BENEFICIARY APPLICATION FORM												
				PERSONAL			//					
Name	GAIL	rst Name(s)		EL	12	ABE			0'	CONNE		
Mailing	1					lle Name(Last Name(s)			
MAILING ADDRESS		3 DO			1	RED I	DEER	e	AB	TUR3HE	CANADA	
	Apt/P.O. Box	S	Street Add	Iress	4		own		Prov	Postal Code		
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	(403)	70,0,	720	(403)		(403)		 				
Telephone	348-020	348-0201 Home Phone Home Fax			302-9120 309-4600 5 Cell Phone Work Phone						us.net	
	454		T		T	VVOINFI	10116			Email Addre	∋ss	
STATUS NUMBER	1	ARE YOU MARRIED TO A	□YES.	IF YES, BAND			DID YO	- 1	□YES	If YES, WHEN,		
	1101	1101 BAND MEMBER?					ISE?		⊔NO	WHICH	-	
IF YOU ENFRANCHIS	SED UNDER THE									CATEGORY?		
MONIES RECEIVED.	OF PER CAPITA					<u></u>						
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ORIGINAL SAWRIDE	GE LINO	DETAILS		POSIA								
TREATY 8 SIGNATO	1							_	U/~~	-,		
IF MARRIED, DID YO	OUR CHIL	D: JAN	niso	COMEDE	YOU	HUN1/	FINTI V	ME H	ILDRE	5N;		
MARRIAGE PRODUC CHILDREN? IF YES,		Spouse:	. • •	1 1/5-	-IAIWKK	TIOANOI	IHEK	1 /	ASHLO	EY O'COM		
DETAIL NAMES OF	TADO	ES EDWAR	ДD	' PER NAM	PERSON? IF YES, DETAIL NAMES OF CHILDREN AND AND SPOUSE:						NNELL	
CHILDREN,	me	KERCH	ER		OUSE.			DEN	DAN	O'CON.	NELL	
YOUR STATUS UNDER INDIAN												
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HAVE YOU OR YOUR												
ANCESTORS LIVED OF	ON /		m	Y GRA	NO	DOOTA	YER	بي .	112A	BETH	MABLE	
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ANDS SET ASIDE FOR THE EXCLUSIVE USE (/K	DETAILS	To.	SEPHII	NE	· CA	7RD/	א ענו	7L 4	- 2501	U	
THE SAWRIDGE BAND			•	ARD_		*						
MARITAL												
STATUS (check one)	Married S	Single Dive										
	Married 3	arigie Divi	orced \	Widowed	Com	mon-Law			(Other (Specify)		

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

* THERE ARE MANY NATIVE PEOPLE LIVING OFF OF

RESERVES, AMID THE GREATER SUCIETY, 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 RANDS, THIS, TO ME,

IS A GREAT INTUSTICE *

	PARENTS INF	FORMATION	
NAME OF MOTHER	ROSINA LINDBERG	NAME OF FATHER	RON LINDBERG
DATE OF BIRTH	20 /0 /935 Day Month Year	DATE OF BIRTH	14 12 1929
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?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN THROUGH AND IN WHICH CATEGORY? REGAINSD THRU	DID YOUR FATHER ENFRANCHISE?	☐YES IF YES, WHEN ☐NO AND IN WHICH CATEGORY?
Address	16518-104 AVE EDMONTON, AB T5P 057 CANADI Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	EDMONTON, AB TSP 057 CANADA Apt P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	·
	GRANDPARENTS	INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHER	ELIZABETH MABLE WARD	NAME OF	DOUGLAS MCMULLEN
DATE OF BIRTH	/8 08 /9/8 Day Month Year	DATE OF BIRTH	UNKNOWN
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TREATY INDIAN	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year NON INDIAN
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? NAME OF	INO IF YES, WHEN AND IN WHICH CATEGORY? THROUGH BUT CATEGORY?	DID YOUR	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
PATERNAL GRANDMOTHER	CLARA BERTHA SCHULTZ	NAME OF PATERNAL GRANDFATHER	ARTHUR JOSEPH LINDBERG
DATE OF BIRTH	25 10 1906 Day Month Year	DATE OF BIRTH	16 09 1903
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?	□YES IF YES, WHEN □NO AND IN WHICH CATEGORY?	DID YOUR PATERNAL	□YES IF YES, WHEN □NO AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and correct. sists to share this information with those who need it to determin		DATE MAR Q 2010



ITAL STATISTICS

LEGISLA DE SALADA CAMADA CA WITAL STATISTICS / De V

A PARA CANADA Faiher n Landberg, Ronald August

Place of Birth of a Saskatchewan School Company of the Company of

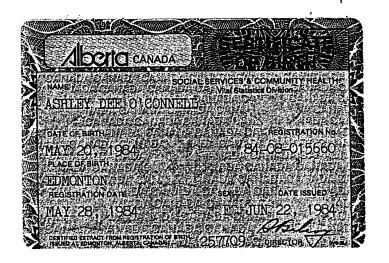
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Certified extraction REGISTRATION OF BIR

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· · · · · · · · · · · · · · · · · · ·		First Name	(s)		<u> </u>	Mid	dle Name(s)			Last Nan	ne(s)	
Mailing Address	1 VD 0 De											CANADA	
	Apt/P.O. Bo	ox		eet Add	ress		<u>T</u>	own	Prov Postal Code Country				
DATE OF BIRTH	20		05		CERTIFICATE L			8	4-08	- 0156	60		
PLACE OF BIRTH	Day		Mon	***************************************	Year					CANA DA			
	(403) 392-24		, H L		(403)		COUNTRY		-	_A ~ A			
Telephone													
	Home Pho	one	Home	Fax	Cell P	hone	Work Pl	hone		7	Email Addre	ess	
STATUS		ARE Y		□YES	IF YES	' 1		DID YO		□YES	IF YES, WHEN,		
Number		BAND MEMBER?			NUMBE			ISE?		□No	WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.													
FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID TREATY 8 SIGNATO	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS ROSINA LINDBERG. AND THROLLOH MY GREAT GRAND PARENTS TOSEPHINE CARDINAL + LEON WARD												
IF MARRIED, DID YOMARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND					RE-MA PERSO	DU SUBSEQUERRY TO AND ON? IF YES, IF Y	THER DETAIL					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	No	√ ≤	TA	T (J.	S								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? TRUST TRUST													
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	IF YES, PROVIDE DETAILS TOSEPHINE CARDINAL + LEON WARD												
MARITAL STATUS		-							··				
(check one)	Married	Single	Div	orced	Widowed	1 0	ommon-La	w 			Other (Specify	1	

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	G.	AIL O'	CONN	EVL	NAME OF FATHER	DA	いにし	0.6	ريره.	NEU	
DATE OF BIRTH	11			1957	DATE OF BIRTH	30		07		1954	
STATION TO	Day	, M	onth	Year	STATUS UNDER	Day	<u> </u>	Month		Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	STAT	TUS INI			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		N 0 N	T	₩ D	IAN	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES ⊠No	IF YES, WHAT IS HER BAND NUMBER?	SHE AT	OOU 1101 PPLIED FOR REHIP IN BUT HAS REC'D ESPONSE.	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □NO	If Yes, ' I S HIO B Number	SAND-			_
DID YOUR		IF YES, WHEN		i	DID YOUR	1 7	IF YES,	WHEN	_		
MOTHER ENFRANCHISE?	□YES □No	AND IN WHICH CATEGORY?			FATHER ENFRANCHISE?	□YES □NO	AND IN V CATEGO	WHICH			_
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		DA THR		7 1	1	1 • -					Ц
Address	Apt/ P.O.	Box, Street Add ode, Country		vn, Province,	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					_
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IF DECEASED — DATE OF DEATH					IF DECEASED DATE OF DEATH			-			
	Day	/ Mc	onth	Year		Da	у	Month		Year	
				GRANDPARENTS							
NAME OF MATERNAL GRANDMOTHER	Ro.	SINA L	INDE	,ERG	NAME OF MATERNAL GRANDFATHER	R	٥٨	LINI	DR(ERG	
DATE OF BIRTH	2		-	1935	DATE OF BIRTH	11		12		1929	
CTATION IN	Day	y Mc	onth	Year	C=:=	Da	y T	Month		Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TR	REATY -			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Non	INI	DI A	۸ 	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	EYES	IF YES, WHEN AND IN WHICH CATEGORY?	BUT REC	5 THROUGH	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO	IF YES, AND IN CATEGO	WHICH			-
NAME OF PATERNAL GRANDMOTHER	THE	ELMA A	NDEF	2502	NAME OF PATERNAL GRANDFATHER	DAN	1156	0 · C	אאכ	EU SR	
DATE OF BIRTH	16			1920	DATE OF BIRTH	1	•	04		1923	
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SIGNATURE I h	ereby certify usts to share	ry that the information v	on in this fo	orm is true and correct who need it to determ	at. I give permission ine my status as a b	to Sawridg	ie	DATE	201	10-03-2)



