDPARENTS	INFORMATION					
NAME OF MATERNAL GRANDMOTHER	Ten	nie Virgi	ria Pot	skin	NAME OF MATERNAL GRANDFATHER	AH	bert Norl	pert Adskin		
DATE OF BIRTH	<u></u> 24	10		1924	DATE OF BIRTH			0 1902		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day \	reaty	ntn	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da Tr	y 1 Mor eaty	nth Year		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES ⊡KNO	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	Mar	y (Dion)	Poitras	>	NAME OF PATERNAL GRANDFATHER	Llo	yd J. F	oitras		
DATE OF BIRTH	\\\ \text{Day}	\ Mc	onth	Year	DATE OF BIRTH			2 1920 nth Year		
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DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	ØYES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES DINO	IF YES, WHEN AND IN WHICH CATEGORY?			
		that the information		true and correc	ct. I give permission ine my status as a b			April 30, 2010		

	BENEFICIARY APPLICATION FORM										
						FORMATION	-	(17)			
Name	Tren	First Name	:(s)	Rya		Ally iddle Name	pert	-	Por	HSKÍN Last Na	mo(s)
Mailing Address	Apt/P.O. Bo	110	156 Street Ad	- 3 4	et	Edmo	<u> </u>	<u></u>	AB Prov		Canada
DATE OF BIRTH	G Day		٩ Month	198 Yes		BIRTH CERTIFICA		iવક		_ 028399 Number	
PLACE OF BIRTH	Slave	Lake	**************************************	Albert		Country			Can	•	
Telephone	(+&c) 644-	9630	Home Fax		Cell Phone Work Phone						al Yakoo. Ca ess
STATUS NUMBER	454001	ARE Y MARRIED BAND MEI	OU DYE	IF YE	s,	TWOM	DID YO ENFRAN ISE?	OU OU	□YES □No	IF YES, WHEN, WHICH CATEGORY?	633
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS .	DETAILS .									
ADOPTED BY ONE ORIGINAL SAWRID	M, MARRIED TO OR Provide If Yes, Provide P										
IF MARRIED, DID YOMARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	OUR CE AND	than	Elyah M.L.	1.	RE-MA	OU SUBSEQUARRY TO ANC ON? IF YES, I S OF CHILDRI	THER 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?	born regi	born and raised on treaty Land registered at birth to Sawridge Band.									
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST THE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DN IDS IEATY OR E OF	IF YES PROV DETAI	LS Re	serve andmi	,the	v 5.491	1 res	3id:	es o	n Sawr	ceased) ridge ridge sawridge
MARITAL STATUS (check one)	No? Veserve Yes born and raised on Sawridge to early land. Married Single Divorced Widowed Common-Law Other (Specify)										
,	Maineu	Single	PINOICAG	MAIGOME	ul	JOHNHON-LA	W			Other (Specify	<u>')</u>

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	Jud	y Po	tski	Λ	NAME OF FATHER	W	illio	m	M	oosewa	— Lh
DATE OF BIRTH	20 Day	<u> </u>	avch	1959 Year	DATE OF BIRTH	Dá	.	Mor	,	1955 Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		ul treo		,	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Ful	1 tr	eat	Ч	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	EYES □No	IF YES, WHAT IS HER BAND NUMBER?	土	97.	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ☑Mo	IF YES IS HIS NUMB		-		
DID YOUR MOTHER ENFRANCHISE?	ØYES □No	IF YES, WHEN AND IN WHICH CATEGORY?	mav	riage	DID YOUR FATHER ENFRANCHISE?	□YES DNO	1	WHEN WHICH			
ADDRESS	Apt/ P.O.	リー Sも ムナ Box, Street Add ode, Country			- Address		O. Box, Code, C		ddress,	Town, Provir	nce,
IF DECEASED — DATE OF DEATH	Day	Mo	nth	Year	IF DECEASED — DATE OF DEATH		Day Month Year				
	Day	1 1010	11(/1		'S INFORMATION	Da	y i	Mon	ith	Year	
NAME OF MATERNAL GRANDMOTHER	Jean	n. Potsk	ú		NAME OF MATERNAL GRANDFATHER	1		nor	b-ev	ī	
DATE OF BIRTH	↓ O Day	109 10 Mo		1924 Year	DATE OF BIRTH) Da		1 () Mon	th	(900 Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FWII	treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			treo		<u> </u>	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES ØNo	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES GNO	1	, WHEN WHICH ORY?			
NAME OF PATERNAL GRANDMOTHER	Don	+ Kno	ω	! ,	NAME OF PATERNAL GRANDFATHER	Do	on! t	Kne	sw.	. !!.	
DATE OF BIRTH	Day	Mo	nth	Year	DATE OF BIRTH	Da	v I	Mon	th	Year	
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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 CATEG	, WHEN WHICH ORY?			
SIGNATURE I he	ereby certify	that the information w	n in this fo	orm is true and corre who need it to detern	ect. I give permission t nine my status as a b	to Sawridg eneficiary.	е	DATE	1	nuary 010 -	28.



BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE

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Sex Sexe M

Sep 06, 1981

Date of Birth Date de naissance

Slave Lake

Place of Birth Lieu de naissance

1981-08-028399

Registration No. Nº d'enregistrement

Registration Date
Date d'enregistrement Sep 11, 1981

Dec 04, 2009

Date Issued Délivré le

Trent Ryan Albert

Given Names Prénoms

Potskin

REG 3413 (5036.01)

IMPORTANT SECURITY INFORMATION

CANADA

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RENSEIGNEMENTS IMPORTANTS SUR LA SÉCURITE

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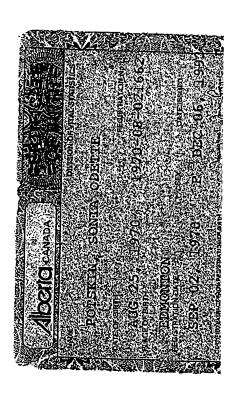
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BENEFICIARY APPLICATION FORM											
	PERSONAL INFORMATION										
NAME	Sonia	rst Name(s)		Od	6	ر <u>د.</u> ddle Name('a\		Po	tskin Last Na	
Mailing Address	ApvP.O. Box	61 Le	es Street Addi	it_	IVII	Red	Seev		AB	T-112-28	Canada
DATE OF BIRTH	25 Day	8	onth	70 Yea	r	BIRTH CERTIFICA	own	19	70-C	Postal Code 9 - 02 Numbe	1662
PLACE OF BIRTH	Edmo				•	COUNTRY	da			Nombe	
Telephone	403 341 032 Home Phor	5	e Fax	Cell P	hone Work Phone					5	
STATUS NUMBER	45400 20201	ARE YOU MARRIED TO A BAND MEMBER	©YES	IF YES BANG NUMBE	5,	T AAOIK L	DID YOU ENFRAN	юн-	D∕YES □No	Email Add IF YES, WHEN, WHICH CATEGORY?	married
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS				•						
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO CR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS										
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WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	LIGIBLE ASA payment to my brust fund in 1979.										
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 OR OF	IF YES, PROVIDE DETAILS		ived	۰ ر	on th	e ro	e5e	rυĕ,		indparent irandma
MARITAL STATUS (check one)	Married	Single D	ivorced	Widowed	i C	common-La	w			Other (Specif	V)

^{&#}x27;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 materiale contained in the application with the application.

	PARENTS INFORMATION									
NAME OF MOTHER	Viclet Germaine Helen Potskin	NAME OF FATHER	1101							
Momen	•	FAIRER	UNKnown							
DATE OF BIRTH	5 \\ 1953 Day Month Year	DATE OF BIRTH								
STATUS UNDER	Day Month Year	STATUS UNDER	Day Month Year							
INDIAN ACT OR		INDIAN ACT OR								
PAY LIST AT BIRTH ^{2,3}	Full States	PAY LIST AT BIRTH ^{2.3}								
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BAND	UNO IS HER BAND NUMBER?	SAWRIDGE	UNO NUMBER							
MEMBER?	·	BAND MEMBER?	10.027.							
DIO YOUR MOTHER	□YES IF YES, WHEN	DID YOUR FATHER	TYES IF YES, WHEN							
ENFRANCHISE?	AND IN WHICH CATEGORY?	ENFRANCHISE?	AND IN WHICH CATEGORY?							
	TOG-200									
ADDRESS	Box 185 Slave Lake AB	Address								
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province,							
	Postal Code, Country		Postal Code, Country							
IF DECEASED — DATE OF DEATH	7 12 1971	IF DECEASED DATE OF DEATH								
	Day Month Year		Day Month Year							
NAME OF	GRANDPARENTS	NAME OF								
MATERNAL		MATERNAL	_							
GRANDMOTHER	Mary Virginia Potskin	GRANDFATHER	Albert Potskin							
DATE OF BIRTH	9 10 1922	DATE OF BIRTH	17 00+ 19:50							
	Day Month Year		Day Month Year							
STATUS UNDER INDIAN ACT OR		STATUS UNDER								
PAY LIST AT	Full Statis	PAY LIST AT	Full Statis							
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MATERNAL GRANDMOTHER	DATIO AND IN WHICH	MATERNAL GRANDFATHER	DYES IF YES, WHEN AND IN WHICH							
ENFRANCHISE?	CATEGORY?	ENFRANCHISE?	CATEGORY?							
NAME OF PATERNAL		NAME OF PATERNAL								
GRANDMOTHER	Unknown	GRANDFATHER	Unknown							
DATE OF BIRTH		DATE OF BIRTH								
	Day Mopth Year	DATE OF BIRTH	Day Month Year							
STATUS UNDER INDIAN ACT OR		STATUS UNDER	1041							
PAY LIST AT BIRTH ^{2.3}		PAY LIST AT								
DID YOUR	le Ven unueu	BIATH ^{2,3} DID YOUR								
PATERNAL GRANDMOTHER	IF YES, WHEN AND IN WHICH	PATERNAL	TYES IF YES, WHEN							
ENFRANCHISE?	CATEGORY?	GRANDFATHER ENFRANCHISE?	CATEGORY?							
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SIGNATURE I h	Ance Vapile	4 1 abra a	DATE Dec 29/09							
Tru	ists to share this information with those who need it to determ	ii. I give parmission t ine my status as a b								
i i h	ereby certify that the information in this form is true and correc	t. I give permission t								
	THIS IS NOT IN COOK IN CONTRACT IN THE CONTRAC	mo my sialus as a D	anonciary,							

BUSESSES OID IF ALTERED OR LAMINATED



	BENEFICIARY APPLICATION FORM											
	T .				PERSONA	LIN	FORMATION					
NAME	Nicole				Tany	a	Mar	ie		Por	tras	
	 	First Na	me(s)		<u> </u>	Mic	ddle Name(s)			Last Nan	ne(s)
MAILING ADDRESS	Apt/P.O. B	0.7	Kenc	ر أنيا eet Add	ross		Kehen	منعر		AB Prov	TOAICO	Canada
		<u> </u>			************************		Dine:	OWII			Postal Code	Country
DATE OF BIRTH	Day		Mon	-	7 4		BIRTH CERTIFICA	TE ¹	1	306=	3733	
PLACE OF BIRTH		t. Po		u.	1 Teal		COUNTRY			anc	Number	
Telephone									1		_	Deahooicom
	Home Ph	one	Home	Fax	Cell Pho	ne	Work Ph	none			Email Addre	
STATUS NUMBER		MARR	E YOU RIED TO A MEMBER?	□YES □Mo	IF YES, BAND NUMBER?	?		DID YO ENFRAN ISE?	ICH-	□YES □M6	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	Λ	1/A									1
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	TO OR DETERMINED TO BE SCENCE OF THE A LOENT NOT BENT + VINGINIA PROVIDE DETAILS DETAILS DETAILS DETAILS											
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND Ton	an Ashk	zire Poit ey Herno meron Poi	utertry	28/12/00 ^{RE}	E-MA	S OF CHILDRE	THER		V/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	B; 11		61									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a it is mi sisters	I am a descendant of my mosom Albert Potskin a once band councillor, and it is my inherent night. I am the same generation as late Walters, sisters Claramidbow/Fredu Draneys children they take eliqible, why am not.										
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DS DEATY OF	PR	YES,	Sowr Grann	idge Fi	nst .nie	Nations 1) still	though rej	houl ides	r their	relationsh jawriage	ipo
MARITAL STATUS (check one)	Married	Cinc									01	
\	iviaitieu	Sing	e I DIA	orced	Widowed	U	ommon-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.

