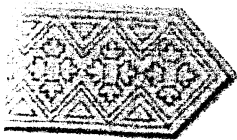


PARENTS INFORMATION									
NAME OF MOTHER <i>(Virginia) Jennie Potkin</i>				NAME OF FATHER <i>Albert (Norbert) Potkin</i>					
DATE OF BIRTH <i>10 26 1924</i> Day Month Year				DATE OF BIRTH <i>10 OCT 1902</i> Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Registered Indian Treaty - Full status</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Treaty Registered Indian Full status</i>					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER? <i>Sawridge # 3602</i>		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER? <i># 3601</i>	
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 <i>Box 185, Slave Lake AB</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS <i>Box 185, Slave Lake AB</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED - DATE OF DEATH <i>Still Alive</i> Day Month Year				IF DECEASED - DATE OF DEATH <i>20 Dec 1981</i> Day Month Year					
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER				NAME OF MATERNAL GRANDFATHER					
DATE OF BIRTH Day Month Year				DATE OF BIRTH Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<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 Day Month Year				DATE OF BIRTH Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<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>Elizabeth Potkin</i>				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 <i>Feb 11, 2010</i>	

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

L. Beveridge
Laurie Beveridge
Director of Vital Statistics



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

REG 3413 (2007/09)

Surname
Nom

Potskin

Given Names
Prénoms

Elizabeth Bernadette

Date of Birth
Date de naissance

Mar 17, 1944

Sex
Sexe F

Place of Birth
Lieu de naissance

Kinuso

Registration No.
N° d'enregistrement

1944-08-501117

Registration Date
Date d'enregistrement

Mar 27, 1944

Date Issued
Délivré le

Sep 15, 2008



A B 0 0 0 9 8 6 7 8



Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

Your file Votre référence

Our file Notre référence

E6000-454 (ROBICHAUD)

SEP 17 1985

Mrs. Elizabeth Poitras
P.O. Box 387
Elk Point, Alberta
TOA 1A0

Dear Mrs. Poitras:

I am pleased to confirm that you are now registered as an Indian in the Indian Register maintained in this Department. At this time, I am unable to add your name to the Sawridge Band List. The Band has submitted a proposal to assume control of its own membership. If this proposal is accepted you should approach the Band about having your name added to the Sawridge Band List. If the proposal is not accepted, I shall add your name to the Sawridge Band List. When a decision has been made in this regard, you will be advised by letter.

In reference to your children, I am pleased to confirm that Crystal Marie, Heather Jacqueline, Nicole Tania Marie and Bruce Patrick Kendal Poitras are now registered as Indians in the Indian Register maintained in this Department. As I have indicated, the Sawridge Band has submitted a proposal to assume control of their own membership. At this time you should therefore direct any inquiry concerning your children's entitlement to membership directly to the Sawridge Band. If the Sawridge Band does not assume control of their membership, in accordance with Section 11(2)(b) of the Indian Act after the expiration of two years from June 28, 1985 it would be possible to add your children's names to the Sawridge Band List.

I trust I have been of some assistance.

Yours sincerely,

L.G. Smith
Registrar
Ottawa, Ontario
K1A 0H4

Canada

ELIZABETH (LIZ) POITRAS

DATE: 03/05/10
TO: MR. PAUL BUJOLD
FROM: LIZ POITRAS
RE: SAWRIDGE TRUSTS

Thank you for everything that you did for me. My late husband thanked you while he was alive. Please find my Sawridge Trust completed application.

I also enclosed a letter dated September 17, 1985. This letter was my application for my children to become Sawridge band members. This was when they were still under my care. I believe that each one will be applying for Trust consideration. They fall under the same category as the Midbow, Draney, and L'Hirondelle children.

I have attached a copy of (Federal) Registered Indians as of Dec. 31, 1978. On this list is my late father, Albert Potskin, Treaty number 003601 and my mother Jennie (she uses Virginia Mary) Potskin Treaty number 003602. They were and are registered Treaty Indians. This proves my Treaty lineage. That was the treaty number that I used all my childhood life.

Thank you.

Liz (Elizabeth) Poitras

LP

ATTACHMENTS

REGISTERED INDIANS AS OF

DEC. 31/78

PAGE 06439

RESP/CENTRE-777 LESSER SLAVE LAKE DISTRICT

RAND-06 SAWRIDGE

FAMNO	SURNAME	GIVEN NAMES	BIRTH DATE	PR	RL	M	R	S
008902	MANDEL	SHAWN	01 04 969	08	RC	1	1	2
001702	NEESOTASIS	IRENE	05 12 907	08	RC	3	1	1
007201	NEESOTASIS	SAMMY	23 06 928	08	RC	1	1	1
007501	NEESOTASIS	WALTER	29 03 934	08	RC	2	1	1
007502	NEESOTASIS	THERESE	28 05 942	08	RC	2	1	1
007503	TWIN	IRENE MARIE	19 12 963	08	RC	1	1	1
007504	TWIN	ROLAND CHRISTOPHER	21 05 965	08	RC	1	1	1
007505	NEESOTASIS	ARDELL WALTER	09 07 966	08	RC	1	1	1
007506	NEESOTASIS	ARLENE THERESA	09 07 966	08	RC	1	1	1
007507	TWINN	PAUL HENRY	12 02 969	08	RC	1	1	1
007701	NEESOTASIS	EDWARD	23 06 936	08	RC	1	1	1
008001	NEESOTASIS	GEORGE	03 06 939	08	RC	1	1	1
008201	NEESOTASIS	CHESTER	01 10 941	08	RC	2	1	1
008202	NEESOTASIS	DEHLIA	21 02 953	08		2	1	1
008203	TWIN	DARCY ALEXANDER	09 08 977	08	RC	1	1	1
008601	NEESOTASIS	NOEL R	28 11 944	08	RC	1	1	1
003601	POTSKIN	ALBERT	10 10 902	08	RC	2	1	1
003602	POTSKIN	JENNIF	26 12 924	08	RC	2	1	1

ENTERED APR 23 2010

RECEIVED APR 22 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Elsie		Helen		Potskin				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	Basement 12921-117st		Edmonton		AB	T5E 5J8		Canada.	
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code		Country	
DATE OF BIRTH	09 06 1955		BIRTH CERTIFICATE ¹		1955-08-035287				
	Day		Month		Year		Number		
PLACE OF BIRTH	Saddle Lake Alberta.			COUNTRY		Canada.			
Telephone	780-642-2351		Home Fax		Cell Phone		Work Phone		Email Address
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	454 286 01		ARE YOU MARRIED TO A BAND MEMBER?		<input checked="" type="checkbox"/> YES <input 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		married to Angus Kenneth Potskin			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Angus Michael Lee Gavin Robin		Blaine all last name Potskin		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 ^{2,3}									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		I am entitled to the money.							
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 resided with my husband Angus Potskin			
MARITAL STATUS (check one)									
		Married		Single		Divorced		Widowed	
						Common-Law		Other (Specify)	