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	Apt(P.O. Bo	X	Str	eet Addre	ress Town			wn	l	Prov	Postal Code	Country	
DATE OF BIRTH	Day		JUNE Mon		1950 Year	_	BIRTH CERTIFICATE 5			50 - 08 - 01 a 7 7 6 Number			
PLACE OF BIRTH	HIGH	PRF	URIE	,ALB	ERTA		COUNTRY		c	ANA	b a		
Telephone		250-614-2248								Sweetnation1065@yahoo.ca			
	Home Pho	one	Home	Fax	Cell Phon	e	Work Ph	one	<u> </u>	ı ——	Email Addre	ess	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?			IF YES, BAND NUMBER?			DID YOU ENFRAN ISE?	ICH-	□YES ⊠No	IF YES, WHEN, WHICH CATEGORY?			
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CHILDREN? IF YES DETAIL NAMES OF CHILDREN.			pt.3			ME	ON? IF YES, D S OF CHILDRE SE.				.,,		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}													
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HAVE YOU OR YOU ANCESTORS LIVED THE SAWRIDGE LA INCLUDING POST T LANDS SET ASIDE F THE EXCLUSIVE US THE SAWRIDGE BA	ON NDS REATY ON DETAILS DETAILS DETAILS DAY PArents and grand parents lived there.												
MARITAL STATUS	1			l									
(check one)	Married	Sing	nle D	ivorced	Widowed	1	Common-La	w			Other (Speci	fv)	

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

	Parents In	FORMATION
NAME OF MOTHER	ADELE MARTE (nee LOYIE	NAME OF PLANK PARELY PAQUETTE
DATE OF BIRTH	MARCH 1924 Day Month Year	DATE OF BIRTH Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	?	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	MYES IF YES, WHAT IS HER BAND NUMBER? 456-01009-01 Sawridge + 4540033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? □YES □YES NO IF YES, WHEN AND IN WHICH CATEGORY?
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address Cleceased Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	05 05 2002 Day Month Year	IF DECEASED -
	GRANDPARENT	SINFORMATION
NAME OF MATERNAL GRANDMOTHER	Also so elled Loyer Lawye PHILOMENE 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 PAYLIST AT BIRTH ^{2,3} G 6 + SCrip +.
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	DYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY? TYPES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	THERESA GIROUX	NAME OF PATERNAL GRANDFATHER ALEX PARIETTE
DATE OF BIRTH	27 MARCIT 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?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DYES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	rereby certify that the information in this form is true and corrusts to share this information with those who need it to deter	ect. I give permission to Sawridge mine my status as a beneficiary. DATE October 14. 200

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 High Frairie

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

Thursday, February 08, 2007

Confirmation:

No Record

Marriage:

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

No Record

				BENEFI			PLICATIO	N FOR	RM	<u>E</u>	NTERFIL	OCT 2 8 201(
					PERSO	NAL IN	FORMATION					2011
NAME	LAWR					EC				PAG	QUETTE	
	 	First N	ame(s)		Middle Name(s)			Last Name(s)				
Mailing Address	766 Apt(P.O. B	,	C.	'acc		PRINCE GEORGE TOWN		GE_	BC Prov	V2L4T3		
	Aper.O. B		ال ا	reet Addr				OWN	<u> </u>	Prov	Postal Code	Country
DATE OF BIRTH	18 Day		Noven Mor		194 Yea		BIRTH CERTIFICA	TE ¹		Number		
PLACE OF BIRTH	SLA	WE	LAKE	ALE	BERTA	7	COUNTRY			C AN	ADA	
Telephone					250-561- 5888							
	Home Phone Home Fax		Cell P	hone	Work Pl	hone		T	Email Addre	ess		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER? □YES □NO		IF YE Bani Numbe	D		DID YOU ENFRANCH-		□YES BANO	IF YES, WHEN, WHICH CATEGORY?			
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ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID TREATY 8 SIGNATO	O OR OF THE GE ORIES?	JO E	F YES, PROVIDE DETAILS	Lost Was Statu	statu later s üs	rei wei	nstated 11as ou	he ma 1 - ma rgrea	ter	ied o	nee Loy ur father randmother fathers on	Frank Napoleon Paquette Always had Maternalsid
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HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAY	DN IDS REATY OR E OF	:5 I	IF YES, PROVIDE DETAILS	I wa pare a fin	nts	an.	in 51 d gra	lave l ind pa	-ak	e, All nts h	berta. Y nad live	es my d there fo
MARITAL STATUS		Ι.		1								
(check one)	Married	Si	ngle D	ivorced	Widowe	ed	Common-La	aw			Other (Specif	y)

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

Thursday, February 08, 2007

Confirmation:

No Record

Marriage:

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

No Record

					ENEF	PERSONA		FORMATION	N FOR	RM				
	11.					FERSUNA	LIN	PORMATION			7).	A. 1 =		
NAME	111	CHE	LLE rst Nan	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ELI;	24	BETT	<u> </u>		PAQUETTE			
	 	<u> </u>				Middle Name(s)					Last Name(s)			
MAILING ADDRESS						G STREET ABBUTS FORD				B.C.	Vat 562	CANADA		
		O. Box		Str	eet Addi	ess Town				Prov Postal Code Country				
DATE OF BIRTH		26		05		1972				10	1977-59-013089			
	,	VANCOUVER, B.C.			Year						Number	•		
PLACE OF BIRTH	VA	NCOL	IVE	RIB	<u>, C.</u>			COUNTRY		<u>'</u>	ANI	70A		
Telephone	604-5	YY-75	50			778-342-	714	11 604-83	0-1390	b	ionde	mikki@hot	mail.com	
	Hom	e Phor	19	Home	Fax	Cell Pho	ne	Work Pl	none			Email Addr	ess	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?					IF YES, BAND NUMBER	?		DID YO ENFRAN ISE?	ICH-	□YES Danio	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? ARE YOU DESCENDED FYES PROVIDE DETAILS SQUINGQE BOND# SUCKER CVEK# 4540033501 4540033501 45400000000000000000000000000000000														
IF MARRIED, DID YO MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	MATTANBE	IKLYN B CHG LHBN	HARDY LAYNE LAYNE LARTY	TAYLD FAITH I DIX	P RI	E-MA ERSC	OU SUBSEQL ARRY TO AND ON? IF YES, I S OF CHILDR SE.	THER DETAIL					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION 2,3										.				
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HAVE YOU OR YOUR ANCESTORS LIVED (THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAY	DN DS EATY DR	MYES LINO	PR	res, Ovide Tails	My	dad w d Here	as 2(1	borr intheo inSlave	1 the vea lake)	in W	anc He Sau 1til	Imy 9 uridgeores 1947.	rancipaent	
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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 1 U 2010 NCA #1964 MISSION, BC Fax: 16048201390

				PARE	NTS INF	ORMATION						
NAME OF MOTHER	DAR	BARA JA	E MC	RIN		NAME OF FATHER	DEN	us bern	JARI	o facuette		
DATE OF BIRTH	27 Day	O M	onth	192 T Yes		DATE OF BIRTH	Da	10		1945 Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Me	2715				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		ETIS	70.1	j real		
Is your Mother a Sawridge Band Member?	□YES ⊡ No	IF YES, WHAT IS HER BAND NUMBER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □Mo	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?	DYES DINO	IF YES, WHEN AND IN WHICH CATEGORY?				
Address		Box, Street Add	ress, Tow	n, Province	·,	Address	Apt/ P.O. Box, Street Address, Town, Provin Postal Code, Country			Town, Province,		
IF DECEASED — DATE OF DEATH	25 Day	Oc Mo		973 Yea	r	IF DECEASED — DATE OF DEATH		25 0a 1973 Day Month Year				
	,			GRANDP	ARENTS	INFORMATION						
NAME OF MATERNAL GRANDMOTHER	STE	ua Mor	/ —	source -)	NAME OF MATERNAL GRANDFATHER	Jo	HN BAPTI	STE	MORIN		
DATE OF BIRTH	2) Day	<u> </u>	<i>D</i>	1933 Year) [DATE OF BIRTH	20 Da		nth .	1930 Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ²³	ST	ATUS				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		IETIS				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	CIYES CIYES	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES IDMO	IF YES, WHEN AND IN WHICH CATEGORY?				
NAME OF PATERNAL GRANDMOTHER	Adel	e Marie 1	aquello	jie_	~	NAME OF PATERNAL GRANDFATHER	Fra	nk Nopole	on f	aquelle		
DATE OF BIRTH	Day	<u>()</u>	3 Inth	1921 Yea	1	DATE OF BIRTH	Da	1 10 Ny Mari	n (h	1912 Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ²³	51	ATUS				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}		Metis				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□Y55 DNO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□Y56 □ N O	IF YES, WHEN AND IN WHICH CATEGORY?				
SIGNATURE I h	nereby certify usts to share	that the information v	on in this for	rm is true an	d correct	1. I give permission ine my status as a b	to Sawridg	DATE	il	107/2010		

