

ENTERED APR 23 2010

RECEIVED APR 23 2010

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME		GAIL			ELIZABETH			O'CONNELL		
		First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS		3 DODGE AVG.			RED DEER		AB	T4R3H6	CANADA	
		Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH		11	02	1957		BIRTH CERTIFICATE ¹		1957-08-003326		
		Day	Month	Year				Number		
PLACE OF BIRTH		EDMONTON, ALBERTA			COUNTRY		CANADA			
Telephone		(403) 348-0201		(403) 302-9120		(403) 309-4600		gailoc@telus.net		
		Home Phone		Home Fax		Cell Phone		Work Phone		
STATUS NUMBER		454	004	1101	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	
									<input type="checkbox"/> YES	
									<input type="checkbox"/> NO	
									IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.										
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY SIGNATORIES?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
				YES, THROUGH MY MOTHER ROSINA LINDBERG.						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		CHILD: JAMIE O'CONNELL (AUNT/MARRIED)			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		CHILDREN: ASHLEY O'CONNELL, LUCAS O'CONNELL			
		1st SPOUSE: JAMES EDWARD McKERCHER					2nd SPOUSE: DAN O'CONNELL			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		STATUS INDIAN / BILL C31								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		BIRTHRIGHT. I APPLIED FOR MEMBERSHIP TO THE SAWRIDGE BAND MAR 24/2004 AND HAVE REC'D NO RESPONSE TO DATE. *SEE BACK								
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, ELIZABETH MABLE WARD LIVED WITH HER PARENTS JOSEPHINE CARDINAL & LEON WARD.						
MARITAL STATUS (check one)		<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input checked="" 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 materials contained in the application with the application.

* THERE ARE MANY NATIVE PEOPLE LIVING OFF OF
RESERVES, AMID THE GREATER SOCIETY, WHO ARE
MAKING A POSITIVE IMPRESSION FOR THE NATIVE
INDIAN. WE ARE VERY PROUD OF OUR HERITAGE
AND YET WE FAIL TO BE RECOGNIZED BY OUR
OWN PEOPLE OR OUR OWN BANDS. THIS, TO ME,
IS A GREAT INJUSTICE *

PARENTS INFORMATION											
NAME OF MOTHER			ROSINA LINDBERG			NAME OF FATHER			RON LINDBERG		
DATE OF BIRTH			20 10 1935			DATE OF BIRTH			14 12 1929		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454 004 0701		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 BUT REBAINED THRU BILL C 31		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS			16518-104 AVE EDMONTON, AB T5P 0S7 CANADA			ADDRESS			16518-104 AVE EDMONTON, AB T5P 0S7 CANADA		
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH			Day Month Year			IF DECEASED - DATE OF DEATH			Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			ELIZABETH MABLE WARD			NAME OF MATERNAL GRANDFATHER			DOUGLAS MCMULLEN		
DATE OF BIRTH			18 08 1918			DATE OF BIRTH			UNKNOWN		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		THROUGH MARRIAGE BUT AFTER MY MOM WAS BORN		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			CLARA BERTHA SCHULTZ			NAME OF PATERNAL GRANDFATHER			ARTHUR JOSEPH LINDBERG		
DATE OF BIRTH			25 10 1906			DATE OF BIRTH			16 09 1903		
			Day Month Year						Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON 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	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE			Gail O'Connell						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.						MAR 9, 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

VITAL STATISTICS

B410341

Name Lindberg, Gail Elizabeth

Sex Female Date of Birth Feb 11 1957

Place of Birth Edmonton

Name of Mother (Maiden Name) Ward, Rosina Ann

Place of Birth Alberta

Name of Father Lindberg, Ronald August

Place of Birth Saskatchewan

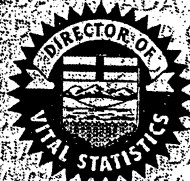
Registration Date Feb 15 1957 Registration Number 1957-08-003326

Date Issued Oct 12 2000

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

REG 3147 (98/03)

Laurie Currie
Director



ENTERED APR 23 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	ASHLEY			DEE			O'CONNELL		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS							CANADA		
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	20 05 1984			BIRTH CERTIFICATE ¹		84-08-015660			
	Day	Month	Year	Number					
PLACE OF BIRTH	EDMONTON, ALBERTA			COUNTRY		CANADA			
Telephone	(403) 392-2445		(403) 392-2445						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	YES, THROUGH MY GRANDMOTHER ROSINA LINDBERG. AND THROUGH MY GREAT GRANDPARENTS JOSEPHINE CARDINAL & LEON WARD						
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}	NON STATUS								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	BIRTHRIGHT								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	MY GREAT GRANDMOTHER, ELIZABETH MARBLE WARD LIVED WITH HER PARENTS JOSEPHINE CARDINAL & LEON WARD						
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

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

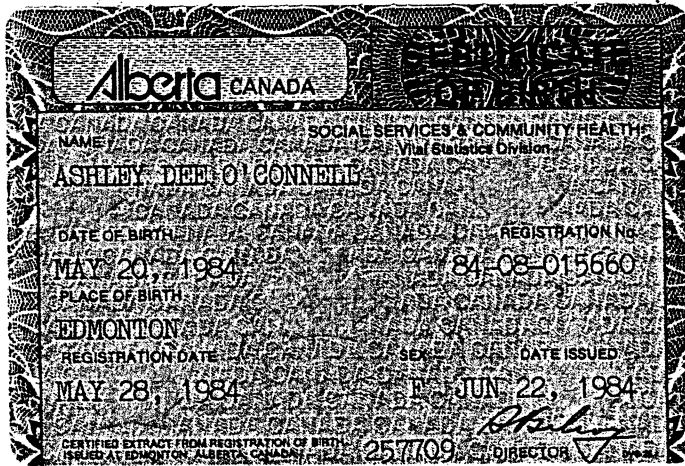
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION													
NAME OF MOTHER			GAIL O'CONNELL			NAME OF FATHER			DANIEL O'CONNELL				
DATE OF BIRTH			11 02 1957			DATE OF BIRTH			30 07 1954				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			STATUS INDIAN/BILL C31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454 004 1101 SHE APPLIED FOR MEMBERSHIP IN 2004 BUT HAS REC'D NO RESPONSE.	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			2 DODGE AVE, RED DEER, AB CANADA T4R 3H6			ADDRESS			46 DIAMOND ST CLOSE RED DEER, AB, CANADA T4R 2B4				
			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			ROSINA LINDBERG			NAME OF MATERNAL GRANDFATHER			RON LINDBERG				
DATE OF BIRTH			20 10 1935			DATE OF BIRTH			14 12 1929				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		THROUGH MARRIAGE BUT REGAINED STATUS THROUGH BILL C31	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			THELMA ANDERSON			NAME OF PATERNAL GRANDFATHER			DANIEL O'CONNELL SR.				
DATE OF BIRTH			16 06 1920			DATE OF BIRTH			17 04 1923				
			Day Month Year						Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON 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	IF YES, WHEN AND IN WHICH CATEGORY?				
SIGNATURE			GAIL O'CONNELL						DATE			2010-03-27	
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



B0200167

VOID IF ALTERED OR LAMINATED

ENTERED OCT 2 8 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	LOUIS			JOSEPH			PAQUETTE		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	766	PRINCE GEORGE BC			V2L 4T3	CANADA			
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	08	JUNE	1950		BIRTH CERTIFICATE ¹	50-08-012776			
	Day	Month	Year			Number			
PLACE OF BIRTH	HIGH PRAIRIE, ALBERTA				COUNTRY	CANADA			
Telephone	250-614-2248						Sweetnation1065@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 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		Our mother Marie Adele PAQUETTE nee Louie last status when she married our father Frank Napoleon Paquet, but was later reinstated - maternal grandfather always had status as well as our great grandfathers.					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Louis McCabe B.d. Feb. 3, 1970 *Darren McCabe B.d. Sept. 3, 1971			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	Eileen Debra Caldwell				
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?	We are our mother had status and I am a beneficiary along with 13 siblings. * you can refer to Cecile Paquette Henry's file info. Cecile is my sister.								
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		If Slave Lake, Alberta, is Sawridge. Yes my parents and grandparents lived 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 ADELE MARIE ^{(nee) PAQUETTE} LOYIE				NAME OF FATHER FRANK PAQUETTE ^{NAPOLEON} PAQUETTE							
DATE OF BIRTH 11 MARCH 1924 Day Month Year				DATE OF BIRTH 08 17 OCTOBER 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER? Sucker Creek # 456-01009-01 Sawridge # 4540073501		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 deceased 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 05 05 2002 Day Month Year				IF DECEASED - DATE OF DEATH 02 02 1992 Day Month Year							
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER Also called PHILOMENE Loyer Lawye WARD				NAME OF MATERNAL GRANDFATHER LOUIS LOYIE							
DATE OF BIRTH 19 February 1908 Day Month Year				DATE OF BIRTH 05 February 1902 Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} BAND # 41 SAWRIDGE				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} got script.							
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 THERESA GIROUX				NAME OF PATERNAL GRANDFATHER ALEX PAQUETTE							
DATE OF BIRTH 27 MARCH 1897 Day Month Year				DATE OF BIRTH 10 December 1881 ? 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 Louis PAQUETTE 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 October 14, 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

Certificate of Baptism

Archdiocese of Grouard-McLennan
Parish of St. Peter Celestin,
Slave Lake, Alberta

This is to Certify:

that Louis Joseph Paquette
child of Frank Paquette
and Mary Adele Loyie
born in ~~Slave Lake, AB~~ *Hugh Prairie*

on June 8th, 1950

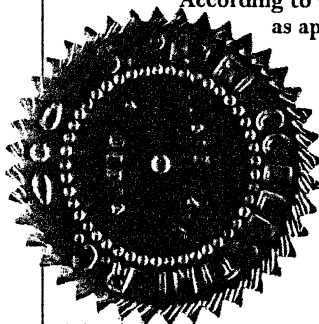
was baptized on June 26th, 1950

with Godparents Joseph Gagnon

and Alice Lennie

by Rev. Henry Wagner, o.m.i.