,	. 1 To \$1 . 4	aff					£		
				PARENTS IN	ORMATION				
NAME OF MOTHER	Eli :	zabeth Be	madef	e Potskin-	NAME OF FATHER	Hom	er Jose	ph Pe	oitras
DATE OF BIRTH) 7 Day		3 onth	(bitra) 1944 Year	DATE OF BIRTH	1 .	b	○8 Month	1941 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty		,	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Metis	vioriti	<u> </u>
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	⊡YES □NO	IF YES, WHAT IS HER BAND NUMBER?	113)	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No	IF YES, WHA IS HIS BAND NUMBER?	1	N/A
DID YOUR MOTHER ENFRANCHISE?	₫ÝES □No	IF YES, WHEN AND IN WHICH CATEGORY?	Sect 1B	ion 12	DID YOUR FATHER ENFRANCHISE?	□YES ÆNo	IF YES, WHE AND IN WHIC CATEGORY?		N/A
ADDRESS	Apt/ P.O.	387 EU Box, Street Add	ress, Towr	AB n, Province, LAS Cauado	Address		O. Box, Stree Code, Countr		s, Town, Province,
IF DECEASED — DATE OF DEATH	Day	NIA	nth	Year	IF DECEASED DATE OF DEATH	Da		ار Month	2010 Year
				GRANDPARENTS	INFORMATION			, ionar	1 Cui
NAME OF MATERNAL GRANDMOTHER	Je	nnie Vi	rejinia	· Potskiin	NAME OF MATERNAL GRANDFATHER	Alb	ert N	orber	t Potskin
DATE OF BIRTH	2 Day			1924	DATE OF BIRTH			(0	1902
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Treaty	101	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	reaty	<u>Month</u>	Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES ÆINO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES No	IF YES, WHEI AND IN WHICH CATEGORY?	N H	
NAME OF PATERNAL GRANDMOTHER	Mar	y (Dion) Poi	tras	NAME OF PATERNAL GRANDFATHER	LIO	yd J.	Poi	tras
DATE OF BIRTH	Day	Mod	l l	9 8 Year	DATE OF BIRTH	l 2		Z Month	1920 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		eaty 6			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Metis		1 601
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	ŒYES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES	IF YES, WHEI AND IN WHICH CATEGORY?		

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

SIGNATURE

May 12/2010

DATE

ADCIO CANADA

This is to Certify that the particulars of the undernoted birth which is on record in this Department are as follows: SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics ... B 0.63733

ME NICOLE TANIA MARIE POITRAS

Place of Birth ST. PAUL

Birth JUL 03, 1974

of HOMER JOSEPH POITRAS

Name of ELIZABETH BERNADETTE POTSKIN

Her Birthplace KINUSO, ALBERTA

His Birthplace GURNEYVILLE, ALBERTA

on JUL 12, 1974 (Month) (Day) (Year)

Registered at ST. PAUL

Given under my hand and seal of the Director.

Day of

D.V.S. 24

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

RECEIVED FEB 1 8 2010

	BENEFICIARY APPLICATION FORM											
	T				PERSO	NAL IN	FORMATION					
NAME	Richel	\ e First Name	(s)		m	A Z Mic	ddle Name	(e)		Po	TSKIN	70/0
MAILING ADDRESS	Apt/P.O. Bo	Box	593	S eet Addi	ress	·	ENO			AB	Last Nar	_
DATE OF BIRTH	14 Day		のイ Mont	h	1981 Yea	ır	BIRTH CERTIFICA				Number	Country
PLACE OF BIRTH					Country					Number		
Telephone	780 · 266 39 55 Home Pho						Work Phone			hell-	_ ಎಆಗಳ ಸುಗ್ರ Email Addre	le Hot rail
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER? IF YES, EAND NUMBER? DID YOU ENFRANCH- ISE? IF YES, WHEN, WHICH CATEGORY?										
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS									<u> </u>		
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	OR FTHE PROVIDE DETAILS											
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND		-			RE-MAI PERSO	OU SUBSEQU RRY TO ANO N? IF YES, D OF CHILDRE	THER ETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	SR	Enc	эс н	Ba	nd							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Born a	Born and reg as a Sawridge bond member was transfer without a trust to Froch cree Nata										
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DS EATY R OF	IF YES, PROVID DETAIL:	E T	my he	Circa	87	a is band	Sau	∕ ∪۲	-idge	leive bond a	is nemeber
MARITAL STATUS (check one)	Married	Single	Divor	rced	Widowed	Co	ommon-Lav	v		7.	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	Harriet Porskin	NAME OF FATHER	Neil STUGIT MORIN
DATE OF BIRTH	30 04 1960 Day Month Year	DATE OF BIRTH	38 11 1959 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	#99 Sawridge	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Enoch \$13
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	UYES 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 AND IN WHICH CATEGORY?
ADDRESS	Box \$185 Slave lake AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country TOG 240	Address	Rox 61 Encch 4B Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T7X-3Y5
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	•
	GRANDPARENTS	INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHER	mary Virginia Potskin	NAME OF MATERNAL GRANDFATHER	Albert Norbert Potskin
DATE OF BIRTH	9 16 1924 Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Sawridge 36	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Saewridge 36th
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?
Name of Paternal Grandmother	Harriet Desjackies	NAME OF PATERNAL GRANDFATHER	Benjimon Potskin
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?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and correcusts to share this information with those who need it to determ	ct. I give permission t ine my status as a bo	DATE DATE eneficiary.

ENTERED APR 2 3 2010

	BENEFICIARY APPLICATION FORM										
	T. X			PERSO)NAL İN	IFORMATION					
NAME	Robi	First Name(<u>c)</u>	Tama	RCC Mic	Freda ddle Name(-1		Pot:	skin	
MAILING				1		die Name(:	<u>s)</u>			Last Nar	ne(s)
ADDRESS	404 Apt/P.O. Bo	600 x	KirKn Street Ad		<u>d.</u>	Edmont	own		AB Prov	75/ 2HS Postal Code	Cancele
DATE OF BIRTH	13 Day	/) anuary	/ 198 Yes		BIRTH CERTIFICA	те1	В		7526	
PLACE OF BIRTH		1e La		AB	<u> 21 </u>	Country		((10)	Number ada	
Telephone	780 476 65				Phono World Phono						hoo.ca
		one r	Home Fax	Cell F	hone	Work Ph	one	L	Potskin rayahoo.ca Email Address		
STATUS NUMBER	01 00 394 A2A	ARE YO MARRIED 1 BAND MEME	TO A LIYES		D		DID YO ENFRAN ISE?	ICH-	ØYES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS	ETAILS									
ARE YOU DESCENI FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	O OR OF THE GE	OR DYES IF YES, PROVIDE DETAILS TO DETAILS									
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND				RE-MA	OU SUBSEQUE ARRY TO ANO DN? IF YES, D S OF CHILDRE SE.	THER ETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}				1				<u> </u>			
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I an	I am a band member and I am entitled to it									
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAND INCLUDING POST THE LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS DYYES DNO OF	IF YES, PROVID DETAILS	my 8ti	pate 11 res ~ st	inc ide	yd gr 23 in 28 wir	rend the	lme ha 14	other use pate	rnal Hather	
MARITAL STATUS								- J	r Cry	(100)	
(check one)	Married	Single	Divorced	Widowe	d Co	ommon-Lav	V			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	Elsie Helen Potskin	NAME OF FATHER	Angus Kenneth Potskir								
DATE OF BIRTH	0 9 06 1955 Day Month Year	DATE OF BIRTH	16 01 1949 Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	registered status India.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	resistant status Inchai								
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES 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?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?								
ADDRESS	Basement TSE 12921 - 1173+ Edmonton AB 538 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country								
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	Day Month Year								
	GRANDPARENTS	INFORMATION									
NAME OF MATERNAL GRANDMOTHER	Margret Mantain	NAME OF MATERNAL GRANDFATHER	Unknown								
DATE OF BIRTH	<u>Un Known</u> Day Month Year	DATE OF BIRTH	Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered status Indian. Kehwin First Nation	STATUS UNDER INDIAN ACT OR PAY LIST AT EIRTH ^{2,3}									
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?								
NAME OF PATERNAL GRANDMOTHER	Mary Virgina Potskin	NAME OF PATERNAL GRANDFATHER	Norbert Albert Potskin								
DATE OF BIRTH	7 10 1929 Day Month Year	DATE OF BIRTH	10 10 1905 Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered Status Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	resistent Status India.								
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	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 correct state to share this information with those who need it to determ	et. I give permission ine my status as a b	to Sawridge eneficiary.								