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

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

PARENTS INFORMATION									
NAME OF MOTHER		Margret Mountain			NAME OF FATHER		Unknown		
DATE OF BIRTH		Unknown			DATE OF BIRTH				
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<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		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		Unknown			IF DECEASED - DATE OF DEATH				
		Day	Month	Year			Day	Month	Year
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Unknown			NAME OF MATERNAL GRANDFATHER		Michael Mountain		
DATE OF BIRTH					DATE OF BIRTH		Unknown		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Kehwin First Nations			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Kehwin First Nations		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" 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					DATE OF BIRTH				
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<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		Chio Ptkk						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 4, 2010	

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

MAIL APPLICATION AND DOCUMENTS TO:

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

ENTERED JUN 09 2010

RECEIVED JUN 10 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Heather			Jacqueline			Poitras		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	15	4204-139 Ave			Edmonton		AB	T5Y 2Z7	CANADA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	24	07	1970		BIRTH CERTIFICATE ¹		LB743402		
	Day	Month	Year				Number		
PLACE OF BIRTH	Edmonton				COUNTRY		CANADA		
Telephone	780 456 4051		N/A		780 982 8114		780 495-6728		Heather.Poitras@inac.gc.ca
	Home Phone		Home Fax		Cell Phone		Work Phone		Work Email Address
STATUS NUMBER	19901	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	N/A	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
							IF YES, WHEN, WHICH CATEGORY?		N/A
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 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.		Never Married - Theoren Poitras Never Married - Anastasia Poitras				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Never Married - Tamara Poitras	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		Bill C-31, Under Elizebeth (Potskin) Poitras.							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		As a direct descendant of Sawridge Band members, I believe I, along with my children, should benefit from the Sawridge Band. I am a proud Metis and honor both my First Nation and Metis ancestry.							
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 Late Albert Potskin (a previous band councillor) Currently, Elder Jean Potskin. Previously, mother Elizabeth (Potskin) Poitras.						
MARITAL STATUS (check one)		Married	Single	Divorced	Widowed	Common-Law	Dating for almost 4 years.		
							Other (Specify)		

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

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

PARENTS INFORMATION									
NAME OF MOTHER	Elizabeth (Potskin) Poitras					NAME OF FATHER	Late Homer Poitras		
DATE OF BIRTH	17	03	1944	DATE OF BIRTH	16	08	1941		
	Day	Month	Year		Day	Month	Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Was full status under parents Sawridge 11001 (36)					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Proud Métis - Could have registered under Kehewin Cree Nation.		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	Sawridge 11001			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	N/A
DID YOUR MOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	Married out in October 16, 1965			DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	N/A
ADDRESS	PO Box 387, Elk Point, AB T8A 1A0 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					ADDRESS	Deceased Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH	N/A	Day	Month	Year	IF DECEASED - DATE OF DEATH	18	04	2010	
	Day	Month	Year		Day	Month	Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER	Jean Potskin					NAME OF MATERNAL GRANDFATHER	Late Albert Potskin		
DATE OF BIRTH	10	10	1924	DATE OF BIRTH	26	12	1902		
	Day	Month	Year		Day	Month	Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Sawridge 3602					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Sawridge 3601		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	N/A			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	N/A
NAME OF PATERNAL GRANDMOTHER	Late Mary (Dion) Poitras					NAME OF PATERNAL GRANDFATHER	Lloyd 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	Was under Kehewin Cree Nation through J.F. Dion.					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Proud Métis		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	Married out.			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	N/A
SIGNATURE	Elizabeth J. Poitras						DATE	May 20, 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

Alberta

CANADA

CERTIFICATE
OF BIRTH

VITAL STATISTICS

LB743402

Name *Poitras, Heather Jacqueline*

Sex *Female* Date of Birth *Jul 24 1970*

Place of Birth *Edmonton*

Name of Mother *Potskin, Elizabeth Bernadette*
(Maiden Name)

Place of Birth *Alberta*

Name of Father *Poitras, Homer Joseph*

Place of Birth *Alberta*

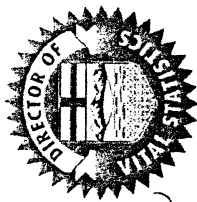
Registration Date *Jul 31 1970*

Registration Number *1970-08-018754*

Date Issued *Jan 25 2008*

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

REG 3147 (2007/03)



L. Dweridge
Director



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 atteste que:
Family Name / Nom de famille

Registry no / No. de registre

POITRAS

4540019901

Given Names / Prénoms

HEATHER JACQUELINE

Alias / Nom d'emprunt

350304027929

POITRAS HEATHER JACQUELINE

Sex / Sexe Date of Birth / Date de naissance

F 1970-07-24

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).





Indian and Northern
Affairs Canada

Affaires indiennes
et du Nord Canada

Canada

[INAC](#) > [Employment](#) > [Careers](#) > [Profiles](#)

Heather Poitras

Communications Officer Edmonton, Alberta

Promoting Aboriginal awareness and interacting with all nations are large components of Heather Poitra's work. It's a role that provides her with an immense sense of job satisfaction.

"I feel blessed that I can do the work I do. I love my job," she said. "I do everything I can to help support the community groups."

"I have gained more spiritual and cultural growth and maturity in the work that I do at Indian and Northern Affairs Canada."

As a Communications Officer in Indian and Northern Affairs Canada's Edmonton office, Heather is the chairperson responsible for National Aboriginal Day in the Alberta region, an annual celebration that promotes awareness of Aboriginal culture and communities.

Heather is also proud of establishing and managing Canada's first Aboriginal Cultural Centre - *Four Places Where People Sit United*, a name provided by the Elders upon completion of a pipe ceremony, which derives from the Aboriginal medicine wheel. Located on the main floor of Canada Place in Edmonton, the centre is used by government and community groups for ceremonies and various activities and discussions. Working at Indian and Northern Affairs Canada supported her efforts in making the Aboriginal Cultural Centre become a reality.

Heather is proud of her cultural background - Métis and First Nation. She credits her ancestors for her natural leadership skills. Her late great grand-father, was a founder of the Métis Nation of Alberta, while her late grandfather was a Sawridge First Nation councillor. This is reflected in her personal spiritual commitment to the Aboriginal Cultural Centre, of which she is the spiritual lodge keeper.

"In terms of my own personal growth and development, I have gained more spiritual and cultural growth and maturity in the work that I do at Indian and Northern Affairs Canada with the ceremonies, the cultural awareness and working with the Elders."