According to the Rite of the Roman Catholic Church and
as appears in the baptismal Register of
St. Peter Celestin, Parish



Francisco Silva
Fr. Gamini Silva, o.m.i. Pastor

Printed On Thursday, February 08, 2007

Confirmation:

No Record

Marriage:

No Record

RECEIVED OCT 28 2010

ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	LAWRENCE			CECIL			PAQUETTE		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	766	PRINCE GEORGE			BC	V2L4T3	CANADA		
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	18	November		1947	BIRTH CERTIFICATE ¹		Number		
	Day	Month		Year					
PLACE OF BIRTH	SLAVE LAKE, ALBERTA				COUNTRY		CANADA		
Telephone			250-561-5888				Email Address		
	Home Phone		Home Fax		Cell Phone		Work Phone		
STATUS NUMBER	?	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	—	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input 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		Our mother MARIE ABELE PAQUETTE nee Loyie Lost status when she married our father Frank Napoleon Paquette was later reinstated - maternal Grandmother Always had status as well as our great Grand fathers on Maternal side.					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Shawna Sinclair			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?	We are, our mother had status and I am a beneficiary along eligible with 13 other siblings. * Refer to Cecile Paquette Henry's file info. Cecile is my sister.								
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 was born in Slave Lake, Alberta. Yes my parents and grandparents had lived there for a time.					
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.

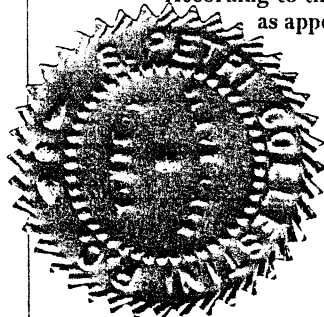
Certificate of Baptism

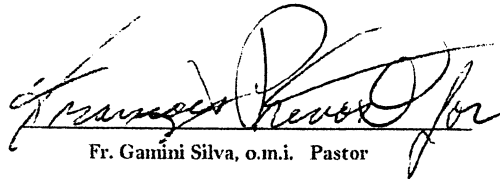
Archdiocese of Grouard-McLennan
Parish of St. Peter Celestin,
Slave Lake, Alberta

This is to Certify:

that **Loran Cecil Paquette**
child of **Frank Paquette**
and **Mary Adele Loyie**
born in **Slave Lake, AB**
on **November 18th, 1947**
was baptized on **November 26th, 1947**
with Godparents **August Sinclair**
and **Mrs. Sophie Jackson**
by **Rev. Henry Wagner, o.m.i.**

According to the Rite of the Roman Catholic Church and
as appears in the baptismal Register of
St. Peter Celestin, Parish




Fr. Gamini Silva, o.m.i. Pastor

Printed On Thursday, February 08, 2007

Confirmation:

No Record

Marriage:

No Record

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		MICHELLE		ELIZABETH		PAQUETTE	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		3345 FANDEROSA STREET		ABBOTSFORD		B.C. V2T 5G2 CANADA	
		Apt/P.O. Box		Street Address		Town	
		Prov		Postal Code		Country	
DATE OF BIRTH		06 05 1972		BIRTH CERTIFICATE ¹		1972-59-013089	
		Day		Month		Year	
						Number	
PLACE OF BIRTH		VANCOUVER, B.C.		COUNTRY		CANADA	
Telephone		604-504-7550		778-342-7141		604-880-1330	
		Home Phone		Home Fax		Cell Phone	
						Work Phone	
						Email Address	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?	
						DID YOU ENFRANCHISE?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY & SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Sawridge Band # 4540033501 Sucker Creek # 4560100901	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		VICTORIA ASHLEY TAYLOR MATTHEW AARON TAYLOR AMBER CHRISTIAN FAITH DIX FRANKLYN LAYNE DIX JUDITH CHARITY DIX		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?		Because my grandma was status, a sawridge band member.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		My dad was born there and my grandparents lived there (in Slave Lake) until 1947. in the area in the Sawridge area.	
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	
						Separated since 2002 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 BARBARA JANE MORIN			NAME OF FATHER DENNIS BERNARD PAQUETTE		
DATE OF BIRTH 27 04 1949 Day Month Year			DATE OF BIRTH 09 10 1945 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} METIS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} METIS		
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 25 02 1973 Day Month Year			IF DECEASED - DATE OF DEATH 25 02 1973 Day Month Year		

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER STELLA MORIN (MERASTY)			NAME OF MATERNAL GRANDFATHER JOHN BAPTISTE MORIN		
DATE OF BIRTH 21 06 1933 Day Month Year			DATE OF BIRTH 29 12 1930 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} METIS		
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 Adele Marie Paquette Neeloyie			NAME OF PATERNAL GRANDFATHER Frank Napoleon Paquette		
DATE OF BIRTH 11 03 1924 Day Month Year			DATE OF BIRTH 17 10 1918 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} Metis		
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 11/07/2010
---------------	---------------------------

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

ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	MELVIN			KENNETH			PAQUETTE		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	213	590 Dominion St			PRINCE GEORGE		BC	V2L 5T4	CANADA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	07	JUNE		1962		BIRTH CERTIFICATE ¹	Number		
	Day	Month		Year					
PLACE OF BIRTH	PRINCE GEORGE B.C.				COUNTRY		CANADA		
Telephone	250 596 2712								
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	/		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
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		Our mother MARIE ADELE Paquette nee Lorie Lost status when she married our father Frank Napoleon Paquette - was later reinstated - Maternal Grandmother always had status as well as Gr. Grandfathers on Maternal side.					
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?									
We are eligible. Our mother had status and I am a beneficiary along with 13 other siblings * Refer to Cecile Paquette Henry's file info. Cecile is my sister.									
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		Parents and some siblings lived there prior to moving to B.C. in 1947					
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			ADELE MARIE PAQUETTE ^{nee} LOYIE			NAME OF FATHER		FRANK NAPOLEON PAQUETTE					
DATE OF BIRTH			11 MARCH 1924 Day Month Year			DATE OF BIRTH			17 OCTOBER 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		Sucker-CK # 456-01009-01 Sawridge 4540033501		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			deceased 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			05 MAY 2002 Day Month Year			IF DECEASED - DATE OF DEATH			02 February 1992 Day Month Year				
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER			also ^{split} LAWYER PHILOMENE LOYER nee Ward			NAME OF MATERNAL GRANDFATHER		Louis Loyie					
DATE OF BIRTH			19 February 1908 Day Month Year			DATE OF BIRTH			05 February 1902 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			BAND # 41. SAWRIDGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			got script				
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			THERESA GIROUX			NAME OF PATERNAL GRANDFATHER		ALEX PAQUETTE					
DATE OF BIRTH			27 MARCH 1897 Day Month Year			DATE OF BIRTH			10 Dec. 1881 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			Melvin Paquette					DATE					
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.													

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Certificate of Baptism

Roman Catholic Diocese of Prince George
Sacred Heart Cathedral

887 Patricia Blvd Prince George, BC V2L 3V5 (250) 564-5225

shcath@shawcable.com FAX: (250) 614-0252

This is to Certify that

Melvin Kenneth Francis Paquette

child of _____ *Francis Paquette*

and _____ *Adile Loyie*

Born In _____ *Prince George, BC*

On _____ *June 7, 1962*

was Baptized on _____ *June 17, 1962*

with Godparent _____ *Melvin F. Murray*

and _____ *Cecile Marie Murray*

by _____ *Rev. Francis J. Rayner, OMI*

*According to the Rite of the Roman Catholic Church and
as it appears on the Baptismal Register of
Sacred Heart Cathedral*

Dated: _____ *October 19, 2010*

Rev. Pier Pandolfo

ENTERED OCT 28 2010

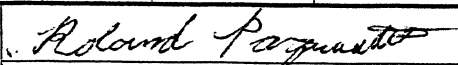
BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Roland		George		PAQUETTE	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	539 PILOT STREET		PRINCE GEORGE B.C.		U2M5H	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	04	October	1966		BIRTH CERTIFICATE ¹	
	Day	Month	Year		Number	
PLACE OF BIRTH	PRINCE GEORGE B.C.		COUNTRY		CANADA	
Telephone			250-612			
	Home Phone	Home Fax	2671	Cell Phone	Work Phone	Email Address
STATUS NUMBER	/	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	/	DID YOU ENFRANCHISE?
						<input type="checkbox"/> YES <input type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
/						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Our mother Marie Adele Paquette nee Loyie lost STATUS when she married our Father Frank Napole Paquette was later reinstated - maternal grand mother always had STATUS as well as greatgrand father on maternal side.			
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?	We are eligible. Our mother had STATUS and I am a beneficiary along with 13 other siblings. Refer to Cecile Paquette Henry's file info. Cecile is my sister					
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	If SLAVE LAKE is SAWRIDGE, YES my parents lived there, my parents moved to B.C. in 1947 I was born in Prince George B.C.			
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			Adele MARIE PAQUETTE (NEE LOYIE)			NAME OF FATHER			FRANK NAPOLEON PAQUETTE					
DATE OF BIRTH			11 MARCH 1924 Day Month Year			DATE OF BIRTH			17 OCTOBER 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		Sucker Creek # 456-01009-01 SAWRIDGE # 454003501		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			deceased 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			65 MAY 2002 Day Month Year			IF DECEASED - DATE OF DEATH			02 FEBRUARY 1992 Day Month Year					
GRANDPARENTS INFORMATION														
NAME OF MATERNAL GRANDMOTHER			Philomene WARD → hoyer - Lawye			NAME OF MATERNAL GRANDFATHER			Louis LOYIE					
DATE OF BIRTH			19 FEBRUARY 1908 Day Month Year			DATE OF BIRTH			05 FEBRUARY 1902 Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			BAND # 41 SAWRIDGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			GOT SCRIPT					
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			Theresa Giroux			NAME OF PATERNAL GRANDFATHER			ALEX PAQUETTE					
DATE OF BIRTH			27 MARCH 1897 Day Month Year			DATE OF BIRTH			10 December 1881 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 hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE					

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

MAIL APPLICATION AND DOCUMENTS TO:

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

SACRED HEART CHURCH
887 PATRICIA BOULEVARD
PRINCE GEORGE, B.C.

