

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Tracey		Jeanne		Peitras-Collins		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	4805 - 188 st		Edmonton		AB	T6M 2S2	CANADA
	Apt/P.O. Box	Street Address	Town		Prov	Postal Code	Country
DATE OF BIRTH	14	04	1966		BIRTH CERTIFICATE <sup>1</sup> Number		
	Day	Month	Year				
PLACE OF BIRTH	Edmonton			COUNTRY	Canada		
Telephone	780 436 0559	780 756 8183	780 690 6537	780 481 0303	peitras-collins@shaw.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	111	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Descended from Albert Norbert & Virginia (Mary) Potskin. Jennie				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	N/A			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bill C-31 61						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a descendant of Sawridge Band members it is my inherent right. I am the same status as Clara Midbow/Freda Draney's children. I have applied twice for membership. My grandparents Albert and Jennie have lived on sawridge lands. Jennie continues to live there. I lived there as a child.						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My grandparents Albert and Jennie have lived on sawridge lands. Jennie continues to live there. I lived there as a child.				
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)	

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

<sup>1</sup> 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		Elizabeth Bernadette (Potskin) Poitras			NAME OF FATHER		Homer Joseph Poitras		
DATE OF BIRTH		17 3 1944 Day Month Year			DATE OF BIRTH		16 10 1902 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Métis		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		110		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DID YOUR MOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Section 12 1B		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ADDRESS		Box 387 Elk Point AB T0A 1A0 Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS				
IF DECEASED – DATE OF DEATH		n/a Day Month Year			IF DECEASED – DATE OF DEATH		18 04 2010 Day Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Jennie Virginia Potskin			NAME OF MATERNAL GRANDFATHER		Albert Norbert Potskin		
DATE OF BIRTH		26 12 1924 Day Month Year			DATE OF BIRTH		10 10 1902 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Treaty		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME OF PATERNAL GRANDMOTHER		Mary (Dion) Poitras			NAME OF PATERNAL GRANDFATHER		Lloyd J. Poitras		
DATE OF BIRTH		11 11 1918 Day Month Year			DATE OF BIRTH		12 12 1920 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Métis		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE		Mary Anne Pothellin						DATE	
		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.						April 30, 2010	

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

MAIL APPLICATION AND DOCUMENTS TO:

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

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Trent		Ryan Albert		Potskin		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	11956 - 34 st		Edmonton		AB	T5W 3G9	Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	6	9	1981		BIRTH CERTIFICATE <sup>1</sup>	1981-08-028399	
	Day	Month	Year			Number	
PLACE OF BIRTH	Slave Lake, Alberta			COUNTRY	Canada		
Telephone	(780) 644-9630				trent.potskin@yahoo.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone			
STATUS NUMBER	454004	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES	IF YES, WHEN, WHICH CATEGORY?
	0001		<input checked="" type="checkbox"/> NO			<input type="checkbox"/> NO	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Ethan Elijah. Talia M. L.		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 <sup>2,3</sup>							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		born and raised on treaty Land registered at birth to Sawridge Band.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Grandmother, Grand Father (Deceased) Mother; born and raised on Sawridge reserve. Grandmother still resides on Sawridge reserve. Yes. born and raised on Sawridge treaty land.		
MARITAL STATUS (check one)							
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

<sup>1</sup> 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	Judy Potskin				NAME OF FATHER	William Moosewah			
DATE OF BIRTH	20 March 1959 Day Month Year				DATE OF BIRTH	3 6 1955 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Full treaty				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Full treaty Saddle lake			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	# 97.		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	marriage		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS	11934-56 st Edmonton AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS				
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH				
	Day	Month	Year			Day	Month	Year	
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER	Jean. Potskin				NAME OF MATERNAL GRANDFATHER	Albert Norbert Potskin			
DATE OF BIRTH	10 09 10 1924 Day Month Year				DATE OF BIRTH	10 10 1900 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Full treaty				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Full treaty			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER	Don't Know !!				NAME OF PATERNAL GRANDFATHER	Don't Know !!			
DATE OF BIRTH					DATE OF BIRTH				
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE	T. F. Patsie						DATE	January 28. 2010.	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

MAIL APPLICATION AND DOCUMENTS TO:

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



BIRTH CERTIFICATE  
CERTIFICAT DE NAISSANCE

Alberta

BIRTH CERTIFICATE  
CERTIFICAT DE NAISSANCE

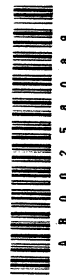


Certified extract from  
Registration of Birth, Death &  
Marriage, Alberta, Canada  
Extrait certifié conforme  
de l'enregistrement  
Edmonton, Alberta, Canada

*L. Burridge*  
Laure Burridge  
Director of Vital Statistics

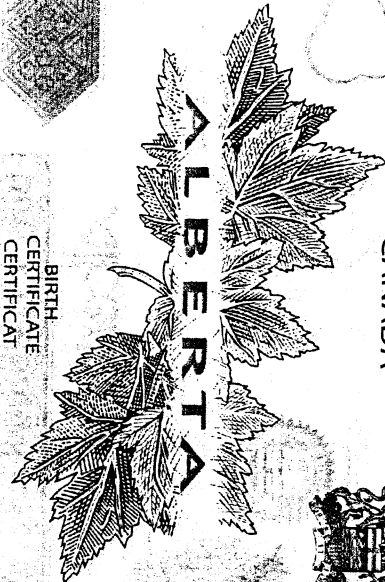
REG 2113 (03/04/11)

Surname Nom	Potskin
Given Names Prénoms	Trent Ryan Albert
Date of Birth Date de naissance	Sep 06, 1981
Place of Birth Lieu de naissance	Slave Lake
Registration No. N° d'enregistrement	1981-08-028399
Registration Date Date d'enregistrement	Sep 11, 1981
Date Issued Délivré le	Dec 04, 2009



A B 0 0 2 5 8 0 8 9

BIRTH  
CERTIFICATE  
CERTIFICAT  
DE NAISSANCE



CANADA



IMPORTANT SECURITY INFORMATION

This certificate is a valuable fraudulent identity document.  
The document could lead to identity theft or fraud.  
The document:  
• contains sensitive security features for your protection;  
• is issued in a secure place; and  
• is issued only when about 100 necessary security features are checked.  
This certificate is subject to the conditions of the Act.  
This certificate is subject to the conditions of the Act.

RENSEIGNEMENTS IMPORTANTS SUR LA SÉCURITÉ

Ce certificat est un document d'identité de valeur.  
Il est un document d'identité de valeur.  
Ce document:  
• contient des renseignements sensibles pour votre protection;  
• est émis dans un endroit sûr; et  
• est émis seulement lorsque les 100 caractéristiques de sécurité sont vérifiées.  
Ce certificat est soumis aux conditions de la Loi.  
Ce certificat est soumis aux conditions de la Loi.

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Sonia			Odette			Potskin		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	61 Lees St			Red Deer			AB	T4R-2P3	Canada
	Ap/P.O. Box			Street Address			Prov	Postal Code	Country
DATE OF BIRTH	25 8 70			BIRTH CERTIFICATE <sup>1</sup>			1970-08-021662		
	Day Month Year						Number		
PLACE OF BIRTH	Edmonton			COUNTRY			Canada		
Telephone	403 3410325								
	Home Phone			Home Fax			Cell Phone		
				Work Phone			Email Address		
STATUS NUMBER	45400 30301			ARE YOU MARRIED TO A BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
				IF YES, BAND NUMBER?			DID YOU ENFRANCHISE?		
							<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
							IF YES, WHEN, WHICH CATEGORY?		
							married		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
IF YES, PROVIDE DETAILS									
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.									
Sabrina Vajna									
DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.									
Jarrett Beaudry Karlyn Potskin Before marriage									
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>									
Full status									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
I was a band member until 1994. They stopped payment to my trust fund in 1979.									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
IF YES, PROVIDE DETAILS									
Mary and albert Potskin Grandparent I Lived on the reserve, my Grandma raised me, my mom died in 1971.									
MARITAL STATUS (check one)									
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)									