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

MAIL APPLICATION AND DOCUMENTS TO:

ENTERED OCT 2 8 2010

			В	ENEFI	CIARY	APP	LICATIO	N FOR	M			
					PERSON	IAL İNI	FORMATION					
NAME	MEZ	irst Name(2)		KEN	NG Mic	TH Idle Name(e)	PA	BUETTE Last Nar		
MAILING ADDRESS	2/3 Apt/P.O. Bo	590	Don	7/17/0 eet Addr	n 51		PRINCE 6		F BC Prov	V2L 574 Postal Code	CANADA Country	
DATE OF BIRTH	07 Day	J	NON		1963 Year		BIRTH CERTIFICA	TE ¹		Number		
PLACE OF BIRTH	PRI	VLE 6	50RC	sÉ	B.C.		COUNTRY		LAN	ADA	. •	
Telephone	250 596 2712			0 11 51								
STATUS NUMBER	Home Pho	ARE YO MARRIED BAND MEM	го а	⊢ax □YES □No	IF YES BAND NUMBER	S,)	Work Pr	DID YO ENFRANC ISE?	INYES	Email Addr IF YES, WHEN, WHICH CATEGORY?	988	
INDIAN ACT, PROVID	SHARE OF PER CAPITA SEIVED.											
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	DENDED DETOOR DIE OF THE DIE ONO DETAILS DIE OF THE DIE OF T											
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND					DID YORE-MA	OU SUBSEQU ARRY TO ANC ON? IF YES, I S OF CHILDR	JENTLY OTHER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}											,	
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	We are eligible. Our Mother had status and Lama beneficiary of a with 13 other siblings UST Y Palar by Maila Camate Many Sister.											
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR OF	IF YES PROVI DETAI	DE .	PARE to a	onts in	ano g t	some	e sibi	lings 1. 1947	ived th	pere prior	
MARITAL STATUS (check one)	Married Single Divorced Widowed Common-Law Other (Specify)								hv)			

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

	PARENTS INF	ORMATION								
NAME OF MOTHER	ADELE MARIE PADILETTE LUYIE	NAME OF FATHER	FRANK NAPOLITON PARUETTE							
DATE OF BIRTH	// MARCH 1994 Day Month Year	DATE OF BIRTH	17 ()CTOBER 1918 Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	7.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}								
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER? Sawridge 4540033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?							
DID YOUR MOTHER ENFRANCHISE?	UYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?							
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
IF DECEASED — DATE OF DEATH	05 MAY 2002 Day Month Year	IF DECEASED — DATE OF DEATH	Day Month Year							
GRANDPARENTS INFORMATION										
NAME OF MATERNAL GRANDMOTHER	Alsomene Loyer nee Ward	NAME OF MATERNAL GRANDFATHER	Louis Loyie							
DATE OF BIRTH	19 February 1908 Day Month Year	DATE OF BIRTH	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}	Jot script							
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?							
NAME OF PATERNAL GRANDMOTHER	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?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?							
Signature I h	nereby certify that the information in this form is true and corrected usts to share this information with those who need it to determine the control of the	ct. I give permission nine my status as a	to Sawridge beneficiary.							

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

October 19, 2010

ENTERED OCT 2 8 2010

BENEFICIARY APPLICATION FORM													
						PERSO	NAL IN	FORMATION					
Name	Ro	land				George					F	PAQUETT.	
		First	Name(s)		Middle Name(s)			Last Name(s)				
Mailing Address	Ant/D O	Devi	539	PIL	oT ST	REET	REET PRINCE GEORGE			B.C	UZMSH	CANADA	
	Apt/P.O	ROX I		Str	eet Add				Prov	Postal Code	Country		
DATE OF BIRTH		04 October Day Month				Year Gentle Certificate Certificate			Number				
PLACE OF BIRTH	PRI		Geor					COUNTRY			CA	UADA	
Telephone						250		2					
·	Home	Phone	Home Fax		Cell Phone		Work Phone				Email Addr	ess	
STATUS NUMBER	MA		ARE YOU IARRIED TO AND MEMB	0 A	□YES ⊠No	IF YE BAN NUMB	ID		DID YO ENFRAN ISE	VCH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.													
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE DRIGINAL SAWRIDGE TREATY 8 SIGNATORIES? TREATY 8 SIGNATORIES? THE YES, PROVIDE DETAILS DUT MOTHER Marie Adele PaqueTte nee Logie Lost STATUS when she married our Father Frank Napo PaqueTte was Later reinstated - maternal grand mother always had STATUS as well as greatgrand father on makernal side.						eanx Napore						
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND					_	RE-MA	OU SUBSEQUARRY TO ANO ON? IF YES, I S OF CHILDR ISE.	OTHER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}													
Why do you FEEL YOU ARE ELIGIBLE AS A TRUST Refer to Cecile PAQUETTE Henry's file into. Cecile 15 my 515ter													
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LANINCLUDING POST TRUCHUDING SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DRYOUR SILVED ON DEGLANDS POST TREATY ASIDE FOR SIVE USE OF T. SLAVE LAKE IS STILVEDGE, YES my parents LIVED THEIR, my parents moved to BC. IN 194 LIVED THEIR T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. SLAVE LAKE IS STILVEDGE, YES my parents MOVED TO BETAILS T. WAS DORN IN PRINCE GEORGE B.C.							parents 3C.IN 1947					
MARITAL STATUS				1									
(check one)	Marrie	1 S	Single	Div	orced	Widow	ed (Common-La	aw			Other (Specif	fv)

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

			PARENTS INF	FORMATION				
NAME OF MOTHER	Adele MARIE	E PAQUETTEL	NEE LOYIE	NAME OF FATHER	FRA	nk Nap	oLEON PAQUETE	
DATE OF BIRTH) \	MARCH Month	1924 Year	DATE OF BIRTH	17 Da		ober 1918	
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?	☑YES IF YES, \ □NO IS HER E NUMBER	WHAT 456-0!		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ØNO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WAND IN WATEGOR	/HICH		DID YOUR FATHER ENFRANCHISE?	□YES ÆINO	IF YES, WHEN AND IN WHICH CATEGORY?		
Address	Apt/ P.O. Box, Stre Postal Code, Cour	eet Address, Town	, Province,	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED — DATE OF DEATH	<u>ර 5</u> Day	MAY Month	<i>2002</i> Year	IF DECEASED — DATE OF DEATH	02 FEBRUARY 1997 Day Month Year			
			GRANDPARENTS	INFORMATION				
NAME OF MATERNAL GRANDMOTHER	Philomene	a hoyer waro	- Lawye	NAME OF MATERNAL GRANDFATHER		Louis	LoyiE	
DATE OF BIRTH	19 Day	FEBRUARY Month	1908 Year	DATE OF BIRTH	Da		UORY 1902	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Band #	41 SAWA	· 2106e	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		GOT S	•	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	UYES IF YES, NAND IN W. CATEGOR	AHICH .	?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	7	
NAME OF PATERNAL GRANDMOTHER	Theresa	- Girou	. K	NAME OF · PATERNAL GRANDFATHER		ALEX P	AqueTE	
DATE OF BIRTH	උ7 Day	MARCH Month	1897 Year	DATE OF BIRTH) Da		ember 1881	
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?	□YES IF YES, NAND IN W	VHICH		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE	Account of the property of the property certify that the information of the property of the pr	Sometion in this formation with those wh	n is true and correc	ct. I give permission ine my status as a b	to Sawridg eneficiary	pe DATE		

SACRED HEART CHURCH

117 PATRICIA BOULEVARD

PRINCE GEORGE, B.C.