Date Modified: 2009-03-31



Alberta CANADA

**CERTIFICATE
OF BIRTH**

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B063731

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

Name **HEATHER JACQUILINE POITRAS** Sex **FEMALE**

Date of Birth **JUL 24, 1970** Place of Birth **EDMONTON**

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 **EDMONTON** on **JUL 31, 1970** Registration No. **70-08-018754**
(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.

607613

Asilov
Director

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Jeanine			Marie			Potskin		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	5111-54 ST			Bonnyville			AB T9N 2B3 CANADA		
	Apt/P.O. Box Street Address			Town			Prov Postal Code Country		
DATE OF BIRTH	10 10 1979			BIRTH CERTIFICATE ¹			Number		
	Day Month Year								
PLACE OF BIRTH	Elk-Point			COUNTRY			CANADA		
Telephone	780 815-4877			780 815-3793			780 826-2225		
	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, 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="radio"/> NO IF YES, PROVIDE DETAILS									
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.									
Jaide Ariel Potskin D.O.B March 25, 2003 Edm. AB. CANADA -- (130TH) Torja Lynn Moodie D.O.B January 29, 2008									
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 ^{2,3}									
Pay list									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
I feel I am eligible because being a member of a reserve, I think I deserve the right to be treated equally. That's what it says in our constitution and Sawridge should and give every member on the pay list what their entitled to.									
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 (MATERNAL) still resides on reserve.									
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

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

PARENTS INFORMATION									
NAME OF MOTHER Judy Doreen Ann Potskin				NAME OF FATHER William Joseph Moosewah					
DATE OF BIRTH 20 03 1959 Day Month Year				DATE OF BIRTH 03 06 1955 Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Pay list at Birth				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Status					
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?		Through marriage			
ADDRESS 11934-56ST EDM-AB, CAN T5W 3S9 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS Brandyville AB 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 Virginia Potskin				NAME OF MATERNAL GRANDFATHER Albert Norbert Potskin					
DATE OF BIRTH 09 10 1926 Day Month Year				DATE OF BIRTH 10 10 1900 Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Pay list at birth				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Pay list at Birth					
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 Moosewah				NAME OF PATERNAL GRANDFATHER Roy Gladue					
DATE OF BIRTH 13 05 1934 Day Month Year				DATE OF BIRTH 05 07 1919 Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Status				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} Status					
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 J. Potskin 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 Feb. 5/10	

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

The Players Lounge

facsimile transmittal

5426-50th Avenue
Bonnyville, Alberta
T9N 1Z6

Phone: 780-826-2225

Fax: 780-826-6156

To: Paul Fax: 780-988-7724
From: Jeanine Potskin Date: Feb. 5/10
Re: Beneficiary Application Pages: ~~2~~ 3
Cc: _____

☐ Urgent ☐ For review ☐ Please comment ☐ Please reply ☐ Please recycle

Please call me @ work ⁷⁸⁰ 826-2225
if you need more info or if I filled
it in wrong, regarding the status of my
grandparents. The paternal grandparents were
not from Sawridge.

confidential

Alberta CANADA

CERTIFICATE
OF BIRTH

VITAL STATISTICS

B290368

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

Name

POTSKIN, JEANINE MARIE

Sex FEMALE

Date of

Birth

OCT. 10, 1979

Place of Birth

ELK POINT

Name

of

Father

Name

of

Mother

(before Marriage)

Registered at

ELK POINT

on

OCT 16, 1979

(Month) (Day) (Year)

Registration No.

1979-08-029165

Given under my hand at Edmonton, Alberta

This 02

Day of

MAY

19 95

Certified Extract From

Registration of Birth

Issued at Edmonton,

Alberta, Canada

D.V.S. 24

432918

Director

[Signature]

ENTERED AUG 31 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Gina			Robin Ann			Donald-Totskin		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	Apt/P.O. Box		Street Address		Town		Prov	Postal Code	Country
			11001 139 St.		Edmonton		AB	T5P 3C2	Canada
DATE OF BIRTH	17 September 1979			BIRTH CERTIFICATE ¹		LBS 44342			
	Day Month Year					Number			
PLACE OF BIRTH	Edmonton				COUNTRY		Canada		
Telephone	780 443-2425		Home Fax		780 218-3306		Work Phone		Email Address
	Home Phone				Cell Phone				gina.00120@hotmail.com
STATUS NUMBER	454 00 120-01		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 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			Bill C-31						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?			My family are full status members but me? I should have the same benefits that are entitled to me as they are entitled to my mom and brothers!						
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 grandmother lived on Sawridge band Mary Patskin		
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

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

PARENTS INFORMATION							
NAME OF MOTHER <i>Lilly Patskin</i>				NAME OF FATHER <i>Lyle Donald</i>			
DATE OF BIRTH <i>14 April 1956</i> Day Month Year				DATE OF BIRTH <i>29 April 1956</i> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Married</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Married</i>			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		<i>454 00109-61</i>	
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		<i>Oct. 1979</i>	
DID YOUR FATHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS <i>Box 1300113011</i> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS <i>8419-18351 Edmonton T5P3C2</i> 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 <i>Mary Patskin</i>				NAME OF MATERNAL GRANDFATHER <i>Norbert Patskin</i>			
DATE OF BIRTH <i>09 Oct 1936</i> Day Month Year				DATE OF BIRTH <i>10 Oct 1901</i> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <i>Full status Sawridge</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Full status Sawridge</i>			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER <i>Cecilia Donald</i>				NAME OF PATERNAL GRANDFATHER <i>Ross Donald</i>			
DATE OF BIRTH <i>10 Nov 1932</i> Day Month Year				DATE OF BIRTH <i>31 Oct 1929</i> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <i>DRAC-31 Mikesen</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>Mikesen</i>			
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE <i>[Signature]</i>						DATE <i>Aug 30/10</i>	
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

VITAL STATISTICS

LB544342

Name *Donald, Gina Robin Ann*

Sex *Female* Date of Birth *Sep 17 1979*

Place of Birth *Edmonton*

Name of Mother *Potskin, Lilly Ann Mary*

(Maiden Name)

Place of Birth *Alberta*

Name of Father *Donald, Lyle David Robert*

Place of Birth *Alberta*

Registration Date *Sep 25 1979*

Registration Number *1979-08-025949*

Date Issued *Feb 24 2005*

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

REG 3147 (2003/03)

Director



Paul Bujold

From: Mizz Behaving [gina00120@hotmail.com]
Sent: August-31-10 12:26 AM
To: Paul Bujold
Subject: RE: Beneficiary Application

Hi paul I made a mistake in writting Jonathon's SStatus Number i wrote down it was 4540009501 and it's actually 4540038101

From: Paul@sawridgetrusts.ca
To: gina00120@hotmail.com
Date: Thu, 8 Jul 2010 13:56:29 -0600
Subject: Beneficiary Application

Gina
Here is the information package.
Thanks
Paul Bujold
Trusts Administrator
Sawridge Trusts
Office (780) 988-7723

Notice of Confidentiality:

This message, transmitted by electronic mail, is intended only for the use of the individual or entity to whom it is addressed and may contain information which is confidential and privileged. Confidentiality and privilege are not lost by this e-mail having been sent to the wrong person. Any dissemination, distribution, or copying of this communication by anyone other than the intended recipient is strictly prohibited. If you have received this communication in error, please destroy the original document.