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

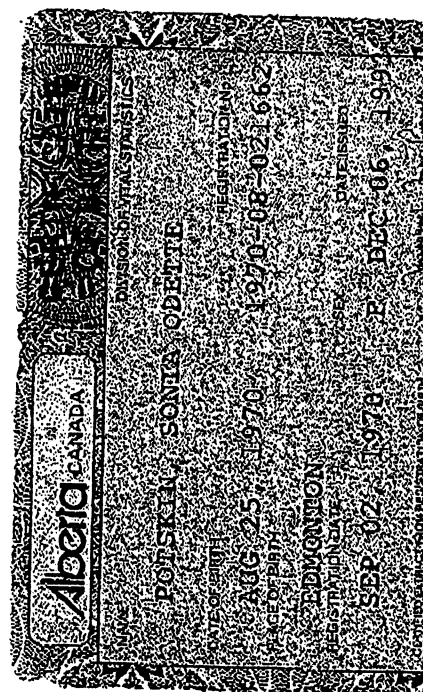
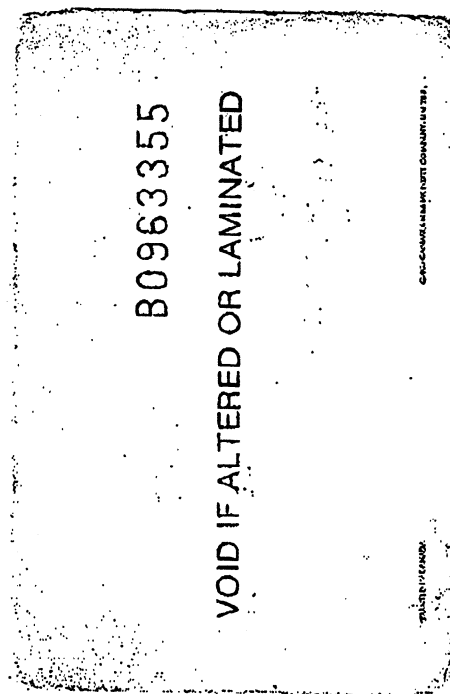
<sup>1</sup> A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION									
NAME OF MOTHER		Violet Germaine Helen Potskin			NAME OF FATHER		Unknown		
DATE OF BIRTH		5 11 1953 Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Full status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		/		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		Box 185 Slave Lake AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS		/		
IF DECEASED - DATE OF DEATH		7 12 1971 Day Month Year			IF DECEASED - DATE OF DEATH		Day Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Mary Virginia Potskin			NAME OF MATERNAL GRANDFATHER		Albert Potskin		
DATE OF BIRTH		9 10 1922 Day Month Year			DATE OF BIRTH		12 Oct 1918 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Full status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Full status		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER		Unknown			NAME OF PATERNAL GRANDFATHER		Unknown		
DATE OF BIRTH		Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		/			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		/		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		Jonie Yapie					DATE		Dec 29/09
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

MAIL APPLICATION AND DOCUMENTS TO:

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



ENTERED MAY 17 2010

RECEIVED MAY 13 20

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME	Nicole			Tanya Marie			Poitras			
	First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS	9	Kehewin			Kehewin			AB	TOA1C0	Canada
	Apt/P.O. Box	Street Address			Town			Prov	Postal Code	Country
DATE OF BIRTH	3	07	74	BIRTH CERTIFICATE <sup>1</sup>			B063733			
	Day	Month	Year				Number			
PLACE OF BIRTH	St. Paul				COUNTRY			Canada		
Telephone					poitras_nicole@yahoo.com					
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address					
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A								
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Descended from Albert Norbert + Virginia Jennie (Mary) Potskin							
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Alisha Claire Poitras 95/17/12 Torian Ashby Hermoult 28/12/00 Tyreese Cameron Poitras 20/08/03				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bill C-31 61.									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a descendant of my late <sup>late</sup> mason Albert Potskin a once band councillor and it is my inherent right. I am the same generation as late Walter's sisters Clara Midbow/Freda Draney's children they <del>are</del> <sup>are</sup> eligible, why am not?									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My grandparents Albert and Jennie have lived in Sawridge First Nations throughout their relationship. Granny (Jennie) still resides in Sawridge. I lived there as a child							
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	<input checked="" type="checkbox"/>				
	Other (Specify)									

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

<sup>1</sup> 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		Elizabeth Bernadette Pitskin-Poitras			NAME OF FATHER		Homer Joseph Poitras		
DATE OF BIRTH		17	3	1944	DATE OF BIRTH		16	08	1941
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Metis		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
			110					N/A	
DID YOUR MOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
			Section 12 1B					N/A	
ADDRESS		Box 387 Elk Point AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T0A 1A0 Canada			ADDRESS				
IF DECEASED - DATE OF DEATH		N/A			IF DECEASED - DATE OF DEATH		18 04 2010		
		Day	Month	Year			Day	Month	Year
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Jennie Virginia Pitskin			NAME OF MATERNAL GRANDFATHER		Albert Norbert Pitskin		
DATE OF BIRTH		26	12	1924	DATE OF BIRTH		10	10	1902
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Treaty		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER		Mary (Dion) Poitras			NAME OF PATERNAL GRANDFATHER		Lloyd J. Poitras		
DATE OF BIRTH		11	11	1918	DATE OF BIRTH		12	12	1920
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Treaty 6			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Metis		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		Nicola Poitras						DATE	
		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.						May 12/2010	

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

MAIL APPLICATION AND DOCUMENTS TO:

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

**Alberta** CANADA

**CERTIFICATE  
OF BIRTH**

B063733

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

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

Name NICOLE TANIA MARIE POITRAS Sex FEMALE

Date of Birth JUL 03, 1974 Place of Birth ST. PAUL

Name of Father HOMER JOSEPH POITRAS

His Birthplace GURNEYVILLE, ALBERTA

Name of Mother ELIZABETH BERNADETTE POTSKIN

Mother (before Marriage) Her Birthplace KINUSO, ALBERTA

Registered at ST. PAUL on JUL 12, 1974 Registration No. 74-08-016175  
(Month) (Day) (Year)

Given under my hand and seal of the Director.



This 11 Day of JUL 19 85

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

*Director*  
Director

607615

RECEIVED FEB 1 6 2010

**BENEFICIARY APPLICATION FORM**

**PERSONAL INFORMATION**

NAME	Michelle		Marie		Porskin	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	Box 593		ENOCH		AB	17X-343 Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	14	04	1981	BIRTH CERTIFICATE <sup>1</sup>		Number
	Day	Month	Year			
PLACE OF BIRTH				COUNTRY		
Telephone	780-266-3955		587-783-2487		Email Address: michelle_porskin@696_Hotmail	
	Home Phone	Home Fax	Cell Phone	Work Phone		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TRÉATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	SIB Enoch Band					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Born and reg as a Sawridge band member was transfer without a trust to Enoch Cree Nation					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	my Gramma is I do beleive is the eldest band Sawridge band memeber 36#Sawridge				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)

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

<sup>1</sup> 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			Harriet Potkin			NAME OF FATHER			Neil Stuart Morin		
DATE OF BIRTH			30 04 1950 Day Month Year			DATE OF BIRTH			30 11 1959 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			# 99 Sawridge			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Enoch 513		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		11	IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS			Box 8/85 Slave Lake AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T0G 2A0			ADDRESS			Box 61 Enoch AB 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			Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			Mary Virginia Potkin			NAME OF MATERNAL GRANDFATHER			Albert Norbert Potkin		
DATE OF BIRTH			9 10 1924 Day Month Year			DATE OF BIRTH			10 10 1902 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Sawridge 36 #			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Sawridge 36 #		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER			Harriet Desjarlais			NAME OF PATERNAL GRANDFATHER			Benjamin Potkin		
DATE OF BIRTH			Day Month Year			DATE OF BIRTH			Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE			I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE		

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

MAIL APPLICATION AND DOCUMENTS TO:

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

ENTERED APR 23 2010

RECEIVED APR 22 2010

## BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Robin		Tamara Freda		Potskin	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	404	600 Kirkness Rd.		Edmonton	AB	T5P 2H5 Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code Country
DATE OF BIRTH	13	January 1981		BIRTH CERTIFICATE <sup>1</sup>	B 029526	
	Day	Month	Year		Number	
PLACE OF BIRTH	Slave Lake AB			COUNTRY	Canada	
Telephone	780 476 0585				potskin@yahoo.ca	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	454 00294 01	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My paternal father and grandfather I have descended from.			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a band member and I am entitled to it					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My paternal grandmother still resides in the house she shared with my paternal grandfather			
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)

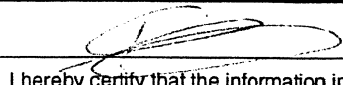
BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

<sup>1</sup> 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 <b>Elsie Helen Potskin</b>				NAME OF FATHER <b>Angus Kenneth Potskin</b>			
DATE OF BIRTH <b>09 06 1955</b> Day Month Year				DATE OF BIRTH <b>16 01 1949</b> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>registered status Indian.</b>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>registered status Indian.</b>			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY? <b>1980</b>		DID YOUR FATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS <b>Basement T5E 12921-117st Edmonton AB 5T8</b> 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 <b>28 December 2006</b> Day Month Year			