	Certificate of Captism
Ohis is to (Olis is to Certify that ROLAND GEORGE PACUETTE
Child of	Child of Frank Payuette and Marie loyie
sorn on the	son on the 4th day of OCTOBER 10 66 at PRINCE GEORGE B. C.
vas BAPTIZED	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.
	C JOHN HENRY
	$\mathcal{S}_{ extsf{ponsots}}, igg $ CECILE HENRY

.... PASTOR as appears from the Baptismal Register of Said Church.

ENTERED 001 2 8 2010

			В	ENEF	ICIARY	APF	LICATIO	ON FOR	M			
					PERSO	NAL İN	FORMATION					
Nаме	Rici	+ ARD First Name	(s)		DALE Middle Name(s)				T	PAQUETTE Last Name(s)		
MAILING ADDRESS	Apt/P.O. B	Apt/P.O. Box Street Add					LE AVE. PRINCE GEORGE			i	SLANADA	
DATE OF BIRTH	30 DECEMBER Day Month				1955 BERTH CERTIFICATE				Prov Postal Code Country Number			
PLACE OF BIRTH	PRIN	CG G	FORE	سياح	BO	<i>C</i> .	COUNTRY		CAN.	4 D.A		
Telephone	250-612- Home Ph	0804		,								
STATUS NUMBER	7.	ARE YOU MARRIED BAND MEN	TO A	□YES	IF YE BANI NUMBE	s, D	Work Pi	DID YOU ENFRANC ISE?	IIIYES	Email Add IF YES, WHEN, WHICH CATEGORY?	iress	
IF YOU ENFRANCHIS INDIAN ACT, PROVIE INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	_					-		•			
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO	Our mother MIRIE ADELE PAGUETTE nee Loyie Lost states Om, MARRIED TO OR OPTED BY ONE OF THE GINAL SAWRIDGE EATY 8 SIGNATORIES? DETAILS Our mother MIRIE ADELE PAGUETTE nee Loyie Lost state when she married our father Frank Napoleon Paguette - Was our mother Mirie ADELE PAGUETTE nee Loyie Lost state when she married our father Frank Napoleon Paguette - Was later teinstated - Maternal Grand mother a lways had status as well as great grand fathers on Maternal 5 id							quette-Was				
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND					DID YO RE-MA PERSO	DU SUBSEQU RRY TO ANO DN? IF YES, E	ENTLY THER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}												
WHY DO YOU WHY DO YOU WELLYOU ARE ELLIGIBLE AS A TRUST BENEFICIARY? Why do you 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 O THE SAWRIDGE LAND INCLUDING FOST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	OS DYES		DE				-		В.С. eo. В.С	in 19	47.	
Marital Status (check one)	Married	Single	<u>`</u>	orced	Widowe	d C	cmmon-La	w		Other (Specif	fv)	

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

	PARENTS IN	FORMATION	
NAME OF	111 1 nee Louise	NAME OF	
MOTHER	Adele Marie Paquette	FATHER	FRANK NAPOLEON PAGUETTG
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}	Suy Month Fed
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	Sucker Creek # 456-01009 -01 SAWridge # 4540033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES AND 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	U5 May 2002. Day Month Year	IF DECEASED — DATE OF DEATH	02 February 1992 Day Month Year
	GRANDPARENTS	INFORMATION	
NAME OF MATERNAL GRANDMOTHER	PHilomene Ward	NAME OF MATERNAL GRANDFATHER	Louis Loyie
Date of віятн	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}	Sot script
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Theresa Giroux	NAME OF PATERNAL GRANDFATHER	Alex Paquette
Date of віятн	27 NARCH 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}	1.551
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and corrected to share this information with those who need it to determ	audio UI give permission nine my status as a b	to Sawridge leneficiary.

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 2 8 2010

			В	ENEF	ICIARY A	APP	LICATIO	ON FO	RM			
					PERSON	AL IN	FORMATION					
NAME	RUBEI	T First Nam	e/e)		DANIEL Middle Name (a)					PAQUETTE		
Mailing		1 HSC IVAIII	<u>-</u>		1	Middle Name(s)			Last Name(s)			
ADDRESS	Apt/P.O. B	Apt/P.O. Box Street Add				LRESPENT PRINCE GENERE			BL Prov	Vam 3 X5 Postal Code	CANADA Country	
DATE OF BIRTH	/2 Day	12 OLTOBER Day Month					1957 BIRTH CERTIFICATE ¹					
PLACE OF BIRTH	10	PRINCE GEORGE.			B.C		COUNTRY		1	ANAI	Number	
Telephone	250 56/-01 Home Ph	44		<i>j</i>						1/0/11		
	Home Ph	one	Home F	-ax	Cell Pho	ne	Work PI	none	<u> </u>	Τ	Email Addre	SS
STATUS NUMBER		ARE N MARRIEI BAND ME	A OT C	□YES ☑No	IF YES, BAND Number		-	DID Y ENFRAN ISE	VCH-	□YES ØNo	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVII INCLUDING SHARE (MONIES RECEIVED.	DE DETAILS OF PER CAPITA											
ARE YOU DESCEN FROM, MARRIED T ADOPTED BY ONE ORIGINAL SAWRID TREATY 8 SIGNAT IF MARRIED, DID Y MARRIAGE PRODU	O OR OF THE OGE ORIES?		ils b	then ut w ad s	she m las late tatus a lam D	1 av 165 1 10 yo E-MAI	ried o rein 57 wellas ou subsequerry to ano	ur fated Fated S Gr. ENTLY THER	athe I-n	er Fra	nk Napole nal grana	e Lost state on Paquette Imother alwa ternal side
CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	" me	llissa lene Ju	105e	ph	I PE	ERSO AMES POUS	N? IF YES, E OF CHILDRE	ETAIL EN AND				
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 with 1 * Refe	2. Ou 3 54 7 to	ceci	re f	had e sibi aque e is	He	- Hen	1413	s f	em a Cile i	<i>bene fici</i> nfo.	iary aling
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAN NCLUDING POST TR LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR OF	IF YES PROV DETAI	$\mathcal{I}_{S,DE}$	f 3	stare La nts an	ikį	Albei	rta i	5 5	éawri es (a	idse. Ye ncestor	25 - m4 s) lived
MARITAL STATUS (check one)		/										
(SUCOK OHE)	Married	Single	Divor	rced	Widowed	Co	mmon-Lav	V			Other (Specify)	

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

			Parents in	FORMATION			
NAME OF MOTHER	ADELE	WARIE	PAQUETTE	NAME OF FATHER	FRANK	NAPOLEON	I PABLIETTE
DATE OF BIRTH		MAX	CH 1934 onth Year	DATE OF BIRTH	17 Dav	OSTOB Mont	IER 1418
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		7		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	INC IS	YES, WHAT	Sucker CreeK# 456-01009-01 SAWRIDEE# 4540033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	NO R	F YES, WHAT S HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	121NO AT	YES, WHEN ND IN WHICH ATEGORY?		DID YOUR FATHER ENFRANCHISE?	12NO A	F YES, WHEN ND IN WHICH CATEGORY?	
ADDRESS			ress, Town, Province,	Address	Apt/ P.O.	Ceaged Box, Street Adde, Country	dress, Town, Province,
IF DECEASED — DATE OF DEATH	05 Day	MA4 Moi		IF DECEASED — DATE OF DEATH	02 Day	Februa, Mont	
			GRANDPARENTS	INFORMATION			
NAME OF MATERNAL GRANDMOTHER	PHilomene	also spe e Lawye	uled Loyer, Loyie nee Ward	NAME OF MATERNAL GRANDFATHER	Lou	uis Lou	412
DATE OF BIRTH	/ g Day	Febr	7/4/4 1908 nth Year	DATE OF BIRTH	05 Day	, '	1474 402 th Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	BAND #	¥ 41 51	AWRIDGE	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	1	ot 50	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	DENO AN	YES, WHEN ND IN WHICH ATEGORY?	?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	I I YES A	F YES, WHEN AND IN WHICH CATEGORY?	?
NAME OF PATERNAL GRANDMOTHER	THERESA	GIROU	Х	NAME OF PATERNAL GRANDFATHER	ALEX	PAQUET	11E
DATE OF BIRTH	27 Day	MAI	RCH 1897 nth Year	DATE OF BIRTH	/// Day	DELEM Mon	
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?	LINO AN	YES, WHEN ND IN WHICH ATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	I I I I I I	F YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE I h	ereby certify that	LODI at the information s information w	or in this form is true and correctith those who need it to determine	t. I give permission ne my status as a b	to Sawridge eneficiary.	DATE	