Certificate of Baptism

This is to Certify that ROLAND GEORGE PAQUETTE
Child of FRANK PAQUETTE and MARIE LOYIE
born on the 4th day of OCTOBER 19 66 at PRINCE GEORGE, B. C.
was BAPTIZED on the 10th day of JANUARY 19 73 at SACRED HEART CHURCH
ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH

by the Rev. J. V. O'REILLY O.M.I.
Sponsors, { JOHN HENRY
CECILE HENRY

as appears from the Baptismal Register of Said Church.

..... J. V. O'Reilly, O.M.I. PASTOR

JUNE 11th 19 73

PER

ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		RICHARD		DALE		PAQUETTE	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		940 LASALLE AVE.		PRINCE GEORGE		BC V2M3K5 CANADA	
		Apt/P.O. Box		Street Address		Prov Postal Code Country	
DATE OF BIRTH		30 DECEMBER 1955		BIRTH CERTIFICATE ¹		Number	
		Day Month Year					
PLACE OF BIRTH		PRINCE GEORGE, B.C.		COUNTRY		CANADA	
Telephone		250-612-0804					
		Home Phone		Home Fax		Cell Phone Work Phone Email Address	
STATUS NUMBER		7		ARE YOU MARRIED TO A BAND MEMBER?		DID YOU ENFRANCHISE?	
		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, BAND NUMBER?		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		_____					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Our mother MARIE ADELE PAQUETTE nee Loyie lost status when she married our father Frank Napoleon Paquette - Was later reinstated - maternal grandmother always had status as well as great grandfathers on maternal side	
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?		We are eligible. Our mother had status and I am a beneficiary along with 13 other siblings. * Refer to Cecile Paquette Henry's file info. Cecile is my sister.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Parents moved to B.C. in 1947. I was born in Pr. Geo. B.C.	
MARITAL STATUS (check one)		Married		Single		Divorced	
				<input checked="" type="checkbox"/>		Widowed Ccmmon-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		Adele Marie Paquette ^{nee Louie}			NAME OF FATHER		FRANK NAPOLEON PAQUETTE								
DATE OF BIRTH		11 MARCH 1924 Day Month Year			DATE OF BIRTH		17 October 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		Sucker Creek # 456-01009-01 SAWRIDGE # 4540033501		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		deceased						ADDRESS		deceased					
		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		05 May 2002 Day Month Year			IF DECEASED - DATE OF DEATH		02 February 1992 Day Month Year								
GRANDPARENTS INFORMATION															
NAME OF MATERNAL GRANDMOTHER		Philomene Ward ^{→ Loyer - Lawye}			NAME OF MATERNAL GRANDFATHER		Louis Loyie								
DATE OF BIRTH		19 February 1908 Day Month Year			DATE OF BIRTH		05 February 1902 Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		BAND # 41 SAWRIDGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		got script								
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		Theresa Giroux			NAME OF PATERNAL GRANDFATHER		Alex Paquette								
DATE OF BIRTH		27 MARCH 1897 Day Month Year			DATE OF BIRTH		10 December 1880 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		Mr Richard Dale Paquette						DATE							
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.													

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

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
301, 4445 Calgary Trail NW
Edmonton, AB T6H 5R7

Certificate of Baptism

Roman Catholic Diocese of Prince George
Sacred Heart Cathedral

887 Patricia Blvd Prince George, BC V2L 3V5 (250) 564-5225

shcath@shawcable.com FAX: (250) 614-0252

This is to Certify that

Richard Dale Paquette

child of _____ *Francis Paquette*

and _____ *Adile Loyie*

Born In _____ *Prince George, BC*

On _____ *December 30, 1955*

was Baptized on _____ *March 25, 1956*

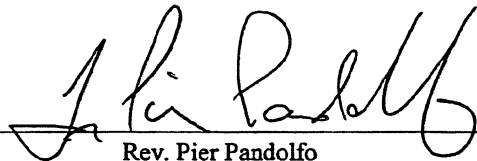
with Godparent _____ *Albert Vandal*

and _____ *Aurora Vandal*

by _____ *Rev. Francis J. Rayner, OMI*

*According to the Rite of the Roman Catholic Church and
as it appears on the Baptismal Register of
Sacred Heart Cathedral*

Dated: _____ *October 19, 2010*


Rev. Pier Pandolfo

ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		ROBERT		DANIEL		PAQUETTE	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		1011 BABINE CRESCENT		PRINCE GEORGE		B.C. VAM 3X5 CANADA	
		Apt/P.O. Box		Street Address		Town Prov Postal Code Country	
DATE OF BIRTH		12		OCTOBER		1957	
		Day		Month		Year	
				BIRTH CERTIFICATE ¹		Number	
PLACE OF BIRTH		PRINCE GEORGE, B.C.		COUNTRY		CANADA	
Telephone		250 561-0144					
		Home Phone		Home Fax		Cell Phone Work Phone Email Address	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?	
						DID YOU ENFRANCHISE?	
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
						IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Our mother MARIE ADELE PAQUETTE nee LOYIG Lost status when she married our father Frank Napoleon Paquette but was later reinstated - maternal grandmother always had status as well as gr. grandfathers on maternal side.	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Gerald Cunningham Lisa Cunningham Melissa Joseph Arlene Joseph & deceased		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?		We are. Our mother had status and I am a beneficiary along with 13 surviving siblings. * Refer to Cecile Paquette Henry's file info. Cecile is my sister.					
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		If Slave Lake Alberta is Sawridge. Yes - my parents and grandparents (ancestors) lived 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		ADELE MARIE PAQUETTE			NAME OF FATHER		FRANK NAPOLEON PAQUETTE			
DATE OF BIRTH		11 MARCH 1924 Day Month Year			DATE OF BIRTH		17 OCTOBER 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	Sucker Creek # 456-01009-01 SAWRIDGE # 4540033501		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		deceased 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		05 MAY 2002 Day Month Year			IF DECEASED - DATE OF DEATH		02 February 1992 Day Month Year			
GRANDPARENTS INFORMATION										
NAME OF MATERNAL GRANDMOTHER		also spelled Loyer, Loyie Philomene Lawye nee Ward			NAME OF MATERNAL GRANDFATHER		Louis Loyie			
DATE OF BIRTH		19 February 1908 Day Month Year			DATE OF BIRTH		05 February 1902 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		BAND # 41 SAWRIDGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		got script			
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		THERESA GIROUX			NAME OF PATERNAL GRANDFATHER		ALEX PAQUETTE			
DATE OF BIRTH		27 MARCH 1897 Day Month Year			DATE OF BIRTH		10 DECEMBER 1881 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		* Robert D Paquette					DATE			
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.								

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Certificate of Baptism

Roman Catholic Diocese of Prince George
Sacred Heart Cathedral

887 Patricia Blvd Prince George, BC V2L 3V5 (250) 564-5225

shcath@shawcable.com FAX: (250) 614-0252

This is to Certify that

Robert Paquette

child of _____ *Francis Paquette*

and _____ *Adile Loyie*

Born In _____ *Prince George, BC*

On _____ *October 12, 1957*

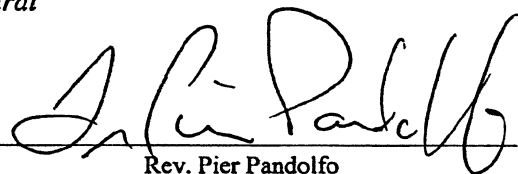
was Baptized on _____ *November 25, 1958*

with Godparent _____ *None*

by _____ *Rev. J. A. Carroll, OMI*

*According to the Rite of the Roman Catholic Church and
as it appears on the Baptismal Register of
Sacred Heart Cathedral*

Dated: _____ *October 19, 2010*


Rev. Pier Pandolfo

ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		RONALD		FRANCIS		PAQUETTE	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		539 Pilot Street		PRINCE GEORGE BC		V2M 5H9 CANADA	
		Apt/P.O. Box		Street Address		Town Prov Postal Code Country	
DATE OF BIRTH		15 MARCH 1952		BIRTH CERTIFICATE ¹		Number	
		Day Month Year					
PLACE OF BIRTH		McBRIDE B.C.		COUNTRY		CANADA	
Telephone		(250) 596 2712		250 561 0149 (Amita)		Email Address	
		Home Phone		Home Fax		Cell Phone Work Phone	
STATUS NUMBER		?		ARE YOU MARRIED TO A BAND MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, BAND NUMBER? /	
				DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		/					
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		Our mother MARIE ADELE PAQUETTE nee Loyie Lost status when she married our father Frank Napoleon Paquette - was later reinstated - maternal grandmother always had status as well as great grand fathers on maternal side.	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Trina PAQUETTE Kevin PAQUETTE Jason PAQUETTE Jenny PAQUETTE Dolene PAQUETTE		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		MARLENE Jean GARNOT (nee) PAQUETTE	
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?		We are eligible. Our mother had status and I am a beneficiary along with 13 other siblings. * Refer to Cecile Paquette Henry's file info. Cecile is my sister.					
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		If Slave Lake is Sawridge. Yes. My Parents lived there. My parents moved to B.C. in 1947. I was born in McBride ^{at} B.C. McBRIDE	
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				ADELE MARIE PARQUETTE <i>nee Loyie</i>				NAME OF FATHER				FRANK NAPOLEON PARQUETTE			
DATE OF BIRTH				11 MARCH 1924 Day Month Year				DATE OF BIRTH				17 OCTOBER 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	Sucker Crk # 456-01009-01 SAWRIDGE # 454 0033501				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				deceased				ADDRESS				deceased			
				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				05 MAY 2002 Day Month Year				IF DECEASED - DATE OF DEATH				02 FEBRUARY 1992 Day Month Year			
GRANDPARENTS INFORMATION															
NAME OF MATERNAL GRANDMOTHER				also spelled Lawye ↑ Loyie PHILMENE LOYER nee Ward				NAME OF MATERNAL GRANDFATHER				LOUIS LOYIE			
DATE OF BIRTH				19 February 1908 Day Month Year				DATE OF BIRTH				05 February 1902 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				BAND # 41 SAWRIDGE				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				got script			
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				THERESA GIROUX				NAME OF PATERNAL GRANDFATHER				ALEX PARQUETTE			
DATE OF BIRTH				27 MARCH 1897 Day Month Year				DATE OF BIRTH				10 DEC 1881 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				Renee J Papquette								DATE			
				I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Certificate of Baptism