**GRANDPARENTS INFORMATION**

NAME OF MATERNAL GRANDMOTHER <b>Margret Maitain</b>				NAME OF MATERNAL GRANDFATHER <b>Unknown</b>			
DATE OF BIRTH <b>Unknown</b> Day Month Year				DATE OF BIRTH  Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>registered status Indian. Kehwin First Nation</b>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>  			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER <b>Mary Virginia Potskin</b>				NAME OF PATERNAL GRANDFATHER <b>Norbert Albert Potskin</b>			
DATE OF BIRTH <b>9 10 1922</b> Day Month Year				DATE OF BIRTH <b>10 10 1905</b> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>registered status Indian</b>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>registered status Indian.</b>			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE  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 <b>April 5, 2010</b>	

**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

Robin Potoskin

Alberta CANADA

CERTIFICATE  
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH

Vital Statistics

B029526

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

Name: ROBIN TAMARA FREDA POTOSKIN

Sex: FEMALE

Date of Birth: JAN 13, 1981

Place of Birth: SLAVE LAKE

Name of: ANGUS KEN POTOSKIN

Father: His Birthplace: SWAN RIVER, ALBERTA

Name of: ELSIE MOUNTAIN

Mother: Her Birthplace: ELK POINT, ALBERTA

Registered at: SLAVE LAKE

Registration No. 81-08-000830

(Month) (Day) (Year)

Given under my hand and seal of the Director:

This: SEP 07

Day of: SEP 84

Certified Extract From  
Registration of Birth  
Issued at Edmonton

Alberta-Canada

274533

*Director*



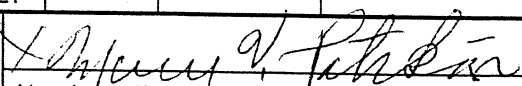
23 2010

RECEIVED APR 22 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	MARY			VIRGINA			POTSKIN		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	PO BOX 185		SLAKE LAKE		AB		T0G0A0		CANADA.
	Apt/P.O. Box		Street Address		Town		Prov		Postal Code
DATE OF BIRTH	09 OCT 1922			BIRTH CERTIFICATE <sup>1</sup>		1922-08-419225			
	Day Month Year					Number			
PLACE OF BIRTH	PEACE RIVER, ALBERTA			COUNTRY		CANADA			
Telephone	180-849-2794								
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	454-0003502		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?
									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
IF YES, PROVIDE DETAILS									
MARRIED TO ALBERT POTSKIN (DECEASED)									
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.									
SEE ATTACHED									
DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.									
NO.									
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION									
STATUS + BAND MEMBER.									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
SAWRIDGE BAND MEMBER SINCE MARRIAGE IN 1940									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?									
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
IF YES, PROVIDE DETAILS									
MARITAL STATUS (check one)									
<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)									

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

<sup>1</sup> 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	HARRIETT DESTARLAIS			NAME OF FATHER	UNKNOWN		
DATE OF BIRTH	UNKNOWN			DATE OF BIRTH	UNKNOWN		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	UNKNOWN - ADOPTED			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	UNKNOWN - ADOPTED		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	UNKNOWN			ADDRESS	UNKNOWN		
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH	UNKNOWN			IF DECEASED - DATE OF DEATH	UNKNOWN		
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	UNKNOWN			NAME OF MATERNAL GRANDFATHER	UNKNOWN		
DATE OF BIRTH	UNKNOWN			DATE OF BIRTH	UNKNOWN		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	UNKNOWN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	UNKNOWN		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	UNKNOWN			NAME OF PATERNAL GRANDFATHER	UNKNOWN		
DATE OF BIRTH	UNKNOWN			DATE OF BIRTH	UNKNOWN		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	UNKNOWN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	UNKNOWN		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE						DATE	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

**PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.**  
**MAIL APPLICATION AND DOCUMENTS TO:**

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

ROBERT BAPTISTE POTSKIN

RECEIVED APR 22 2010

ELIZABETH BERNADETTE POITRAS

CLAIRA JOSÉPHINE LOYER (DECEASED)

ANGUS KENNETH POTSKIN (DECEASED)

RITA ROSE MANDER (DECEASED)

VIOLET GERMAINE POTSKIN (DECEASED)

LILLY ANN POTSKIN

JUDY DOREEN MOOSWASH

HARRIETTE ELIZAMAY MORIN

ALBERT GENE ERNEST POTSKIN

RECEIVED APR 22 2010

## BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Michael		Johnathan		Potskin	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	B	17921-117st Base		Edmonton	AB	T5E- Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code Country
DATE OF BIRTH	28	12	1975	BIRTH CERTIFICATE <sup>1</sup>	95772(75-08-032351	
	Day	Month	Year		Number	
PLACE OF BIRTH	Lesser Slave Lake, AB			COUNTRY	Canada	
Telephone (780)	642-2351	—	777-8898	460-0777	M. Potskin@yahoo.ca	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	454 00	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	291 01					IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My Paternal Grand father and my father I am descended from			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	<del>Indian Band Member</del> M.P.					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a band member and if it can help to improve myself and my way of living I would like to one.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My Paternal Grand Mother is currently living on the same land my Grandfather did as my father did.			
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

<sup>1</sup> 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 Kenneth Potskin

PARENTS INFORMATION							
NAME OF MOTHER	Elsie Helen Potskin			NAME OF FATHER	<del>Angus Kenneth Potskin</del>		
DATE OF BIRTH	09	Jan	1955	DATE OF BIRTH	16	Jan	1949
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	registered status India			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	registered status India.		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	12921-117st Edmonton AB T5E 5J8			ADDRESS			
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH	28	12	2006
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Margret Mountain			NAME OF MATERNAL GRANDFATHER	Unknown		
DATE OF BIRTH	Unknown			DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Registered Status Indian Kehwin First Nation.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	Mary Virginia Potskin			NAME OF PATERNAL GRANDFATHER	Norbert Albert Potskin		
DATE OF BIRTH	9	OCT	1922	DATE OF BIRTH	10	OCT	1905
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Registered Status India			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Registered Status India.		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Michael Potskin					DATE	April 4, 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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



# BIRTH CERTIFICATE

## Alberta

BIRTH CERTIFICATE

REG 3413 (2007/08)

*L. Beveridge*  
Laurie Beveridge  
Director of Vital Statistics



Certified extract from:  
Registration of Birth filed at  
Edmonton, Alberta, Canada.

Surname  
Nom

Mountain

Given Names  
Prénoms

Elsie Helen

Date of Birth  
Date de naissance

Jun 09, 1955

Sex  
Sexe F

Place of Birth  
Lieu de naissance

Saddle Lake

Registration No.  
N° d'enregistrement

1955-08-035287

Registration Date  
Date d'enregistrement

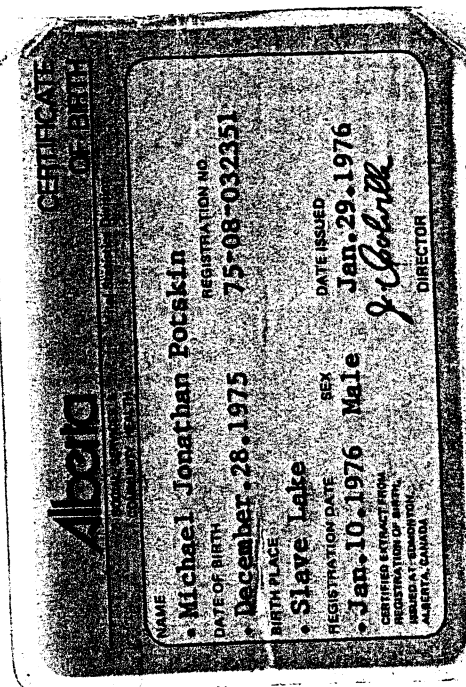
Feb 24, 1956

Date Issued  
Délivré le

Mar 11, 2008



A 8 0 0 0 2 0 1 8 7



Michael Patskin  
Elsie Patskin

RECEIVED FEB 09 2010

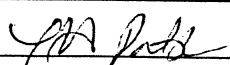
# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Lillian <del>P</del>		Ann Marie		POTSKIN	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	390	513 - 8 <sup>th</sup> street	SMITH	AB	T0G 2B0	Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	14	04	1956	BIRTH CERTIFICATE <sup>1</sup> 1956-08-010887		
	Day	Month	Year	Number		
PLACE OF BIRTH	Slave Lake			COUNTRY		
Telephone	780-829	780-843	Email Address			
	0000	5002				
	Home Phone	Home Fax	Cell Phone	Work Phone		
STATUS NUMBER	Original # 97	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	454 0010901	DID YOU ENFRANCHISE?
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		I was married out at \$210,000.00 approximately				
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	marriage original Sawridge Treaty			
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	yes	Brent Albert Potskin Jonathon Barrett Potskin Gina Robin Ann Potskin (deceased)	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	no		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	I had Brent and Jonathon out of wed lock and was 5 months pregnant with Gina at the time of marriage.					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Because I was <del>Born</del> Born a Sawridge member.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My mother and father lived on and my mother still lives on the reserve my father is deceased			
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Presently.
						Other (Specify)

