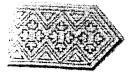
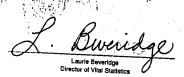
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Sawridge Trusts 801, 4445 Calgary Trail NW Edmonton, AB T6H 5R7



Alberta

BIRTH CERTIFICATE





Surname Nom

Potskin

Given Names Prénoms

Elizabeth Bernadette

Date of Birth Date de nalssance

Mar 17, 1944

Sex Sexe F

Place of Birth Lieu de naissance

Kinuso

Registration No. Nº d'enregistrement

1944-08-501117

Registration Date Date d'enregistrement

Mar 27, 1944

Date Issued Délivré le

Sep 15, 2008





Your file Votre référence

Our file Notre rétérence E6000-454 (ROBICHAUD)

382 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 Jacquline, 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,

ノンノスしんせんはし

L.G. Smith
Registrar
Ottawa, Ontario
KlA OH4

Canad'a

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 UF DEC. 31/78 PAGE 06439

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				PERSONAL	INFORMATION				`	
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MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-La	w			Other (Specif	v)

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 In	FORMATION
NAME OF MOTHER	Margret Mountain	NAME OF FATHER UN KNOWN
DATE OF BIRTH	UNKnown	DATE OF BIRTH
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year	Day Month Year STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? DYES DNO IF YES, WHEN AND IN WHICH CATEGORY?
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IF DECEASED DATE OF DEATH	Unknowへ Day Month Year	IF DECEASED — DATE OF DEATH
	GRANDPARENTS	Day Month Year
NAME OF MATERNAL GRANDMOTHER	Unknown	NAME OF MATERNAL GRANDFATHER Michael Mountain.
DATE OF BIRTH		DATE OF BIRTH UN KNWN
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Name of Paternal Grandmother	Unknown	NAME OF PATERNAL GRANDFATHER UN Known
DATE OF BIRTH	Day Month Year	DATE OF BIRTH Day Month Year
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SIGNATURE I he	ereby certify that the information in this form is true and corrests to share this information with those who need it to determ	ct. I give permission to Sawridge nine my status as a beneficiary.

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

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

Common-Law

Divorced Widowed

THE SAWRIDGE BAND?

Married

Single

MARITAL STATUS (check one)

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

,				PARENTS IN	FORMATION					
NAME OF MOTHER	Eliza	beth (Pots	kin) F	Bitras	NAME OF FATHER	Late	: Ho	mer	Poitr	ras
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				GRANDPARENTS	INFORMATION			11101		i cai
NAME OF MATERNAL GRANDMOTHER	Jean	n Potski	^		NAME OF MATERNAL GRANDFATHER	Late	: Al	bert	Bts	skin
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I he	reby certify t	hat the informatio	n in this for	m is true and correct no need it to determi	I give permission to ne my status as a be	o Sawridge eneficiary.		DATE	May	, 20,2010

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

C CANADA

CERMIENCATE OFIBIRITH

LB743402

VITAL STATISTICS

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

Jan 25 2008

Date Issued

Registration Number 1970-08-018754

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

REG 3147 (2007/03)

Indian and Northern Affaires indiennes et du Nord Canada CANAGA C

CERTIFICATE OF INDIAN ST
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Family Name / Norm de famille
POITRAS
Given Names / Prénorms
HEATHER JACQUELINE
Alias / Norm d'emprunt

350304027929

Sex / Sex Date of Birth / Date de naissance

F 1970-07-24

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Indian and Northern Affaires indiennes Affairs Canada

et du Nord Canada

Canadä

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



CCIC CANADA

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: B063731

Name HEATHER JACQULINE POITRAS

Sex FEMALE

Date of Birth JUL 24, 1970

Place of Birth EDMONTON

Name

of HOMER JOSEPH POITRAS

HIS BIRTHPIACE GURNEYVILLE, ALBERTA

Name

OF ELIZABETH BERNADETTE POTSKIN

Mother (before Marriage)

Registered at EDMONTON

Her Birthplace KINUSO, ALBERTA

on JUL 31, 1970 (Month) (Day) (Year)

Given under my hand and seal of the Director.

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

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APPLICATION ^{2,3}													
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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 IN	FORMATION	
NAME OF		NAME OF	
MOTHER	Judy Doreen Ann Potskir		William Joseph Moosanh
DATE OF BIR	Day Month Voca	DATE OF BIRTH	03 06 1955
STATUS UNDE INDIAN ACT OF PAY LIST AT BIRTH ^{2,3}	R	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day Month Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ロYES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE	CATEGORY? MOUT WELL	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS	1934-5657 EDM-AB, CAN T5W 359 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 DEAT	. I	IF DECEASED DATE OF DEATH	
	GRANDPARENTS	INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHE	mary Virginia Potskin	NAME OF MATERNAL GRANDFATHER	Albert NorberT Potskin
DATE OF BIRT	Day Month Year	DATE OF BIRTH	10 10 1900 Day Month Year
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NAME OF PATERNAL GRANOMOTHE	ER Mary Moosewar	NAME OF PATERNAL GRANDFATHER	Roy Gladue
DATE OF BIRT	Day Month Year	DATE OF BIRTH	Day Month Year
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SIGNATURE	Aptolin		DATE 321, 5/40
	I hereby certify that the information in this form is true and correc Trusts to share this information with those who need it to determi	it. I give permission to	la Cauridaa

Sawridge Trusts 801, 4445 Calgary Trail NW Edmonton, AB T6H 5H7

Payers

facsimile transmittal

Lounge

5426-50th Avenue Bonnyville, Alberta T9N 1Z6

Phone: 780-826-2225 Fax: 780-826-6156

From: Jeanine Potskin Date: Feb 5/10

Re: Scheficiary Application Pages: 780 -988-7724

Pages: Feb 5/10

Pages: 3

Please Call Me @ work 180 826-2225

if you need more into or if I filled

it in wrong, regarding the status of my

grandparents. The Paternal grandparents were

not from Sawridge.

ADOPTO CANADA

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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 afficient confirming the materials contained in the application with the application.