	(2)		A CANADA	A De Co	S CANTAGE OF STATE OF
	B.0.2.9.5.2.6 Jent are as follows				
	The Parties of the Pa		TA (F. D. C.	781-08-000830 CCIVESTRON of the Director ALA CAITAGE	
	Sorresord introduction		ALBERTA (5) (5) (1) BERTA	Fried 81	
	S AND COMMUNITY HEALTH - VIAI Statistics (the particulars of the undernoted bit bowlich is on regord in this Department are as follows MARA FREDA POLISKEN. -Sex. FEBUALE:	Blace of Birth SLAVE LAKE	His Birthplace: SWAN. RIVER, ALERRIA STATE OF THE STATE	onc. JAN 216 g. 11981. 	ELECTORISM CALLED
A STATE OF THE STA	EALTH		place SWA	E.onc. JAN E. Griven und E. C. E.O.T.	Galdin File
TICICANADA	SERVICES AND COMMUNITY HEALTH Confirmmating particulars of the undernoted ROBIN TAMARA FREDA FORSKEN	о О 2	His Birth	EL EFILETONEN C. THELL GIVEN ED. C. THELL This S. L. LEIOT Certified Paract From	Registration of Birth Issued at Edmonton, Alberta, Canada
	AND CON	1981 CONTRACTOR	NITALIN STATEMENT OF THE STATEMENT OF TH	VE, LAKE	Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z
	SOCIAL SERVICES This is to Confirm that Name ROBIN TAN		Margeria ELSTE MOUNTA D Mother Service	Registered at SLAV	一种"特别"。"我们是我们的一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
		Date of: Birth *C. The C. Name: C.ol. Father:	Wame-III	I Registere	

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- Z 3 2010

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	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			PERSOI	NAL İN	FORMATION				Λ	
NAME	Mary	it Name(s)		1 Your	Mil Mil	VIRGIA				POTSKI	
Manage	00	(Name(s)			IVIIC	ddle Name((S)		Т	Last Nan	ne(s)
Mailing Address	Apt/P.O. Box	165 s	treet Add	race		SIANE	LAKE	AP		1068A0	CANADA.
	200						OWII		<u> </u>	Postal Code	Country
DATE OF BIRTH	Day	()()	nth	1992 Yea		BIRTH CERTIFICA	ATE ¹	1922	-0	19-4193 Number	25
PLACE OF BIRTH	PEACE RIV	El Albe	SRIA	<u> </u>		COUNTRY		CA	 Λ/ Λ	-^4	
Telephone	150-849-2791	4							· ·	327.1	
	Home Phone	Home	Fax	Cell Ph	hone	e Work Phone		Email Address			ess
STATUS NUMBER	454-000 38	ARE YOU MARRIED TO A AND MEMBER?	□YES ▼ NO	IF YES BAND NUMBER	o		DID YO ENFRANG ISE?	CH- LIYE	s	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS					l					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ARE YOU DESCENDED FROM, MARRIED TO OR ALBERT POTSKI NO DECEASED) HARRIED TO ALBERT POTSKI NO DECEASED)									4SE))		
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	EATI	ACH	ED	RE-MA PERSC	DU SUBSEQU RRY TO ANO DN? IF YES, E S OF CHILDRE	THER DETAIL	N	0		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		tus.	, –	•							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	SAWR IN IC	1DGE 9	BAI	JD 1	10	MACE	5,	INCE	*	JAR RIA	1GE
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY OR OF	IF YES, PROVIDE DETAILS									
MARITAL STATUS (check one)					T				-	•	
(check one)	Married S	ingle Div	orced/	Widowed	Co	ommon-Lav	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.

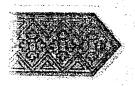
PARENTS INFORMATION											
NAME OF MOTHER	HARI	RIETI DE	SJA	RLAIS	NAME OF FATHER	0	NKNOW	N	•		
DATE OF BIRTH	Day	UNKNOW	14.		DATE OF BIRTH	(INKNOU				
STATUS UNDER	l Day	<u>/ Mon</u>	tn	Year	STATUS UNDER	Da	ay Mo	nth	,	Year	
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	ONK	A-GOOG	iod,	TED	INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	UN	KNOWN	-A	DOPT	EU	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES MNO	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 IQNO	IF YES, WHEN AND IN WHICH CATEGORY?	•		DID YOUR FATHER ENFRANCHISE?	□YES ÆNo	IF YES, WHEN AND IN WHICH CATEGORY?				
Address		2 NKNOW			Address		UNKNOWN				
	Postal Co	Box, Street Addres	ss, Towi	n, Province,	7,100,1000	Apt/ P.0 Postal 0	Province,				
IF DECEASED — DATE OF DEATH	Day	NK NOW N Month		V	IF DECEASED DATE OF DEATH	UNKNOWN					
	Day	MONU		Year GRANDPARENT	SINEODMATION	Da	y Mor	nth	<u> </u>	'ear	
NAME OF				GRANDPARENT.		Т					
MATERNAL GRANDMOTHER	U	J K NOW N			NAME OF MATERNAL GRANDFATHER	UN	KNOWA) .		·	
DATE OF BIRTH	U A	J KNOWN Month		Vaca	DATE OF BIRTH		JEWOWA				
STATUS UNDER	Day	MONU	<u> </u>	Year	STATUS UNDER	Day Month Year					
INDIAN ACT OR PAY LIST AT BIRTH DID YOUR	√ \	KNOWN			INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	UNKNOWN.					
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	UWK	CNOW			NAME OF PATERNAL GRANDFATHER	U	NKNOW	\mathcal{N}			
DATE OF BIRTH	UN)	KNOW Month	. т	Year	DATE OF BIRTH) NKNOW		•		
STATUS UNDER	Say	I IVIOITUT	<u> </u>	r ear	STATUS UNDER	Da	y Mon	ith	Y	'ear	
INDIAN ACT OR PAY LIST AT BIRTH	UNK	NOWN			INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	UX)K NOW N				
DID YOUR PATERNAL GRANDMOTHER	□YES □No	IF YES, WHEN			DID YOUR PATERNAL	□YES	IF YES, WHEN				
ENFRANCHISE?		CATEGORY?	2		GRANDFATHER ENFRANCHISE?	□No	CATEGORY?				
SIGNATURE I he	ereby/certify ests to share	that the information in this information with t	this form	n is true and correct o need it to determ	t Laive permission t	o Sawridge eneficiary.	DATE				

ROBERT BAPTISTE POTSKIN RECEIVED APR 2 2 2010
ELIZABETH BERNADETTE POITRAS
CLAIRA JOSEPHINE LOVIER (DECEASED)
ANGUS KENNETH POTSKIN (DECEASED)
RITA ROSE MANDER (DECEASED)
VIOLET GRERMAINE POTSKIN (DECRETED)
LILLY ANN POTSKIN
JUDY DOREEN MOOSWASH
HARRIETTE ELIZAMAY MORIN
ALBERT GENE ERNEST POTSKIN

									CEIVED A	un Z Z	2010
		į	BENEF	ICIARY AI		ON FOR	RM				
	١.٨			PERSONAL	INFORMATION				····		
NAME	Mich	Le Tirst Name(s	s)	Joh	Middle Name	(s)		Po	ts kin	me(s)	
MAILING ADDRESS	B Apt/P.O. Bo	179	21-117s	+ Base	Edmont			Prov	T5E- Postal Code	Carad) a
DATE OF BIRTH	78 Day		12 Month	1975 Year			T		Q (75-68 Number	- 0323s	
PLACE OF BIRTH	Lesser.	Slovel	lake,	AB	COUNTRY		Co	uad			
(789) Telephone	<u> 642~23</u> Home Pho		lome Fax	777-889 Cell Phon					1- Potskin Dyalao, c		
STATUS	454 00 391 01	ARE YO MARRIED T BAND MEME	TO A LIYES	IF YES, BAND NUMBER?		DID YO ENFRAN ISE?	NCH-	JYES JNo	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISE INDIAN ACT, PROVIDE INCLUDING SHARE OF MONIES RECEIVED.	DETAILS					J					
ARE YOU DESCENDE FROM, MARRIED TO ADOPTED BY ONE OF ORIGINAL SAWRIDGI TREATY 8 SIGNATOR	OR IZYE		DE S	y Pato Fam	ernal desc	Gran	d fa ed	the fro	er and n	y fat	her
IF MARRIED, DID YOU MARRIAGE PRODUCE CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				RE- PEF NAM	YOU SUBSEQUE MARRY TO ANCE ASON? IF YES, IN MES OF CHILDRE OUSE.	OTHER DETAIL					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		GR.	& Coh	le perto	M.P.						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Impr	am a	i bard lysef	Merber and my	ond way o	l if of 1.	it	· C	on hel would lil	p to	>1e,
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREAL LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND	S DYES OF								er is c		
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-La		·		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.

			Angus Kerneth Potizin
	Parents Inf	ORMATION	
NAME OF MOTHER	Elsie Helen Potskin	NAME OF FATHER	Angredien Marsay
DATE OF BIRTH	09 Jun 1955 Day Month Year	DATE OF BIRTH	16 Jan 1949 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered status India	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	rejistent status India.
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?	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	Day Month Year	IF DECEASED — DATE OF DEATH	28 12 2006 Day Month Year
	GRANDPARENTS	INFORMATION	
NAME OF MATERNAL GRANDMOTHER	Margret Mountain	Name of Maternal Grandfather	Unknown
DATE OF BIRTH	Unknown Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Resistant Status Indian Kehwin First Nation.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Mary Virginia Potskin	Name of Paternal Grandfather	Norbert Albert Potskin
DATE OF BIRTH	9 OCT 1922 Day Month Year	DATE OF BIRTH	10 OCT 1905 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Status India	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Resistand Statu India.
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and correct sts to share this information with those who need it to determine	t. I give permission t	to Sawridge eneficiery





Alberta

BIRTH CERTIFICATE





REG 3413 (2007/06)

Surname Nom

Mountain

Given Names Prénoms

Elsie Helen

Date of Birth Date de naissance

Jun 09, 1955

Sex F

Place of Birth Lieu de naissance

Saddle Lake

Registration No. Nº d'enregistrement

1955-08-035287

Registration Date Date d'enregistrement

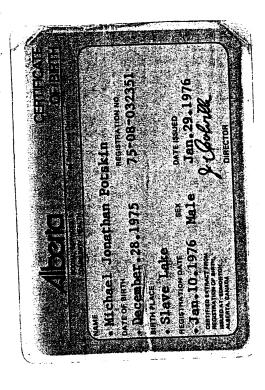
Feb 24, 1956

Date Issued

Mar 11, 2008







Michael Patkin Slsie Rakin RECEIVED FEB 0 9 20%

BENEFICIARY APPLICATION FORM											
	T				INFORMATION						
Name	Lillian	rst Name(s)		Apr	Mari Middle Name(s	e	POT	5KIN			
Mailing Address	390		-8th	itreet iress	Smr	-1	AB	Last Nan	(anada		
DATE OF BIRTH	Apt/P.O. Box		Street Add	1956	BIRTH — CERTIFICAT	own	1956 -0	Postal Code	Country		
PLACE OF BIRTH	Day Slave		onth	Year	COUNTRY		113-	Number	0 0		
Telephone	780 - 829 0000 Home Phon		ne Fax	780 - 843 6002 Cell Phon	3						
STATUS NUMBER	eriginal the graph of the graph	ARE YOU MARRIED TO A BAND MEMBER	ZÝES -□NO	IF YES, BAND NUMBER?	454 0010901	DID YOU ENFRANCE ISE?	1 1 1 1 7 5 5	Email Addre IF YES, WHEN, WHICH CATEGORY?	SS		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS TOURS MATTER SEA OF										
ADOPTED BY ONE O	E YOU DESCENDED OM, MARRIED TO OR PROVIDE ON ON OF THE ON ON ON ON ON ON ON ON ON ON ON ON ON O										
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	' -<	od Albert thon Ba Robin A	4,1-0	PER	YOU SUBSEQUE MARRY TO ANOT RSON? IF YES, DE MES OF CHILDREN DUSE.	HER ETAIL	ms.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	I har 5 mon	d Bre	nt on agrant	d Jona with	thorn ou Grina a	t de	wed Lock	t and w	100 8c.		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Because I was Born a Sawridge member.										
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BANI	DS DYES INO OF	IF YES, PROVIDE DETAILS	mot	un stu	ed times	in -	the re	on and 19 Serul	~9		
MARITAL STATUS (check one)	Married	Married Single Divorced Widowed Common-Law Other (Specify)									