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ENTERED AUG 21 2010

BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
Name		First Name(s)		Middle Name(s)		Last Name(s)					
Mailing Address		Appt. O. Box		Street Address		Town		Prov		Postal Code	
Date of Birth		Day		Month		Year		Country		Number	
Place of Birth		Edmonton, Alberta		Country		Canada					
Telephone		Home Phone		Home Fax		Cell Phone		Work Phone		Email Address	
Status Number		344		347		3401		DID YOU ENFRANCHISE 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 SAWBRIDGE TREATY & SIGNATORIES?		YES		NO		IF YES, PROVIDE DETAILS		Adopted by Jonathan Fokine			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN		YES		NO		IF YES, PROVIDE DETAILS		Adopted by Jonathan Fokine			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		Full status member									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A BENEFICIARY?		Jonathan Fokine feels entitled as a part of his trust									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWBRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWBRIDGE BAND?		YES		NO		IF YES, PROVIDE DETAILS		My ancestor Henry Fokine currently resides at Sawridge Band.			
MARRITAL STATUS (check one)		Married		Single		Divorced		Widowed		Common-Law	
Other (Specify)											

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

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

PARENTS INFORMATION

This certificate is an official document and when not being utilized it should be stored in a secure place similar to a passport.

SR: 2088237-1
REFERENCE#: Trans West Ins. & Reg.

NOTICE

This certificate is not valid if plasticized or altered. There are several security features within this certificate which allow authorities to detect attempts to counterfeit or alter it. Therefore, it is for your protection that this certificate is not plasticized or laminated as this makes the special characteristics less effective for examination or validation.

Gina R. Donald
18415 75 Ave NW Suite 33
Edmonton, Alberta
T5T 5N9

IMPORTANT: This certificate is a valuable legal document. Please keep it in a secure place.

Alberta CANADA		CERTIFICATE OF BIRTH	
VITAL STATISTICS			
Name: Donald-Lewis, Nia Brooke			
Sex: Female		Date of Birth: Jul 26 2006	
Place of Birth: Edmonton		Name of Mother: Donald, Gina Robin Anne	
Place of Birth: Alberta		Name of Father: Lewis, Casey Lee	
Place of Birth: Saskatchewan		Registration Date: Aug 08 2006	
Date Issued: Dec 20 2006		Registration Number: 2006-08-024228	
Certified extract from REGISTRATION OF BIRTH Filed at Edmonton, Alberta, Canada.			
Director			

ENTERED AUG 21 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Niamh			Mary Ann			Donald		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	11001 1595			Edmonton			AB T5P3K2 Canada		
	Apt/P.O. Box			Street Address			Town		
							Prov		
							Postal Code		
							Country		
DATE OF BIRTH	31 12 2007			BIRTH CERTIFICATE ¹			Number		
	Day			Month			Year		
PLACE OF BIRTH	Edmonton AB			COUNTRY			Canada		
Telephone	780 443 3625								
	Home Phone			Home Fax			Cell Phone		
							Work Phone		
							Email Address		
STATUS NUMBER	344 5923 01			ARE YOU MARRIED TO A BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
				IF YES, BAND NUMBER?			<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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS Jonathan D. Potshin									
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									
Full STATUS Indian									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Jonathan Potshin feels I should be a part of his 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 Currently my Chaper Mary Potshin is living on Sawridge land.									
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

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

PARENTS INFORMATION							
NAME OF MOTHER	Gina Donald			NAME OF FATHER ^{ADOPT}	Jonathan Potkin		
DATE OF BIRTH	12	09	1979	DATE OF BIRTH	4	4	1978
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full Status Member.		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	454 00100 01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	454 00055 01
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	11061 159 st. Edmonton AB			ADDRESS	Melbourn, Australia		
	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	Lilly Potkin			NAME OF MATERNAL GRANDFATHER	Lyle Donald		
DATE OF BIRTH	14	04	1956	DATE OF BIRTH	29	04	1956
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Full Status.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Metis		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	Married a Metis	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	Bernadette Smith			NAME OF PATERNAL GRANDFATHER	Westley Lewis		
DATE OF BIRTH	12	10	1951	DATE OF BIRTH	12	05	1948
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Full Status.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full Status.		
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	[Signature]					DATE	Aug 30/10
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

ENTERED AUG 31 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Stiles			Ansley			Donald		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	11001 159 ST.			Edmonton		AB	T5P 3C2	Canada	
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	05	01	05	BIRTH CERTIFICATE ¹		LCN034/667			
	Day	Month	Year			Number			
PLACE OF BIRTH	Edmonton, Alberta			COUNTRY		Canada			
Telephone	780 443 3625						Jpotskin@hotmail.com		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	344 03332 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.		NO.							
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	adopted by Jonathan Patskin						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Full status Indian								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Jonathan Patskin feels I should be apart of his 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	Chapman Mary Patskin currently resides on Sawridge lands						
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

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

PARENTS INFORMATION							
NAME OF MOTHER ^{Biological} <u>Gina Donald</u>				NAME OF FATHER ^{Adopted} <u>Jonathan Potkin</u>			
DATE OF BIRTH <u>17</u> <u>Sept</u> <u>1979</u> Day Month Year				DATE OF BIRTH <u>4</u> <u>4</u> <u>1978</u> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <u>Bill C-31</u>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <u>Full Status Member</u>			
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?
			<u>454</u> <u>00120</u> <u>01</u>				<u>454</u> <u>00095</u> <u>01</u>
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 <u>11001 155th St. Edmonton</u> Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS <u>Australia</u> 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 <u>Lilly Potkin</u>				NAME OF MATERNAL GRANDFATHER <u>John Donald</u>			
DATE OF BIRTH <u>14</u> <u>4</u> <u>1956</u> Day Month Year				DATE OF BIRTH <u>29</u> <u>4</u> <u>1956</u> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <u>Full Status</u>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <u>Metis</u>			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input 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?
			<u>Married to Metis</u>				
NAME OF PATERNAL GRANDMOTHER <u>Bernette Smith</u>				NAME OF PATERNAL GRANDFATHER <u>Wesley Lewis</u>			
DATE OF BIRTH <u>Oct</u> <u>12</u> <u>1951</u> Day Month Year				DATE OF BIRTH <u>12</u> <u>May</u> <u>1948</u> Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <u>Full Status Ojibwa</u>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <u>Full Status Ojibwa</u>			
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 <u>[Signature]</u> <u>for Stiles Donald</u>						DATE <u>Aug 20 1</u>	
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

This certificate is an official document and when not being utilized it should be stored in a secure place similar to a passport.