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NAME OF	PARENTS IN		
MOTHER	11:11 Tatalon	NAME OF FATHER	Lyle Darale
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IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED DATE OF DEATH	Day Month Year
	GRANDPARENTS	INFORMATION	
NAME OF MATERNAL GRANDMOTHER	Mary Fotoka	NAME OF MATERNAL GRANDFATHER	Norbert totaki
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year
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NAME OF PATERNAL GRANDMOTHER	Jesigin Donald	NAME OF PATERNAL GRANDFATHER	Ross Donald.
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Sawridge Trusts, 801, 4445 Calgary Trail NW, Edmonton, AB T6H 5R7, Fax: (780) 988-7724, Email: general@sawridgetrusts.ca



Name Donald, Gina Robin Ann

Sex Female Date of Birth Sep 17 1979

Place of Birth Edmonton

Neme 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 (2001-03)

Director

Paul Bujold

From:

Mizz Behaving [gina00120@hotmail.com]

Sent:

August-31-10 12:26 AM

To:

Paul Bujold

Subject:

RE: Beneficairy Application

Hi paul I made a mistake in writting Jonathon's STatus 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: Beneficairy Application

Gina

Here is the information package.

Thanks

Paul Bujold

Trusts Administrator

Sawridge Trusts Office (780) 988-7723

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PLEASE DO NOT FORCET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
Sawndge Tusts, 801, 4445 Calgary Itali NW, Edmonton, AB 1647, Fax: (730) 938-77724, Email: general@sawridgetrusts.ca

This certificate is an official decument and when not baing utilized it should be stered 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 when 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 151 5N9

	HTRIS TO NOTARTRIE	Certified exuact from REC Fled at Edmonton, Alberta
A PODDE		Data Issued Dec 20 2006
8224228	Registration Number 2006-0	Registration Date Aug 08 2006
		Place of Birth Saskatchewan
		Name of Fainer Lewis, Casey Lee
		(ame in abelt). Anic 10 abelt
		Hame of Mother Donald, Gina Robin Anne
		Pizoe of Birth Edinonion
	int ીમ 26 2006	Sex Female Date of B
		Name Donald-Lewis, Niu Brooke
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				PERSONA	u İn	FORMATION					
NAME	Mian	· <u> </u>	, 	7	- ->	Land			Dayle.		
	F:	irst Name(s)	L	Mic	dle Name(s)			Last Nar	me(s)
MAILING ADDRESS			757		Edm	A-~	^	AS	758352	Ramada.	
ADDRESS	Apt/P.O. Box		Street Add			Т	OWN		Prov	Postal Code	Country
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MARITAL STATUS											
(check one)	Married	Single	Divorced	Widowed	To	Common-La	w			Other (Specify	/)

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

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

	,			PARENTS IN		,				
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	-Day	Mo	INFORMATION	Da	У	Mor	ith	Year		
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					ct. I give permission nine my status as a b			DATE	A	id 0 & 2m

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

BENEFICIARY APPLICATION FORM											
	,	1		PERSON	AL IN	FORMATION					
Name	541	روح First Name(s	s)	1	∩ <u>~</u> Mic	ley	:)		1	<u>Son⇔lo</u> Last Nar	
MAILING ADDRESS	Apt/P.O. Bo	59 57 Iress	5957. Edmenter			AB	T	Country			
DATE OF BIRTH	Day Month			OS Year				CN0341667.			
PLACE OF BIRTH	Edm	conte	J.Alba	rta.		Country		C	cma.	cla	
Telephone		43 625	Home Fax	Cell Ph	one	Work Ph	one	7	bete	King h	etmail.com
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(CITOCK OTTO)	Married	Single	Divorced	Widowed		common-Lav	N			Other (Specify	'}

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

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

				PARENTS INF	ORMATION					
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IF DECEASED — DATE OF DEATH	Day	Mo	nth	Year	IF DECEASED — DATE OF DEATH	Day Month Year				Year
				GRANDPARENTS	INFORMATION					
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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.

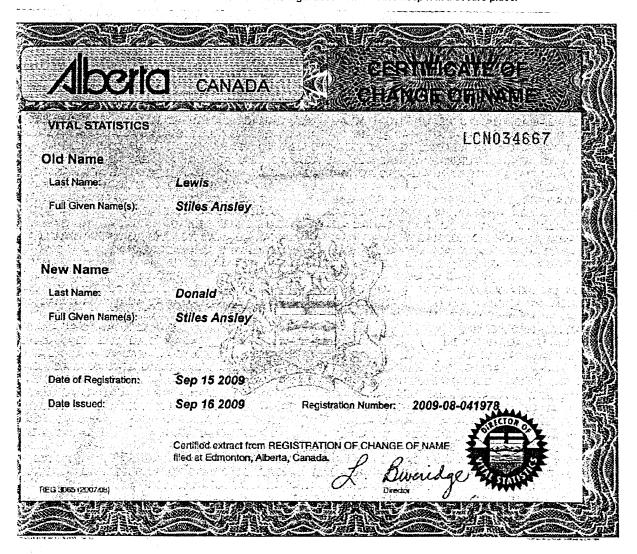
SR: 2607701-1 REFERENCE#: w

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

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.

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



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			PERSONAL IN	FORMATION				
			JAMES			POTSKIN		
Firs		l	Mi	ddle Name(s)		Last Nan	ie(s)
				Edmonton		AB		
Apt/P.O. Box	Stre	et Addr	ess	Town				Country
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Day	Monti	<u>h</u>	Year	<u> </u>			·	
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BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

Common-Law

Other (Specify)

Widowed

STATUS (check one)

Married

Single

Divorced

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	/6 0/ /949 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?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?	TYES ON AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?					
Address	Dasement 12921 - 1175t Edmonton Alta TSES Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	28 /2 2006 Day Month Year					
	GRANDPARENTS	INFORMATION						
NAME OF MATERNAL GRANDMOTHER	Marg ret Mountain	NAME OF MATERNAL GRANDFATHER	unknown					
DATE OF BIRTH	Unknuun 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}	23) 1 1001					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER	Mary Virginia Potskin	NAME OF PATERNAL GRANDFATHER	Norbert Albert Potskin					
DATE OF BIRTH	9 10 1922 Day Month Year	DATE OF BIRTH	/ <i>O</i> / <i>O</i> / <i>9</i> 05 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}	registeral status Indian.					
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SIGNATURE I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary. DATE 2010								