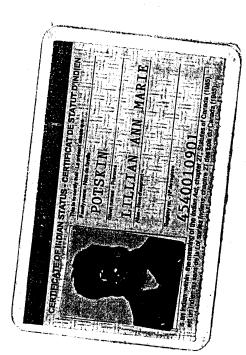
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

	PARENTS I	NFORMATION
NAME OF MOTHER	Jean Virgina Potskin	NAME OF FATHER Workert Albert POTSKIN
DATE OF BIRTH	Day Month Year	DATE OF BIRTH Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treaty Grom Alexander	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT #36 INO NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? DYES ENFRANCHISE? IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS	Box 185 Slave Lake, AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address Slave Like AB. Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED – 22 12 1981 Day Month Year
		Day Month Year TS INFORMATION
NAME OF MATERNAL GRANDMOTHER		NAME OF MATERNAL GRANDFATHER Benjamin POTSKIN
DATE OF BIRTH	Day Month Year	DATE OF BIRTH
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3} Day Month Year Saw nidy
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DYES IF YES, WHEN AND IN WHICH CATEGORY?
Name of Paternal Grandmother		NAME OF PATERNAL GRANDFATHER HATTLET ElizA POTSICIN
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} Sawridge Sawridge
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DYES IF YES, WHEN AND IN WHICH CATEGORY?
Signature I he	ereby certify that the information in this form is true and corrests to share this information with those who need it to determ	ect. I give permission to Sawridge mine my status as a beneficiary.

Buth leath icale

DATE & Birth
April 14,1956
Registration bate
April 24, 1956

Rgistration # 1956-08-010887



777.77	ERFD-A	A 20 A A A	New DENE	CLADY	Anr	110071	\\\ F@!	330		
			BENEF			FORMATION	JN FUI	KM E	WIERED !	oct to 2010
Name	Jono	Hor First Name		30	K Y Y	et ddle Name(si	- I	OTSKI1 Last Na	
MAILING ADDRESS	390 Apt/P.O. B	51	3-8th			Sm	IT H	AR Prov		Canada
DATE OF BIRTH	O 4 Day		Month		<u> </u>	BIRTH CERTIFICA			Number	
PLACE OF BIRTH	Edine	onton	1213		· · · · · · · · · · · · · · · · · · ·	COUNTRY		Cana	4	
Telephone	780 - 8 0000 Home Ph	29	Home Fax	353.	2204			COTIA		
STATUS NUMBER	Homern	ARE YOU MARRIED BAND MEM	OU DYES	IF YES BANK NUMBE	S,	Work Pr	DID YOU ENFRAN	ICH- IZNO	Email Addr IF YES, WHEN, WHICH CATEGORY?	888
INDIAN ACT, PROVID	YOU ENFRANCHISED UNDER THE IDIAN ACT, PROVIDE DETAILS ICLUDING SHARE OF PER CAPITA ONIES RECEIVED.						er en en en en en en en en en en en en en	neenen aan kanaa aa		
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ARE YOU DESCENDED PROVIDE DETAILS NOT MARRIED THROUGH BIRTH THROUGH BIRTH										
IF MARRIED, DID YO JARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	E AND		1		RE-MA	OU SUBSEQU ARRY TO ANO ON? IF YES, E S OF CHILDRE SE.	THER	NO		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}				. .				<i>j</i>		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I an	n 100	en to k	le eh	igi.	bole Fo	OR Th	c Trust		
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST THE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	N DS DYES	IF YES, PROVIC DETAIL	s gr	14612	, as 10T	nd gr	and:	Parent	rue, with	
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed		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 IN	FORMATION							
NAME OF MOTHER	2:11	ian Ann	Mari	ie Potskin	NAME OF FATHER							
DATE OF BIRTH) 9 Day	0.5	/ lonth	1956 Year	DATE OF BIRTH			Man	16			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	5747	rus at 1	BIRTH		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	ty	Mon	un .		Year	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	UYES UNO	IF YES, WHAT IS HER BAND NUMBER?	4.54	00/09-01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □No	IF YES					
DID YOUR MOTHER ENFRANCHISE?	□YES ÆNo	IF YES, WHEN AND IN WHICH CATEGORY?	she u out as	ous married and Bayle	DID YOUR FATHER ENFRANCHISE?	□YES □No	I	WHEN WHICH ORY?		· · · · · · · · · · · · · · · · · · ·		
ADDRESS	Box Apt/ P.O. Postal Co	390, Syn 1 Box, Street Ado ode, Country	<i>†1↓ ;∆r</i> Iress, Tow	70 G QBO	Address	Apt/ P.O. Box, Street Address, Town, Pr Postal Code, Country					Province,	
IF DECEASED — DATE OF DEATH	Day	Mo	nth	Year	IF DECEASED — DATE OF DEATH	Da	Day Month Year					
				GRANDPARENTS	INFORMATION		<u></u>		لــــــا		, 50,	
NAME OF MATERNAL GRANDMOTHER	Jean	Nary V	irgini	a PotskiN	NAME OF MATERNÅL GRANDFATHER	NOR.	BER;	7 AU	ber 7	r fa	7 OTSKIN	
ATE OF BIRTH) Day	Mo	<u></u> oth	1921 Year	DATE OF BIRTH	Da	9	/ C) th	19	70/ Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treate	4 Freom 36	Saw	ridse	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treaty From Sawrid #36						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES ØNo	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES ₁□No		WHEN WHICH ORY?				
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER					•		
DATE OF BIRTH	Day	Mo	nth	Year	DATE OF BIRTH	Da	ıv	Mon	ıth		Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT EIRTH ^{2,3}							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No		HEN WHICH ORY?				
SIGNATURE I I FILL	ereby certify	that the information w	on in this for ith those w	rm is true and correct ho need it to determ	et. I give permission ine my status as a b	to Sawridg	ie	DATE	\wedge	, વુધ	12010	

	BENEFICIARY APPLICATION FORM													
	PERSONAL INFORMATION													
NAME	Judi) First N	lame(s)		D01	elv	V Anne	(a)			Potskin			
14	 	/ Tilst is	iame(s)		<u> </u>	IVII		<u> </u>			Last Na			
MAILING ADDRESS			934-5				Edmo	nton		AB	T5W359			
	Apt/P.O. E	Box	S	treet Add	Iress		<u> </u>	own	T	Prov	Postal Code	Country		
DATE OF BIRTH	20 Day		<i>∂</i> Mo			59	BIRTH CERTIFICA	ATE ¹	195	59-03	- CO 8 4 6 Numbe			
PLACE OF BIRTH	Charl	es (camp	see	HOOP COUNTRY									
Telephone	780 .630	1	nton'	. AB	750 819 780-413 7018 9872									
7 0100110110	Home P		Home	e Fax		hone	Work PI		-		Email Add	ress		
STATUS NUMBER		MAF	ARE YOU RRIED TO A D MEMBER?	□YES ⊠No	IF YE BAN NUMB	D D		DID YO ENFRAN ISE	ICH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	marriage		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE OF MONIES RECEIVED.	DETAILS 250,000.													
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS														
IF MARRIED, DID YO MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND 1	- Chi gaw e for	ld-Rhi e birth e may	to 3	ichidy 1	PERS	OU SUBSEQUARRY TO ANC ON? IF YES, I SOF CHILDRI	OTHER DETAIL		Jeanu Trent Aaio	ne man Ryan n Royce	Potskin		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2.3}	462	031	668 - (01.										
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	born a-Member of Dawridge unter Marriage July 23, 1983. Never received monies from Irust. Late water had said there was monies pay aside in Irust un 4 miles west of town site.													
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DS EATY DR OF	s I	F YES, PROVIDE DETAILS	4)	m'es	·W	iest of	ton) } }	rite.				
MARITAL STATUS		T		$\overline{\alpha}$	•									
(check one)	Married	Sir	ngle D	ivorced	Widowe	ed (Common-La	ıw			Other (Specif	fy)		

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	Virgin	ia Nary.	Potski	N	NAME OF FATHER	Norb	ert A	Hberi	t Po	tskin
DATE OF BIRTH) () Day		Onth	1919 Year	DATE OF BIRTH	l (10		19
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		inder.	<u> </u>	1 real	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		b Sav	Mor Ovid		Year Band
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ETYES	IF YES, WHAT IS HER BAND NUMBER?	#3	Sb .	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	√ZÍYES □No	If Yes, \ IS HIS B. NUMBER	AND	3	b
DID YOUR MOTHER ENFRANCHISE?	□YES ÆÑo	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES ÆÑo	IF YES, V AND IN W CATEGOI	/HICH		
Address	Apr F.O.	X 185 Slav Box, Street Add ode, Country	18 Lak ress, Tow	n, AB TOb	2A 0 . Address	Apt/ P.0	O. Box, Si Code, Co	treet Ad	ddress,	Town, Province,
IF DECEASED — DATE OF DEATH	Day	Moi	nth	Year	IF DECEASED — DATE OF DEATH	20 Da		12		1981
			***************************************	GRANDPARENT	S INFORMATION	<u>l</u> Da	У	Mon	ith	Year
NAME OF MATERNAL GRANDMOTHER	never to me	had the	Oppo	rtunity ts ->	NAME OF MATERNAL GRANDFATHER	gran dec	d pare eased Ques	ents L v Hov	WE TEVEN	eve rask
DATE OF BIRTH	Day	Moi	n t h 1	Vaar	DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Duy	IVIOI	101	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	<u>Da</u>	у 1	Mon	th	Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, W AND IN W CATEGOR	нісн		
Name of Paternal Grandmother					NAME OF PATERNAL GRANDFATHER					
D ATE OF ВІЯТН	Day	Moi	nth	Year	DATE OF BIRTH	Da	v	Mon	•h	Vaca
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	<i>y</i>	IVIOII	ui	Year
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, W AND IN W CATEGOR	нісн		
SIGNATURE In	preby certify ests to share	that the information wi	n in this for th those wh	m is true and corre	ct. I give permission t nine my status as a be	o Sawridge eneficlary.	D	ATE (n 11th.



"Go, therefore, make disciples of all nations; baptize them in the name of the Father and of the Son and of the Holy Spirit" Matt. 28-19

The Holy Sacrament of Baptism

That Judy Doreen Ann POTSKIN

Child of Albert Potskin

and Jane Mewborn (Desjarlais)

born in Edmonton, Alberta on March 20 19 59

Caty

was Baptized on March 22 19 59 in the Church of

CHarles Camsell Hospital Edmonton, Alberta

Chy/Town

according to the Rite of the Foman Catholic Church

by Rev E. Rhéaume, OMI

Sponsors were Elizabeth Potskin

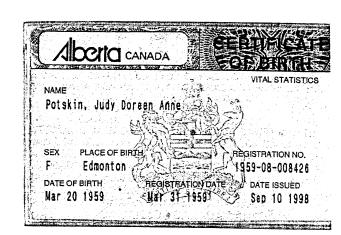
and Flora Jackson (by proxy)

as recorded in the Baptismal Register of this Church

Catholic Archdiocese of Edmonton Barstchan
Office

8421-101 Ave, Edm. AB T6A OL1 Address

Date August 23, 1995 Diocese of EDMONTON



Laurie Leventigl Director

B386233

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

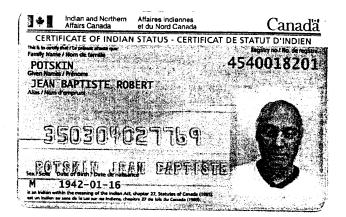
Certificate is void if altered or laminated.