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

<sup>1</sup> 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			Jean Virginia Potskin			NAME OF FATHER		Norbert Albert Potskin							
DATE OF BIRTH			10 Oct 1921			DATE OF BIRTH			Oct 9 1901						
			Day Month Year						Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Treaty from Alexander			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Treaty from Sawridge						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		#36		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		#36			
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS			Box 185 Slave Lake, AB			ADDRESS			Box 185 Slave Lake, AB.						
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						
IF DECEASED – DATE OF DEATH						IF DECEASED – DATE OF DEATH			22 12 1981						
			Day Month Year						Day Month Year						
GRANDPARENTS INFORMATION															
NAME OF MATERNAL GRANDMOTHER								NAME OF MATERNAL GRANDFATHER				Benjamin Potskin			
DATE OF BIRTH								DATE OF BIRTH							
				Day Month Year								Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>								STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				Treaty Sawridge			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER								NAME OF PATERNAL GRANDFATHER				Harriet Eliza Potskin			
DATE OF BIRTH								DATE OF BIRTH							
				Day Month Year								Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>								STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				Treaty Sawridge			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE									DATE			Feb 1 / 2010			
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.															

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

**MAIL APPLICATION AND DOCUMENTS TO:**

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

Birth Certificate

DATE of Birth-

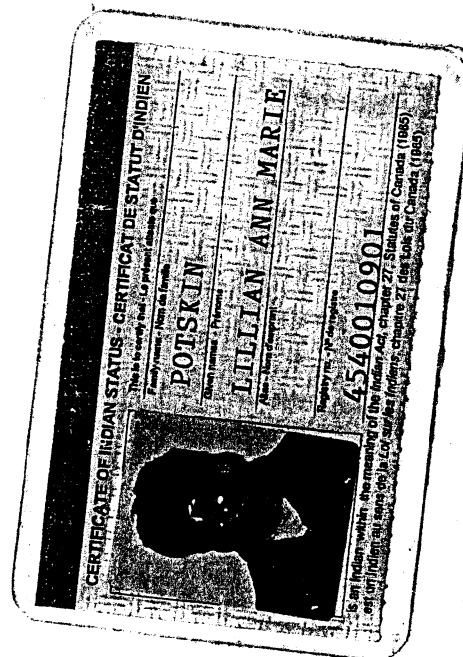
April 14, 1956

Registration date

April 24, 1956

Registration #

1956-08-010887



ENTERED OCT 1 2 2010

## BENEFICIARY APPLICATION FORM

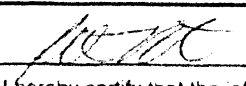
ENTERED OCT 1 2 2010

## PERSONAL INFORMATION

NAME	Jonathon		Barret		POTSKIN		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	390	513-8 <sup>th</sup> STR		SMITH	AB	T0G 2B0	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	04	04	78	BIRTH CERTIFICATE <sup>1</sup>		Number	
	Day	Month	Year				
PLACE OF BIRTH	Edmonton AB			COUNTRY	Canada		
Telephone	780-829		011 614				
	0000		353 2204				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS	NOT MARRIED DESCENDED THROUGH BIRTH				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	✓			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	NO		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am born to be eligible for the trust						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	I have lived on the reserve, with my mother, and grand parents, my grand mother still resides on the reserve				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION									
NAME OF MOTHER		Lillian Ann Marie Potoskin			NAME OF FATHER				
DATE OF BIRTH		14 04 1956 Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		STATUS at BIRTH and STILL STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454 00109.01		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		She was married out and accepted Back IN.		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		Box 390, Smith, AB T0G 2B0 Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS		Ap/ 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		Jean Mary Virginia Potoskin			NAME OF MATERNAL GRANDFATHER		NORBERT ALBERT POTOSKIN		
DATE OF BIRTH		10 10 1921 Day Month Year			DATE OF BIRTH		09 10 1901 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Treaty From Sawridge #36			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Treaty From Sawridge #36		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH		Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE							DATE		Aug 4 / 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

MAIL APPLICATION AND DOCUMENTS TO:

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

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Judy First Name(s)		Doreen Anne Middle Name(s)		Potskin Last Name(s)		
MAILING ADDRESS	Apt/P.O. Box	11934-56 st Street Address	Edmonton Town	AB Prov	T5W3S9 Postal Code	Canada Country	
DATE OF BIRTH	20 Day	03 Month	1959 Year	BIRTH CERTIFICATE <sup>1</sup>	1959-08-008426 Number		
PLACE OF BIRTH	Charles Campbell Hosp Edmonton AB			COUNTRY	Canada		
Telephone	780-634-9630 Home Phone	7 Home Fax	780-819-7018 Cell Phone	780-413-9872 Work Phone	Email Address		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?	DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	marriage	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		250,000.00.					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	1-child- Rhea William I gave birth to 3 children before marriage.		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Jeanne Marie Trent Ryan Aaron Royce. Potskin		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	46203668-01.						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	born a member of Dawridge until marriage July 23, 1983. Never received monies from trust. Late waiter had said there was monies put aside in trust for 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS 4 miles west of town site.					
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

<sup>1</sup> 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.



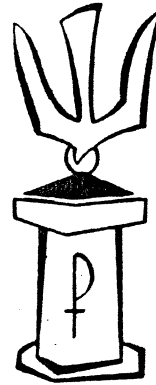
# PARENTS INFORMATION

NAME OF MOTHER		Virginia Mary Patskin		NAME OF FATHER		Norbert Albert Patskin				
DATE OF BIRTH		09 10 1929 Day Month Year		DATE OF BIRTH		10 10 19 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Alexander.		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		# 36 Sawridge Band.				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	# 36.	IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	36
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		P.O. Box 185 Slave Lake, AB T0B 2A0 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS					
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH		20 12 1981 Day Month Year			
GRANDPARENTS INFORMATION										
NAME OF MATERNAL GRANDMOTHER		Never had the opportunity to meet Grandparents ->			NAME OF MATERNAL GRANDFATHER		Grand parents were deceased, never ask questions.			
DATE OF BIRTH					DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH					DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE		Judy Patskin					DATE Jan 11th. 2010			
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.										

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

MAIL APPLICATION AND DOCUMENTS TO:

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

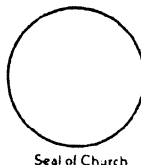


"Go, therefore, make disciples of all nations; baptize them in the name of the Father and of the Son and of the Holy Spirit" Matt. 28-19

## The Holy Sacrament of Baptism

This is to Certify

That... Judy Doreen Ann POTSKIN  
Child of... Albert Potskin  
and... Jane Mewborn (Desjarlais)  
born in... Edmonton, Alberta... on March 20 19 59  
City  
was Baptized on March 22 19 59 in the Church of  
Charles Camsell Hospital... Edmonton, Alberta  
City/Town  
according to the Rite of the Roman 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.



Seal of Church

*M. Bilodeau*  
Catholic Archdiocese of Edmonton. Pastor/Vice-Chancellor  
8421-101 Ave, Edm. AB T6A 0L1 Parish Chancel Office  
Address

Date August 23, 1995 Diocese of EDMONTON

Alberta CANADA

CERTIFICATE  
OF BIRTH

VITAL STATISTICS

NAME

Potskin, Judy Doreen Anne

SEX

F

PLACE OF BIRTH

Edmonton

REGISTRATION NO.