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

Angus Potskin

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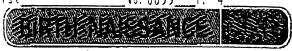
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DATE OF BIRTH	Apt/P.	16 June Day Month					1943 BIRTH				1963-08-019536 Number			
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MARITAL STATUS								/		-		~		
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BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

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

	Parents Ini	ORMATION					
NAME OF MOTHER	MARY Virginia Potskin	NAME OF FATHER	Albert NorBert Potsker				
DATE OF BIRTH	09 10 1922 Day Month Year	DATE OF BIATH	10 10 1901 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status Endien	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	status Indian				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER? 3 6				
DID YOUR . MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	TYES AND IN WHICH CATEGORY?				
ADDRESS	185 S/QUE LOKE AIRERTA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country TOG ZAO (ANG)C	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED DATE OF DEATH	31 Dec 1981 Day Month Year				
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Harrite Potskin	NAME OF MATERNAL GRANDFATHER	Benjeman Potskin				
DATE OF BIRTH		DATE OF BIRTH					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,8}	Day Month Year Status Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year 5 tatus Tudian				
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DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year				
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	ereby certify that the information in this form is true and corrests to share this information with those who need it to determ						







BIATH CERTIFICATE CERTIFICAT DE NAISSANCE





Potskin

Prénoms

Albert Gene Ernest

Date of Birth Date de naisse

Jun 16, 1963

Place of Birth Lieu de nelssance

Slave Lake

Registration No. Nº d'enregistrament

1963-08-019536

Registration Oaks Date d'enregistrament

Jun 24, 1963

Date Issued Dec 04, 2008

Name of Mother Nom de la mère

New Born, Jeannie

Place of Birth Llau de naissance

Alberta

Name of Father Nam de père

Potskin, Albert

Place of Birth Licu de nalasence

Alberta







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

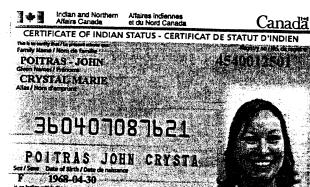
FACSIMILE COVER SHEET

DATE:	13 JAN 2010
ATTN:	Paul Bujoh
COMPANY:	SAWridge Trust
FAX #:	780 988 7724 PHONE #: 780 988 7723
FROM:	A. Potskir
TITLE:	
	(Including Cover Sheet):
# UI FAGES	(mending cover sheet):
REGARDIN	
	SAUringe Trust
771	
and confidentia	Intended only for use of the addressee and may contain information that is privileged If you are not the intended recipient, you are hereby notified that any dissemination deation is strictly prohibited. If receive in error, please notify us immediately by the You.
If you do not ree	ceive all the pages indicated above, contact <u>Albert</u> at (780)-594-7183 P by telephone only.

	BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION												
NAME	CRYS				MARIE Middle Name(s)					Por	TRAS -	JOHN
		irst Name			L	Mic	inie ivame(s)			Last Nar	iie(9)
MAILING ADDRESS	BOX		52				BONNY	VILL (1	AB	TONAGS	CANADA Country
, 1001/200	Apt/P.O. Bo	x	Str	eet Addr	ess		Т	own		Prov	Postal Code	Country
DATE OF BIRTH	30 Day		<u>APRI</u> Mon	<u>し</u>	1968 Yea	7	BIRTH CERTIFICA	TE ¹	19	68-0	58- <u>0</u> 709 Number	749
PLACE OF BIRTH	EDM			,	1 164	-	COUNTRY			CAN		
Telephone	780 26-1	882			750 2016	,500	780 826 7	1647				Whotmail, co.
	Home Pho	ne	Home	Fax	Cell PI	hone	Work Ph	none	<u></u>	· T		ess
STATUS NUMBER	125	ARE MARRIE BAND ME	D TO A	□YES □No	IF YES BAND NUMBE			DID YO ENFRAN ISE?	ICH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? Descended from Albert + Virginia Potskin Descended from Albert + Virginia Potskin												
IF MARRIED, DID YOU MARRIAGE PRODUI CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CEAND Jas	rbin smine esse J ordan	Foul Tohn	Nard		RE-MA	OU SUBSEQL ARRY TO AND ON? IF YES, I S OF CHILDR SE.	OTHER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	B: 11	C - 3	31									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am it is status	mu	1 in	her	ent	tr.	eaty	right	t .	I a	n the sildren.	same
ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST THE LANDS SET ASIDE FOR THE EXCLUSIVE USE	HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE EXCLUSIVE USE OF THE SAWRIDGE BAND? STATUS AS Clara Midbow Freida Draney'S Children. My mother Liz (folskin) Poilirus IF YES, PROVIDE DETAILS My grand mother Virginia Jemie Potskin Still Lives there											
MARITAL STATUS	/											
(check one)	Married	Single	Div	vorced	Widowe	d C	Common-La	aw			Other (Specif	у)

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

	PARENTS IN	IFORMATION	
NAME OF, MOTHER	Elizabeth (Potskin) Poitras	NAME OF FATHER	Homer Poitras
DATE OF BIRTH	17 March 1944 Day Month Year	DATE OF BIRTH	/ Auc- /94/ 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}	IMETIS
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IFYES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?
Address	BOX 387 FIK-POINT 4B TOAIN Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	18
	GRANDPARENT	S INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHER	Virginia Jennie Potskin	NAME OF MATERNAL GRANDFATHER	Albert Norbert Potskin
DATE OF BIRTH	1924 Day Month Year	DATE OF BIRTH	10 0CT +877 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?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	ロYES IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	MARY DION	NAME OF PATERNAL GRANDFATHER	LLOYD POITRAS
DATE OF BIRTH		DATE OF BIRTH	\
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?	☐YES ☐NO ☐ IF YES, WHEN AND IN WHICH CATEGORY? ☐ SECTION 12 1/3	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE Th	ereby certify that the information in this form is true and corrected usts to share this information with those who need it to determ	ct. I give permission t	to Sawridge eneficiary.