Diocese of Prince George
St. Patrick's Parish
McBride, BC V0J 2E0

This is to Certify that

Francis Ronald Paquette

child of *Francois Paquette*

and *Marie Adele Loyie*

Born In *McBride, BC*

On *March 15, 1952*

and Baptized on *March 23, 1952*

with Sponsor *Emil Loyie*




and *Elsie Bourque*

by *Rev. John Vincent O'Reilly, OMI*

*According to the Rite of the Roman Catholic Church and
as it appears on the Baptismal Records of the Chancery Office of the
Diocese of Prince George*

Dated: October 20, 2010

[Signature]

BENEFICIARY APPLICATION FORM							
PERSONAL INFORMATION							
NAME	SHERRY		LYNN		nee (Paquette) KETLO		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	P.O. BOX 1034	33-44 Endalco Ave FRASER LK. B.C.		FRASER LAKE	B.C.	V0J-1S0	CANADA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	17	MAY	1963	BIRTH CERTIFICATE ¹	1963-59-014753		
	Day	Month	Year		Number		
PLACE OF BIRTH	PRINCE GEORGE			COUNTRY	CANADA		
Telephone	1-250-699 8788		1-250 961-4434		SHERRY LYNN KETLO@Live.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.							
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 mother Marie (Adele) Paquette nee Louie				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Sheena-Lee Ketlo Both my Biological Daughters Felisha A.m. Paquette		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?	my mother had status and lost it when she married my father but was reinstated						
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	before moving to B.C. parents and grand parents all lived in Slave Lake, Alberta on fathers side				
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			MARIE (ADEL) PAQUETTE				NAME OF FATHER			(FRANK) NAPOLEON PAQUETTE				
DATE OF BIRTH			11	MARCH		1924	DATE OF BIRTH			17	OCTOBER		1918	
			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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		4540033501			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				05	2002		IF DECEASED - DATE OF DEATH			02	02	1992		
			Day	Month	Year					Day	Month	Year		
GRANDPARENTS INFORMATION														
NAME OF MATERNAL GRANDMOTHER			ALSO SPELLED PHILOMENE LOYIE LAWYE LOYER				NAME OF MATERNAL GRANDFATHER			LOUIS LOYIE				
DATE OF BIRTH			19	02		1908	DATE OF BIRTH			05	02		1902	
			Day	Month		Year				Day	Month		Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			# 41				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			got script				
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			THERESA GIRoux				NAME OF PATERNAL GRANDFATHER			ALEX PAQUETTE				
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?					DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE			Sherry Kello (Paquette)						DATE			Oct. 7 th 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

Please find all information
Re: this Application, you are to
find this information in the
documents of Cecile Henry (Ragette)

I added my (a) Biological Daughter

① Sheena-Lee Ketta. D.O.B. Sept. 17, 1987.
Pr. George. Regional Hospital

② Felisha Adala Marie Ragette.
D.O.B. June. 03, 1985. Prince George.
Regional Hospital.

my name: Address. ↓

Sherry Lynn Ragette (Ketta)

D.O.B. May. 17, 1963.
Box. 1034 Fraser. Lake. B.C.

V03-150.
PH.# 1-250-699-8788
Cell # 1-250-961-4434

Feel free to call me. Re:
Application.

Thank You.
Sherry Ketta
Ragette

Paul Bujold

From: Paul Bujold
Sent: October-12-10 11:23 AM
To: 'Sherry Lynn Paquette-Ketlo'
Subject: Application to become an eligible beneficiary
Attachments: Form, Beneficiary Application.pdf

Dear Sherry,

Thank you for your application. If you want your daughters to be included you will need to fill out separate application forms for them. I am attaching the form for you to fill in and return.

Paul Bujold
Trusts Administrator
Sawridge Trusts
Office (780) 988-7723

Notice of Confidentiality:

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ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Sherry		Lynn		KETLO LNEE PAQUETTE			
	First Name(s)		Middle Name(s)		Last Name(s)			
MAILING ADDRESS	PO Box 1034	FRASER LAKE B.C.			BC.	V0T-1S0	CANADA	
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country	
DATE OF BIRTH	17	MAY	1963	BIRTH CERTIFICATE ¹	Number			
	Day	Month	Year					
PLACE OF BIRTH	PRINCE GEORGE B.C.		COUNTRY	CANADA				
Telephone	Home Phone		Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	?	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	/	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.								
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	Our mother MARIE ADELE PAQUETTE nee LOYIE Lost STATUS when she married our FATHER FRANK NAPOLEON PAQUETTE. WAS LATER REINSTATED - MATERNAL grand mother always had STATUS as well as great grandfathers on maternal side					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	FELISA PAQUETTE SHEENA KETLO		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	TERRY KETLO Husband				
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?	We are eligible. Our mother had STATUS and I am a beneficiary along with 13 other siblings. * Refer to Cecile Paquette Henry's File info. Cecile is my sister.							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS	PARENTS moved to B.C in 1947 I was born in Prince George, B.C.					
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 materials contained in the application with the application.

PARENTS INFORMATION											
NAME OF MOTHER			Adele (nee Loyie) Marie Paquette			NAME OF FATHER			FRANK NAPOLEON PAQUETTE		
DATE OF BIRTH			11 MARCH 1924 Day Month Year			DATE OF BIRTH			17 OCTOBER 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHAT IS HER BAND NUMBER? Sucker Creek # 456-01609-01 SAWRIDGE # 4540033501			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			deceased 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			05 MAY 2002 Day Month Year			IF DECEASED - DATE OF DEATH			02 FEBRUARY 1992 Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			ALSO spelled LAWYER PHILOMENE LOYER nee WARD			NAME OF MATERNAL GRANDFATHER			Louis Loyie		
DATE OF BIRTH			19 FEBRUARY 1908 Day Month Year			DATE OF BIRTH			05 FEBRUARY 1902 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			BAND # 41 SAWRIDGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			GOT script		
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			THERESA GIROUX			NAME OF PATERNAL GRANDFATHER			ALEX PAQUETTE		
DATE OF BIRTH			27 MARCH 1897 Day Month Year			DATE OF BIRTH			10 December 1881 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			Mrs Sherry Kello (Paquette)						DATE		
I hereby certify that the information on 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

Certificate of Baptism

Roman Catholic Diocese of Prince George
Sacred Heart Cathedral

887 Patricia Blvd Prince George, BC V2L 3V5 (250) 564-5225

shcath@shawcable.com FAX: (250) 614-0252

This is to Certify that

Sherylyn Marie Paquette

child of _____ *Francis Paquette*

and _____ *Adile Loyie*

Born In _____ *Prince George, BC*

On _____ *May 17, 1963*

was Baptized on _____ *August 4, 1963*

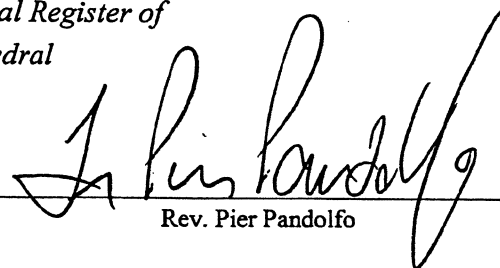
with Godparent _____ *Harry Laboucan*

and _____ *Marjorie Laboucan*

by _____ *Rev. Francis J. Rayner, OMI*

*According to the Rite of the Roman Catholic Church and
as it appears on the Baptismal Register of
Sacred Heart Cathedral*

Dated: _____ *October 19, 2010*



Rev. Pier Pandolfo

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	William	Francis	Paquette
	First Name(s)	Middle Name(s)	Last Name(s)
MAILING ADDRESS	139	Pointview Dr.	Perth ONT K7H3C7 Canada
	Apt/P.O. Box	Street Address	Town Prov Postal Code Country
DATE OF BIRTH	04	03	71
	Day	Month	Year
			BIRTH CERTIFICATE ¹ Registration # 1971-59-007436 Number
PLACE OF BIRTH	Prince George B.C		COUNTRY Canada
Telephone	683 264-2034		bill-paquette1@hotmail.com
	Home Phone	Home Fax	Cell Phone Work Phone Email Address
STATUS NUMBER		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 checked="" 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	I'm not really sure, but my other relatives said to check yes box ;)
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	NON-STATUS		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Well, apparently my Grandmother was a member and and all my her relatives told me I should. I also understand we are in the process of trying to get our Status		
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 dad was born in the area and my paternal paternal grandparents lived in the area till 1947
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				Barbara Jane Morin			NAME OF FATHER				Dennis Bernard Paquette								
DATE OF BIRTH				27 04 1949			DATE OF BIRTH				09 10 1945								
				Day Month Year							Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				Non-Status (metis) (metis) BP 180			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				Non-Status (Metis)								
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?					IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" 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				25 02 1973			IF DECEASED - DATE OF DEATH				25 02 1973								
				Day Month Year							Day Month Year								
GRANDPARENTS INFORMATION																			
NAME OF MATERNAL GRANDMOTHER				Stella Morin (Merasty)			NAME OF MATERNAL GRANDFATHER				John Baptiste Morin								
DATE OF BIRTH				21 6 1933			DATE OF BIRTH				29 12 1930								
				Day Month Year							Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				NON-STATUS (Metis)								
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 checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?								
NAME OF PATERNAL GRANDMOTHER				Adele Marie Paquette (nee Loye)			NAME OF PATERNAL GRANDFATHER				Frank Napoleon Paquette								
DATE OF BIRTH				11 03 1924			DATE OF BIRTH				17 10 1918								
				Day Month Year							Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS ^{Sawridge Band #} 456 4540033501			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				NON-STATUS (Metis)								
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?					DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?								
SIGNATURE										DATE		Nov 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, Fax: (780) 988-7724, Email: general@sawridgetrusts.ca