SR: 2607701-1
REFERENCE#: w

NOTICE

Gina Donald
11001 159 St NW
Edmonton, Alberta
T5P 3C2

This certificate is not valid if plasticized or altered. There are several security features within this certificate which allow authorities to detect attempts to counterfeit or alter it. Therefore, it is for your protection that this certificate is not plasticized or laminated as this makes the special characteristics less effective for examination or validation.

IMPORTANT: This certificate is a valuable legal document. Please keep it in a secure place.

Alberta CANADA		CERTIFICATE OF CHANGE OF NAME	
VITAL STATISTICS		LCN034667	
Old Name			
Last Name:	Lewis		
Full Given Name(s):	Stiles Ansley		
New Name			
Last Name:	Donald		
Full Given Name(s):	Stiles Ansley		
Date of Registration:	Sep 15 2009		
Date Issued:	Sep 16 2009	Registration Number:	2009-08-041978
Certified extract from REGISTRATION OF CHANGE OF NAME filed at Edmonton, Alberta, Canada.			
REG 3065 (2007/08)		 Director	

ENTERED APR 23 2010

RECEIVED ADD 23 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	ANGUS		JAMES		POTSKIN		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	Basement	12921-117st.	Edmonton	AB	T5E 5J8	Canada	
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	22	08	1974	BIRTH CERTIFICATE ¹		B338022	
	Day	Month	Year			Number	
PLACE OF BIRTH	Edmonton, Alberta			COUNTRY	Alberta, Canada		
Telephone	780-642-2351		780-777-9354				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	4540032101	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My Paternal Grandfather and my Father 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 ^{2,3}							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a band member and I feel 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 Grandfather A.P. Grand mother still resides in the house she once shared with my Paternal Grand father.				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	
					<input checked="" type="checkbox"/>		

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

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

PARENTS INFORMATION									
NAME OF MOTHER		Elsie Helen Potskin			NAME OF FATHER		Angus Kenneth Potskin		
DATE OF BIRTH		09 06 1955 Day Month Year			DATE OF BIRTH		16 01 1949 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Registered Status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		registered status Indian.		
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	
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	
ADDRESS		12921-117st Edmonton Alta T5E 5J8 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		28 12 2006 Day Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Margaret Mountain			NAME OF MATERNAL GRANDFATHER		Unknown		
DATE OF BIRTH		Unknown Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Registered Status Indian Kehewin First Nations			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
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 type="checkbox"/> NO	
NAME OF PATERNAL GRANDMOTHER		Mary Virginia Potskin			NAME OF PATERNAL GRANDFATHER		Norbert Albert Potskin		
DATE OF BIRTH		9 10 1922 Day Month Year			DATE OF BIRTH		10 10 1905 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Registered Status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Registered Status Indian.		
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	
SIGNATURE		Angus Potkin					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

Alberta CANADA

CONCEPTS OF BLENDED

VITAL STATISTICS

B338022

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

Name_____

POTSKIN, ANGUS JAMES

Sex: **MALE**

Date of

AFG 22 MAR 1974

Place of Birth

Yama

POTSCHIN, ANGUS KENNETH

Father

His Birthplace

James

MOUNTAIN, ELSIE HELEN

Another

Before Marriage)

[illegible]

Registered at EDMONTON

AUG 28 1974

Month) (Day) (Year)

Given under my hand at Edmonton, Alberta,

This

2

15

Certified Extract From

Registration of Birth

Issued at Edmonton,

Alberta, Canada

卷之四

140/69

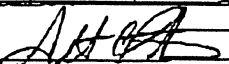
Registrar

12

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	AIBERT			Gene ERNEST			POTSKIN		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	114	—			COLD Lake		AB	T9M 1P1	CANADA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	16	June 1963			BIRTH CERTIFICATE ¹		1963-08-019536		
	Day	Month			Year		Number		
PLACE OF BIRTH	SLAVE LAKE ALBERTA				COUNTRY		CANADA		
Telephone	780 201 3943								agpotskin@yahoo.ca
	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO
									SPRING 1985
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.		N/A				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		C-31							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
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						
MARITAL STATUS (check one)		Married	Single	Divorced	Widowed	Common-Law	Other (Specify)		

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

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

PARENTS INFORMATION													
NAME OF MOTHER		MARY Virginia Patskin			NAME OF FATHER		Albert Norbert Patskin						
DATE OF BIRTH		09 10 1922 Day Month Year			DATE OF BIRTH		10 10 1901 Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Status Indian						
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		185 Slave Lake ALBERTA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country TOG 2A0 CANADA			ADDRESS					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH		21 Dec 1981 Day Month Year						
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER		Harriette Patskin			NAME OF MATERNAL GRANDFATHER		Benjamin Patskin						
DATE OF BIRTH					DATE OF BIRTH								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Status Indian						
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								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}								
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<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		13 Jan 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, Alberta T6C 1G7



Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE

L. Beveridge
Laura Beveridge
Director of Vital Statistics

REG 2410 (000001)



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

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

Surname Nom	Potskin	
Given Names Prénoms	Albert Gene Ernest	
Date of Birth Date de naissance	Jun 16, 1963	Sex Sexe M
Place of Birth Lieu de naissance	Slave Lake	
Registration No. N° d'enregistrement	1963-08-019536	
Registration Date Date d'enregistrement	Jun 24, 1963	Date issued Délivré le Dec 04, 2008
Name of Mother Nom de la mère	New Born, Jeannie	
Place of Birth Lieu de naissance	Alberta	
Name of Father Nom de père	Potskin, Albert	
Place of Birth Lieu de naissance	Alberta	



A B O O 1 3 1 2 4 5



COLD LAKE FIRST NATION
P.O. Box 1769
Cold Lake, AB. T9M 1P4
Tel: (780) 594-7183
Fax: (780) 594-3577

FACSIMILE COVER SHEET

DATE: 13 JAN 2010
ATTN: Paul Bujold
COMPANY: Sawridge Trust
FAX #: 780 988 7724 PHONE #: 780 988 7723
FROM: A. Potoski
TITLE: _____

of PAGES (Including Cover Sheet): 4

REGARDING:

Sawridge Trust

This message is intended only for use of the addressee and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If receive in error, please notify us immediately by telephone. Thank You.

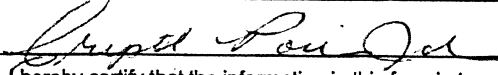
If you do not receive all the pages indicated above, contact Albert at (780)-594-7183 ext. ____ ASAP by telephone only.