Poitras, Crystal Marie

SEX PLACE OF BIRTH

Edmonton

DATE OF BIRTH

Apr 30 1968

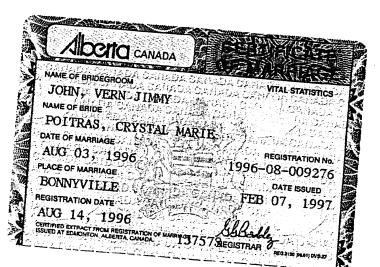
REGISTRATION DATE May 10 1968

REGISTRATION NO.

1968-08-010949

DATE ISSUED

Sep. 17 2003



CANADA CANADA

A STATE OF SERVICE SERVICES

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:

CRYSTAL MARIE POITRAS

Date of Birth APR 30. 1968 LON Place of Birth EDMONTON

of HOMER JOSEPH POITRAS

His Birthplace GURNEYVILLE, ALBERTA

Name of ELIZABETH BERNADETTE POTSKIN

Mother (before Marriage)

Her Birthplace KINUSO, ALBERTA

on MAY 10, 1968 (Month) (Day) (Year)

Given under my hand and seal of the Director.

Day of

Registered at EDMONTON

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

D.V.S. 24

ENTERED HAY 1 7 2010

MAY + 2 2010

BENEFICIARY APPLICATION FORM										
	77			PERSONAL IN	FORMATION					
NAME	Corpla	<i>)</i>			LUA		You	TRAS		
	Firs	st Name(s)		Mi	ddle Name(s)			Last Nam	ne(s)	
Mailing Address	387		FIKBINT			AB	TOA 140	ConxuA		
	Apt/P.O. Box	Str	eet Addr	ess	To	wn	Prov	Postal Code	Country	
DATE OF BIRTH	24	0,	/	1980	BIRTH CERTIFICAT	E1 _		N		
PLACE OF BIRTH	Day	Elk 1	Pode 1	Year 	COUNTRY		<u></u>	Number		
					1		1 1	11 1	1 61 1	
Telephone	780724209			780 201357		- 0	dj-cehat		it Photonileco	
STATUS NUMBER	i .	ARE YOU MARRIED TO A BAND MEMBER?	□YES □MO	IF YES, BAND NUMBER?	Work Pho	DID YOU ENFRANC ISE?	ITIYES	Email Addre	ess	
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
MONIES RECEIVED. ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? TO THE DETAILS L'Z POITRAS — Albert Norbert + Virginia (Mary) Tennie Polskin										
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND	NJA		RE-M	YOU SUBSEQUE MARRY TO ANOT SON? IF YES, D ES OF CHILDRE USE.	THER ETAIL	N	IA		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	'	539001		Bill C	,					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	WHY DO YOU I am a descendant of Sauridge Band members FEEL YOU ARE ELIGIBLE AS A TRUST C. Alle Luke and have family production your cightful place as a									
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR DNO	IF YES, PROVIDE DETAILS								
MARITAL STATUS										
(check one)	Married	Single Di	vorced	Widowed	Common-La	w		Other (Specif	y)	

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

	PARENTS INFO	ORMATION
NAME OF MOTHER	(RYSTAL John (Poitras)	NAME OF Ven John
DATE OF BIRTH	30 14 1968 Day Month Year	DATE OF BIRTH 0 3 / 2 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} Treat
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? DYES EMO IF YES, WHEN AND IN WHICH CATEGORY?
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — N A DATE OF DEATH Day Month Year
	GRANDPARENTS	INFORMATION
NAME OF MATERNAL GRANDMOTHER	Elizabeth bernadette (Potskin) Poitas	NAME OF HOLDER JOSEPH POTALS GRANDFATHER
DATE OF BIRTH	7 3 1944 Day Month Year	DATE OF BIRTH Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Treat	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	MYES IF YES, WHEN AND IN WHICH CATEGORY? B	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DYES DYES 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}	Totaly	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and correct to share this information with those who need it to determ	ct. I give permission to Sawridge

NAME Poitras, Corbin Joshua

SEX PLACE OF BIATH

M Elk Point

DATE OF BIRTH

1988-08-002934 Jan 26 1988

May (32005.

REGISTPATION NO

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, 2016 To: Paul RECEIVED MAY 13 2000 Orbin Joshua Poitrus D. 08 Jan 24, 1988 As per ald nature pustom, Hemer and I took him as and brought him up. The had ligal quardiniship for him be recognized as a benefectory.

Thanks again. La Foetras 180 - 724 2091.

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION .										
NAME	BRI	First Name(s	\	AL	Rid	ERT dle Name(s		10	TSKIN Last Na) mo(s)
Mailing Address	Apt/P.O. Bo	84	Street Add	100		EDMUN	(AS	15T \H	3 CANADA
DATE OF BIRTH	Day		Month Month	197 Year	3	BIRTH CERTIFICAT	Έ ¹		Numbe	
PLACE OF BIRTH	EDM	NTON	, AB	_		COUNTRY	(CANI	+DA	
Telephone	916-36 Home Ph	25 H	lome Fax	₹(58° 784-3° Cell Pho	348	Work Ph	one.	xentz	Ky (D)	mail. Com
STATUS NUMBER	454-	ARE YOU MARRIED T BAND MEMB	J DYES	Ic Vcc			DID YOU ENFRANCH ISE?	JEYES □No	IF YES, WHEN, WHICH CATEGORY?	FEB/95
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED. NONIES RECEIVED.										
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ARE YOU DESCENDED FY ES, PROVIDE DETAILS ALBERT & SEAN POTSKIN - CIRAND PARENTS LILLY POTSKIN - MOTHER									
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND			R P N	E-MAI	OU SUBSEQUE RRY TO ANOT IN? IF YES, DI OF CHILDRE	THER ETAIL	•		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		IST AT								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? HAS 18 Y/O WHEN MY FATHER HAD LAWYERS VISIT MYSELF TO SIGN FOR WHAT I THOUGHT AT THE TIME WAS MY TRUST FUND. A WHILE LATER I LEARNED OF, THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? HELD MEMBERSHIP FROM SEPTIL, 1975-FEB, 1995. HAVE YOU OR YOUR ANCESTORS LIVED ON TRUST FUND. A WHILE LATER I LEARNED OF, THE SAWRIDGE BAND? FYES, PROVIDE DETAILS THOUGHT AT THE TIME WAS MY TRUST FUND. A WHILE LATER I LEARNED OF, THE SAWRIDGE BAND?										
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Co	ommon-Lav	v		Other (Specif	·v)