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	

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

October 19, 2010

			В	ENEF	CIARY	APP	LICATIO	ON FOR	₹M'E			
					PERSON	IAL İN	FORMATION					
NAME	RONA	() LD First Name(s)		FRAWCIS Middle Name(s)				PAQUETTE Last Name(s)			
Mailing Address		Apt/P.O. Box Street Addr						00	BC		CANADA	
Date of Birth		O. Box Street Add			ess Town BIRTH			Prov Postal Code Country				
PLACE OF BIRTH	Day Month			h ·	Year			-		Number		
Telephone	250) 59 2712	BRIDE 16		<u>B, C</u> 250 (A	, 56101 mita)	44	COUNTRY		CA	4NA:	DA	
	Home Pho	one I	Home Fax		Cell Phone		Work Phone		Email Address			
STATUS NUMBER	?	ARE YO MARRIED BAND MEM	тоа	□YES □No	IF YES BAND NUMBER			DID YO ENFRAN ISE?	ICH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? Our mother Marie Advis Advis Pable Trank Napoleon Paquette - When she married our father Frank Napoleon Paquette - Was later reinstated - maternal grand mother always of status as evell as great grand fathers on Maternal side.							Paquette-					
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND Kev Jas Jen	in PA	QUET QUET QUET PAQUET	TE TE	DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				MAR (A	LENE =	Tean GARNOT UETTE	
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 O THE SAWRIDGE LANI INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DS EATY DNO	IF YES, PROVID DETAIL	be M	ny p	oren	<i>†5</i>	move n in	ed to	o E	B.C.	in 19	My Parents 47 lived their
MARITAL STATUS (check one)	Married	Single	Divo	orced	Widowed	i C	ommon-La		~ · D		Other (Specify)	

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

	Parents Inf	FORMATION
NAME OF MOTHER	DELE MARIE PAQUETTE LOYIE	NAME OF FATHER FRANK NAPOLEON PAQUETTE
DATE OF BIRTH	// MARCH 1924 Day Month Year	DATE OF BIRTH 17 0270BGR 918 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?	Sucker Crk # Syes IF Yes, What 456-01009-01 IS HER BAND SAWRIOGE # 454 0033501	Is your FATHER A SAWRIDGE BAND MEMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address 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 Day Month Year
	GRANDPARENTS	
NAME OF MATERNAL GRANDMOTHER	also spelled Lawye Loyie PHILOMENE LOYER nee ward	NAME OF MATERNAL GRANDFATHER LOUIS LOYIG
DATE OF BIRTH	19 February 1908 Day Month Year	DATE OF BIRTH 05 Followy 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?	☐YES ☑NO ☐ IF YES, WHEN AND IN WHICH CATEGORY? ☐	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DYES AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	THERESA GIROUX	NAME OF PATERNAL GRANDFATHER ALEX PAGUETTE
DATE OF BIRTH	27 <i>MARCH</i> 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?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DYES IF YES, WHEN AND IN WHICH CATEGORY?
	Regald Faguette nereby certify that the information in this form is true and corrusts to share this information with those who need it to determ	

Certificate of Baptism

Diocese of Prince George St. Patrick's Parish McBride, BC VOJ 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
nd Baptized on	March 23, 1952
with Sponsor	Emil Loyie
and	Elsie Bourque
by	Rev. John Vincent O'Reilly, OMI
	ding to the Rite of the Roman Catholic Church and is on the Baptismal Records of the Chancery Office of the Diocese of Prince George

Dated: October 20, 2010

			В	ENEFI	CIARY AP			N FOR	RM			
					PERSONAL	NF	ORMATION					
NAME	SHE	LYNN Middle Name(s)					nee (fâ quette) KETZO Last Name(s)					
Mailing Address	7.0.BC 1034 Apt/P.O. Bo	ress Town			B.C. Prov							
DATE OF BIRTH	/ <u>/</u> /	<i>1963</i> Year	CERTIFICATE L			63-59-014753 Number						
PLACE OF BIRTH	0 -	105	6-50	RIGE	COUNTRY				CANADA			
Telephone	1-350-49 5788 Home Phone Home Fax			1-350 961-44 Cell Phon	34	34 Si			Herey Lynn KETLO & Live C Email Address			
STATUS NUMBER	0	A MAR	RE YOU RIED TO A MEMBER?	□YES ☑No	IF YES, BAND NUMBER?		VOICT	DID Y ENFRAN	VCH-	□YES WENO	IF YES, WHEN, WHICH CATEGORY?	
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.											
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS MY MOTHER Marie (Adele) Paguetie nee Loyie My mother Marie (Adele) Paguetie nee Loyie								oyie			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN. Sheera-lee Ketto Biological RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND FELISHA A. M. RAGUETT SPOUSE.												
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF											
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	my fa	mo. rthe	ther er bu	hao u w	l státa 15 rein	15	ano tateo	d 10:	s+,	it wh	hen she	narried
THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FO THE EXCLUSIVE USE	Have you or your NCESTORS LIVED ON HE SAWRIDGE LANDS NCLUDING POST TREATY ANDS SET ASIDE FOR HE EXCLUSIVE USE OF HE SAWRIDGE BAND? AVE YOU OR YOUR NCESTOR IN OUT OF THE YOUR NCESTORS LIVED ON BEFORE MOVING TO B.C. Before Moving to B.C. Before Moving to B.C. Parent 5 and Grand parent 5 an											
MARITAL STATUS (check one)	Married	Sin	gle Div	orced/	Widowed	С	Common-La	aw			Other (Spec	ify)

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	MARIO	= (AD 0219	PAG		NAME OF FATHER ((FRANK) NAPOLEON PAGUETTE					
DATÉ OF BIRTH	// Day	MAA	<i>CCH</i> onth	1924 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?	⊠ÝES □No	IF YES, WHAT IS HER BAND NUMBER?	4540	033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES 121No	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	□YES DZŃO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES •□YEO	IF YES, WHEN AND IN WHICH CATEGORY?				
Address	Apt/ P.O. Postal Co	Box, Street Add	ress, Tow	n, Province,	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH	Day			2002 Year	IF DECEASED — DATE OF DEATH	02 02 1992 Day Month Year					
				GRANDPARENTS	SINFORMATION						
NAME OF MATERNAL GRANDMOTHER	PHILOR	MENE LOY	ALSO E	YE LOYER	NAME OF MATERNAL GRANDFATHER	Louis Loyie					
DATE OF BIRTH	19 Day	<i>O</i> a	2 nth	1908 Year	DATE OF BIRTH	05 02 1902 Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	# 41			. 553	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	got script					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?				
NAME OF PATERNAL GRANDMOTHER	THE	RESA 6	-IROL	IX	NAME OF PATERNAL GRANDFATHER	ALE	x PAQUE	ETTE			
DATE OF BIRTH	Day	Mo	onth	Year	DATE OF BIRTH	Ds					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day Month Year					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □NO	IF YES, WHEN AND IN WHICH CATEGORY?	, ,		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?				
SIGNATURE I 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 301.71 001.01											

4 nortosing9 A 1-eed free to Call. me. Re: 41-350-961-443 8868-699-056-1 #.H9 DOB. MACH, 17, 1963. BOX 1034 FRASER. LAKE. B.C. Sherry Lynn Haguette (Kella) My name: EAddress. U. Regional Hospital Dioisho adale marie Paquette. O Sheena-Lee Kella. D.O.B. Sept. 17, 1987.
PR. Georg. Fagional Hospital I added my Biological Daughterio Re: Hris Application, you are to Find this information in the Documents of a Cecile Henry (Requette) Mocksonson DA Mind Senstron

Paul Bujold

From:

Paul Bujold

Sent:

October-12-10 11:23 AM

To: Subject:

'Sherry Lynn Paquette-Ketlo'

Attachments:

Application to become an eligible beneficiary 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 2 8 2010