ENTERED MAY 11 2010

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME	CRYSTAL			MARIE			POITRAS - JOHN			
	First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS	BOX 5352			BONNYVILLE			AB	T9N 2G5	CANADA	
	Apt/P.O. Box	Street Address			Town			Prov	Postal Code	Country
DATE OF BIRTH	30 APRIL 1968			BIRTH CERTIFICATE ¹			1968-08-010949			
	Day	Month		Year		Number				
PLACE OF BIRTH	EDMONTON			COUNTRY			CANADA			
Telephone	780 826-1882			780 201 6500			780 826 7647			
	Home Phone			Home Fax			Cell Phone			
							Work Phone			
							Email Address			
STATUS NUMBER	125			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										
Descended from Albert + Virginia Potskin										
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.										
Corbin Poitras Jasmine Fouillard Jesse John Jordan John										
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										
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 treaty right. I am the same status as Clara Midbow/Freida Draney's children.										
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 Liz (Potskin) Poitras My grandmother Virginia Jennie Potskin Still lives there										
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

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

PARENTS INFORMATION							
NAME OF MOTHER	Elizabeth (Potskin) Poitras			NAME OF FATHER	Homer Poitras		
DATE OF BIRTH	17	March	1944	DATE OF BIRTH	16	Aug	1941
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TREATY			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	METIS		
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	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?	Section 12 1B	DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	1/11
ADDRESS	Box 387 Elk-Point AB T0A1A0			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	18	04	2010
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Virginia Jennie Potskin			NAME OF MATERNAL GRANDFATHER	Albert Norbert Potskin		
DATE OF BIRTH	1026	10 ²	1924	DATE OF BIRTH	10	OCT	1902 1894
	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 ^{2,3}	TREATY FULL STATUS # 36		
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 checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	MARY DION			NAME OF PATERNAL GRANDFATHER	LLOYD 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			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	METIS		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	SECTION 12 1B	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE						DATE	April 30, 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 the family name / Le nom de famille est Family Name / Nom de famille
POITRAS - JOHN
 Given Name / Prénom
CRYSTAL MARIE
 Alias / Nom d'emprunt

4540012501

360407087621

POITRAS JOHN CRYSTA

Sex / Sexe: F Date of Birth / Date de naissance: 1968-04-30

It 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).



Alberta CANADA **CERTIFICATE OF BIRTH**

NAME: **Poitras, Crystal Marie**

VITAL STATISTICS

SEX: F PLACE OF BIRTH: **Edmonton**

DATE OF BIRTH: **Apr 30 1968**

REGISTRATION NO.: **1968-08-010949**

REGISTRATION DATE: **May 10 1968**

DATE ISSUED: **Sep 17 2003**

Alberta CANADA **CERTIFICATE OF MARRIAGE**

NAME OF BRIDEGROOM: **JOHN, VERN JIMMY**

NAME OF BRIDE: **POITRAS, CRYSTAL MARIE**

DATE OF MARRIAGE: **AUG 03, 1996**

PLACE OF MARRIAGE: **BONNYVILLE**

REGISTRATION DATE: **AUG 14, 1996**

VITAL STATISTICS

REGISTRATION No.: **1996-08-009276**

DATE ISSUED: **FEB 07, 1997**

Elle
 REGISTRAR

CERTIFIED EXTRACT FROM REGISTRATION OF MARRIAGES
 ISSUED AT EDMONTON, ALBERTA, CANADA

REG 21/90 (9/8/91) DVS-27

Alberta CANADA

CERTIFICATE
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B063729

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

Name CRYSTAL MARIE POITRAS Sex FEMALE

Date of Birth APR 30, 1968 Place of Birth EDMONTON

Name of Father HOMER JOSEPH POITRAS

His Birthplace GURNEYVILLE, ALBERTA

Name of Mother ELIZABETH BERNADETTE POTSKIN
(before Marriage)

Her Birthplace KINUSO, ALBERTA

Registered at EDMONTON

on MAY 10, 1968 Registration No. 68-08-010949
(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.

607611

D.V.S. 24.

W. Bilog
Director

ENTERED MAY 17 2010

RECEIVED MAY 17 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	CRAW		JOSHUA		POITRAS	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	387	FLK Point		AB	T0A1H0	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code
DATE OF BIRTH	24	01	1980	BIRTH CERTIFICATE ¹	Number	
	Day	Month	Year			
PLACE OF BIRTH	FLK Point			COUNTRY	Canada	
Telephone	780 724 2091	780 724 4477	780 201 3573		dj-whatchamacallit@hotmail.ca	
	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.		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	Liz Poitras - Albert Norbert + Virginia (Mary) Jennie Poksken			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	N/A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	4620539001 Bill C-31					
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 registered under Saddle Lake and have family predeciding my rightful place as a status Indian.					
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				
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

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

PARENTS INFORMATION									
NAME OF MOTHER		CRYSTAL John (Pitras)			NAME OF FATHER		Vern John		
DATE OF BIRTH		30 04 1968 Day Month Year			DATE OF BIRTH		03 12 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty		
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		4203 43 ave Ponquille AB T9N 2G5 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS		same 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		Elizabeth Bernadette (Potkin) Pitras			NAME OF MATERNAL GRANDFATHER		Homer JOSEPH Pitras		
DATE OF BIRTH		17 3 1944 Day Month Year			DATE OF BIRTH		16 08 1941 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Metis		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input 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		Elizabeth John			NAME OF PATERNAL GRANDFATHER		Walter John		
DATE OF BIRTH		Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty		
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		[Signature]					DATE		May 13/10
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

NAME

Poitras, Corbin Joshua

SEX

M

PLACE OF BIRTH

Elk Point

REGISTRATION NO

1988-08-002934

DATE OF BIRTH

Jan 24 1988

REGISTRATION DATE

Jan 26 1988

DATE ISSUED

May 13 2005

Director

LB964331

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

Certificate is void if altered or laminated.

REG 3148 (2004/03)

May 13 2010

May 13, 2010

To: Paul. RECEIVED MAY 13 2010

I y. I.

my grandson, (son)
Corbin Joshua Postus
D.O.B Jan 24, 1988
also applied for
beneficiary.

As per old native
custom, Homer and I
took him ~~as~~ and
brought him up.

We had legal
guardianship for him.

Hopefully he will
be recognized as a
beneficiary.

Thanks again.

Lj Poetrar

780-645-8722

or home

780-724 2091.