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

	PARENTS INF	ORMATION
NAME OF MOTHER	LILLY POTSKIN	NAME OF FATHER LILE DUACD
DATE OF BIRTH	14 04 1956 Day Month Year	DATE OF BIRTH 29 04 1956 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}
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	JOYES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	DYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country To G 2 AO	Address S419 - 1565T FDM, 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 5%
NAME OF MATERNAL GRANDMOTHER	JEAN POTSKIN JIRGINIA	NAME OF MATERNAL GRANDFATHER ALBERT POTSKIN
DATE OF BIRTH	09 (0 192) Day Month Year	DATE OF BIRTH 10 10 POI
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	FULL STATUS/BAND MEMBE	STATUS UNDER INDIAN ACT OR FULL STATUS PAY LIST AT BIRTH ^{2,3} SAURINGE MEMBER
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DIVES IF YES, WHEN AND IN WHICH CATEGORY?
Name of Paternal Grandmother	GEORGINA DONALD	NAME OF PATERNAL GRANDFATHER ROSS DNALD
DATE OF BIRTH	Day Month Year	DATE OF BIRTH 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} STATUS
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	TYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and correctusts to share this information with those who need it to determine	t. I give permission to Sawridge ine my status as a beneficiary.

SAWRIDGE TRUSTS

BENEFICIARY INFORMATION Identifying Information (Please be complete to distinguish from others) Last Name(s) First Name(s) Middle Name(s) ⊠Mr. □Ms. RER OTSKIN □Mrs. □Dr. **Home Address** Town Address **Province** Postal Code NOTUDING STIHS Mailing Address (If different from Home Address) Address Province **Postal Code** OX 185 SLAVE LAKE TO GIZAG Ways to Reach You (Please provide as many as possible) Home Telephone **Home Fax** Cell Phone SCAUE LA RE. (1718101814191 1-12171914 47500 111-1111 (7810) 297-15144101 FATHER Business Phone **Work Email** Home Email (1780) 14321-151114 **Benefits Qualifying Information** Birth Date Parent's Name(if under 18 Spouse's Name years of age) 09 MM **Band Member Band Number** Social Insurance Number 454 00341-01 □Yes **∠**No Signed **Dated** Office Use Only Sawridge Inter Vivos Trust Sawridge Trust □Yes □Yes □No \square No

B03-091007

Brent -50% Trust & DIAND. -mfranchined 1995. -1985 belowd selfgant 100,000,000 D18 yrs

	BENEFICIARY APPLICATION FORM										
	T			PERSON	AL IN	FORMATION					
NAME	BRUCE	st Name(s)	***************************************	Patr	Patrick Kendal				Po	tras Last Nar	me(s)
Mailing Address	387 Apt/P.O. Box		Street Add	Iress	EIK Point				AB Prov	Postal Code	11
DATE OF BIRTH	03 Day		(C) Aonth	1975 Year	BIRTH CERTIFICATE ¹				Number		
PLACE OF BIRTH	Sydr	رد	. N-	5.		COUNTRY			Can	ada	
Telephone	770 724 20 Home Phone		me Fax	7次で 201 Cell Ph	792 one	21 770 72 Work Ph	25/ 253 one		***************************************	Email Addre	255
STATUS NUMBER	1	ARE YOU MARRIED TO A BAND MEMBER	1 1/3610	Ir Vro	,		DID YO ENFRANGISE?	CH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.											
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ARE YOU DESCENDED Descended from Albert Norbert of Marry Descended from Albert Norbert of Marry Provide Details								+ +		
IF MARRIED, DID YOU MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.)	N/A	•	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bi	11 6	2-31				***************************************	- !			
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST TRUS										
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAND	EYOU OR YOUR ESTORS LIVED ON SAWRIDGE LANDS JDING POST TREATY S SET ASIDE FOR EXCLUSIVE USE OF IF YES, PROVIDE DETAILS The resorve. They E1(2abeth and Retain)									u Potskin Lwied on Reta	
MARITAL STATUS (check one)	Married	Single [Divorced	Widowed		ommon-Law			TO STATE OF THE ST	Other (Specify	

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

	PARENTS IN	FORMATION					
NAME OF, MOTHER	Elizabeth Bernadette	NAME OF FATHER	Homer J. Poitras				
DATE OF BIRTH	17 03 1944 Day Month Year	DATE OF BIRTH	16				
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}	W(A - Metis				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □NO IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?				
Address	Box 387 ELK Point AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country To A 140	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	18 04 2010 Day Month Year				
	GRANDPARENTS	INFORMATION					
NAME OF MATERNAL GRANDMOTHER	L'Virginia) Jenne Potskin	NAME OF MATERNAL GRANDFATHER	(Norbert) Albert Potstein				
DATE OF BIRTH	76 (2 1724 Day Month Year	DATE OF BIRTH	Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Registered Judia	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indean				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	DYES AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?				
Name of Paternal Grandmother	Eliza Potskin	NAME OF PATERNAL GRANDFATHER	Benjamen Totsken				
DATE OF BIRTH		DATE OF BIRTH	/2 /2 /9 20 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Troaty	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	N/A.				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?				
SIGNATURE I he	Bruce Fo, tun ereby certify that the information in this form is true and correct sts to share this information with those who need it to determine	t. I give permission t	o Sawridge eneficiary.				