1959-08-008426

DATE OF BIRTH

Mar 20 1959

REGISTRATION DATE

Mar 31 1959

DATE ISSUED

Sep 10 1998



**B386233**

*Laurie Kurutz*  
Director

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)

ENTERED SEP 08 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	JEAN BAPTISTE			ROBERT			POTSKIN		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	121	10726-103st NW			EDMONTON		AB	T5H 2V8	CA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	16 01 1942			BIRTH CERTIFICATE <sup>1</sup>		Number			
	Day Month Year								
PLACE OF BIRTH	KINUSO, AB				COUNTRY				
Telephone	780-758-5541		-		-		-		-
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	454 0018201	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
									VOLUNTARY 1968
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		BORN A SAWRIDGE BAND MEMBER AND BOTH PARENTS WERE BAND MEMBERS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.					DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>		STATUS INDIAN							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		ELIGIBLE TO APPLY FOR BAND MEMBERSHIP.							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		MOTHER STILL LIVES ON RESERVE AND WAS RAISED ON THE RESERVE.				
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)		

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

<sup>1</sup> 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		VIRGINIA POTSKIN			NAME OF FATHER		ALBERT NORBERT POTSKIN						
DATE OF BIRTH		26 12 1924 Day Month Year			DATE OF BIRTH		10 10 1902 Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		STATUS INDIAN AND BAND MEMBER			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		STATUS INDIAN AND BAND MEMBER						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		4540003602		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	DECEASED 3601		
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS		Box 185 SLAVE LAKE AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED – DATE OF DEATH					IF DECEASED – DATE OF DEATH		20 12 1981 Day Month Year						
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER					NAME OF MATERNAL GRANDFATHER								
DATE OF BIRTH					DATE OF BIRTH								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>								
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER								
DATE OF BIRTH					DATE OF BIRTH								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>								
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE		Leon Baptiste R. Potkin						DATE		08 SEP 2010			
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.													

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

MAIL APPLICATION AND DOCUMENTS TO:

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



Indian and Northern Affairs Canada

Affaires indiennes et du Nord Canada

Canada

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that / Le présent attesté que:

Family Name / Nom de famille

POTSKIN

Given Names / Prénoms

JEAN BAPTISTE ROBERT

Alias / Nom d'emprunt

Registry no. / No. de registre

4540018201

350304027769

POTSKIN JEAN BAPTISTE

Sex / Sexe


M


Date of Birth / Date de naissance

1942-01-16

is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985).

est un Indien au sens de la Loi sur les Indiens, chapitre 27 de la Loi du Canada (1985).





REGISTERED

POTSKIN JEAN BAPTISTE 18 JAN 1942

OPERATOR'S LICENCE

No: 21751-193

Class: 5

Cond/End: BKL

Expires: 16 JAN 2014

approved spinner knob


POTSKIN, Jean Baptiste


121-10726 103 St NW

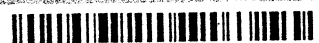
Edmonton AB T5H 2V8

Sex: M DOB: 18 JAN 1942

Issued: 30 JUN 2008







0083-21838

Veuillez retourner ce document à l'adresse ci-dessous.  
 Veuillez retourner ce document à l'adresse ci-dessous.

350304027769

Registry Group - Groupe d'enregistrement  
 454 - Sawridge

Renew Before / Renouveler avant:  
 2011-01-16  
 Date of Expiry / Date de délivrance:  
 2004-09-30

Jean Baptiste P.

00228700005497985

Eyes: brown Hair: white  
 Ht: 173 cm Wt: 77 kg

CONDITION CODES / ENDORSEMENTS  
 A. ADEQUATE LENSES  
 B. SPECIAL CONDITIONS  
 C. PERIODIC MEDICAL  
 F. VALID TEMPORARY LICENCE  
 H. DAYLIGHT DRIVING ONLY  
 J. OUTSIDE MIRRORS  
 K. AUTOMATIC TRANSMISSION  
 L. HAND CONTROLS  
 M. EXCLUDES CLASS 2 AND 4  
 D. AIR BRAKES  
 S. SCHOOL BUS

LICENCE CLASSES:  
 1. ANY VEHICLE EXCLUDING  
 MOTORCYCLE - INCLUDES AIR BRAKES  
 2. CLASS 3, 4, 5 AND ANY BUS  
 3. SINGLE MOTOR VEHICLE THREE AXLES  
 OR MORE  
 4. AMBULANCE, TAXI AND SMALL BUS  
 5. TWO AXLE MOTOR VEHICLE AND RV'S  
 6. ANY MOTORCYCLE  
 7. LEARNER  
 GOL: Graduated Driver Licence

153

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



ENTERED 440 0 1 2011

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Karlyn			Gemaine Rose Alex			Potskin		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	P.O. Box 185			Slave lake			AB T6G 2A0 Canada		
	Apt/P.O. Box			Street Address			Town Prov Postal Code Country		
DATE OF BIRTH	05 11 89			BIRTH CERTIFICATE <sup>1</sup>			Registration 89 036 715		
	Day Month Year						Number		
PLACE OF BIRTH	Edmonton, Alberta			COUNTRY			Canada		
Telephone	780 849 2794			780 849 0163			780 849 4101		
	Home Phone			Home Fax			Cell Phone Work Phone		
STATUS NUMBER	454 00 20 203			ARE YOU MARRIED TO A BAND MEMBER?			DID YOU ENFRANCHISE?		
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO IF YES, PROVIDE DETAILS I was adopted August. 24/1994 My dads name is Rodney Vajna					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION				Im below full status and above Bill C 31					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?				I am a Sawridge band member, there for I am entitled to a trust fund.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS My Great Grandmother still Lives on treaty land and has been for the Past 51 years. Mary Virginia Potskin DOB Oct. 9/1922					
MARITAL STATUS (check one)				<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)					

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

<sup>1</sup> 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			Sonia odette Patskin			NAME OF FATHER			Steve Nicotiene		
DATE OF BIRTH			25 07 1970 Day Month Year			DATE OF BIRTH			01 12 1971 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			full status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			full status		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			1994		
ADDRESS			P.O Box 185 Slave lake, AB T0G-2A0 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			Red pheasant 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			Violet Germaine Helen (Patskin)			NAME OF MATERNAL GRANDFATHER			Unknow		
DATE OF BIRTH			5 Nov 1953 Day Month Year			DATE OF BIRTH			Unknow Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Full statis			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			unknown		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER			u		
DATE OF BIRTH			Day Month Year			DATE OF BIRTH			Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE			Karlén Vajo						DATE		
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											

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

MAIL APPLICATION AND DOCUMENTS TO:

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

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 MR.  
JUSTICE J.B. FEENAN  
LAW COURTS, EDMONTON, ALBERTA

) ON WEDNESDAY, the 24th day  
) OF AUGUST, 1994  
)

A D O P T I O N   O R D E R

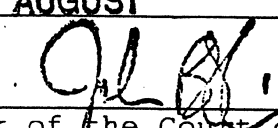
UPON the application of RODNEY BRIAN VAJNA; AND UPON hearing the evidence presented; AND UPON THIS HONOURABLE COURT being satisfied that:

- a) the applicant is capable of assuming and willing to assume the responsibility of a parent toward the child, and
- b) 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 BENCH OF ALBERTA

ENTERED this 25 day of  
AUGUST, 1994.

  
Clerk of the Court of  
Queen's Bench of Alberta

I hereby certify this to be a true copy  
of the original adoption order dated  
25 August 1994  
K. Beck

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

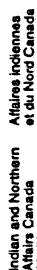
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A D O P T I O N    O R D E R

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

File No. 111,940 JPK



Canada

**CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN**



# DEHARTO

# WISJWA KAPLYN CERNICHEV

50-11-6871

Abcrla CANADA

## VITAL STATISTICS

JAMES

**Vajna, Karlyn Germaine Rose Alex**

西

# PLACE OF BIRTH

Edmonton

1989-08-036715

1989-08-036715

DATE OF BIRTH

REGISTRATION DATE

DATE ISSUED 3

30

WAVE 10 1990

Jun. 01/2001

## SAWRIDGE TRUSTS

<b>BENEFICIARY INFORMATION</b>	
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Identifying Information (Please be complete to distinguish from others)	
1. Name of the person(s) who is/are the subject(s) of the report	
2. Name of the person(s) who is/are the author(s) of the report	
3. Name of the person(s) who is/are the reviewer(s) of the report	
4. Name of the person(s) who is/are the sponsor(s) of the report	
5. Name of the person(s) who is/are the client(s) of the report	
6. Name of the person(s) who is/are the stakeholder(s) of the report	
7. Name of the person(s) who is/are the subject(s) of the report	
8. Name of the person(s) who is/are the author(s) of the report	
9. Name of the person(s) who is/are the reviewer(s) of the report	
10. Name of the person(s) who is/are the sponsor(s) of the report	
11. Name of the person(s) who is/are the client(s) of the report	
12. Name of the person(s) who is/are the stakeholder(s) of the report	

<b>Last Name(s)</b> POTSKIN	<b>First Name(s)</b> Kevin	<b>Middle Name(s)</b> A. L	<input type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
--------------------------------	-------------------------------	-------------------------------	---