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	BRENT	ALBERT	POTSKIN		
	First Name(s)	Middle Name(s)	Last Name(s)		
MAILING ADDRESS	8419-186 STEDMONTON		AB	T5T 1H3	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code Country
DATE OF BIRTH	11	09	1975	BIRTH CERTIFICATE ¹	
	Day	Month	Year	Number	
PLACE OF BIRTH	EDMONTON, AB		COUNTRY	CANADA	
Telephone	910-3625	784-3348	brentzky@hotmail.com		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address
STATUS NUMBER	454-00341	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?	FEB/95
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		1 PER CAPITA SHARE			
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	ALBERT & JEAN POTSKIN - GRAND PARENTS LILLY POTSKIN - MOTHER		
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	PAYLIST AT BIRTH FULL STATUS.				
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	HELD MEMBERSHIP FROM SEPT 11, 1975 - FEB, 1995. I WAS 18 Y/O WHEN MY FATHER HAD LAWYER'S VISIT MYSELF TO SIGN FOR WHAT I THOUGHT AT THE TIME WAS MY "TRUST FUND". A WHILE LATER I LEARNED OF MY ENFRANCHISEMENT.				
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	- CARE GIVING FOR KOOKUM 2009-2010 - WINTER. - LIVED ON RESERVE AS A CHILD.		
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law
			X		
					Other (Specify)

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

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

PARENTS INFORMATION

NAME OF MOTHER	LILLY POTSKIN			NAME OF FATHER	LYLE DONALD		
DATE OF BIRTH	14	04	1956	DATE OF BIRTH	29	04	1956
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	SAWRIDGE BAND MEMBER			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON STATUS		
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 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	1552 SMITH, AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T6G 2A0			ADDRESS	8419 - 186 ST EDM, AB 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	JEAN POTSKIN "MARY VIRGINIA POTSKIN"			NAME OF MATERNAL GRANDFATHER	ALBERT POTSKIN		
DATE OF BIRTH	09	10	1921	DATE OF BIRTH	10	10	1901
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FULL STATUS / SAWRIDGE BAND MEMBER			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FULL STATUS SAWRIDGE MEMBER		
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	GEORGINA DONALD			NAME OF PATERNAL GRANDFATHER	ROSS DONALD		
DATE OF BIRTH	10	11	1941	DATE OF BIRTH	31	10	1936
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON STATUS		
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	[Signature]					DATE	MARCH 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

SAWRIDGE TRUSTS

BENEFICIARY INFORMATION

Identifying Information (Please be complete to distinguish from others)

Last Name(s) POTSKIN	First Name(s) BRENT	Middle Name(s) ALBERT	<input checked="" type="checkbox"/> Mr. <input type="checkbox"/> Ms. <input type="checkbox"/> Mrs. <input type="checkbox"/> Dr.
-------------------------	------------------------	--------------------------	------------------------------------------------------------------------------------------------------------------------------------

Home Address

Address 8419-186 ST	Town EDMONTON	Province AB	Postal Code T5T1H5
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Mailing Address (If different from Home Address)

Address Box 185	Town SAWRIDGE SLAVE LAKE	Province AB	Postal Code T0G2A6
--------------------	--------------------------------	----------------	-----------------------

Ways to Reach You (Please provide as many as possible)

Home Telephone SLAVE LAKE (780) 849-1279	Home Fax (780) 849-1279	Cell Phone (780) 297-1544
Business Phone (780) 432-1511	Work Email _____@_____	Home Email brentzky@hotmail

Benefits Qualifying Information

Birth Date 11/09/75 DD MM YY	Parent's Name (if under 18 years of age)	Spouse's Name
Band Member <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Band Number 454 00341-1	Social Insurance Number 644172785

Signed 	Dated November 2/09
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Office Use Only

Sawridge Inter Vivos Trust <input type="checkbox"/> Yes <input type="checkbox"/> No	Sawridge Trust <input type="checkbox"/> Yes <input type="checkbox"/> No
-------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------

- Beent -
- 50% Trust in DIAND.
 - unfurnished 1995.
 - 1985 declared self gnt 100,000,000
 - @ 18 yrs.

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Bruce		Patrick Kendal		Poitras				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	387	Elk Point			AB	T4A 1A0	Canada		
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	03	Aug	1978		BIRTH CERTIFICATE ¹				
	Day	Month	Year			Number			
PLACE OF BIRTH	Sudne N.S.				COUNTRY	Canada			
Telephone	720 724 2091		720 201 7121	720 724 3530					
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	45400388	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) Jennie Potskin					
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								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a descendant of the band members. My mother Elizabeth B Poitras, (my birth mother - Rita Rose mandel) and my grand parents Albert Potskin and Jennie (Virginia Mary) Potskin								
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 grand parents Albert and Jennie Potskin and my mother Elizabeth (Rita) lived on the reserve. They Elizabeth and Rita were raised on the re Sawridge reserve						
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION							
NAME OF MOTHER	Elizabeth Bernadette			NAME OF FATHER	Homer J. Potras		
DATE OF BIRTH	17	03	1944	DATE OF BIRTH	16	08	1941
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indian Treaty Full status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	N/A - Metis		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	Sawridge 110	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 387 Elk Point AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T0A 1A0			ADDRESS	Box 387, Elk Point AB T0A 1A0 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH	18	04	2010
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	(Virginia) Jennie Potken			NAME OF MATERNAL GRANDFATHER	(Norbert) Albert Potken		
DATE OF BIRTH	26	10	1924	DATE OF BIRTH	10	10	1902
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Registered Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indian		
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 Potras Eliza Potken			NAME OF PATERNAL GRANDFATHER	Lloyd J Potras Benjamin Potken		
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			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	N/A		
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	Bruce Potras					DATE	Apr May 03 / 10
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:

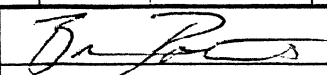
Sawridge Trusts
801, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

RECEIVED MAY 25 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	BRUCE		Patrick, Kendal		POTRAS				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	387				ELK POINT	AB	T0A 1A0	Canada	
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	03	08	1978		BIRTH CERTIFICATE ¹				
	Day	Month	Year			Number			
PLACE OF BIRTH	Sydney, N.S.				COUNTRY	CANADA			
Telephone	780-724-2091	780 724 4977	780 201 7921	780 724 3530					
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	388	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 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								
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/Preda Draney's children.								
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 continued to live there. I lived there as a child with my bio mom until I was adopted by Elizabeth (Aunt) + Uncle Homer Potras						
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION											
NAME OF MOTHER		(Rita Rose Mander) (Potskin) Elizabeth Bernadette (Potskin) Poiras			NAME OF FATHER		Homer Joseph Poiras				
DATE OF BIRTH		17 3 1944 Day Month Year			DATE OF BIRTH		16 8 1941 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		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	IF YES, WHAT IS HIS BAND NUMBER?	N/A
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	IF YES, WHEN AND IN WHICH CATEGORY?	N/A
ADDRESS		Box 387 Elk Point AB T0A 1A0 Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	
IF DECEASED – DATE OF DEATH		N/A Day Month Year			IF DECEASED – DATE OF DEATH		18 01 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 ^{2,3}		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) Poiras			NAME OF PATERNAL GRANDFATHER		Lloyd J. Poiras				
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 ^{2,3}		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	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE								DATE		May 19, 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

May 20, 2010

Bruce had an application sent in before. This is the second application

- His birth certificate should be there.