				BE	ENEF			LICATIO	ON FOR	RM				
	T					PERSO	NAL IN	FORMATION						
NAME	<u></u>	RUC	c rst Name(s			Port	<u>دنيا</u>	ddle Name	<u>ndal</u>		Porters			
	1 2 -	~	st Name(s	S)		1	Mic	ddie'Name((s)	······································		Last Na	me(s)	
MAILING Address	38	(AB	TOA-LA	9 Canada	
	Apt/P.C). Box		Stre	et Add	ress		Town Prov Postal Code				Country		
DATE OF BIRTH	Day Month			195 Yea		BIRTH CERTIFICA	ATE ¹			Number				
PLACE OF BIRTH	1	•	ey ;		.5		41	COUNTRY			PAN	ADA		
Telephone	780-7	124-	2091.780 e H	724	197	780 201	792	1 780 72	4 3530					
	Home	Phon	e	lome F	ax	Cell P	hone	Work P	hone`		7	Email Addr	ess	
STATUS NUMBER	388	E	ARE YO MARRIED 1 BAND MEMI	ГОА	□YES □No	IF YE Ban Numbe	D		DID YO ENFRAN ISE?	ICH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.														
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? Descended from Albert Norbert 4 Virginia (Mary) Potskin Jennie							4							
IF MARRIED, DID YO MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	NIA	4				RE-MA	OU SUBSEQUARRY TO ANC DN? IF YES, I S OF CHILDRI	OTHER DETAIL	7	IJA			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Bill	C -	-31		P. 14 P. (14 P.					.		,	and the second	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? I am a descendant of Sawridge Band members for Sawridge Band mem														
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	ANDS TREATY EFOR USE OF DETAILS TO GROW TO G							a my bis						
MARITAL STATUS								/		len	cle H	mer Postr	is	
(check one)	Married	3 T	Single	Divo	rced	Widowe	d C	ommon-La	w			Other (Specify	<i>'</i>)	

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 INI	ORMATION						
NAME OF	(Rita Rose Mandel) (Potskin,	NAME OF	,					
MOTHER	Elizabeth Bernadetto (Potkin) Poi	VFATHER	Homer Joseph Poitras					
	The same of the sa	1						
DATE OF BIRTH	17 3 1944	DATE OF BIRTH	16 8 1941					
DATE OF BIRTH.	Day Month Year	- BAILOI BIA	Day Month Year					
STATUS UNDER	Day Monus Leas	STATUS UNDER	Day Worth Feat					
INDIAN ACT OR		INDIAN ACT OR						
PAY LIST AT		PAY LIST AT						
BIRTH ^{2,3}	Trandi	BIRTH ^{2,3}	Métis					
!=a	Treaty	 	MICTIS					
IS YOUR.	In Ven White	IS YOUR	In Ven Muse					
MOTHER A	SYES IS HER BAND	FATHER A	☐YES IF YES, WHAT IS HIS BAND					
SAWRIDGE	UNO NUMBER?	SAWRIDGE	IS HIS BAND NUMBER?					
BAND MEMBER?	NUMBER?	BAND MEMBER?	NOMBER!					
			 					
DID YOUR	DYES IF YES, WHEN Section 12	DID YOUR	□YES IF YES, WHEN					
MOTHER	TINO AND IN WHICH	FATHER ENERGY INC.	TINO AND IN WHICH					
ENFRANCHISE?	CATEGORY? 1 R	ENFRANCHISE?	CATEGORY?					
	he and also has the the	dancela						
ADDRESS	BOX 387 EIKPoint AB TOA-140 (+ Address	T. B.					
,	Apt/ P.O. Box, Street Address, Town, Province,		Apt/ P.O. Box, Street Address, Town, Province,					
	Postal Code, Country		Postal Code, Country					
IF DECEASED -		IF DECEASED -						
DATE OF DEATH	NIA	DATE OF DEATH	18 04 2010					
DATE OF DEATH	Day Month Year	- DATE OF DEATH	Day Month Year					
	GRANDPARENTS	INFORMATION						
NAME OF		NAME OF						
MATERNAL		MATERNAL						
GRANDMOTHER	Jennie Virginia Potsk		Albert Norbert Potskin					
<u> </u>	JOHNE VIIGITIA TOISS	14.2	THE TYCH THE TANK					
DATE OF BIRTH	3.4	DATE OF BIRTH	10 10 1000					
	26 12 1924	DATE OF BIRTH	10 10 1902					
CTATUS 101050	Day Month Year	CTATUO UNIDED	Day Month Year					
STATUS UNDER INDIAN ACT OR		STATUS UNDER						
PAY LIST AT		PAY LIST AT						
BIRTH	Treaty	BIRTH ^{2,3}	Treaty					
DIDYOUR	1 J	DID YOUR						
MATERNAL	TYES IF YES, WHEN	MATERNAL	TYES IF YES, WHEN					
GRANDMOTHER	TONO AND IN WHICH	GRANDFATHER	NO ANTECONY					
ENFRANCHISE?	CATEGORY?	ENFRANCHISE?	CATEGORY?					
NAME OF		NAME OF						
PATERNAL	128 122	PATERNAL	1					
GRANDMOTHER	Mary (Dion Poitras	GRANDFATHER	Lloyd J. Poitras					
	, ,		,					
DATE OF BIRTH	11 11 1918	DATE OF BIRTH	12 12 1920					
	Day Month Year	1	Day Month Year					
STATUS UNDER		STATUS UNDER						
INDIAN ACT OR		INDIAN ACT OR						
PAY LIST AT	1	PAY LIST AT BIRTH ^{2,3}	Métis					
BIRTH	Treaty		IVICTIS					
DID YOUR	IF YES, WHEN	DID YOUR	IF YES, WHEN					
PATERNAL	MYES AND IN WILICH	PATERNAL	TYES AND IN WHICH					
GRANDMOTHER	CATEGORY?	GRANDFATHER ENFRANCHISE?	CATEGORY?					
ENFRANCHISE?		ENFRANCINGE:						
	T. P		30					
SIGNATURE	Jagor S		DATE May 19,2010					
l lir	nereby certify that the information in this form is true and corre							