<b>Home Address</b>	
---------------------	--

Address	Town	Province	Postal Code
Box 61	Enoch	AB	T7A1B3Y3

<b>Mailing Address (If different from Home Address)</b>	

Address	Town	Province	Postal Code
Box 61	Enoch	AB	T7X3Y3

[illegible]

Home Telephone	Home Fax	Cell Phone
(780) 613-1411 Mess	( ) - ( ) - ( ) - ( ) - ( )	( ) - ( ) - ( ) - ( ) - ( )

<b>Business Phone</b>	<b>Work Email</b>	<b>Home Email</b>
(       )         -	_____@_____.	<u>Kew. 69</u> @ <u>Hotmail</u>

Benefits Qualifying Information	
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<p><b>Birth Date</b></p> <table border="1"> <tr> <td>2</td> <td>7</td> <td>0</td> <td>3</td> <td>8</td> <td>0</td> </tr> <tr> <td colspan="2">DD</td> <td colspan="2">MM</td> <td colspan="2">YY</td> </tr> </table>	2	7	0	3	8	0	DD		MM		YY		<p><b>Parent's Name(if under 18 years of age)</b></p>	<p><b>Spouse's Name</b></p>
2	7	0	3	8	0									
DD		MM		YY										

<b>Band Member</b> <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No	<b>Band Number</b> 4400123701	<b>Social Insurance Number</b> 652696550
---	----------------------------------	---

Signed	<i>K. R. [Signature]</i>	Dated	Nov 9/09
--------	--------------------------	-------	----------

Transferred to Ench" 84-89	Office Use Only
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<p><b>Sawridge Inter Vivos Trust</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	<p><b>Sawridge Trust</b></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
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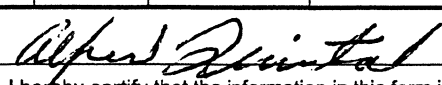
# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	ALFRED <small>First Name(s)</small>		GEORGE <small>Middle Name(s)</small>		QUINTAL <small>Last Name(s)</small>		
MAILING ADDRESS	584	Street Address		WABASCA <small>Town</small>	AB <small>Prov</small>	T0B2K0 <small>Postal Code</small>	CANADA <small>Country</small>
	Apt/P.O. Box						
DATE OF BIRTH	20 <sup>th</sup> DEC 1940 <small>Day Month Year</small>			BIRTH CERTIFICATE <sup>1</sup>	1940-08-901100 <small>Number</small>		
PLACE OF BIRTH	WABASCA, AB			COUNTRY	CANADA		
Telephone	(780) 891-2396		Home Fax	Cell Phone	Work Phone	Email Address	
	Home Phone						
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER? 454-00355-01	DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	GRACE MARY QUINTAL HAROLD WILLIAM QUINTAL DEANNA MARIE QUINTAL DARREL JASON QUINTAL			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-STATUS (APPLICATION BEING PROCESSED) WITH BIGSTONE CREE NATION						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	MY SPOUSE IS A SAWRIDGE BAND MEMBER. #454-00355-01						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)	

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

<sup>1</sup> 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		CAROLINE BEAVER			NAME OF FATHER		WILLIAM QUINTAL		
DATE OF BIRTH		1902			DATE OF BIRTH		1898		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		BIGSTONE CREE NATION #334			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		BIGSTONE CREE NATION #334		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		N/A			ADDRESS		N/A		
		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED – DATE OF DEATH					IF DECEASED – DATE OF DEATH				
		Day	Month	Year			Day	Month	Year
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		JUSTINE MATCHEMUTAW			NAME OF MATERNAL GRANDFATHER		JULIEN BEAVER		
DATE OF BIRTH		2nd JULY 1874			DATE OF BIRTH				
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER		MARIE CARDINAL			NAME OF PATERNAL GRANDFATHER		HENRY QUINTAL CARDINAL		
DATE OF BIRTH					DATE OF BIRTH				
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE								DATE	
		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.						DEC 12th 2011	

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

MAIL APPLICATION AND DOCUMENTS TO:

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



Alberta CANADA

CERTIFICATE  
OF BIRTH

DIVISION OF VITAL STATISTICS

B229787

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

Name of **QUINTAL, ALFRED GEORGE** Sex **MALE**

Date of Birth **DEC 20, 1940** Place of Birth **WABASCA**

Name of **QUINTAL, WILLIAM**  
Father **His Birthplace LAC LA BICHE, ALBERTA**

Name of **BEAVER, CAROLINE**  
Mother **Her Birthplace WABASCA, ALBERTA**

Registration No.

Registered at **EDMONTON** On **AUG 12, 1977** **1940-08-901100**

(Month) (Day) (Year)

Given under my hand and seal of the Director.

This **27** Day of **MAR 19 92**

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

154088

D.V.S. 24



*Morris Sahadash*  
Director

Alberta  
Government

OPERATOR'S LICENCE

AB  
CAN

QUINTAL ALFRED 20 DEC 1940

No: 18511-725  
Class: 1  
Cond/End:  
Expires: 20 DEC 2011



QUINTAL, Alfred  
PO Box 584  
Wabasca AB T0G 2K0

Sex: M DOB: 20 DEC 1940  
Eyes: brown Hair: brown  
Ht: 173 cm Wt: 63 kg



Issued: 17 DEC 2010

0080-10563





Condition codes / Endorsements

- A Adequate vision
- B Special conditions
- F Reexamination required
- H Daylight driving only
- J Outside mirrors
- K Automatic transmission
- L Hand controls
- N Excludes class 2 and 4
- O Air brakes
- S School bus

Licence classes:

- 1 Any vehicle excluding motorcycle
- 2 Including air brakes
- 3 Class 2, 4, 5 and any bus
- 4 Single motor vehicle three axles or more
- 5 Ambulance, taxi and small bus
- 6 Two axle motor vehicle and RV's
- 7 Any motorcycle
- 8 Learner

13541-725

In accordance with Alberta law it is an offence to have more than one Operator's Licence and you must declare any medical condition that may interfere with the safe operation of a motor vehicle.

GDL - Graduated Driver Licence

V2.0



00228200008508262

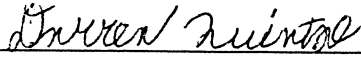
# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	DARREN		LUKE		QUINTAL		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	584		WABASCA		AB	TC6 2K0	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	31 <sup>ST</sup> MAY 1994			BIRTH CERTIFICATE <sup>1</sup>	1994-08-017053		
	Day	Month	Year		Number		
PLACE OF BIRTH	SLAVE LAKE, AB			COUNTRY	CANADA		
Telephone	(480) 891-2396						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
							IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		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	NON-STATUS						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	MY MATERNAL GRANDMOTHER IS STATUS WITH THE SAWRIDGE BAND. ALSO MY MATERNAL GREAT-GRANDPARENTS 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS MY GREAT-GRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL. MARY TWIN #079 SAWRIDGE					
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

<sup>1</sup> 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			DEANNA MARIE QUINTAL			NAME OF FATHER			UNKNOWN			
DATE OF BIRTH			4th APRIL 1971			DATE OF BIRTH						
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			NON-STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?						
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
ADDRESS			BOX 584 TOG 2KO WABASCA, AB CANADA			ADDRESS						
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED – DATE OF DEATH			N/A			IF DECEASED – DATE OF DEATH						
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			ROSE MARIE QUINTAL			NAME OF MATERNAL GRANDFATHER			ALFRED GEORGE QUINTAL			
DATE OF BIRTH			26th FEB. 1948			DATE OF BIRTH			20th DEC 1940			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER						
DATE OF BIRTH						DATE OF BIRTH						
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE									DATE		DEC 12th 2011	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

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

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	ROSEANNA <small>First Name(s)</small>		MARY <small>Middle Name(s)</small>		QUINTAL <small>Last Name(s)</small>		
MAILING ADDRESS	584 <small>Apt/P.O. Box</small>			WABASCA <small>Town</small>	AB <small>Prov</small>	T0G2K0 <small>Postal Code</small>	CANADA <small>Country</small>
DATE OF BIRTH	26 <sup>th</sup> <small>Day</small>	OCT <small>Month</small>	1996 <small>Year</small>	BIRTH CERTIFICATE <sup>1</sup>	1996-08-031051 <small>Number</small>		
PLACE OF BIRTH	SLAVE LAKE, AB			COUNTRY	CANADA		
Telephone	(780) 891-2396 <small>Home Phone</small>						
		<small>Home Fax</small>	<small>Cell Phone</small>	<small>Work Phone</small>	<small>Email Address</small>		
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	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	NON-STATUS						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	MY MATERNAL GRANDMOTHER IS STATUS WITH THE SAWRIDGE BAND. ALSO MY MATERNAL GREAT-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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	MY GREAT-GRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL. MARY TWIN #079 SAWRIDGE				
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)	