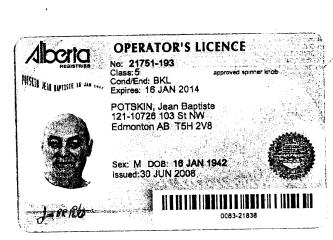
REG 3148 (98/03)

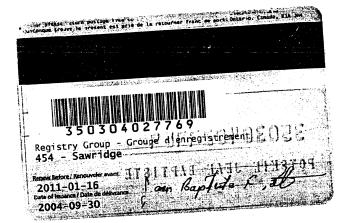
BENEFICIARY APPLICATION FORM												
	T				PERSO	NAL İN	FORMATION					
Name	JEAI		Priste	5	Ro		121			Po	OTSKIN	<u> </u>
	-	Firs	t Name(s)			Mic	ddle Name(I	s)			Last Na	me(s)
Mailing Address	121 Apt/P.C		1070	Street Add		IW	EDMO	NTOA	J	AB Prov	T5H QVE	3 CA Country
	Apur.C	, BUX		Street Aud						PIOV	Postal Code	Country
DATE OF BIRTH	16	ay	0	<i>)</i> Month	194:		BIRTH CERTIFICA	TE ¹			Number	
PLACE OF BIRTH					Country						Number	
	NNUSO, AB										······································	
Telephone 7	• — — — — — — — — — — — — — — — — — — —					<u> </u>						
	Home Phone Home Fax					hone	Work PI	none	Email Address			
STATUS NUMBER	454 00182	21 B	ARE YOU MARRIED TO AND MEMBE	1 (2017)(1)	IF YE BAN NUMBE	D	DID YOU ENFRANCH- ISE?			™YES □No	IF YES, WHEN, WHICH CATEGORY?	VOLUNTARY 1968
INDIAN ACT, PROVID	IFRANCHISED UNDER THE CT, PROVIDE DETAILS G SHARE OF PER CAPITA IECEIVED.											
ARE YOU DESCEN FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID TREATY 8 SIGNAT	O OR OF THE GE	□YES □No	IF YES, PROVIDE DETAILS	1			KIDGE ERE I				BEK AND BRS	ВоТН
IF MARRIED, DID Y MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND					RE-M.	OU SUBSEQUARRY TO AND ON? IF YES, SOF CHILDRUSE.	OTHER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	STA	TUS	INDII	اله ۹								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	ELIGIBLE TO APPLY FOR BAND MEMBERSHIP. GIBLE AS A JIST											
HAVE YOU OR YOU ANCESTORS LIVED THE SAWRIDGE LAN INCLUDING POST TE LANDS SET ASIDE F THE EXCLUSIVE USITHE SAWRIDGE BA	ON NDS REATY OR E OF	XYES ⊒No	IF YES, PROVIDE DETAILS	20.			L LIVI THE P			RESE	WE AN	D WAS
MARITAL STATUS	T		1/									
(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 INFORMATION										
NAME OF MOTHER	VIRGIA	LIA POTS	ikin		NAME OF FATHER	ALBE	RT NORI	3FRT	POTSKIN	
DATE OF BIRTH	之 Day) Z onth	1924 Year	DATE OF BIRTH	Day)	O onth)902 Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	STATUS INDIAN AND BAND MEMBER				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	STATUS INDIAN AND BAND MEMBER				
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Address	Box 185 SLAVE LARE AR 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	<u> </u>	Day Month Year			IF DECEASED — DATE OF DEATH	20 12 1981				
	Day	<u> </u> Mo	um .	Year GRANDPARENTS	INFORMATION	Da	y I Mc	onth	Year	
NAME OF MATERNAL GRANDMOTHER					NAME OF MATERNAL GRANDFATHER					
DATE OF BIRTH					DATE OF BIRTH					
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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 DATE DATE										









CONDITION CODES / ENDORSEMENTS
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P153

IN ACCORDANCE WITH ALBERTA ENACTHENTS IT IS AN OFFENCE TO HOLD MORE THAN ONE OPERATOR'S LICENCE, AND YOU MUST DECLAR A MEDICAL COMDITION THAT COULD AFFECT THE SAFE OPERATION OF A MOTOR VEHICLE.

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LIDENCE CLASSES:

1 ARY VENICLE EXCLUDING
MOTORCYCLE - INCLUDES AIR BRAKES
2 CLASS 3. 4, 5 AND ANY DUS
3 SINGLE MOTOR VENICLE THREE AILES
OR MORE
AND AUTOR CHALLES
AND AUTOR CHALLES
6 ANY MOTORCYCLE
7 LEARNER
GOL-Graduated Origer Licence

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ENTERED 440 0 1 2011

BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION												
Name	Karly				Gemai			-	lex	Po	tskin	
	POBOX	irst Name	s)		Middle Name(s)						Last Na	me(s)
Mailing Address	185 Apt/P.O. Bo		Street	Addr	966		Slave	lake		AB	TOG ZAC Postal Code	Carada
	7,007.0.00	<u>~ 1 </u>	Oucci	Addit	C33	_		OWII	Re	gistra	tion	Country
DATE OF BIRTH	O5 Day		Month		89 Year	_	BIRTH SC			89 036715 Number		
PLACE OF BIRTH	Edmon	ton,	Alber	ta			COUNTRY			anad	λ	•
Telephone	780 84	19			780 849		4101	_	-			iye, com
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STATUS NUMBER	454 00 20 203	ARE YO MARRIED BAND MEM	TOA	IYES INO	IF YES, BAND NUMBER?			DID Y ENFRAI ISE	VCH-	□YES ZINO	IF YES, WHEN, WHICH CATEGORY?	
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IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.									
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WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	1 am	n a	Sav Ntit	ori	idge i to	r	and a t	me rust	in r f	ber Und	, there	for
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MARITAL STATUS												
(check one)	Married	Single	Divorc	ed	Widowed	C	ommon-La	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 INF	ORMATION					
NAME OF MOTHER	Sonia odette Potskin	NAME OF FATHER	Steve Nicotiene				
DATE OF BIRTH	25 07 1970 Day Month Year	DATE OF BIRTH	01 13 1971 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FUIL Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	full status				
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?	PYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	UYES IF YES, WHEN AND IN WHICH CATEGORY?				
Address	P.O BOX 185 Slave lake, AB TOG - JAO Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province. Postal Code, Country				
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	Day Month Vess				
	GRANDPARENTS	INFORMATION	Day Month Year				
NAME OF MATERNAL GRANDMOTHER	Violet Germaine Helen	NAME OF MATERNAL GRANDFATHER	Unknow				
DATE OF BIRTH	5 Nov 1953 Day Month Year	DATE OF BIRTH	UN Know Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH DID YOUR	Full Statis	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} DID YOUR	UNKNOWN IF YES, WHEN				
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PATERNAL GRANDMOTHER		PATERNAL GRANDFATHER	u				
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	- Itea	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day Month Year				
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 destify that the information in this form is true and correct state this information with those who need it to determine	t. I give permission in ne my status as a b	DATE eneficiary.				

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

IN THE COURT OF QUEEN'S BENCH OF ALBERTA JUDICIAL DISTRICT OF EDMONTON

IN THE MATTER OF THE CHILD WELFARE ACT AND IN THE MATTER OF THE APPLICATION BY RODNEY BRIAN VAJNA

FOR AN ADOPTION ORDER IN RESPECT OF THE CHILD KARLYN GERMAINE ROSE ALEX POTSKIN

BORN NOVEMBER 5, 1989

BIRTH REGISTRATION NUMBER 89 036715

BEFORE THE HONOURABLE MK.

JUSTICE J.B. FEENAN

LAW COURTS, EDMONTON, ALBERTA

ON WEDNESDAY, the 24th day OF AUGUST, 1994

ADOPTION ORDER

UPON the application of RODNEY BRIAN VAJNA; AND UPON hearing the evidence presented; AND UPON THIS HONOURABLE COURT being satisfied that:

- a) the applicant is capable of assuming and willing to assume the responsibility of a parent toward the child, and
- it is in the best interests of the child that the child be adopted by the applicant;

1. IT IS HEREBY ORDERED that the application of RODNEY BRIAN VAJNA be and the same is hereby granted, and that the said child is hereby ordered to be, from and after the date of this Order, the adopted child of the said applicant and that the child shall hereafter bear the given names and surname of KARLYN GERMAINE ROSE ALEX VAJNA.

JUSTICE OF THE COURT OF QUEEN'S SENCH OF ALBERTA

ENTERED this 25 day of

, 1994.

Clerk of the Court of Queen's Bench of Alberta s hardby control that to be a true copy or the filling there ander damed

125 August 10

No. 44569

IN THE COURT OF QUEEN'S BENCH OF ALBERTA
JUDICIAL DISTRICT OF EDMONTON

IN THE MATTER OF THE CHILD WELFARE ACT AND IN THE MATTER OF THE APPLICATION BY RODNEY BRIAN VAJNA

FOR AN ADOPTION ORDER IN RESPECT OF THE CHILD

KARLYN GERMAINE ROSE ALEX POTSKIN

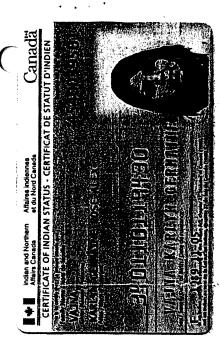
BORN NOVEMBER 5, 1989

BIRTH REGISTRATION NUMBER 89 036715

ADOPTION ORDER

ACKROYD, PIASTA, ROTH & DAY Bamristers and Solicitors 15th Floor, 10655 - Jasper Avenue Edmonton, Alberna T5J 3S9

File No. 111,940 JPK





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SAWRIDGE TRUSTS **BENEFICIARY INFORMATION** Identifying Information (Please be complete to distinguish from others) Last Name(s) First Name(s) Middle Name(s) □Mr. □Ms. \square Mrs. \square Dr. Levin **Home Address** Address Town Province Postal Code Euoch T7X3Y3 Mailing Address (If different from Home Address) Address **Province Postal Code** Enoch T 7 X 3 Y 3 Ways to Reach You (Please provide as many as possible) Home Telephone **Home Fax** Cell Phone Mess (P1801) 1613131-14111617 **Business Phone** Work Email Home Email Kew. 69 @ Kat mail con **Benefits Qualifying Information Birth Date** Parent's Name(if under 18 Spouse's Name years of age) MM **Band Member Band Number** Social Insurance Number Enoch **Lay**es 4400 R3701 \square No Signed **Dated** Transferred to Enach 84850 ffice Use Only Sawridge Inter Vivos Trust Sawridge Trust □Yes □Yes □No \square No

BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION .												
NAME		FRED First Name(GE e Name(s	:)		6	CONTZH Last Nar		
MAILING ADDRESS	584 Apt/P.Q/Bo		Street Add			VABA		-	AB Prov	TCB2K0 Postal Code	_	
DATE OF BIRTH	2C Day	14.	Nonth	1940 Year) E	BIRTH CERTIFICA		1940-08-901100 Number				
PLACE OF BIRTH		BASCA						C	ANA			
Telephone	(780 89)-23 Home Ph	396	Home Fax	Cell Pho	ne	Work Ph	one			Email Addre	acc	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?			Is Vso	4	54- 355- 01	DID YO	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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS												
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MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Cor	nmon-Lav	N			Other (Specify	v) .	