CANADA
BRITISH COLUMBIA
CERTIFICATE
OF BIRTH

MINISTRY OF HEALTH AND MINISTRY RESPONSIBLE FOR SENIORS
PROCESSED BY THE REGISTRAR

NAME
WILLIAM FRANCIS PAQUETTE

BIRTH DATE
MAR 04 1971

REGISTRATION NO.
1971-59-007436

BIRTH PLACE
PRINCE GEORGE

REGISTRATION DATE
MAR 19 1971

DATE ISSUED
JUL 31 2000

COPY FILED EXTRACT FROM REGISTRATION OF BIRTH
RECORDED AT VICTORIA, B.C., CANADA

45652419

VOID IF ALTERED OR LAMINATED

ENTERED NOV 3 4 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		YVONNE		LEONA		NEE / PAQUETTE HENRY	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		15	1844-4TH AVE.		PRINCE GEORGE BC	V2M 1S2	CANADA
		Apt/P.O. Box	Street Address		Town	Prov	Postal Code Country
DATE OF BIRTH		6 th APRIL 1943		BIRTH CERTIFICATE ¹		Number	
		Day	Month	Year			
PLACE OF BIRTH		SLAVE LAKE, ALBERTA		COUNTRY		CANADA	
Telephone		250-564-2924		250-552-2882		Email Address	
		Home Phone	Home Fax	Cell Phone	Work Phone		
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	
						<input type="checkbox"/> YES <input 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		WE ARE DECENDED THROUGH OUR MOTHERS SIDE GRAND FATHER LEONARD ON WARD GR. GRAND FATHER CASIMER CARDINAL		
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		FLORENCE FAYNE HENRY LEONARD JOSEPH HENRY JANET MARIE JOHANSEN DIANE MARIE HENRY (HENRY) WILLIAM ALLAN HENRY LEIGH ANNE HENRY CORAL LEE HENRY Granddaughter		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?		OUR MOTHER WAS STATUS I BELIEVE THAT ENTITLES US AS BENEFICIARY PEOPLES					
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		GRANDPARENTS GR. GRANDPARENTS + PARENTS.		
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.

ENTERED NOV 04 2010

PARENTS INFORMATION							
NAME OF MOTHER <i>MARIE (ADELE) PAQUETTE</i>				NAME OF FATHER <i>(FRANK) NAPOLEON PAQUETTE</i>			
DATE OF BIRTH <i>11 03 1924</i>				DATE OF BIRTH <i>17 OCT 1918</i>			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>PAQUETTE</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>/</i>			
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?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<i>SAWRIDGE # 4540033501</i> <i>456 0100 901</i> <i>SUCKER CREEK #</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>/</i>	
DID YOUR MOTHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>/</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>/</i>	
ADDRESS <i>DECEASED</i>				ADDRESS <i>DECEASED</i>			
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 <i>5 MAY 2002</i>				IF DECEASED - DATE OF DEATH <i>2 1992 FEB.</i>			
Day Month Year				Day Month Year			
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER <i>PHILOMENE LOYER OR LOYIE</i> <i>NEE WARD</i>				NAME OF MATERNAL GRANDFATHER <i>LOUIS</i> <i>LOYER</i> <i>LOYIE</i>			
DATE OF BIRTH <i>19 FEB 1908</i>				DATE OF BIRTH <i>5 FEB 1902</i>			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i># 41</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>script</i>			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>?</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>/</i>	
NAME OF PATERNAL GRANDMOTHER <i>THERESA GIROUX</i>				NAME OF PATERNAL GRANDFATHER <i>ALEX PAQUETTE</i>			
DATE OF BIRTH <i>27 MARCH 1897</i>				DATE OF BIRTH <i>09 December 1880</i>			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>/</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} <i>/</i>			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>/</i>		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<i>/</i>	
SIGNATURE <i>[Signature]</i>						DATE <i>NOVEMBER 03, 2010</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

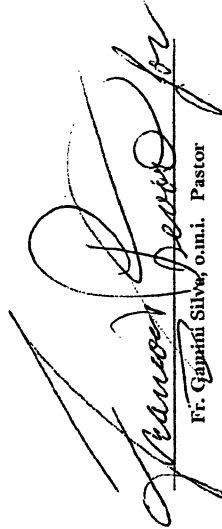
Certificate of Baptism

Archdiocese of Grouard-McLennan
Parish of St. Peter Celestin,
Slave Lake, Alberta

This is to Certify:

that Yvonne Leona Paquette
child of Frank Paquette
and Adele Loyic
born in Slave Lake, AB
on April 6th, 1943
was baptized on April 11th, 1943
with Godparents Charlie Belcourt
and Alvina Belcourt
by Rev. C. Kinderwater, o.m.i.

According to the Rite of the Roman Catholic Church and
as appears in the baptismal Register of
St. Peter Celestin, Parish



Fr. Gabriel Silva, o.m.i. Pastor

Printed On Thursday, February 08, 2007

Confirmation:

Confirmed at St. Patrick's Catholic
Church in McBride, BC on July 19th,
1963 by Msr. Jordan, omi, Bishop of
the Diocese of Prince George.

Marriage:

Married in Sacred Heart Catholic Church
in Prince George, BC to Leonard W.
Henry (Bapt. Leonard William John Henry
30/7/59, Perigord, SX) on the 16th of
August, 1963.

ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME									
BRENDA First Name(s)			LEE Middle Name(s)				PAQUETTE Last Name(s)		
MAILING ADDRESS									
Apt/P.O. Box		1011 BABINE CRES Street Address			PRINCE GEORGE Town		BC Prov	VAM3X5 Postal Code	CANADA Country
DATE OF BIRTH									
07 Day		MARCH Month		1969 Year		BIRTH CERTIFICATE ¹		CANADA Number	
PLACE OF BIRTH									
PRINCE GEORGE BC					COUNTRY				
Telephone									
250 596-3881 Home Phone								Email Address	
STATUS NUMBER									
ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
IF YES, WHEN, WHICH CATEGORY?									
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
/									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Our mother MARIE Adele Paquette nee Loyie lost STATUS when she married our father Frank Napoleon Paquette. WAS later reinstated - maternal grandmother always had STATUS as well as great grand father on maternal side.					
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?									
We are eligible. our mother had STATUS AND I am a beneficiary along with 13 other sibling. Refer to Cecile PAQUETTE Henry's file info. Cecile is my sister									
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		If SLAVE LAKE is Sawridge, yes my parents lived there, my parents moved to B.C. in 1947 I was born in Prince George B.C.					
MARITAL STATUS (check one)									
Married	Single <input checked="" type="checkbox"/>	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	Adele Marie Paquette (nee Loyie)			NAME OF FATHER	FRANK NAPOLEON PAQUETTE		
DATE OF BIRTH	11	MARCH	1924	DATE OF BIRTH	17	October	1918
	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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	Sucker Creek # 456-91009-01 Sawridge # 4540033501	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	deceased 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	05	MAY	2002	IF DECEASED - DATE OF DEATH	02	FEBRUARY	1992
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	→ Loyer-Lawye Philomene WARD			NAME OF MATERNAL GRANDFATHER	Louis Loyie		
DATE OF BIRTH	19	FEBRUARY	1908	DATE OF BIRTH	05	FEBRUARY	1902
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Band # 41 Sawridge			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	got script		
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	Theresa Giroux			NAME OF PATERNAL GRANDFATHER	ALEX Paquette		
DATE OF BIRTH	27	MARCH	1897	DATE OF BIRTH	10	December	1881
	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?	/	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	/
SIGNATURE	Banda Paquette					DATE	
	I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						

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

MAIL APPLICATION AND DOCUMENTS TO:

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

SACRED HEART CHURCH

887 PRINCE GEORGE BOULEVARD

PRINCE GEORGE, B.C.

Certificate of Baptism

This is to Verify that BRENDA LEE PAQUETTE

Child of FRANK PAQUETTE and MARIE PAQUETTE

born on the 7th day of MARCH 19. 69. at PRINCE GEORGE, B.C.

was BAPTIZED on the 10th day of JUNE 19. 73. at SACRED HEART CHURCH

ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH

by the Rev. J. V. O'REILLY O.M.I.

Sponsors, { LEONARD HENRY

..... YVONNE HENRY

as appears from the Baptismal Registers of Said Church.

..... *J. V. O'Reilly* PASTOR

..... JUNE 11th 19. 73 PER

CANADA

BRITISH COLUMBIA

CERTIFICATE OF BIRTH

MINISTRY OF HEALTH AND MINISTRY RESPONSIBLE FOR SENIORS
Division of Vital Statistics

B370359

This is to certify that the following is an extract from the registration on file in the Division of Vital Statistics,
Victoria, British Columbia, concerning the birth of

Name	BRENDA LEE PAQUETTE	Sex	FEMALE
Date of Birth	MAR 07, 1969		
Place of Birth	PRINCE GEORGE		
Date of Registration	APR 03, 1969	Registration No.	69-09-008128
Name of Father	FRANK NEPOELIN PAQUETTE		
Birthplace of Father	ALBERTA, CANADA		
Maiden Name of Mother	MARIE ADELE LOYIE		
Birthplace of Mother	ALBERTA, CANADA		

Given under my hand at Victoria, British Columbia

this 26 day of APR 19 93



Director of Vital Statistics

HLTH 434 (REV 9/1/11)