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

<sup>1</sup> 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			DEANNA MARIE QUINTAL				NAME OF FATHER			UNKNOWN							
DATE OF BIRTH			4 <sup>th</sup> APRIL 1971				DATE OF BIRTH			/							
			Day Month Year											Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			NON-STATUS				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			/							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS			BOX 584 T0G 2K0 WABASCA, AB CANADA				ADDRESS			/							
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country											Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED – DATE OF DEATH			N/A				IF DECEASED – DATE OF DEATH			/							
			Day Month Year											Day Month Year			
GRANDPARENTS INFORMATION																	
NAME OF MATERNAL GRANDMOTHER			ROSE MARIE QUINTAL				NAME OF MATERNAL GRANDFATHER			ALFRED GEORGE QUINTAL							
DATE OF BIRTH			26 <sup>th</sup> FEB 1948				DATE OF BIRTH			20 <sup>th</sup> DEC 1940							
			Day Month Year							Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH							STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>										
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER			/				NAME OF PATERNAL GRANDFATHER			/							
DATE OF BIRTH														DATE OF BIRTH			
			Day Month Year							Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH							STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>										
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE			Rosanna Marie Quintal						DATE		DEC 12 <sup>th</sup> 2011						
			I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.														

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Alberta CANADA		CERTIFICATE OF BIRTH	
NAME		VITAL STATISTICS	
Quintal, Roseanna Mary			
SEX	PLACE OF BIRTH	REGISTRATION NO.	
F	Slave Lake	1996-08-031051	
DATE OF BIRTH	REGISTRATION DATE	DATE ISSUED	
Oct 26 1996	Nov 05 1996	May 04 2001	

Alberta CANADA		CERTIFICATE OF BIRTH	
NAME		VITAL STATISTICS	
Quintal, Darren Luke			
SEX	PLACE OF BIRTH	REGISTRATION NO.	
M	Slave Lake	1994-08-017053	
DATE OF BIRTH	REGISTRATION DATE	DATE ISSUED	
May 31 1994	Jun 16 1994	May 04 2001	

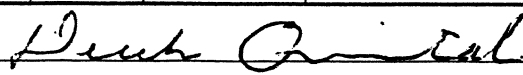
Alberta CANADA		CERTIFICATE OF BIRTH	
NAME		VITAL STATISTICS	
Quintal, Derek Luke			
SEX	PLACE OF BIRTH	REGISTRATION NO.	
M	Slave Lake	1988-08-031747	
DATE OF BIRTH	REGISTRATION DATE	DATE ISSUED	
Oct 05 1988	Oct 06 1988	May 04 2001	



BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME	DEREK			LUKE			QUINTAL				
	First Name(s)			Middle Name(s)			Last Name(s)				
MAILING ADDRESS	584			WABASCA			AB		T062K0 CANADA		
	Apt/P.O. (Box)			Street Address			Town		Prov Postal Code Country		
DATE OF BIRTH	5 <sup>th</sup> OCT 1988			BIRTH CERTIFICATE <sup>1</sup>			Number				
	Day Month Year										
PLACE OF BIRTH	SLAVE LAKE, AB			COUNTRY			CANADA				
Telephone	(780) 891-2396										
	Home Phone			Home Fax			Cell Phone		Work Phone		
STATUS NUMBER				ARE YOU MARRIED TO A BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, BAND NUMBER? DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN, WHICH CATEGORY? IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.											
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?				<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				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		NON - STATUS									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		MY MATERNAL GRANDMOTHER IS STATUS WITH THE SAWRIDGE BAND. ALSO MY MATERNAL GREAT-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?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		MY GREAT-GRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL. MARY TWIN #079 SAWRIDGE					
MARITAL STATUS (check one)		<input type="checkbox"/> Married <input checked="" type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)									

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

<sup>1</sup> 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	DEANNA MARIE QUINTAL			NAME OF FATHER	UNKNOWN		
DATE OF BIRTH	4 <sup>th</sup> APRIL 1971			DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON-STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	BOX 584 TOG 2KO WABASCA, AB CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			
IF DECEASED – DATE OF DEATH	N/A			IF DECEASED – DATE OF DEATH			
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	ROSE MARIE QUINTAL			NAME OF MATERNAL GRANDFATHER	ALFRED GEORGE QUINTAL		
DATE OF BIRTH	26 <sup>th</sup> FEB 1948			DATE OF BIRTH	20 <sup>th</sup> DEC 1940		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER				NAME OF PATERNAL GRANDFATHER			
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	 I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.					DATE	DEC 12 <sup>th</sup> 2011

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

**MAIL APPLICATION AND DOCUMENTS TO:**

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

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	ROSE		MARIE		QUINTAL		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	584	Street Address		WABASCA	AB	T0G2K0	CANADA
	Apt/P.O. Box						
DATE OF BIRTH	26 <sup>th</sup>	FEB	1948	BIRTH CERTIFICATE <sup>1</sup>	1948-08-006131		
	Day	Month	Year				
PLACE OF BIRTH	SLAVE LAKE, AB			COUNTRY	CANADA		
Telephone	(780) 891-2396				Email Address		
	Home Phone	Home Fax	Cell Phone	Work Phone			
STATUS NUMBER	454-00355-01	ARE YOU MARRIED TO A BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		GRACE MARY QUINTAL HAROLD WILLIAM QUINTAL DEANNA MARIE QUINTAL DARREL JASON QUINTAL			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	SAWRIDGE # 454-00355-01						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	BOTH MY PARENTS WERE FULL-STATUS SAWRIDGE BAND MEMBERS. (AT BIRTH)						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	MY MOTHER (MARY TWIN) LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL.				
MARITAL STATUS (check one)	<input checked="" type="checkbox"/>						
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION							
NAME OF MOTHER	MARY TWIN			NAME OF FATHER	WILLIAM CARDINAL		
DATE OF BIRTH	29 <sup>th</sup>	OCT	1924	DATE OF BIRTH	14 <sup>th</sup>	JULY	1914
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	SAWRIDGE #079			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	SAWRIDGE #?		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	#079	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	?
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	N/A			ADDRESS	N/A		
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED – DATE OF DEATH	9 <sup>th</sup>	DEC	1989	IF DECEASED – DATE OF DEATH	3 <sup>rd</sup>	OCT	2005
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	CLEMENCE NIRSANK			NAME OF MATERNAL GRANDFATHER	ST. PIERRE TWIN		
DATE OF BIRTH	2 <sup>nd</sup>	JAN	1894	DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	SAWRIDGE #079		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	ALICE POTSKIN			NAME OF PATERNAL GRANDFATHER	ABSOLM CARDINAL		
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	ALEXANDER #?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	SAWRIDGE #?		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	<i>Rae Riuntal</i>					DATE	DEC 12 <sup>th</sup> 2011
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA

CERTIFICATE  
OF BIRTH

B245182

DIVISION OF VITAL STATISTICS

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

Name CARDINAL, ROSE MARIE Sex FEMALE

Date of Birth FEB 26, 1948 Place of Birth SLAVE LAKE

Name of Father CARDINAL, WILLIAM His Birthplace SLAVE LAKE, ALBERTA

Name of Mother TWIN, MARY Her Birthplace SLAVE LAKE, ALBERTA

Registered at SLAVE LAKE on MAR 23, 1948 (Month) (Day) (Year)

Registration No. 1948-08-006131

Given under my hand and seal of the Director.