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

				Parents Inf	ORMATION					
NAME OF MOTHER	CAR	OUNE	3EAV	ER	NAME OF FATHER	WIU	ian	1 QU	INT	40
DATE OF BIRTH	Day	Mo	onth	1902 Year	Date of BIRTH	Day	<i>,</i> T	Mont	th T	1898 Year
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DID YOUR MOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No				
Address		N/A			Address			NA		
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IF DECEASED — DATE OF DEATH			-:r		IF DECEASED - DATE OF DEATH	Day Month Year				
	Day	Mo	nth	Year GRANDPARENTS	INFORMATION	l Da	у ј	Mon	th	Year
Neve				GRANDPARENTS		T				
NAME OF MATERNAL GRANDMOTHER	JUST	INE MAT	CHEM	IUTTAW	Name of Maternal Grandfather	JUL	ien	BE	EAV	ER
DATE OF BIRTH	2r			1874	DATE OF BIRTH		· · · · · · · · · · · · · · · · · · ·		.,	
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		y that the informati		ct. I give permission nine my status as a b			DATE	I	EC12th 2011	

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

MAIL APPLICATION AND DOCUMENTS TO:

ADSIG CANADA

AND SALADA CARANDA CARA

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

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3830 Sus

S. Name, OUTNIAL CALFRED, GEORGE

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Sex

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Name. A By Guintaton Wiltetam canada canada canada canada canada canada canada

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of BEAVER, CAROLINE

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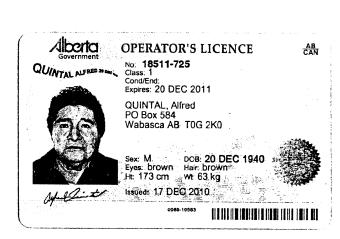
CANADA SAMADA SA

Begistered at EDMONEON CARADA CARADA AUG 12, 1977

| Registered at EDMONEON CARADA CARADA CARADA 12, 1977
| Registered at EDMONEON CARADA CARA CANDA Alberta Canada.

ADA CAMBOA C. TRIS. CONTROL 27

P.YS.P.D.A CANADA CANADA CAN1154088100





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BENEFICIARY APPLICATION FORM													
PERSONAL INFORMATION													
NAME	D		EN				LU				5	VINTAL	
	60	_	t Name(s))		Middle Name(s)						Last Nam	ne(s)
MAILING ADDRESS	58							WABF	1SCA	•	AB	TC6,2k0	CANADA
	Apt/P.	O(Box)		Stre	et Add	ress		Town			Prov Postal Code Country		
DATE OF BIRTH		Day	<u> </u>	AAY Month		199 Yea		BIRTH CERTIFICATE ¹			194-08-017053 Number		
PLACE OF BIRTH	SLAVE LAKE, AB						41	COUNTRY		C	ANA		
Telephone	(780) 891-2396												
	Hom	e Phone	l H	ome F	ах	Cell P	hone	Work P	hone			Email Addre	SS [.]
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IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND		N/F	7		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	NO	N- :	STATI	US		·							
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MARITAL STATUS						-							
(check one)	Marrie	ed :	Single	Divo	rced	Widowe	d C	ommon-La	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	DEANNA MARIE QUINTAU	Name of Father	UNKNOWN								
DATE OF BIRTH	Ah April 1971 Day Month Year	DATE OF BIRTH	Day Month Vac								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON-STATUS	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day Month Year								
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 IF YES, WHEN AND IN WHICH CATEGORY?								
ADDRESS	MABASCA, AB CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province,								
IF DECEASED — DATE OF DEATH	N/A-	IF DECEASED	Postal Code, Country								
	Day Month Year GRANDPARENTS	1	Day Month Year								
NAME OF MATERNAL GRANDMOTHER	ROSE MARIE QUINTAU	NAME OF MATERNAL GRANDFATHER	ALFRED BEORGE QUINTAU								
DATE OF BIRTH	26th FEB. 1948	DATE OF BIRTH	20th DEC 1940								
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								
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	, car	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	rional Teal								
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	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 DATE										

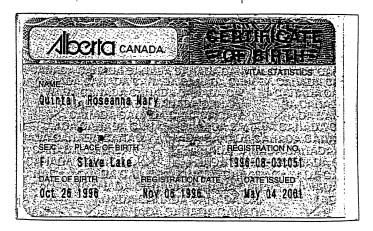
PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

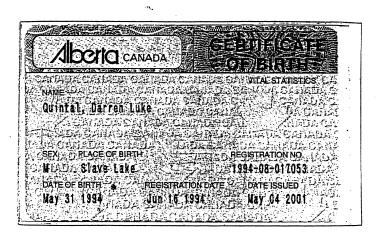
MAIL APPLICATION AND DOCUMENTS TO:

BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION												
NAME	Ros		HUNA Name(s)	•		• •	ARY	/_\		0	UINTAL	
Mailing	50	(i Name(s)			IVIIC	ddle Name				Last Na	
ADDRESS	100×	P					WAR		<u> </u>	AB	T062K	
	Apt/P.O.		St	reet Addr	ess		T	Town	<u> </u>	Prov	Postal Code	Country
DATE OF BIRTH	2k	5th 1	Mor	T nth	190 Ye	9 <u>6</u> ar	BIRTH CERTIFICATE 1			996-08-031051 Number		
PLACE OF BIRTH	SLAVE LAKE			, AR)		COUNTRY		C	ANF	ADA	
Telephone	(78x	391										
	Home F	hone	Home	Fax	Cell F	Phone	Work P	hone			Email Addr	ess
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?			□YES □Mo	IF YE BAN NUMBI	D D		DID YO ENFRAN ISE?	ICH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS			·	.1			L	***************************************		, ·	
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS												
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND		NA		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	NON	J-,	STATU	S								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	SAWRIDGE BAND. ALSO MY MATERNAL GREAT-GRAND-											
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DS EATY ON OF	≣S	IF YES, PROVIDE	MY (CAW MISS	BREX RIDA SIDA	H-1 SE Jan	BRAND LAND ZY SC	SDMI SSU HOC	OT NT	HER	. LIVED HE AT	
MARITAL STATUS (check one)	Married	MARY TWIN #079 SAWRIDGE Married Single Divorced Widowed Common-Law Other (Specify)										

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

	Parents In	ORMATION						
Name of Mother	DEANNA MARIE QUINTAL	NAME OF FATHER	UNKNOWN					
DATE OF BIRTH	Ath APRIL 1971 Day Month Year	DATE OF BIRTH	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}	July House					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?		IYES IF YES, WHAT IS HIS BAND NUMBER!					
DID YOUR MOTHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?	I I ATTICK	IYES IF YES, WHEN AND IN WHICH CATEGORY?					
Address	WARASCA AB CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address A	pt/ P.O. Box, Street Address, Town, Province, ostal Code, Country					
IF DECEASED — DATE OF DEATH	N/A Day Month Year	IF DECEASED — DATE OF DEATH	Day Month Year					
	GRANDPARENTS	INFORMATION	Day Worth Year					
NAME OF MATERNAL GRANDMOTHER	ROSE MARIE QUINTAU	NAME OF	HUFRED BEORGE DUINTAL					
DATE OF BIRTH	26th FEB 1948 Day Month Year	DATE OF BIRTH	20th DEC 1940 Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day Worth Feat	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Tear					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	1	IYES 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	Toda Toda	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Say Month Tear					
DID YOUR PATERNAL GRAMMOTHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?		IYES AND IN WHICH CATEGORY?					
SIGNATURE I h	Pollonno Marry Quintal ereby certify that the information in this form is true and corre- usts to share this information with those who need it to determ	ct. I give permission to Sa ine my status as a benet	awridge ficiary. DATE DEC 12-11 2011					







BENEFICIARY APPLICATION FORM													
					PERSO	NAL IN	FORMATION						
NAME	D0	ERE					KE			E	QUINTAL		
	70 A		ame(s)		<u> </u>	Mic	ddle Name(s)			Last Nar	ne(s)	
MAILING ADDRESS	584						WABA	4SCA		AB.	1062KC	CANADA	
	Apt/P.O(B	ox)	Stı	reet Add	ress	ress Town					Postal Code	Country	
DATE OF BIRTH	54	h	00	Γ	198	1988 BIRTH CERTIFICATE ¹							
	Day	······································	<u>Mor</u>			Year				Number			
PLACE OF BIRTH	<u> </u>	LAKE	3		COUNTRY		c	ANA	DA				
Telephone	(780) 891-23												
	Home Ph	one	Home	Fax	Cell P	hone	Work Pl	hone			Email Addre	ess	
STATUS NUMBER		RE YOU RRIED TO A D MEMBER?	IF YE BAN NUMBE	D D		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 DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?													
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND	1	V/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	NON) - 5	TATUS	3									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	SAWF	4 De	SE BA	WD.	ALS) M	LY ME	ATER	NA	rl G	ITH THE REAT-BI BAND A		
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS PARENTY DNC	S F	F YES, PROVIDE DETAILS	SAV Mis	JRID SION	SE JAR		S UN HOO	川.	USF	IVED ON HE ATTE GE		
MARITAL STATUS		L	/				***************************************						
(check one)	Married	Sin	igle Div	orced	Widowe	ed 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.

	Parents Inf	ORMATION
NAME OF MOTHER	DEANNA MARIE QUINTAL	NAME OF FATHER UNKNOWN
DATE OF BIRTH	APRIL 1971 Day Month Year	DATE OF BIRTH 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}
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?	□YES □No IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? DYES DNO AND IN WHICH CATEGORY?
Address	WAGASCA, AG CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	N/A Day Month Year	IF DECEASED – DATE OF DEATH Day Month Year
	GRANDPARENTS	
Name of Maternal Grandmother	ROSE MARIE QUINTAU	NAME OF MATERNAL GRANDFATHER ALFRED GEORGE QUINTAL
DATE OF BIRTH	26th FEB 1948 Day Month Year	DATE OF BIRTH 20th DEC 1940 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 IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DYES 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	Day IVIOIIII Tear	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ²³
DID YOUR PATERNAL GRAMMOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL DYES GRANDFATHER ENFRANCHISE? IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and correcusts to share this information with those who need it to determ	ct. I give permission to Sawridge nine my status as a beneficiary.