ENTERED OCT 28 2010

Cecile

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	ANITA			MARLENE			GABERT (NEE PAQUETTE)		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	1011 BABINE CRES.		PRINCE GEORGE		BC.	V2M3X5		CANADA	
	Apt/P.O. Box		Street Address		Town	Prov		Postal Code	Country
DATE OF BIRTH	28	08	1954		BIRTH CERTIFICATE ¹		Number		
	Day	Month	Year						
PLACE OF BIRTH	MCBRIDE B.C.				COUNTRY		CANADA		
Telephone	250-561-0144								Email Address
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	/	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		/	DID YOU ENFRANCHISE?
									<input type="checkbox"/> YES
									<input type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Our mother MARIE Adele PAQUETTE nee Royie Lost STATUS when she married our father Frank NAPOLEON PAQUETTE - was later reinstated - maternal grandmother always had STATUS as well as great grandfather on maternal side				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Dennis Paquette Thomas Mueller Joshua Mueller Niomi Mueller				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		William Theodor Gabert Husband ↑		
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?	WE are eligible. our mother had STATUS and I am a beneficiary along with 13 other siblings. Refer to Cecile Paquette Henry's file info. Cecile is my sister.								
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		If SLAVE LAKE is SAWRIDGE. YES my PARENTS lived th my parents moved to B.C. in 1947 I was born in MCBRIDE B.C.				
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			Adele MARIE PAQUETTE (NEE LOYIE)				NAME OF FATHER			FRANK NAPOLEON PAQUETTE			
DATE OF BIRTH			11	MARCH		1924	DATE OF BIRTH			17	OCTOBER		1918
			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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		Sucker Creek # 456-01009-01 Sawridge # 4540033501			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			deceased				ADDRESS			deceased			
			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			05	MAY		2002	IF DECEASED - DATE OF DEATH			02	FEBRUARY		1992
			Day	Month		Year				Day	Month		Year
GRANDPARENTS INFORMATION													
NAME OF MATERNAL GRANDMOTHER			Philomene WARD → Loyer - Lawye				NAME OF MATERNAL GRANDFATHER			Louis LOYIE			
DATE OF BIRTH			19	FEBRUARY		1908	DATE OF BIRTH			05	FEBRUARY		1902
			Day	Month		Year				Day	Month		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			BAND # 41 SAWRIDGE				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			got script			
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			Theresa Giroux				NAME OF PATERNAL GRANDFATHER			ALEX PAQUETTE			
DATE OF BIRTH			27	MARCH		1897	DATE OF BIRTH			10	December		1881
			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?		/			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		/
SIGNATURE			/							DATE			/
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.													

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



Going therefore, teach ye all nations, baptizing them in the name of the Father, and of the Son, and of the Holy Spirit.

Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify

That *Anita... Marlene... Paquette...*
 Child of *Frank... Paquette...*
 and *Marie... Adele... Hoyle...*
 born in *McBride, B.C.* on *Aug. 28th* 19 *54*
 was Baptized on *September 19th* 19 *54* in the Church of
St. Patrick's, *McBride, B.C.*
 according to the Rite of the Roman Catholic Church
 by Rev. *P. E. Keane, O.M.I.*
 Sponsors were *Orvide... Meilhat*
 and *Delphine... Walker*

as recorded in the Baptismal Register of this church.



Frisia Clive McInnis Pastor
Parish Council Parish
St. Patrick's Parish, McBride B.C. Address

Jan 18/57 Diocese of *Prince George B.C.*

NOTATIONS

FIRST
COMMUNION

CONFIRMATION

MARRIAGE

SUBDIACONATE

RELIGIOUS
PROFESSION

May 31st 1964
Prince George B.C.

ENTERED SEP 20 2010

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME		<i>Also spelled Ciciel</i> CECILE			<i>Also spelled Paulin</i> PAULINE			HENRY nee PAQUETTE		
		First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS		539 Pilot Street			Prince George			BC	V2M 5H9	CANADA
		Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH		04	09	1944	BIRTH CERTIFICATE ¹		Reg.#. 1944-08-501769			
		Day	Month	Year			Number			
PLACE OF BIRTH		SPURFIELD, ALBERTA			COUNTRY		CANADA			
Telephone		250-561-2986		250-640-5717		cecilehenry1@hotmail.com				
		Home Phone	Home Fax		Cell Phone	Work Phone	Email Address			
STATUS NUMBER		?	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input 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.		Ø								
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 mother + grandmother + great grandfather and the list goes on + on Leon Ward philomene Lavoie grt grandmother Josephine ward					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		JOHN JOSEPH HENRY 29/03/65 GENE ERNEST HENRY 5/11/68 TAMMY ANNETTE BIRCHER 23/08/70			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Ø			
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?		my mother belonged to sawridge, was also a status or registered indian (on day of death we found out she belonged to sawridge - prior to that she had a sucker Creek # 456-01009-01								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS							
MARITAL STATUS (check one)		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			Marie Adele Paquette			NAME OF FATHER			Frank Napoleon Paquette		
DATE OF BIRTH			11 03 1924 Day Month Year			DATE OF BIRTH			17 10 1918 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			registered status indian mother deceased May 05 2002			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			never got status father is deceased Feb 02 1992		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			4540033501 on day of my non's death we found out this was her #		
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input type="checkbox"/> NO ?			IF YES, WHAT IS HIS BAND NUMBER?			0		
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			?		
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO ?			IF YES, WHEN AND IN WHICH CATEGORY?			0		
ADDRESS					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			05 05 2002 Day Month Year			IF DECEASED - DATE OF DEATH			02 02 1992 Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			Philomene Ward			NAME OF MATERNAL GRANDFATHER			Louis Loyie Lawyer <small>ALSO spelled Lawyer</small>		
DATE OF BIRTH			19 02 1908 Day Month Year			DATE OF BIRTH			05 02 1902 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Band # 41			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			script		
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			Theresa Giroux			NAME OF PATERNAL GRANDFATHER			Alex Paquette		
DATE OF BIRTH			27 03 1897 Day Month Year			DATE OF BIRTH			10 12 1881 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			no status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			no status		
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				
Celine Sherry nee Paquette							September 21st 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

COMMUNITY AND OCCUPATIONAL HEALTH - Vital Statistics

B166408

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

Name PAQUETTE, CICIEL PAULIN Sex FEMALE

Date of Birth SEP 04, 1944 Place of Birth SPURFIELD

Name of Father PAQUETTE, FRANK NEPOELIN His Birthplace SLAVE LAKE, ALBERTA

Name of Mother LOYIE, MARIE ADELE

(before Marriage) Her Birthplace SLAVE LAKE, ALBERTA

Registered at EDMONTON on FEB 20, 1948 Registration No. 1944-08-501769

(Month) (Day) (Year)

Given under my hand and seal of the Director.

This 15 Day of MAY 19 69

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

Stirling
Director

398426



D.V.S. 24



Certificate of Marriage

Church of *St. Peter, Cochrane, B.C.*
St. Lake Alta

This is to Certify that *Frank Joseph Pagnotta*

and *Ernest Adele Layre* were lawfully Married

on the *26th* day of *December* 19*59* according to the Rite of the Roman Catholic Church

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

Rev. *Father Clement Kindervater* officiating, in the presence of

Joseph St. Ongeault and *Jennie Jackson* Witnesses,

as appears from the Marriage Register of this Church.

Dated *September the 10* 19*63* *Paul-Engene Plouffe* omi Priest

certified a
true copy
of original

Dwayne M. Pommer
Barrister & Solicitor
700 - 550 Victoria Street
Prince George, B.C. V2L 2K1

May 3, 2002

035412


CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT INDIEN

This is to certify that: La présente atteste que
Family name - Nom de famille
PAQUETTE

Given names - Prénoms
MARIE ADELE

Alias - Nom d'emprunt

Registry no. - N° de registre
456-01009-01



is an Indian within the meaning of the Indian Act / est un indien au sens de la Loi sur les indiens
chapter 27 / Statutes of Canada (1985) / chapitre 27 des Statuts du Canada (1985)

Date of birth - Date de naissance	Height - Grandeur	Weight - Poids	Eyes - Yeux
1924 -03-11	4'9½"	135lb	Brown
Sex - Sexe	Card - Bande	No. - N°	
Female			
Holder's signature Signature du titulaire			
Issuing officer's signature Signature de l'officier		Date of issue Date d'émission	
		1990-06-07	
<small>For sale / Pour vente postage free to INAC, Ottawa, Ontario, Canada K1A 0H4 / Quiconque trouve le présent est prié de le retourner franc de port, au AINC, Ottawa (Ontario) Canada, K1A 0H4</small>			
<small>83-4 (9-89) 7530-21-023-3673</small>			

BRITISH COLUMBIA

MINISTRY OF HEALTH AND
MINISTRY RESPONSIBLE FOR SENIORS
Division of Vital Statistics

IMPORTANT DOCUMENT

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

ERRORS OR OMISSIONS MUST BE REPORTED DIRECTLY TO THE DIVISION OF VITAL STATISTICS WITHIN 90 DAYS OF ISSUE.

THIS CERTIFICATE IS INVALID IF PLASTICIZED OR ALTERED

CANADA
BRITISH COLUMBIA

**CERTIFICATE
OF DEATH**

MINISTRY OF HEALTH AND MINISTRY RESPONSIBLE FOR SENIORS
Division of Vital Statistics

This is to certify that the following is an extract from the registration on file in the Division of Vital Statistics, Victoria, British Columbia, concerning the death of

Name **MARIE ADELE PAQUETTE**

Date of Death **MAY 05, 2002**

Sex **FEMALE**

Place of Death **PRINCE GEORGE, BRITISH COLUMBIA**

Age **78**

Registration No. **40141841-802**

Birthplace **SLAVE LAKE, ALBERTA**

Residence **PRINCE GEORGE, BRITISH COLUMBIA**

Given under my hand at Victoria, British Columbia

this **08** day of **MAY** 2002

R. J. Donatelli
Director of Vital Statistics

CERTIFICATE OF BAPTISM

CERTIFICAT DE BAPTEME

Paroisse de Grouard, Alberta
Parish of

CECI CERTIFIE - THIS CERTIFIES

Que Philomine
That

Enfant de Tom Joseph WARD
Child of

et de Josephine Gardin
and of

qui est né(e) le 19th jour de February 19 08
Born on the day of

a été baptisé(e) - was Baptized

le 19th jour de February 19 08
the day of

Conformément aux Rites de l'Eglise Catholique Romaine
According to the Rites of the Roman Catholic Church

par le Rév. C. Batic O.M.I.
by the Rev.

Parrain } Alexandre Fourtoreille
Sponsors }

Marraine } Melaine Moosters
}

Confirmé(e) à Married at St. Bruno's, Grouard, Alberta
Confirmed at

par with Louise Loye
by

le 24th jour de October 19 22
the day of

Conformément au Régistre de la dite Paroisse
As appears from the Baptismal Register of said Church

daté le May 24 19 29
Dated

Res. J. Marsan O.M.I.
Chancellor



August 12, 2002

Your file - Votre référence

Our file - Notre référence

TO WHOM IT MAY CONCERN:

In Len Paquette's letter dated June 19, 2002 he indicates that his ancestors are
Father: Frank Paquette
Mother: Marie Adele Paquette
Maternal Grandfather: Louis Loyer
Maternal Grandmother: Philomene Loyer(nee Ward)
Maternal Great grandfather: Daniel Loyer
Maternal Great grandmother: Adeline Loyer(nee Galdue)
Maternal Great grandfather: Leon Ward
Maternal Great grandmother: Josephine Cardinal

According to the Indian register Mr **Len Paquette**, is not recorded as an Indian affiliated with any Indian band.