L.
dh

RECEIVED MAY 25 2010

CANADA
NOVA SCOTIA

**CERTIFICATE
OF BIRTH**

DIVISION OF VITAL STATISTICS
DEPARTMENT OF HEALTH

No. BF000104

Name

BRUCE PATRICK KENDAL POITRAS

Date of Birth

Aug. 3, 1978

Place of Birth

Sydney

Date of Registration

April 6, 1981

Name of Father

OMER POITRAS

Birthplace of Father

Garth, Alberta

Maiden Name of Mother

ELIZABETH BERNADETTE POTSKIN

Birthplace of Mother

Kinuso, Alberta

Dated: Aug. 28, 1985

Certified Extract from
Registration of Birth
Issued at Halifax,
Nova Scotia, Canada.

Sex

Male

Registration No.

78-02-013888

D.F. Arthur

Deputy Registrar General

ENTERED APR 23 2010

RECEIVED APR 22 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Blaine		Almer		Potskin		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	9217 - 146 Ave		Edmonton		AB	T5E2J9	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	15 Feb 1979			BIRTH CERTIFICATE ¹		Number	
	Day	Month	Year				
PLACE OF BIRTH	Slave Lake, AB			COUNTRY		Canada	
Telephone	(780) 406-9968		(780) 222-4307				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	454002-9301	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO
						DID YOU ENFRANCHISE?	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 grandfather and my father. 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 ^{2,3}							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a band member and I feel 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 once shared with my paternal grandfather.				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	<input checked="" type="checkbox"/> Common-Law	Other (Specify)	

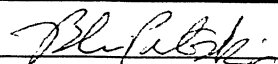
BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

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

PARENTS INFORMATION

NAME OF MOTHER	Elsie Helen Potskin			NAME OF FATHER	Angus Kenneth Potskin		
DATE OF BIRTH	09	Jun	1955	DATE OF BIRTH	16	Jan	1949
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered Indian status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	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?	1980	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. 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	28	12	2006
	Day	Month	Year		Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	Margret Mountain			NAME OF MATERNAL GRANDFATHER	Un known		
DATE OF BIRTH	unknown			DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered status Indian. Kehwin First Nation			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
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 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 ^{2,3}	Registered Status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	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						DATE	4 Apr 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

Alberta

CANADA

CERTIFICATE
OF BIRTH

VITAL STATISTICS

LB462679

Name *Potskin, Blaine Almer*

Sex *Male* Date of Birth *Feb 15 1979*

Place of Birth *Slave Lake*

Name of Mother
(Maiden Name) *Mountain, Elsie Helen*

Place of Birth *Alberta*

Name of Father *Potskin, Angus Kenneth*

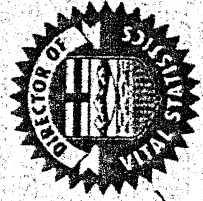
Place of Birth *Alberta*

Registration Date *Feb 23 1979*

Registration Number *1979-08-004471*

Date Issued *Dec 31 2002*

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



Laurie Blevins
Director

REG 3147 (2001/10)


BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Aaron		Royce		Potskin				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS		11934-56 ST		EDMONTON		AB	T5W3S9	Canada	
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	01 10 1982			BIRTH CERTIFICATE ¹					
	Day	Month	Year						
PLACE OF BIRTH	Elk Point, AB			COUNTRY		Canada			
Telephone	780-644 9630					a.potskin2@hotmail.com			
	Home Phone	Home Fax	Cell Phone	Work Phone					
STATUS NUMBER	45400 40901		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						
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.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		Full STATUS BAND Member of Sawridge First Nation Born and raised on Sawridge Reserve							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
MARITAL STATUS (check one)		✓							
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION												
NAME OF MOTHER			Judy Potskin			NAME OF FATHER		William Moosewah				
DATE OF BIRTH			20 March 1959			DATE OF BIRTH			3 5 1955			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full treaty under Sawridge			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full treaty under 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			
DID YOUR MOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			marriage			
ADDRESS			11934-86 th Edmonton, Alberta, CAN			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						
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Scan Potskin			NAME OF MATERNAL GRANDFATHER			Albert Norbert Potskin			
DATE OF BIRTH			10 09 10 1924			DATE OF BIRTH			10 10 1900			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Full treaty			
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						
DATE OF BIRTH						DATE OF BIRTH						
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE									DATE		01/28/2010	
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

Alberta

CERTIFICATE OF BIRTH

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 AARON ROYCE BERNARD POTSKIN Sex Male

Date of Birth 1st October 1982 Place of Birth Elk Point, Alberta
(Day) (Month) (Year)

Name of Father ----- His Birthplace -----

Name of Mother Judy Doreen Anne Potskin Her Birthplace Edmonton, Alberta
Before Marriage

Registered at Edmonton on 18th October 1982 Record No. 82-08-33932
(Day) (Month) (Year)

Given under my hand and seal of the Director at Edmonton, this

28th Day of October 19 82

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

795808


Director

75190

ENTERED MAY 7 2010

RECEIVED MAY 13 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Tracey		Jeanne		Portras-Collins	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	4805-188 st		Edmonton		AB	T6M 2S2
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	14	04	1966	BIRTH CERTIFICATE ¹		Number
	Day	Month	Year			
PLACE OF BIRTH	Edmonton			COUNTRY	Canada	
Telephone	780 436 0559	780 756 8183	780 690 6537	780 484 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				
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

ENTERED MAY 17 2010

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

PARENTS INFORMATION											
NAME OF MOTHER				Elizabeth Bernadette (Potskin) Poitras			NAME OF FATHER		Homer Joseph Poitras		
DATE OF BIRTH				17 3 1944			DATE OF BIRTH		10 08 1902		
				Day Month Year					Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		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	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?		Section 12 1B		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS				Box 387 Elk Point AB T0A 1A0 Canada							
				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
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 Potskin			NAME OF MATERNAL GRANDFATHER		Albert Norbert Potskin		
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 ^{2,3}		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			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		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	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE				Irene Jeanne 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.						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

Alberta CANADA

**CERTIFICATE
OF BIRTH**

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B063727

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

Name **TRACEY JEANNE POITRAS** Sex **FEMALE**

Date of Birth **APR 14, 1966** Place of Birth **EDMONTON**

Name of Father **HOWER JOSEPH POITRAS**
His Birthplace **GARTH, ALBERTA**

Name of Mother **ELIZABETH BERNADETTE POTSKIN**
(before Marriage)
Her Birthplace **KINUSO, ALBERTA**

Registered at **EDMONTON** on **APR 20, 1966** Registration No. **66-08-009218**
(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.

[Signature]
Director

607610

D.V.S. 24