This NOV 19 92

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

D.M.S. 24

Margaret Mac Gregor  
Director

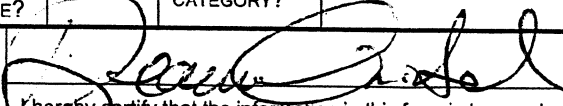
# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	DEANNA		MARIE		QUINTAL		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	584			WABASCA	AB	TOG2K0	CANADA
	Apt/P.O. (Box)	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	4th APRIL 1971			BIRTH CERTIFICATE <sup>1</sup>	Number		
	Day	Month	Year				
PLACE OF BIRTH	ATHABASCA, AB			COUNTRY	CANADA		
Telephone	(780) 891-2396				Email Address		
	Home Phone	Home Fax	Cell Phone	Work Phone			
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
							IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		NON-MARRIED DEREK LUKE QUINTAL DARREN LUKE QUINTAL ROSEANNA MARY QUINTAL			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-STATUS (IN PROCESS OF APPLYING FOR BAND MEMBERSHIP)						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	MY MATERNAL GRANDPARENTS 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS MY MATERNAL GRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL.					
MARITAL STATUS (check one)		<input checked="" type="checkbox"/>					
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

<sup>1</sup> 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	ROSE MARIE QUINTAL			NAME OF FATHER	ALFRED GEORGE QUINTAL		
DATE OF BIRTH	26 <sup>th</sup> FEB 1948 Day Month Year			DATE OF BIRTH	20 <sup>th</sup> DEC 1940 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	SAWRIDGE #454-00355-01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	BOX 584 T06 2K0 WABASCA, AB CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	BOX 584 T06 2K0 WABASCA, AB 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 Day Month Year		
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	MARY TWIN			NAME OF MATERNAL GRANDFATHER	WILLIAM CARDINAL		
DATE OF BIRTH	29 <sup>th</sup> OCT. 1924 Day Month Year			DATE OF BIRTH	14 <sup>th</sup> JULY 1914 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	SAWRIDGE #079			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	SAWRIDGE ?		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	CAROLINE BEAVER			NAME OF PATERNAL GRANDFATHER	WILLIAM QUINTAL		
DATE OF BIRTH	1902 Day Month Year			DATE OF BIRTH	1898 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 <sup>2,3</sup>	BIGSTONE CREE NATION #334		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE						DATE	DEC 12 <sup>th</sup> 2011
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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

# 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

## PERSONAL INFORMATION

NAME	DARREL		JASON		QUINTAL		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	584			WABASCA	AB	TC6 2K0	CANADA
	Apt/P.O. (Box)	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	8th	JAN	1975	BIRTH CERTIFICATE <sup>1</sup>	Number		
	Day	Month	Year				
PLACE OF BIRTH	ATHABASCA, AB			COUNTRY	CANADA		
Telephone	(780) 891-2396				Email Address		
	Home Phone	Home Fax	Cell Phone	Work Phone			
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
							IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		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		NON-STATUS (IN PROCESS OF APPLYING FOR BAND MEMBERSHIP)					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		MY MATERNAL GRANDPARENTS 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?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS MY MATERNAL GRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL.				
MARITAL STATUS (check one)		<input checked="" type="checkbox"/>					
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

<sup>1</sup> 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	ROSE MARIE QUINTAL			NAME OF FATHER	ALFRED GEORGE QUINTAL		
DATE OF BIRTH	26 <sup>th</sup>	FEB	1948	DATE OF BIRTH	20 <sup>th</sup>	DEC	1940
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	SAWRIDGE #454-00355-01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	BOX 584 TC6 2K0 WABASCA, AB CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	BOX 584 TC6 2K0 WABASCA, AB CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED – DATE OF DEATH	N/A			IF DECEASED – DATE OF DEATH	N/A		
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	MARY TWIN			NAME OF MATERNAL GRANDFATHER	WILLIAM CARDINAL		
DATE OF BIRTH	29 <sup>th</sup>	OCT.	1924	DATE OF BIRTH	14 <sup>th</sup>	JULY	1914
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	SAWRIDGE #079			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	SAWRIDGE ?		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	CAROLINE BEAVER			NAME OF PATERNAL GRANDFATHER	WILLIAM QUINTAL		
DATE OF BIRTH	1902			DATE OF BIRTH	1898		
	Day	Month	Year		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 <sup>2,3</sup>	BIGSTONE CREE NATION #334		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	<i>Dorel Quintal</i>					DATE	DEC 12 <sup>th</sup> 2011
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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

# 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 09

**St. Peter Celestin Catholic Church**

Box 157  
Slave Lake, Alberta  
T0G 2A0

*Diocese of Grouard – McLennan*

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	GRACE		MARY		QUINTAL				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	584				WABASCA	AB	TOG2K0	CANADA	
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	6 <sup>th</sup> SEPT. 1965				BIRTH CERTIFICATE <sup>1</sup>		Number		
	Day	Month	Year						
PLACE OF BIRTH	ATHABASCA, AB				COUNTRY		CANADA		
Telephone	(780) 891-2396					gracequintal@live.com			
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		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		NON-STATUS (IN PROCESS OF APPLYING FOR BAND MEMBERSHIP)							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		MY MATERNAL GRANDPARENTS 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?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	MY MATERNAL GRANDMOTHER LIVED ON SAWRIDGE LANDS UNTIL SHE ATTENDED MISSIONARY SCHOOL.					
MARITAL STATUS (check one)		<input checked="" type="checkbox"/>							
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

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

<sup>1</sup> 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		ROSE MARIE QUINTAL			NAME OF FATHER		ALFRED GEORGE QUINTAL		
DATE OF BIRTH		26 <sup>th</sup> FEB. 1948			DATE OF BIRTH		20 <sup>th</sup> DEC 1940		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
			SAWRIDGE #454-00355-01						
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		BOX 584 TOG 2KO WABASCA, AB. CANADA			ADDRESS		BOX 584 TOG 2KO WABASCA, AB. CANADA		
		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH		N/A			IF DECEASED - DATE OF DEATH		N/A		
		Day	Month	Year			Day	Month	Year
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		MARY TWIN			NAME OF MATERNAL GRANDFATHER		WILLIAM CARDINAL		
DATE OF BIRTH		29 <sup>th</sup> OCT. 1924			DATE OF BIRTH		14 <sup>th</sup> JULY 1914		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		SAWRIDGE #079			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		SAWRIDGE ?		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER		CAROLINE BEAVER			NAME OF PATERNAL GRANDFATHER		WILLIAM QUINTAL		
DATE OF BIRTH		1902			DATE OF BIRTH		1898		
		Day	Month	Year			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 <sup>2,3</sup>		BIGSTONE CREE NATION # 334		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		Grace Quintal					DATE		DEC 12 <sup>th</sup> 2011
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

MAIL APPLICATION AND DOCUMENTS TO:

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

# 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: \_\_\_\_\_

Date: \_\_\_\_\_

**St. Peter Celestin Catholic Church**

Box 157

Slave Lake, Alberta

T0G 2A0

*Diocese of Grouard – McLennan*

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Harold		William		Quintal		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	584		Wabasca		Ab.	7062K0	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	18		09		1967		
	Day	Month	Year		BIRTH CERTIFICATE <sup>1</sup>	1967-08-025310	
PLACE OF BIRTH	Athabasca, Alberta				COUNTRY	Canada	
Telephone	(780) 891-2396						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
					IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		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	In process of applying for membership Non-Status under the Sawridge Band.						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My maternal grandparents were both born and registered as Sawridge Band members. 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS My maternal grandmother, Mary Twin, lived on Sawridge land when she was young.					
MARITAL STATUS (check one)	Married	<input checked="" type="checkbox"/> Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

<sup>1</sup> 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	Rose Marie Quintal			NAME OF FATHER	Alfred George Quintal		
DATE OF BIRTH	26	02	1948	DATE OF BIRTH	20	12	1940
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	454-00355-01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	Box 584 Wabasca, Ab. Canada T0G 2K0 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Box 584 Wabasca Ab, Canada T0G 2K0 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH			
	Day	Month	Year		Day	Month	Year

# GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	Mary Twin			NAME OF MATERNAL GRANDFATHER	William Cardinal		
DATE OF BIRTH	29	10	1924	DATE OF BIRTH	14	07	1914
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Registered under Sawridge # 079			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	#-? Registered under Sawridge		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	Caroline Beaver			NAME OF PATERNAL GRANDFATHER	William Quintal		
DATE OF BIRTH	?	?	1902	DATE OF BIRTH	?	?	1898
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Registered under Bigstone # 334			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Registered under Bigstone # 334		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Harold Quintal					DATE	Dec 12, 2011
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

# MAIL APPLICATION AND DOCUMENTS TO:

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





Government  
of Alberta

Alberta

BIRTH CERTIFICATE  
CERTIFICAT DE NAISSANCE



*Janet Skinner*  
Janet Skinner  
Director of Vital Statistics

REG 3413 (2309/12)



Certified extract from  
Registration of Birth filed at  
Edmonton, Alberta, Canada.

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



Surname  
Nom

Quintal

Given Names  
Prénoms

Harold William

Date of Birth  
Date de naissance

Sep 18, 1967

Sex  
Sexe M

Place of Birth  
Lieu de naissance

Athabasca

Registration No.  
N° d'enregistrement

1967-08-025310

Registration Date  
Date d'enregistrement

Oct 20, 1967

Date Issued  
Délivré le Nov 15, 2010

Name of Mother  
Nom de la mère

Cardinal, Rose Marie

Place of Birth  
Lieu de naissance

Alberta

Name of Father  
Nom de père

Quintal, Alfred George

Place of Birth  
Lieu de naissance

Alberta



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