According to the Indian Register **Marie Adele Paquette** recorded on number #34540033501 and is affiliated with the Sawridge Indian band.. The treaty payroll of Sucker Creek 1940 indicates that her husband **Frank Paquette** is a half breed.

According to the Scrip index RG 15-20 A to Z Marie Adele's father **Louis Loyie** is shown as a half breed and according to the treaty payroll her mother is shown as **Philomene Loyer** recorded on number #41 and is affiliated with the Sawridge Indian band.

Marie Adele's maternal Grandparents are shown as, **Leon Ward** and **Josephine Ward** recorded on number #7 and are affiliated with the Sawridge Indian band.

Marie Adele's maternal Great Grandparents, **John Ward** recorded on number #22 affiliated with the Keenooshyo Indian band, and **Casmir Cardnal** recorded on number #20 and is affiliated with the Sucker Creek Indian band.

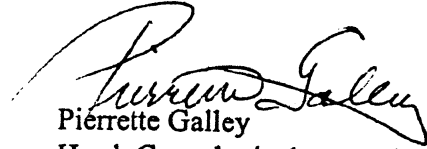
According to the Scrip index RG 15-20 A to Z p.157 Marie Adele's maternal Great-grandparents are shown as **Louis Loyer** (son of Louis Loyer and Jennie Loyer-are both shown as half breeds) and his wife **Angele Loyer** who is also shown as a half breed.

.....2

Enclosed are extract from the treaty paylists, a copy of the Metis scrip indexes and an excerpt from the MacDonald Investigation "Notes of Evidence" showing Marie Adele's Indian ancestry.

We trust that this information will be to your satisfaction. Should you have any questions or concerns please contact us at (819)997-9118.

Sincerely,



Pierrette Galley

Head, Genealogical research Unit
Indian Registration and Band Lists Directorate
OTTAWA, ON CANANDA K1A 0H4

<u>Name of Claimant</u>	<u>Declaration of Deponent</u>	<u>Claim</u>
Loyer, Louis	Concerning his claim as a Head of Family. Address - St. Albert. Born - April 30, 1831 at Fort Assiniboine. Father - Louis Loyer, (Halfbreed). <i>(G.G.G. Grandfather)</i> Mother - Jennie, (Halfbreed). Married - 1851 at Lac Ste. Anne to Angèle Callion. Children Living - 6 Names on Children Deceased - 1 declaration. Scrip for \$160.	367
Loyer Sr., Louis	Concerning the claim of his deceased son Louis Loyer Jr., a Halfbreed child. Address - St. Albert. Born - Sept. 1, 1809 at St. Anne. Father - Louis Loyer Sr., (Halfbreed), deponent. Mother - Angèle Callion, (Halfbreed). Died - Aug. 6, 1872. Heir - His father, the deponent, Louis Loyer Sr. Scrip for \$240.	353
Loyer, Marguerite	Concerning her claim as a child. Address - Calgary. Born - Sept. 10, 1863 at Victoria. Father - Baptiste Vanasse, (Halfbreed). Mother - Catherine Cardinal, (Halfbreed). Married - Oct. 1881 at Calgary to Modeste Loyer. Children Living - 1, Baptiste born 1883.	230
Loyer, Martin	Concerning his claim as a child. Address - St. Albert. Born - 1857 at Lac Ste. Anne. Father - Louis Loyer, (Halfbreed). Mother - Angèle Callio, (Halfbreed). Scrip for 240 acres of land.	611
Loyer, Modeste	Concerning his claim as a child. Address - Calgary. Born - 1857 at Lac Ste. Anne. Father - Francois Loyer, (Halfbreed). Mother - Isabelle Gray, (Halfbreed). Married - 1877 at St. Albert to Liza Laskoto-Pwan. 1882 to Marguerite Vanasse dit Anas. Children Living - 1, Baptiste born 1883. Scrip for \$240.	250
Loyer, Samuel	Concerning his claim as a child. Address - St. Albert. Born - Jan. 14, 1867 at Lac Ste. Anne. Father - Louis Loyer, (Halfbreed). Mother - Angèle Callion, (Halfbreed). Scrip for \$240.	372

pg

<u>Name of Claimant</u>	<u>Declaration of Donorant</u>	<u>Claim</u>
Livingston, Jane	Concerning her claim as a Head of Family. Address - Calgary. Born - 1847 at Winnipeg. Father - Henry House. Mother - Jane Spence. Married - 1864 to Samuel Livingston. Children Living - 10, Names on declaration. Scrip for \$160.	351
Logan, Annie Isabella	Concerning her claim as a child. Address - Victoria. Born - 1863 at Lesser Slave Lake. Father - Edward McGillivray, (Halfbreed). Mother - Isabella Fraser, (Halfbreed). Married - Jan. 1883 at Edmonton to Alexander Logan. Children Living - 1, Simon Edwards born 1834.	486
Logan, Marie	Concerning her claim as a child. Address - Edmonton. Born - 1852 at Fort Pitt. Father - Jack Morris, (Scot). Mother - Mary, (Halfbreed). Married - Sept. 1872, at Victoria to Robert Logan. Children Living - 6 Names on Children Deceased - 2 declaration. Scrip for 240 acres of land.	1171
Loyer, Angela	Concerning her claim as a Head of Family. Address - St. Albert. Born - 1837 at Lesser Slave Lake. Father - Louis Callion, (Halfbreed) (Iroquois Indian). Mother - Marie Patenaude, (Halfbreed). Married - 1851 at Lac Ste. Anne to Louis Loyer. Children Living - 6 Names on Children Deceased - 1 declaration. Scrip for \$160	365
Loyer, Cyprian	Concerning his claim as a child. Address - St. Albert. Born - Lac Ste. Anne, Oct. 13, 1859. Father - Louis Loyer, (Halfbreed). Mother - Angèle Callion, (Halfbreed). Scrip for \$240.	1013
Loyer, Daniel	Concerning his claim as a child. Address - St. Albert. Born - April 1, 1862 at Lac Ste. Anne. Father - Louis Loyer, (Halfbreed). Mother - Angèle Callio, (Halfbreed). Scrip for 240 acres of land.	305
Loyer, Elsear	Concerning his claim as a child. Address - St. Albert. Born - Oct. 1864 at Lac Ste. Anne. Father - Louis Loyer, (Halfbreed). Mother - Angèle Callion, (Halfbreed). Amount - \$240.	371

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KINCOUSAYO BAND OF SAWRIDGE
NO. 41 - PHILOMENA LAWYE'S
CHILDREN

Information put in by Mr. Johnson as furnished by
Father Hindervater O.M.I. and supplemented by Paul Twin,
Chief of Sawridge Band.

There are 5 children involved whose ages run from
19 to 13. The children's father was Louis Lawye a half-breed
who took scrip and separated from his wife. Philomena Ward
is the same person as Philomena Lawye. She is a Treaty
Indian and a first cousin of Frank Ward now on the Sawridge
Band. She left her husband and has been living with Reny
Isadore at Drift Pile. He is a Treaty Indian but is not the
father of any of these children. She was put in treaty in
1931 by Johnny Calleo of Sucker Creek. They never lived
on the Reserve. Philomena's father is Leo Ward.

EXTRACTED FROM

"

pg



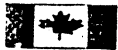
**INFORMATION EXTRACTED FROM PAYLISTS
INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS**

Re - Objet:

Len Paquette

Band no. - No de bande #22	Band - Bande Keenooshayo	Family name - Nom de famille Ward	Given name(s) - Prénom(s) John
--------------------------------------	------------------------------------	---	--

Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s)) Autres(s) parenté(s))	Remarks Remarques
	Men Homme	Women Femme	Boy Garçon	Girl fille		
	1899	1	1	3		
1900	1	1	3	3		
1901	1	1	3	3		
1902	1	1	3	3		
1903	1	1	3	2		girl died
1904	1	1	3	2		
1905	1	1	3	1		girl married non treaty
1906	1	1	1			boy died, boy refused treaty
1907	1	1				boy married girl fr. #72 (Casmir Cardinal) to #89(Leon Ward)



INFORMATION EXTRACTED FROM PAYLISTS
INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Re - Objet:

Len Paquette

Band no. - No de bande	Band - Bande				Family name - Nom de famille	Given name(s) - Prénom(s)
	Men Homme	Women Femme	Boy Garx	girl fille		
#72	Keenooshayo				Cardinal	Casmir
Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s) Autres(s) parenté(s)	Remarks Remarques
1908	1	1	2	1		child adopted fr. #89(Philomene)
1909	1	1	1	1		boy trans. to #99, band name changed family trans #20 Sucker Creek



INFORMATION EXTRACTED FROM PAYLISTS
 INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Re - Objet:						
Len Paquette						
Band no. - No de bande	Band - Bande				Family name - Nom de famille	Given name(s) - Prénom(s)
#20	Sucker Creek				Cardinal	Casmir
Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s) Autres(s) parenté(s)	Remarks Remarques
	Men Homme	Women Femme	Boy Garx	girl fille		
1910	1	1	1	1		Family trans fr. #72 Keenooshayo
1911	1	1	1	1		
1912	1	1		1		boy to #30
1913	1	1		1		
1914	1			1		woman died
1915	1			1		
1916	1			1		
1917	1			1		
1918	1			1		
1919	1			1		
1920	1			1		
1921	1				2	other relatives girl paid as 1 boy, and one girl fr. #7 Sawridge
1922	1				2	
1923	1				2	
1924	1				2	
1925	1				2	
1926	1				2	
1927	1				2	
1928	1				2	
1929	1				2	
1930		1			1	
1931	1				2	man paid as woman last year and female not noted 1930