BENEFICIARY APPLICATION FORM													
					PERSO	NAL IN	FORMATION						
NAME	51	Ly NN Middle Name(s)					KETLO LNEE PAQUETTE Last Name(s)						
Mailing Address	POBOX FRASER LA							BC.		CANADA			
ADDRESS	Apt/P.O. Box Street Add		ress		Town			Prov	Postal Code	Country			
DATE OF BIRTH	i 7 MAY Day Month				1963 Year BIRTH CERTIFICATE ¹			Number					
PLACE OF BIRTH				B, C,		COUNTRY		CANAPA					
Telephone													
	Home P	none	Home	Fax	Cell P	hone	Work P	hone		1	Email Addre	ess	
STATUS NUMBER	I I MADDIENTO A I		□YES □No	IF YE Bani Numbe	D		DID YO ENFRAN ISE?	ICH-	☐YES, ☐YES, ☐WHEN, ☐NO ☐WHICH ☐CATEGORY?				
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.													
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	MARRIED TO OR DETAILS MARRIED TO OR DETAILS DETAILS MASSING THE DETAI							IC LOST NK NAPOLEON I grand mot and fathers					
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	RIED, DID YOUR AGE PRODUCE AND EN? IF YES, NAMES OF FELISIE PAQUE Sheena KETLO					DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE. TERRY KE HUS BOND					KETLO:		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	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 stabling. * Refer to Cecile Paquette Henry's File into. Cecile 15 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? PARENTS MOVED TO B, C IN 1947 LANDS SET ASIDE FOR THE SAWRIDGE BAND?							147						
MARITAL STATUS													
(check one)	Married	Sir	ngle Di	vorced	Widowe	ed C	Common-La	w			Other (Specif	y)	

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	(Nee Logie)				NAME OF , D					
MOTHER	Ade	le M	arie .	PAQUETRE	FATHER	FRAM	uk N	Apole	EON TA	POUETTE
DATE OF BIRTH	1 (ARCH Ionth	1924 Year	DATE OF BIRTH	1		Стове	ER 1º	718
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		7	iona	1001	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ²³	Day Month Year				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ØYES □No	IF YES, WHAT IS HER BAND NUMBER?	456-0 SAWRIC	CREEK# 1609-01 16c# 033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ⊠No	IF YES, W IS HIS BA NUMBER?	ND		
DID YOUR MOTHER ENFRANCHISE?	□YES ☑No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES ⁄図No	IF YES, W AND IN WE CATEGOR	нсн		
Address	Apt/ P.O.	<u>Jece a se</u> Box, Street Ado de, Country	<u>d</u> dress, Town	, Province,	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED — DATE OF DEATH	05 Day	M _A	4 Y	2002 Year	IF DECEASED — DATE OF DEATH	O2 FEBRUARY 1992 Day Month / Year				
	GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER	PHILOI	MENE LO	•	ed Lawye ce WARO	Name of Maternal Grandfather		Loui	5 L	04 it	-
DATE OF BIRTH	19 Day	FEBRO	UORY Inth	1908 Year	DATE OF BIRTH	05 FEBRUORY 1902 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3} DID YOUR	ł i	10 # 41 NRIOGE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	GOT SCRIPT				
MATERNAL GRANDMOTHER ENFRANCHISE?	□YES ØNo	IF YES, WHEN AND IN WHICH CATEGORY?	7	9	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, W AND IN WH CATEGOR	HCH	?	
NAME OF PATERNAL GRANDMOTHER	The	CESA G	A IROUX	2	NAME OF PATERNAL GRANDFATHER	ALE	x f	PAQUE	ETTE	
DATE OF BIRTH	Day		RCH onth	1897 Year	DATE OF BIRTH	/ <u>/</u> 0		DECEME Month	ber	<i> 88 </i> Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} DID YOUR					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					
PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, W AND IN WE CATEGOR	HICH		
SIGNATURE I he	SIGNATURE Manage									

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

Biter yeyre marie I aquette
Francis Paquette
Adile Loyie
Prince George, BC
May 17, 1963
August 4, 1963
Harry Laboucan
Marjorie Laboucan
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 19, 2010 Rev. Pier Pandolfo

BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION												
Name	Willian	n First Name(s	3)	Francis Middle Name(s)					Paquette Last Name(s)			
MAILING ADDRESS	139 Apt/P.O. Bo	Poir	TURW Street Addi			Per			ONT K7H3C7 Canada Prov Postal Code Country			
DATE OF BIRTH	04 03 Day Month			7/ Year		BIRTH CERTIFICA	TE ¹		2919641014 971-59-007436 Number			
PLACE OF BIRTH	Prince	Geor	ar B	, C		COUNTRY		C	ana	da		
Telephone	63 764-203 Home Pho	34	lome Fax	Cell Pho	\no	Work Ph	one	bill	-pai	que He 1 C	? hotmail.com	
STATUS NUMBER	nome Pilo	ARE YO MARRIED T BAND MEMI	U DYES	IE YES		·	DID YO ENFRAN ISE?	сн-	OYES ONO	IF YES, WHEN, WHICH CATEGORY?	less	
IF YOU ENFRANCHISED UNBER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? If YES, PROVIDE DETAILS I'M not really sure, but my other relatives Said to check yes box;)											
IF MARRIED, DID Y MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND			RI PI NJ	E-MA ERSO	OU SUBSEQU RRY TO ANO IN? IF YES, I IS OF CHILDRI	THER DETAIL				2	
YOUR STATUS UNDER INDIAN ACT OR PAYLIST AT TIME OF APPLICATION	WON-	STATU	S	•								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	WHY DO YOU WELL, apparently my Grandmother was a member with Eligible ASA Cod all my son solatives to ld me T should.											
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? IRUST LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? IRUST LANDS SET ASIDE FOR THE SAWRIDGE BAND? IF YES, PROVIDE DETAILS area fill 1947												
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	C	ommon-La	w			Other (Speci	fy)	

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

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

	Parents in	ORMATION	
Name of Mother	Borbarg Jane Morin	NAME OF FATHER	Dennis Bernard Paquette
DATE OF BIRTH	27 54 1949 Day Month Year	DATE OF BIRTH	09 /0 /945 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Non-Status (metis) BPM	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Non-Status (Metis)
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?		IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	1 1 4 11 11 11	□YES IF YES, WHEN AND IN WHICH CATEGORY?
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	25 o2 /973 Day Month Year	IF DECEASED — DATE OF DEATH	25 02 1973 Day Month Year
	GRANDPARENT	SINFORMATION	
Name of Maternal Grandmother	Stella Morin (Merasty)	NAME OF MATERNAL GRANDFATHER	John Baptiste Morrn
DATE OF BIRTH	21 6 1937 Day Month Year	DATE OF BIRTH	29 /2 /930 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?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Adéle Marie Paquette (res Lovie)	NAME OF PATERNAL GRANDFATHER	Frank Napoleon Paquette
DATE OF BIRTH	11 63 /924 Day Month Year	DATE OF BIRTH	17 10 1918 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day Month Year Sour idge Band # STATUS 454003350	BIRTH	NON-STATUS (Metis)
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	DYES AND IN WHICH CATEGORY?
SIGNATURE	hereby certify that the information in this form is true and con rusts to share this information with those who need it to deter	ect. I give permission t mine my status as a be	DATE NOU 13 / 10