BENEFICIARY APPLICATION FORM													
	T				PERSONA	LIN	FORMATION						
NAME	1	<u> 205E</u>		***************************************	h		PLE			(PUINTA		
	y- (C) A	First Name	e(s)		Middle Name(s)					Last Name(s)			
Mailing Address	584						WAGA			AB		CANADA	
	Apt/P.Q E	$\overline{}$	Stre	eet Add	ress		<u> </u>	own		Prov	Postal Code	Country	
DATE OF BIRTH	2b	th p	EB Mont		1948 Year		BIRTH CERTIFICA	TE ¹	10	1948-08-006131			
PLACE OF BIRTH		VE LA			···		COUNTRY		C	ANF	Number		
Telephone	(780) 891-2396												
	Home Pl	none	Home I	Fax	Cell Pho	ne	Work Ph	none		r	Email Addr	ess	
STATUS NUMBER	454 - ARE YOU DYES MARRIED TO A BAND MEMBER?				IF YES, BAND NUMBER?	·		DID YO ENFRAN ISE?	CH-	□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? IF YES, PROVIDE DETAILS													
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND HE	RACE M AROLD M ANNA I ARRELJ	Jillia Mari	ang EBU	NATAL RE	E-MA	S OF CHILDRE	THER			N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	SAU	Ricc	E ‡	±4:	54-0	0	355-	01					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	•				WERE			-5TF	TC	ાડ ઇ	AWRIDE	SE	
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DS EATY DR OF	I PROV	s, (ANG							D ON SI LISSION	AWRIDSE ARY	
MARITAL STATUS	~												
(check one)	Married	Single	Divo	orced	Widowed	С	ommon-Lav	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.

				PARENTS IN	FORMATION					
NAME OF MOTHER	M	ARY T	MiN		NAME OF FATHER	Wil	lliam C	'ARC		
DATE OF BIRTH	291 Day		T onth	1924 Year	DATE OF BIRTH		ith JUI		1914	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		21DGE	-		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	SP	IWRIDGI		Year - 7	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DNO I	IF YES, WHAT IS HER BAND NUMBER?	#0	77	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	ØYES □No	IF YES, WHAT IS HIS BAND NUMBER?		7	
DID YOUR MOTHER ENFRANCHISE?	UNO /	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	÷		
Address		N/A			- Address		NA			
7.55.1250	Apt/ P.O. B Postal Cod	Box, Street Add le, Country	ress, Towr	n, Province,	Address	Apt/ P.0 Postal 0	Apt/ P.O. Box, Street Address, Town, Prov Postal Code, Country			
IF DECEASED — DATE OF DEATH	9-11 Day	DEC	nth	1989 Year	IF DECEASED — DATE OF DEATH	3 Da	v Mon	T th	2005 Year	
				GRANDPARENTS	INFORMATION					
NAME OF MATERNAL GRANDMOTHER	CLEMI	ENCE A	JiPSH	IANK	NAME OF MATERNAL GRANDFATHER	ST.	PIERRE	TU	Sin	
DATE OF BIRTH	2nd			1894	DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day	Mo	ntn j	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	SAURIDGE #079				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	I I NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?				
NAME OF PATERNAL GRANDMOTHER	Auce	E POTS	KIN		NAME OF PATERNAL GRANDFATHER	AB	SOLOM (CAR	DINAL	
DATE OF BIRTH	Day			Mara and a second	DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	ALEXA	NDER :		Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	5A	WRIDGE		Year	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	DNO /	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 th	nat the information w	n in this for ith those wh	m is true and corre	ct. I give permission	to Sawridg eneficiary.	DATE	DE	Z12th 2011	

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DA CANADA CANADA Given under my hand and seal of the Director.

NAME OF CAMPON CANADA Alberta Danada ADA CA

BENEFICIARY APPLICATION FORM														
						PERSO	NAL IN	IF C	ORMATION					
NAME	D	EAN		.,			MARIE Middle Name(a)					DUINTAL		
	First Name(s)			l	Middle Name(s)						Last Nan	ne(s)		
MAILING ADDRESS	58	4						l	NAGA			AB	TO62KD	CANADA
	Apt/P.			Str	reet Add	ress		+	Т	own		Prov	Postal Code	Country
DATE OF BIRTH		th Dav	A	PR		197			Birth Certifica	TE ¹				
PLACE OF BIRTH			ASCI			Yea	<u> </u>	t	COUNTRY		C	Number		
Telephone	(7	(239)						1						
relephone		e Phone		lome	Fax	Cell P	hone		Work Ph	none	<u> </u>		Email Addre	256
STATUS NUMBER			ARE YO MARRIED 1 AND MEMI	U TO A	□YES J⊒Mo	Is Vs	S, D			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.														
ORIGINAL SAWRID	MARRIED TO OR ED BY ONE OF THE TIME PROVIDE													
IF MARRIED, DID YOMARRIAGE PRODUCHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	DERI	I-MA EK LU ZEN LI ANNA	KE	QUIN EQUI	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	NO	N-;	STAT	บร	, (jN	PRO	CEE	35	S OF	APPI	LYII	VG FT	OR BAN MEMB	D JERSHÌP)
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? MY MATERNAL GRAND DARENTS WERE BOTH BORN AS SAURIDGE BAND MEMBERS.														
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? MY MATERNAL GRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL.														
MARITAL STATUS		'												
(check one)	Marri	ed :	Single	Div	orced	Widowe	d C	Cor	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 MOTHER	ROSE MARIE QUINTAL	NAME OF FATHER	ALFRED GEORGE QUINTAL						
DATE OF BIRTH	26th FEB 1948 Day Month Year	DATE OF BIRTH	20 th DEC 1940 Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	194	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT SAWRIDGE IS HER BAND NUMBER? #454-00355-0	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES 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	WAGASCA, AB CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	WAGASCA, AG CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						
IF DECEASED — DATE OF DEATH	N/A Day Month Year	IF DECEASED — DATE OF DEATH	N/A						
		'S INFORMATION	Day Month Year						
NAME OF MATERNAL GRANDMOTHER	MARY TWIN	NAME OF MATERNAL GRANDFATHER	WILLIAM CARDINAL						
DATE OF BIRTH	29th OCT. 1924 Day Month Year	DATE OF BIRTH	14th JULY 1914						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	SAWRIDGE #079	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	5AWRIDBE?						
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	CAROLINE BEAVER	NAME OF PATERNAL GRANDFATHER	WILLIAM QUINTAL						
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	BIGSTONE CREE NATION # 334	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	BIGSTONE CREE NATION # 334						
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 (The	Jane 3 d. X								

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

MAIL APPLICATION AND DOCUMENTS TO:

BAPTISMAL CERTIFICATE

This is to certify that

Deana Marie Quintal

Child of Alfred G. Quintal
Rose Marie Cardinal

born on 4th April 1971

and was baptized on 23rd May 1971

in St. Peter Celestine Church, Slave Lake, AB

ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH

By Fr. M. Jal

Sponsor:

Norman Giroux

Annie Twin

As recorded in the Baptismal Register of this Church

As per Pastor:

Date: Nov 11, 2011

St. Peter Celestin Catholic Church 200-3rd Ave NW Slave Lake, Alberta T0G 2A1

Diocese of Grouard - McLennan

BENEFICIARY APPLICATION FORM														
						PERSO	NAL IN	FORMATION						
Name	DF		EL			<u></u>	JASON				3	DUINTAL		
	-0	. 1	t Name(s			<u> </u>	Middle Name(s)				Last Nar	ne(s)		
MAILING ADDRESS	584		_					WABASCA			AB	TC62KO	CANADA	
	Apt/P.O			Str	eet Add	ress			Town	-T	Prov	Postal Code	Country	
Date of Birth	8	th ===		An Mon		1975		BIRTH CERTIFICATE 1						
PLACE OF BIRTH			ASCF			Yea	<u> </u>	Country	······································	(ANA	Number		
Telephone	(78 891-2	>)												
L	Home			Home Fax		Cell Phone		Work Phone			Email Address			
STATUS NUMBER		1	ARE YOU MARRIED T AND MEMB	0 A	□YES ,⊠Ño	IF YE Ban Numbi	D		ENFR	YOU ANCH - E?	□YES □No	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 ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS													
IF MARRIED, DID YO MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND		N)	4		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	NON	-6	TATU	5	(IN 1	PROC	ess	S OF A	IPPLY	inc	FOR	L BAND MEMBE	ership)	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? MY MATERNAL GRAND PARENTS WERE BOTH BORN AS SAWRIDGE BAND MEMBERS.														
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? HAVE YOU OR YOUR AND SHOULD ON THE SAWRIDGE LANDS UNTIL SHE ATTENDED SHOULD ON SHOULD ON THE SAWRIDGE BAND? MY MATERNAL BRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL.							DED ON							
MARITAL STATUS														
(check one)	Married		Single	Div	orced	Widowe	ed (Common-L	aw			Other (Specify	<u>')</u>	

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

			PARENTS INF	ORMATION						
NAME OF MOTHER	ROSE	= MARIE	EQUINTAL	NAME OF FATHER	ALF	RED	BED	RGE	QUINTAL	
DATE OF BIRTI	12b	5th FE	1948 onth Year	DATE OF BIRTH	20 Da	Jth.	DE		1940	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	!		Ontil Teal	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	yi_	Mon	uri	Year	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES □No	IF YES, WHAT IS HER BAND NUMBER?	5AWRIDGE #454-C0355-01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ₽No	IF YES, IS HIS B NUMBER	AND			
DID YOUR MOTHER ENFRANCHISE		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, AND IN V CATEGO	VHICH			
Address	Apt/ P.O.	SCA, AB	TC6 2KO CANADA Iress, Town, Province,	Address	WAB Apt P.		treet A	CAN	3 2KO JADA Town, Province,	
IF DECEASED - DATE OF DEAT	i	N/A	nth Year	IF DECEASED — DATE OF DEATH	Da		N/A		Year	
Day Month Year Day Month Year GRANDPARENTS INFORMATION										
NAME OF MATERNAL GRANDMOTHE	R M	ARY TN	lin	NAME OF MATERNAL GRANDFATHER	Wi	LLIA	M C	ARD	INAL	
DATE OF BIRTI	1 2C	th OC	T. 1924-	DATE OF BIRTH		14th JULY 1914				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		RIDGE +		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	5AWRIDGE ?					
DID YOUR MATERNAL GRANDMOTHE ENFRANCHISE		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, AND IN V	WHICH			
NAME OF PATERNAL GRANDMOTHE	CAR	OUNE R	SEAVER	NAME OF PATERNAL GRANDFATHER	Wi	LLIA	mi	منا	NTAL	
DATE OF BIRTH	H Day	, Mc	1902 onth Year	DATE OF BIRTH	Da	w I	Mor	ıth .	1898 Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			REE NATION	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STON		REE	NATION	
DID YOUR PATERNAL GRANDMOTHE ENFRANCHISE		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, AND IN V	WHICH			
SIGNATURE -	I hereby certify Trusts to share	that the information	on in this form is true and correctivity those who need it to determine	et. I give permission ine my status as a b	to Sawridg	ie I	DATE	DE	C12th 2011	

BAPTISMAL CERTIFICATE

This is to certify that

Darrel Jason Quintal

Child of

Alfred Quintal

Rose Marie Cardinal

born on January 8th, 1975 in Athabasca, AB

and was baptized on March 8th, 1975

in St. Peter Celestin Catholic Church, Slave Lake, AB

ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH

By

Father J. Jean, O.M.I.