INFORMATION EXTRACTED FROM PAYLISTS
INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Re - Objet:

Len Paquette

Band no. - No de bande	Band - Bande				Family name - Nom de famille	Given name(s) - Prénom(s)
#41	Sawridge				Loyer	Philomene
Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s) Autres(s) parenté(s)	Remarks Remarques
	Men Homme	Women Femme	Boy Garç	Girl fille		
1930		1				girl fr #7(Leon Ward)
1931		1	3	2		3 boys and 2 girls paid last year not entered
1932		1	3	2		
1933		1	2	3		boy paid as girl
1934		1	2	3		
1935			2	3		Mrs. Loyer commuted June 5 1935
1936			2	3		Philomene's children take over number
1937			2	3		
1938			3	2		girl paid as boy
1939			3	2		
1940			3	2		
1941			3	2		
1942						5 children all half-breeds and out of treaty



**INFORMATION EXTRACTED FROM PAYLISTS
INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS**

Re - Objet:

Len Paquette

Band no. - No de bande	Band - Bande	Family name - Nom de famille	Given name(s) - Prénom(s)
#89	Keenooshayo	Ward	Leon

Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s)) Autres(s) parenté(s))	Remarks Remarques
	Men Homme	Women Femme	Boy Garç	Girl fille		
1907	1	1				man fr. #22 (John Ward) woman fr. #72 (Casmir Cardinal)
1908	1	1				girl born and adopted by #72
1909	1	1				band name changed family to #7 Sawridge

PL



INFORMATION EXTRACTED FROM PAYLISTS
 INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Re - Objet:

Len Paquette

Band no. - No de bande	Band - Bande				Family name - Nom de famille	Given name(s) - Prénom(s)
#7	Sawridge				Ward	Leon
Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s) Autres(s) parenté(s)	Remarks Remarques
	Men Homme	Women Femme	Boy Garç	Girl fille		
1910	1	1	1			boy born
1911	1	1	1			
1912	1	1	1			
1913	1	1	1			
1914	1	1	2			boy born
1915	1	1	2			
1916	1	1	2			
1917	1	1	2	1		girl born
1918	1	1	3			girl paid as boy
1919		1	3	1		man died, girl born
1920		1	3	1		
1921		1	3			girl trans to #20 Sucker Creek (Casmir Cardinal)
1922		1	3			
1923		1	3			
1924		1	3			
1925		1	3			
1926		1	3			
1927		1	3			
1928		1	3			
1929		1	3			
1930		1	2			girl to #41(Philomene Loyer)

Handwritten initials



INFORMATION EXTRACTED FROM PAYLISTS INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Re - Objet:

Len Paquette

Band no. - No de bande

Band - Bande

Family name - Nom de famille

Given name(s) - Prénom(s)

#20

Sucker Creek

Cardinal

Casmir

Date of payroll Date de distribution	Number in family Nombre de personnes dans la famille				Other relative(s) Autres(s) parenté(s)	Remarks Remarques
	Men Homme	Women Femme	Boy Garçon	girl fille		
1932	1				2	
1933	1				2	
1934	1				1	boy died
1935	1			1		other relative paid as girl
1936	1			1		
1937	1			1		girl is Adele Loyer age 13
1938	1			1		
1939	1			1		Adele age 15
1940	1					Adele Loyer commuted 1940/04/05 wife of Frank Paquette 1/2 breed.

Page: 1 REGISTERED INDIAN RECORD/FICHE D'INDIEN INSCRIT PAQUETTE
 IMZ2609S INDIAN REGISTRATION SYSTEM/SYSTEME DE L'EFFECTIF INDIEN *4560100901*
 2002/06/19 DEPARTMENT OF INDIAN AFFAIRS AND NORTHERN DEVELOPMENT (INACTIVE)
 MINISTERE DES AFFAIRES INDIENNES ET DU NORD (01568456)

 Group/Groupe: (456) - Sucker Creek/Sucker Creek
 R.C./C.R.: (700) - ALBERTA/ALBERTA

INDIVIDUAL INFORMATION / INFORMATIONS PERSONNELLES

Date Created:	1990/02/19	(*4560100901*)	:Date de création
Surname:	PAQUETTE		:Nom de famille
Given Name:	MARIE ADELE		:Prénom
Alias:			:Nom d'emprunt
Marital Status:	Single		:État civil
Birth Name:			:Nom de naissance
Birth Date:	1924/03/11		:Date de naissance
Sex:	F		:Sexe
Province:	9	Residence: 6	:Province/Résidence
Spouse Registry No.:			:No. d'inscription conj.
Register Category:	6(2)()		:Catégorie d'inscription
Under Protest:	NO		:En contestation
On DIAND Band List:	NO		:Sur la liste de la bande du MAINC

FAMILY INFORMATION

INFORMATION DE LA FAMILLE

Father[NON-INDIAN LOUIS LOYIE]	Père
Mother[45600041 PHILOMENE LOYIE]	Mère

REMARKS

REMARQUES

Event-Date:	Recorded-Date:
Declared Entitled REG L.D. F.E6000-456	
1990/02/19	1990/02/19
ERRON.REGISTERED 4560100901 SEE 4540033501 REG L D 1990/02/19 FE6000-456	
1993/08/06	1993/08/06

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ENTERED OCT 28 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		DARLENE		MARIE		GARNOT (NEE PAQUETTE)					
		First Name(s)		Middle Name(s)		Last Name(s)					
MAILING ADDRESS		Apt/P.O. Box		Street Address		Town		Prov		Postal Code	Country
				2924 Victoria St.		PRINCE GEORGE		BC		V2L-4Z5	CANADA
DATE OF BIRTH		25		JUNE		1953		BIRTH CERTIFICATE ¹		53-09-014752	
		Day		Month		Year				Number	
PLACE OF BIRTH		mCbride		B.C.		COUNTRY		CANADA			
Telephone		250-614-0164		Home Phone		Home Fax		Cell Phone		Work Phone	
										Email Address	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
										IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.											
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Our mother MARIE Adele PAQUETTE nee LOGIE lost STATUS when she married our father FRANK Napoleon PAQUETTE was later reinstated - maternal grandmother always had status as well as great grand father on maternal side					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		LARRY JR. GARNOT		TRACY GARNOT		DORCY GARNOT		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		LARRY SR. GARNOT HUSBAND	
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?		We are eligible. Our mother had STATUS and I am a beneficiary along with 13 other siblings. Refer to Cecile PAQUETTE, Henry's FILE info. Cecile is my sister.									
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		If SKAVE Lake is SAWRIDGE. yes my parents lived their, my parents moved to B.C. in 1947 I was born in mCbride B.C.					
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 materials contained in the application with the application.

PARENTS INFORMATION										
NAME OF MOTHER		Adele MARIE PAQUETTE (NEE) ^{NEE} LOYIE			NAME OF FATHER		FRANK NAPOLEON PAQUETTE			
DATE OF BIRTH		11 MARCH 1924 Day Month Year			DATE OF BIRTH		17 OCTOBER 1918 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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	Sucker Creek # 456-01009-01 SAWRIDGE # 4540033501		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		deceased 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		05 MAY 2002 Day Month Year			IF DECEASED - DATE OF DEATH		02 FEBRUARY 1992 Day Month Year			
GRANDPARENTS INFORMATION										
NAME OF MATERNAL GRANDMOTHER		Philomene WARD ^{→ Loyer - Lawye}			NAME OF MATERNAL GRANDFATHER		Louis LOYIE			
DATE OF BIRTH		19 FEBRUARY 1908 Day Month Year			DATE OF BIRTH		05 FEBRUARY 1902 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		BAND # 41 SAWRIDGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Got script			
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		Theresa Giroux			NAME OF PATERNAL GRANDFATHER		ALEX PAQUETTE			
DATE OF BIRTH		27 MARCH 1897 Day Month Year			DATE OF BIRTH		10 December 1881 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		Doreen Marie Garnet					DATE			
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.										

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

MAIL APPLICATION AND DOCUMENTS TO:

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

CANADA
BRITISH COLUMBIA

**CERTIFICATE
OF BIRTH**

MINISTRY OF HEALTH — Division of Vital Statistics

B0210218

This is to certify that the following is an extract from the registration on file in the Division of Vital Statistics,
Victoria, British Columbia, concerning the birth of:

Name **DARLENE MARIE PAQUETTE**

Date of Birth **JUN 25, 1953**

Sex **FEMALE**

Place of Birth **MCBRIDE**

Date of Registration **JUL 07, 1953**

Registration No. **53-09-014752**

Name of Father **FRANK NAPOLEON PAQUETTE**

Birthplace of Father **SLAVE LAKE, ALBERTA**

Maiden Name of Mother **MARIE ADELE LOYIE**

Birthplace of Mother **SLAVE LAKE, ALBERTA**

Given under my hand at Victoria, British Columbia

this **17** day of **MAR**, 19**89**

HLTH 434 (REV. 83/12)

R. J. Anderson
Director of Vital Statistics

ENTERED MAY 20 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		Elizabeth Bernadette		Potskin		POITRAS	
MAILING ADDRESS		387		ELK Point		AB T0A 1A0 Canada	
DATE OF BIRTH		17 th March 1944		BIRTH CERTIFICATE ¹		Number	
PLACE OF BIRTH		Kinuso, Alberta		COUNTRY		Canada	
Telephone		780 724 2091		780 724-4977		780 645 8722	
STATUS NUMBER		Sawridge 110		ARE YOU MARRIED TO A BAND MEMBER?		DID YOU ENFRANCHISE?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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		1966 Section 121B married non status Married. Section 12-1B of the former Indian Act dictated that I had to enfranchise. I received about \$1735.00 (seventeen hundred and thirty-five dollars)	
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Tracey J. Poitras - Collins Crystal M. Poitras - John Heather J. Poitras Nicole (Tanya) Poitras Bruce Poitras		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}		Full status					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?						The Trust was set up by the late chief Twin for the band members - (oil and gas revenue from Sawridge reserve) I was born a Sawridge band member.	
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		My mother still lives where I and my siblings were raised. My dad was a Sawridge Band councillor until his stroke. (Albert Potskin # 26)	
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.