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

MAIL APPLICATION AND DOCUMENTS TO:

May 20, 2010

Bruce	had an application pent in Their is the second application
- His	his house in the second appleasing
	bireheertificate phoned be there.
O'S.	RECEIVED: MAY 2 5 2010

NOVA SCOTIA

DIVISION OF VITAL STATISTICS

DEPARTMENT OF HEALTH

No. BF000104

BRUCE PATRICK KENDAL POITRAS

Date of Birth

Aug. 3, 1978

Place of Birth

Sydney

Date of Registration

Registration No. 78-02-013888

Male Sex

April 6, 1981

Name of Father

OMER POLTRAS

Birthplace of Father

Garth, Alberta

Maiden Name of Mother

ELIZABETH BERNADETTE POTSKIN

Dated: Aug. 28, 1985

Birthplace of Mother

Kinuso, Alberta

Deputy Registrar General

6.7. FO

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

	BENEFICIARY APPLICATION FORM												
	Τ ,			PERSONA	L IN	FORMATION							
NAME	Blai	-		Alr		er			Potskin				
	<u> </u>	irst Name(s)		<u> </u>	Mid	Middle Name(s)				Last Na	me(s)		
Mailing Address	Apt/P.O. Box	921	7 - treet Addr	126 ress	A		Mcn own	bn	AB	T5E2Jo	1		
DATE OF BIRTH	15	Fe			1979 BIRTH CERTIFICATE					Flot Fostal Code Country			
	Day	Moi	nth	Year		OLIVII IOA	-			Number	ſ		
PLACE OF BIRTH	Slave	Lake	1 A	<u>B</u>		COUNTRY		C	anao	da			
Telephone (1)	80) 406-90			80) 222-		. 1			·		*** *		
	Home Pho	ne Home	Fax	Cell Pho	ne	Work Ph	none .			Email Addr	ess		
STATUS NUMBER	454002 9301	ARE YOU MARRIED TO A BAND MEMBER?	□YES I V NO	IF YES, BAND NUMBER?	?		DID YO ENFRAN ISE?	CH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?			
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.													
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE ONO	IF YES, PROVIDE DETAILS	My	Pato ather	cr /	nal 1 h	g va vave	nd c	fat desc	her a cended	ind my from.		
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND			RE PE NA	E-MAI ERSO	DU SUBSEQUI RRY TO ANO DN? IF YES, D S OF CHILDRE SE.	THER						
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?	WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST												
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DS DS DNO	IF YES, PROVIDE DETAILS	My res sh	pater ides ared	-V W	in i	j ran The My	nd I Pa	mot nou ater	her s se s nal qu	till he once and father		
MARITAL STATUS													
(check one)	Married	Single Div	vorced	Widowed	Co	ommon-Lav	<i>N</i>			Other (Specify	<i>/</i>)		

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

	Parents In	FORMATION	
NAME OF MOTHER	Elsie Helen Potskin	NAME OF FATHER	Angus Kenneth Potskix
DATE OF BIRTH	09 Jun 1955 Day Month Year	DATE OF BIRTH	16 Jan 1949 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	registered Indian Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Resistant Status Inclia.
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
	12921-117st Edmonton AB TSE 518		
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	28 12 2006
	GRANDPARENTS	INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHER	Margret Mountain	NAME OF MATERNAL GRANDFATHER	Unknown
DATE OF BIRTH	un Known	DATE OF BIRTH	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	resistand status Indian. Kehuin First Nation	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Mary Virginia Potskin	NAME OF PATERNAL GRANDFATHER	Norbert Albert Potskir
DATE OF BIRTH	9 OCT 1922 Day Month Year	DATE OF BIRTH	10 oct 1905
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Status India	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Statu India.
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and corrections to share this information with those who need it to determine the share this information with those who need it to determine the share this information with those who need it to determine the share this information with those who need it to determine the share the	ct. I give permission in	to Sawridge eneficiary.

THE PROPERTY OF THE PROPERTY O **ADOTIC** CANADA

LB462679

Name Potskin, Blaine Almer

VITAL STATISTICS

Date of Birth *Feb* 15 1979 Sex Male

Place of Birth Slave Lake

Name of Mother Mountain, Elsie Helen (Maiden Name)

Place of Birth Alberta

Name of Father Potskin, Angus Kenneth

Place of Birth Alberta

Registration Date Feb 23 1979

Registration Number 1979-08-004471

Dec 31 2002 Date Issued

BENEFICIARY APPLICATION FORM													
PERSONAL INFORMATION													
NAME	Aaron	<u>∧</u> First Name	v(s)		رمردد Middle Name(s)			Potskin Last Name(s)					
		I IISt Name	(8)		<u> </u>	IVIIC	die Name	(S)			Last Nar	ne(s)	
Mailing Address	Apt/P.O. E			56 reet Add			EDMOL	own		AB	r5w359 Postal Code	Canada	
DATE OF BIRTH	0(10		1983	-	BIRTH CERTIFICA			1104	i ostar code	Country	
	Day		Mon	ıth	Yea	r	CERTIFICA	₹1E		Number			
PLACE OF BIRTH	Elk Point AB						COUNTRY			anada			
Telephone	9630	l						···	a	petasin 20 hotmail. Com			
	Home Ph	none	Home	Fax	Cell Pt	one	Work P	hone			Email Addre	ess	
STATUS NUMBER	45400	ARE Y MARRIEI BAND ME	TO A	□YES □HO	IF YES BAND NUMBER		. ,	DID \ ENFRA ISE	NCH-	□YES □Mo	IF YES, WHEN, WHICH CATEGORY?	· ·	
IF YOU ENFRANCHIS INDIAN ACT, PROVIE INCLUDING SHARE O MONIES RECEIVED.	E DETAILS							<u> </u>		<u> </u>	LL		
FROM, MARRIED TO ADOPTED BY ONE (ORIGINAL SAWRIDO	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS												
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.									
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3} Bern and raised an Sawridge First Nation Outsed an Sawridge Veserve													
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?													
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LANDING POST THE LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DS DYE EATY DNO OF	I DOO	IDE										
MARITAL STATUS (check one)	Marris	Cinala	5.		VAC: 1								
(Chook one)	Married	Single	Div	orced	Widowed	C	ommon-La	w			Other (Specify)	