Sponsor:

Jimmy Twin

Marie Cardinal

As recorded in the Baptismal Register of this Church

Pastor:

Date: 22 Jan OS

St. Peter Celestin Catholic Church

Box 157 Slave Lake, Alberta T0G 2A0

Diocese of Grouard - McLennan

BENEFICIARY APPLICATION FORM														
						PERSO	NAL IN	FORMATION						
NAME	(<u> JR</u>					MARY					QUINTAL		
			irst N	ame(s)		<u> </u>	Mi	ddle Name(s)				Last Nan	ne(s)	
MAILING ADDRESS		34						WABF	WABASCA		AB	TOB 2KC	CANADA	
		O. Box			Street Add	Iress			own		Prov	Postal Code	Country	
DATE OF BIRTH		Day		SE	PT. Month	·		BIRTH CERTIFICATE ¹				N		
PLACE OF BIRTH			AC	L	CA, F		Year G			(ANT	Number		
Telephone		(09							L				live.com	
•		e Pho		Home Fax		Cell F	hone	Work P	hone	9		Email Addre		
STATUS NUMBER			MAR	RE YOU RIED TO . MEMBER		IF YE BAN NUMB	ID .		DID YO ENFRAN ISE?	ICH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?		
INDIAN ACT, PROVID	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? IF YES, PROVIDE DETAILS														
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND		N/	A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.'				N/A				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	NO	V-;	STA	TUS	(in	PROC	ESS	S OF A	PPLY	ing	5 FOR	REMBE	(વામસ્ત્ર	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? MY MATERNAL GRAND PARENTS WERE BOTH BORN AS SAURIDGE BAND MEMBERS.								AS						
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 YOU OR YOUR AND SET ASIDE FOR THE SAWRIDGE LANDS UNTIL SHE ATTENDED TO THE SAWRIDGE BAND? MY MATERNAL GRANDMOTHER IS SAWRIDGE LANDS UNTIL SHE ATTENDED TO THE SAWRIDGE BAND?														
MARITAL STATUS			V	-										
(check one)	Marri	ed	Sin	gle	Divorced	Widowe	ed C	Common-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.

			PARENTS INF	ORMATION						
NAME OF MOTHER	RO	SE MAR	ie quintal	NAME OF FATHER	ALF	RED GEC	RGE QUINTAL			
DATE OF BIRTH	26 Day		3. 1948 onth Year	DATE OF BIRTH	20 Da	oth DEC				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day		onui l'eai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	y į Mor	ith Year			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ØYES □NO	IF YES, WHAT IS HER BAND NUMBER?	6awridge #454-00355-01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES patho	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	Apt/ P.O.	SCA, AB. O	TOS 2KO EANADA Iress, Town, Province,	- Address	SCX 584 TC6 2KO WAGASCA, AB, CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH		1/A	oth V	IF DECEASED — DATE OF DEATH		N/A				
Day Month Year Day Month Year GRANDPARENTS INFORMATION										
NAME OF MATERNAL GRANDMOTHER	MA	RY TWIN		NAME OF MATERNAL GRANDFATHER	wi	uiam ca	RDINAL			
DATE OF BIRTH	20 Day	Pth Och	7. 1924 onth Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		21D6E #(STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	SAWRIDGE ?					
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	CAR	OUNE B	EAVER	NAME OF PATERNAL GRANDFATHER	Wi	uiam g	UINTAL			
DATE OF BIRTH	Day	Mc	i902 onth Year	DATE OF BIRTH	Da	ay Mor	1898 Oth Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			ENATION	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		· · · · · · · · · · · · · · · · · · ·	REE 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 I I	ereby certify	that the information w	on in this form is true and correction this form is true and correction the contract of the co	at. I give permission ine my status as a b	to Sawridg	DATE	DEC12th 2011			

BAPTISMAL CERTIFICATE

This is to certify that

Grace Mary Lou Cardinal

Child of

Alfred Quintal

Rose Marie Cardinal

born on September 6th, 1965 in Athabasca, AB

and was baptized on September 19th, 1965

in St. James Catholic Church, Smith, AB

ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH

By

Father Fournier, O.M.I.

Sponsor:

Walter Twin

Yvonne Cardinal

As recorded in the Baptismal Register of this Church

Pastor:

an Il,

St. Peter Celestin Catholic Church

Box 157 Slave Lake, Alberta

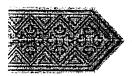
T0G 2A0

Diocese of Grouard - McLennan

NAME	Haro F 584 ADUP.O. Box	l d irst Name(s))	PERSON	AL INF	ORMATION					
Mailing	584	irst Name(s))	Wi	11						
11	584	Tot Hame(o)	<u></u>	William Middle Name(s)					(-	duinta Last Nar	
ADDRESS			584				Wabasca				Canada
DATE OF BIRTH	1 8 Day		O 9 Month	1967 Year		BIRTH 19		14	Prov Postal Code Country		
PLACE OF BIRTH	_	basc	a, Al	berta		COUNTRY			Tanac	la	
Telephone ((780) <u>891-23</u> Home Pho	396	ome Fax	Cell Ph	one	Work Ph	one			Email Addr	256
STATUS NUMBER		ARE YOU MARRIED TO BAND MEMB	J □YES	Ic Vcc		·	DID YO ENFRAN ISE?	ICH-	□YES Ø N o	IF YES, WHEN, WHICH CATEGORY?	333
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.											
FROM, MARRIED TO O ADOPTED BY ONE OF ORIGINAL SAWRIDGE	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS										
IF MARRIED, DID YOU MARRIAGE PRODUCE CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	The state of the s	NIA		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	Non-S	tatus	In (proces	ss he	of a	appl	Y11	ng f Bi	for men	nbership
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? William Cardinal and Mary Twin											
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 YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS IF YES, PROVIDE DETAILS My maternal grandmother, Mary Twin, I ved on Sawridge land when She Was young.							Twin, she				
MARITAL STATUS (check one)	Married	Widowed		ommon-La	w			Other (Specify	v)		

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 II	FORMATION						
NAME OF		NAME OF						
MOTHER	Rose Marie Quintal	FATHER	Alfred George Quintal					
	The state of the s		Alfred George Quintal					
DATE OF BIRTH	26 02 1948	DATE OF BIRTH	20 12 1940					
	Day Month Year	- DATE OF BINTI						
STATUS UNDER	Day World Con	STATUS UNDER	Day Month Year					
INDIAN ACT OR		INDIAN ACT OR						
PAY LIST AT BIRTH ^{2,3}		PAY LIST AT						
BIRTH-"	<u> </u>	BIRTH ^{2,3}	?					
Is your		1						
MOTHER A	MYES IF YES, WHAT	IS YOUR	IF YES, WHAT					
SAWRIDGE	INO ISHERBAND	FATHER A SAWRIDGE	DYES IF TES, WHAT					
BAND MEMBER 2	NUMBER?	1	NUMBER?					
MEMBER?	454-00355-01							
DID YOUR	□YES IF YES, WHEN	DID YOUR	IF YES, WHEN					
MOTHER ENFRANCHISE?	PANO AND IN WHICH	FATHER	☐YES IF TES, WHEN ☑YES AND IN WHICH					
ENFRANCHISE:	CATEGORY?	ENFRANCHISE?	CATEGORY?					
	90x 584		0. 500					
	Wabasca, Ab. Canada TOG 2K	,_	Box 584					
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province,	Address	Wabasca Ab, Canada TOG 2 KO					
i	Postal Code, Country		Apt/ P.O. Box, Street Address, Town, Province,					
	1 Gaiai Godo, Godina y	-	Postal Code, Country					
IF DECEASED -		IF DECEASED -	1					
DATE OF DEATH	Day Month Year	DATE OF DEATH	5 1 M III Wasan					
	GRANDPARENTS	- Internation	Day Month Year					
NAME OF	GRANDFARENT							
MATERNAL		NAME OF	· I · · · · · · · · · · · · · · · · · ·					
GRANDMOTHER	Mary Twin	MATERNAL GRANDFATHER	William & Cardinal					
	Mary Win	GRANDIAILL	William & Cilcinal					
DATE OF BIRTH	29 10 1924		14 07 1914					
'		DATE OF BIRTH						
STATUS UNDER	Day Month Year	STATUS UNDER	Day Month Year					
INDIAN ACT OR	Daniel	INDIAN ACT OR	#-?					
PAY LIST AT	Registered #	PAY LIST AT						
BIRTH	under Sawridge # 079	BIRTH ^{2,3}	Registered under Sawidge					
DID YOUR	I Is Ven water 9	DID YOUR	Is Ven week					
MATERNAL GRANDMOTHER	MO AND IN WHICH	MATERNAL	LITES					
ENFRANCHISE?	CATEGORY?	GRANDFATHER	MO AND IN WHICH CATEGORY?					
NAME OF		ENFRANCHISE? NAME OF						
PATERNAL		PATERNAL						
GRANDMOTHER	Caroline Beaver	GRANDFATHER	William Quintal					
Γ								
DATE OF BIRTH	1902	DATE OF BIRTH	? ? 1898					
<u>'</u>	Day Month Year	1	Day Month Year					
STATUS UNDER		STATUS UNDER						
INDIAN ACT OR PAY LIST AT	Registered	INDIAN ACT OR	Registered					
BIRTH	under Bigstone # 334	PAY LIST AT BIRTH ^{2,3}	under Bigstone # 334					
DID YOUR		DID YOUR						
PATERNAL	☐YES IF YES, WHEN	PATERNAL	□YES IF YES, WHEN					
GRANDMOTHER	AND IN WHICH	GRANDFATHER	AND IN WHICH					
ENFRANCHISE?	CATEGORY?	ENFRANCHISE?	CATEGORY?					
	11 110 111							
SIGNATURE	Harold Quistal		D					
¹ lhe	ereby certify that the information in this form is true and correct	ct. I give permission t	to Sawridge DATE Dec 12,2011					
Trusts to share this information with those who need it to determine my status as a beneficiary.								





Government of Alberta Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



Janet Skinner Director of Vital Statistics REG 3413 (2009/12)



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

Nov 15, 2010



Surname Nom

Given Names Prénoms

Date of Birth Date de naissance

Place of Birth Lieu de naissance

Registration No. Nº d'enregistrement

Registration Date Date d'enregistrement

Name of Mother Nom de la mère

Place of Birth Lieu de naissance

Name of Father Nom de père

Place of Birth Lieu de naissa

Quintal

Harold William

Sep 18, 1967

Athabasca

1967-08-025310

Oct 20, 1967

Cardinal, Rose Marie

Date Issued Délivré le

Alberta

Quintal, Alfred George

Alberta