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

	PARENTS INF	ORMATION						
NAME OF MOTHER	Judy Potskin	NAME OF FATHER	William Moosewah					
DATE OF BIRTH	20 March 1959 Day Month Year	DÁTE OF BIRTH	3 5 1955 Day Month Year					
STATUS UNDER INDIAN ACT OR*. PAY LIST AT BIRTH ^{2,3}	Full treaty under Sauridge	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full Treaty under Saddle Lake					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?	IF YES WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?					
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	 Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	Day Month Year					
	GRANDPARENTS	INFORMATION	Day Month Year					
NAME OF MATERNAL GRANDMOTHER	Jean Potskin	NAME OF MATERNAL GRANDFATHER	Albert Norbert Potskin					
DATE OF BIRTH	## 10 1924 Day Month Year	DATE OF BIRTH	10 10 1900 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}	Foil treaty					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES 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}	eay monai real					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary. DATE O 1 28 2010								



CERTIFICATE OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH Vital Statistics

Name	AARON ROYCE BER	NA RD POTSKIN		sexMale
Date of Birth	1st Octobe (Day) (Month)	1982 Place of B	irth Elk Point, A	Alberta
lame of Father	<u>j</u>	His Birthpl	ace	
amerof Mother efore Marriage	Judy Doreen Avi	ne Potskin Her Birthpl	Edmonton, A	lberta
	Edmonton 🦸 💃	7 18th October 1982	82	-08-33932
Registered at	e de la companya dela companya dela companya dela companya de la c	(Day) (Month) (Year) Given under my hand a	necord No.	
registered at		Given under my hand a	necord No.	r at Edmonton, this
egistered at		(Day) (Month) (Year) Given under my hand a	nd seal of the Director	

			B	BENEF			LICATIO		RM			
	1 1 1 1 1	١.			PERSONAL INFORMATION						O 12	
NAME	Tra				76	anv				tort	ras-Colli	
		First Na					ldle Name	(s)			Last Nar	me(s)
MAILING ADDRESS			480	5-1	· පිහි s	t	Edm	ion:tan	\	AB	176M2S2	CANADA
	Apt/P.O. B	ox	Str	eet Add	ress		7	own	$-\bot$	Prov	Postal Code	Country
DATE OF BIRTH	14			4	196		BIRTH CERTIFICA	ATE ¹				
_	Day Month			Year						Number		
PLACE OF BIRTH	Edmonton				Country				Canada			
Telephone	7804360559		750 756 8183		780 6906537				pei	citras-collinseshaw.ca		
	Home Phone		Home Fax		Cell Pt	one	Work P	hone		Email Address		
STATUS NUMBER	MAF		RE YOU RIED TO A MEMBER?	□YES ☑No	IF YES BAND NUMBER	· .	DID YOU ENFRANCH- ISE?		ICH-	□YES ☑No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	1	AİN					•	L			
ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE DETAILS				nded Potsle			Alber	せり	Vorb	ert + l	lirginia	
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												
MHY DO YOU FEEL YOU ARE ELIGIBLE AS A interest right. I am the same status as Clara Midbow/ BENEFICIARY? Freda Drancy is Children I have applied twice for membership have you or your midbow my gradpurents Albert and Jennie have lived												
HAVE YOU OR YOUR ANCESTORS LIVED OI THE SAWRIDGE LAND NCLUDING POST TRE LANDS SET ASIDE FOITHE EXCLUSIVE USE THE SAWRIDGE BANK	EATY DYES	on s There	shwridge lands. Jen			enn	11e (ennie ho continues	rve lived to live			
MARITAL STATUS					,		- (1.) 1	WF W				· · · · · · · · · · · · · · · · · · ·
(check one)	Married	Singl	e Divo	orced	Widowed	Co	mmon-Lav	N			Other (Specify)	

ENTERED MAY 1 / 2010

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

	Parents In	FORMATION	NC			
NAME OF, MOTHER	Elizabeth Bernudelle (Potskin) Poitra	NAME OF FATHER	Homer Joseph Alitras			
DATE OF BIRTH	17 3 1944 Day Month Year	DATE OF BIRTH	16 +8 198241 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?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?	EAYES DNO IF YES, WHEN Section 12	DID YOUR FATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?			
Address	Box 387 EIX Point AB TI Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	AIAO Cippula Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED — DATE OF DEATH	ν∖ Q Day Month Year	IF DECEASED — DATE OF DEATH	18 04 2010 Day Month Year			
	GRANDPARENT	S INFORMATION				
NAME OF MATERNAL GRANDMOTHER	Jennie Virginia Potskin	NAME OF MATERNAL GRANDFATHER	Albert Norbert Potskin			
DATE OF BIRTH	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?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER	Mary (Dion) Portras	NAME OF PATERNAL GRANDFATHER	Lloyd J. Poitras			
DATE OF BIRTH		DATE OF BIRTH	12 12 1920 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Trenty	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Metis			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE I h	ereby certify that the information in this form is true and corrests to share this information with those who need it to determ	ct. I give permission t nine my status as a bo	DATE April 30, 2010 eneficiary.			

CANADA CANADA

CERTIFICATE OFINEIRINE

- Vital Statistics SOCIAL SERVICES AND COMMUNITY HEALTH

This is to Certify that the particulars of the undernoted birth which is on record in this Department are as follows: B063727

Name TRACEY JEANNE POITRAS

Sex FEMALE

Date of Birth APR 14, 1966

Place of Birth EDMONTON

Name

of HOMER JOSEPH POITRAS

Father

His Birthplace GARTH, ALBERTA

Name

of ELIZABETH BERNADETTE POTSKIN

Mother (before Marriage)

Her Birthplace KINUSO, ALBERTA

on APR 20, 1966 (Month) (Day) (Year)

Registration No. 66-08-009218

Given under my hand and seal of the Director.

Registered at EDMONTON

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

D.V.S. 24