CANADA

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OF BIRES

MINISTRY OF HEALTH AND MINISTRY PESPONSIBLE FOR SEMIORS

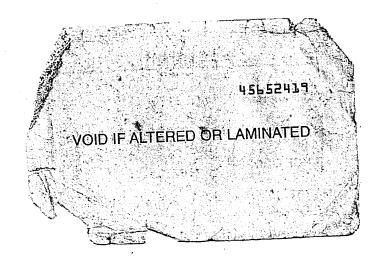
WILLIAM FRANCIS PAQUETTE

WE DESTRATOR

PERSTRATOR

PE

PRINCE GEORGE PARESTARIO
BERRIADO A 1971 A 1



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				BENEI		PPLICATION	FORM		J1 4 4 24	<i>y</i>	
	1 /				PERSONAL	INFORMATION		. 1/=	. 00 0 11==		
NAME	Yv	ONNO	E		LEOI	VA		NEE.	I PAG YET ENRY	7) &	
	 	Fire	st Name(s				iddle Name(s)			Last Name(s)	
MAILING ADDRESS	Apt/P.	O. Box	1844	Street Ad	VAINCE GEORGE			- BC V2m 153 CANADA Prov Postal Code Country			
DATE OF BIRTH		SZK Dav	A	98/4 Month	1943 Veer	1943 BIRTH CERTIFICATE ¹			Number		
PLACE OF BIRTH			- /12/		PLBERT.	COUNTRY				ANADA	
Telephone	25056	64-29	24	, 	250 552 20		-	<u> </u>		71031271	
	Hom	e Phone	<u> </u>	lome Fax	Cell Phor	ne Work Phor	ne	·	Email Addı	ress	
STATUS NUMBER			ARE YOU MARRIED T BAND MEME	O A LINE			DID YOU NFRANCH- ISE?	□YES ₽Mo	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	3		•	,						
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE GE	⊠YES □NO	IF YES, PROVID DETAILS	E SIC	GRAND F	DECENDUI ATNER LA DINUE CH	EDN	•	en Mari	NoTWEKS D	
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND	LEON TANE DIANE WILL,	IARD < T MAR MARIE AM AK	PANE TOSEPH JE JOHN E HENRY KAN HEN HENRY	HENRY RE HENRY PE NA	D YOU SUBSEQUEN -MARRY TO ANOTH RSON? IF YES, DET MES OF CHILDREN OUSE.	ER 'AIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	<u>l</u>	LORA ,	L LEE	HENRY		laughter					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	T d	IR I BELÍE	YlOTME EVE TI	ER WAS	S STATUS UT ITLES	US AS BE	NUFICIN	ey p	DEOPLES		
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LANDING POST TRILANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BANDING FOR THE SAWRIP FOR THE SAWRIP FO	DN DS EATY DR	⊒Yes ⊒No	IF YES, PROVID DETAILS	E	PRANOPA + F-	RENTS.	R. GRA	NPB R	ENTS		
MARITAL STATUS											
(check one)	Marri	ed	Single	Divorced	Widowed	Common-Law	1		Other (Speci	fv)	

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 0 4 2010

• 2	PARENTS IN	NFORMATION	
NAME OF MOTHER	MARIE (ADELE) PAQUETTE	NAME OF FATHER	FRANKINAPOLEON PAQUETTE
DATE OF BIRTH	11 03 1924 Day Month Year	DATE OF BIRTH	<i>i7 CCT_ 1918</i> Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Francisco Francisco	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER? 4560100901	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	DYES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	DYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?
Address	DECEASE D Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	DECERSED Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	5 May 2002 Day Month Year	IF DECEASED — DATE OF DEATH	2 1992 FEB. Day Month Year
		TS INFORMATION	
NAME OF MATERNAL GRANDMOTHER	PHILOMENE LOYER OR LOYIE NEE WARD	NAME OF MATERNAL GRANDFATHER	LOUIS LOYER LOYER
DATE OF BIRTH	19	DATE OF BIRTH	5
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	# 41	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	script
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	THERESA GIROUX	NAME OF PATERNAL GRANDFATHER	ALEX PAQUETTE
Date of BIRTH	<u>21</u> <u>1/1480H</u> 1897 Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
	nereby certify that the information in this form is true and co fusts to share this information with those who need it to det	rrect. I give permission	

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

and Adele Loyic

child of Frank Paquette

born in Slave Lake, AB

on April 6th, 1943

with Godparents Charlie Belcourt

was baptized on April 11th, 1943

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. Gamini Silva, o.m.i. Pastor

Printed On Thursday, February 08, 2007

Confirmation:

Confirmed at St. Patrick's Catholic Church in McBride, BC on July 12th, 1953 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 Jahn Henry 30/7/39, Perigord, SK) on the 16th of August, 1963.

			E	BENEF	ICIARY			N FOR	M			
					PERSON	AL IN	FORMATION					
NAME _.	BRE	UDA				LE		· ·		f	PAQUETT	
		First Na	ame(s)			Mic	idle Name(Last Nai	me(s)
Mailing Address	A-MD O. D.	10	011 BA	BINE				BC.	vam3×5	2/11/2/1		
	Apt/P.O. Bo	ox	Sti	reet Add	ress			own		Prov	Postal Code	Country
DATE OF BIRTH	07 Day	1960 Year	•	BIRTH CERTIFICA	TE ¹	 /	CANADA					
PLACE OF BIRTH		e (Mor Scorb				COUNTRY		7	<u> </u>	Number	
Telephone	250 596 - 38	881										
	596 - 38 Home Ph	one	Home	Fax	Cell Ph	one	Work P	hone			Email Addr	ess
Status Number		MAR	RE YOU RIED TO A MEMBER?	□YES ☑Ño	IF YES BAND NUMBEF			DID YO ENFRANG ISE?	сн-	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISE INDIAN ACT, PROVIDE INCLUDING SHARE OF MONIES RECEIVED.	E DETAILS			· · · · · ·						***************************************		
ARE YOU <u>DESCEND</u> FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	OR ☑Y OF THE □N	ES P	YES, ROVIDE ETAILS	our m when was had s sine		nak arri ein as	ed our ed our istated well o	ele PA fathe - ma 25 gre	quei teri teri	rank nel g grano	e Loyle L Napoleon randmot father	ost status Paquette. her always on maternal
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.					F	RE-MA	OU SUBSEQUARRY TO AND ON? IF YES, IS OF CHILDR	OTHER DETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}												
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	along 1	بر ۱44	cecile	sther Paque	siblin Te t	ug· ten	ry's	file i	in fo	· s · <i>C</i>	iecile is	my sister
HAVE YOU OR YOUR ANCESTORS LIVED OI THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BANK	DS EATY R OF	• P	FYES, PROVIDE DETAILS	Lived	SLAV I thei NA D	re r,	LAKE my f u in	is paren	5A1	ueid move Geor	geryes ed to (my parents S.C. N 194
MARITAL STATUS (check one)	Married		ale Div		Widowed		Common-La				Other (Specif	

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.

			Par	ENTS INF	ORMATION				
NAME OF MOTHER	Adele	. Marie Pac	rieTe(nee Lo	yie)	NAME OF FATHER	FRA	NK NI	apoleon	PAQUETTE
DATE OF BIRTH	1 / Day	MAI) ' ear	DATE OF BIRTH			ctober Month	1918 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day	?	onui j re	:ai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	y	violiti	real
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ØÝES □No	IF YES, WHAT IS HER BAND NUMBER?	Sucker Creek 456-01009- 5AWTIGGE ## 4540033501	.01	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ⊠No	IF YES, WHA IS HIS BAND NUMBER?	1	
DID YOUR MOTHER ENFRANCHISE?	□YES ØÑO	IF YES, WHEN AND IN WHICH CATEGORY?		-	DID YOUR FATHER ENFRANCHISE?	□YES ⊠No	IF YES, WHE AND IN WHIC CATEGORY?	н —	
Address	Apt/ P.O.	deceased Box, Street Ado de, Country	iress, Town, Provinc	e,	Address		<i>deces</i> D. Box, Stree Code, Count	t Address,	Town, Province,
IF DECEASED — DATE OF DEATH	<u>05</u> Day	m f	14 200 onth Yes		IF DECEASED — DATE OF DEATH	O,	~	EBRUAR Month	y 1992 Year
	l				INFORMATION	·	d		
NAME OF MATERNAL GRANDMOTHER	Philo	mere u	Loyer-Lau ARD	ye_	Name of Maternal Grandfather		Louis	Loi	ie jie
DATE OF BIRTH	l 9 Dav	FEBI	RUARY 1908	ar	DATE OF ВІЯТН	Da		EBRUARY Month	/ 1902 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			SAWRIDGE		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		got		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	7		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHI AND IN WHIC CATEGORY	ЭН	?
NAME OF PATERNAL GRANDMOTHER	The	resa (?iroux		NAME OF PATERNAL GRANDFATHER	F	LEX	PAQU	elle
DATE OF BIRTH	27 Day		RCH 189		DATE OF BIRTH			<u>cember</u> Month	1881 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?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WH AND IN WHI CATEGORY	СН	
			on in this form is true a with those who need it					TE	

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

MAIL APPLICATION AND DOCUMENTS TO:

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				, w	тиксн					PASTOR			
		—	TE	7 (pu day of MARCH 19 69 at PRINCE GEORGE B. C.	RT CI				Church.				
		151 111	PAQUET	GEORC	TD HE/	.M.I.			of Said	62		٠,	
	<u> </u>		e Marie	PRINCE	SACRE	TITIX C	NRY	IRY	Register o	E			
	CHURCH HEXARD			at	73 at	O'RE	ARD HE	NE HEN	ptismal 9	Justinely to m	PIER		
	EART C		and	6961	THE ROM	J. V	LEON	YVON	the Ba	Sur			
	SACRED HEART CHURCH 11. PATRICE GEORGE, B.C. PRINCE GEORGE, B.C.	Urtificate of Mahiliam	BRENDA LEB FOLUBLIE MARIE PAQUETTE		ACCORDING TO THER RITE OF THE ROMAN CATHOLIC CHURCH	by the Pau. J. V. O'REILLY O.M.I.	LECNARD HENRY	iots,	as appears from the Baptismal Register of Said Church.	•			
	Š,	TRI	-	MARCH	TO THEFT	by the	Ó	Spon	as appe		23		
				<i>f</i>	day of		,				JUNE 114 ,9 73	₹	
	'		r tify that FRANK PAQUELTE	day o	10th ACC						JUNE	•	
	3	3	o Certify that FRANK P	P	ı the								
		,	to de	the J	was BAPTIZED on the 10th day of JUNE 19.73 at SACRED HEART CHURCH ACCORDING TO THE ROMAN CATHOLIC CHURCH							-	
			Child of	born on the	was BAP								
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CANADA

BRITISH COLUMBIA

CERTIFICATE

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MINISTRY OF HEALTH AND MINISTRY RESPONSIBLE FOR SENIORS	Charles of Latin 2 and Latin Co.
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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

BRENDA LEE PAQUETTE

MAR 07, 1969 Date of Birth

PRINCE GEORGE

Place of Birth

Registration No. APR 03.1 1969 (2) Date of Registration

69-09-008128

FRANK NEPOELIN PAQUETTE Name of Father

ALBERTA, CANADA Birthplace of Father

Maiden Name of Mother MARIE ADELE LOYIE

ALBERTA, CANADA Birthplace of Mother

APR day of

this 26

Given under my hand at Victoria, British Columbia

Director of Wifal Statistics

HLTH 434 (REV 91/11)

ENTERED OCT 2 \$ 2010

BENEFICIARY APPLICATION FORM PERSONAL INFORMATION GABERTINEE PAQUETTE NAME MARLENE HNITA Middle Name(s) First Name(s) MAILING PRINCE GEORGE BABINE CRES. V2m3x5 ADDRESS CANADA Apt/P.O. Box Town Postal Code Country BIRTH DATE OF BIRTH 28 08 1954 CERTIFICATE¹ Month Number PLACE OF BIRTH MCBRIDE B, C. COUNTRY CHNADA Telephone 250-561-0144 Home Phone Home Fax Cell Phone Work Phone Email Address IF YES, ARE YOU IF YES. DID YOU STATUS **□YES □YES** WHEN. MARRIED TO A BAND ENFRANCH-NUMBER ØŃo □No WHICH BAND MEMBER? NUMBER? ISE? CATEGORY? IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED. Our mother Marie Addle PAQUETTE nee toyie Lost STATUS when she married our father Frank Napoleon PAQUETTE-was toter reinstated - material grandmother always had ARE YOU DESCENDED FROM, MARRIED TO OR IF YES, ZYFS ADOPTED BY ONE OF THE PROVIDE □No ORIGINAL SAWRIDGE STATUS as well as great grand father on maternal side DETAILS TREATY 8 SIGNATORIES? William Theodor GABERT IF MARRIED, DID YOUR PAQUETTE DENNIS DID YOU SUBSEQUENTLY MARRIAGE PRODUCE AND Mueller RE-MARRY TO ANOTHER Thomas CHILDREN? IF YES. mueler PERSON? IF YES, DETAIL Joshua DETAIL NAMES OF NAMES OF CHILDREN AND Mueller CHILDREN. Niom i SPOUSE. YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION^{2,3} WE are eligible. Our mother had STATUS and I am a beneficiony along with 13 other siblings. WHY DO YOU FEEL YOU ARE ELIGIBLE AS A Refer to Cecile Paquette Henry's file info. Cecile is my sister. TRUST BENEFICIARY? If SLAVE LAKE is SAWRIDGE. YES my PARENTS lived the HAVE YOU OR YOUR ANCESTORS LIVED ON my parents moved to B.C. in IF YES. THE SAWRIDGE LANDS **Ø**YES INCLUDING POST TREATY PROVIDE I was born in mebrine B.C. □No LANDS SET ASIDE FOR DETAILS THE EXCLUSIVE USE OF THE SAWRIDGE BAND? MARITAL STATUS (check one) Married Single Divcrced

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

Widowed Common-Law

Other (Specify)

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

	Parents In	ORMATION	
NAME OF MOTHER	Notele 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}	July 10di
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER? Sucker Creek # 456-01009-01 Sometidge # 4540033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?
ADDRESS	<u>decea sed</u> 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 MAY 2002 Day Month Year	IF DECEASED — DATE OF DEATH	02 FEBruary 1992 Day Month Year
	GRANDPARENTS	INFORMATION	
NAME OF MATERNAL GRANDMOTHER	Philomene 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?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
Name of Paternal Grandmother	Theresa Giroux	NAME OF PATERNAL GRANDFATHER	ALEX PAQUETTE
DATE OF BIRTH	J7 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?	□YES □NO □YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and correlates to share this information with those who need it to determ	ct. I give permission nine my status as a l	to Sawridge peneficiary.

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 Futher, and of the Son, and of the Holy Spirit,

Matt. 28-19

The Holy Sacrament of Baptism

This is to Certify The anita Marline Paquette 20d ... Marie. adele. Boijie. som in ... The Bride Belon Aug. 78. 19 54 September 1979 19 5.4 in the Church of St. of strick, McBride .. B. C.,.
City
according to the Rite of the Roman Catholic Church LEE Keane OMI. Sponsors were . Orise . Meilhat. Delphine Walker. as recorded in the Baptismal Register of this church, Firster Clive Hay Innis. Type Rivetter Parish tuck's Parish, Mc Bride 3.C. Address January 18/07. Diocess of Prince George BC,

County of North States and County and County States

NOTATIONS

FIRST	
CONFIRMATION	May 31st 1964 Prince George B.C
MARRIAGE	
SUBDIACONATE	
RELIGIOUS / PROFESSION	

BENEFICIARY APPLICATION FORM										
				PERSON	AL INFORMATION					
Name	LEC	150 spelled First Name	Ciciel	PA	ULI NG Middle Name		,	HENRY M	pee PAQUETTE ame(s)	
Mailing Address	Apt/P.O. B	539	PiLot S Street A	treet ddress		Seorge Own	BC	V2M 5H9 Postal Code	LANADA	
DATE OF BIRTH	0 4/ Day		09 Month	1 <i>94</i>	∠ BIRTH	Run.# 1944-19-501710				
PLACE OF BIRTH			ALBE		COUNTRY		CANA			
Telephone	250-561- Home Pr	2986	Home Fax	250 - 640 S Cell Pho	57/7	hone		ory 1 & hoton Email Add	Mil.com	
STATUS NUMBER	?	ARE Y MARRIED BAND MEN	TO A PON	HAND		DID YOU ENFRANCI ISE?) TIYES	IF YES, WHEN, WHICH CATEGORY?	?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.										
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS MY MOTHER & Grand mother & Great grandfather And the 11st/goes on von Leon Ward philomenelogyee grt grand mother Josephine Ward										
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	OUR JO CE AND GEN TAM	HN) Jose De Ernest My Anlæt	PH HENRY	1 28/03/6	DUD YOU SUBSEQUE-MARRY TO ANO ERSON? IF YES, I AMES OF CHILDRE	ENTLY THER	_	0		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}										
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HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR OF	I POOM	DE							
MARITAL STATUS				V						
(check one)	Married	Single	Divorced	Widowed	Common-Lav	N		Other (Specify	v)	

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

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

		PARENTS INF	ORMATION			
NAME OF	ma is all i	1	NAME OF	1 6		
MOTHER	Marie Adele	Paquerte	FATHER	Frank	Napoleon	Paquette
DATE OF BIRTH	// 0.3 Day Month	1924 Year	DATE OF BIRTH	17		
STATUS UNDER	registered status	Year	STATUS UNDER	Day	Month	
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Mother deceased May os		INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		r got g	
IS YOUR	1 1 1 1		DINTH	tather	15 0/26	eased Feb 02
MOTHER A SAWRIDGE BAND MEMBER?	UNO IS HER BAND OF A	0033501 ay of nymon's we found out is her #	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES IF	YES, WHAT HIS BAND JMBER?	- O
DID YOUR MOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	I I I I I I I I I I I I I I I I I I I	YES, WHEN ID IN WHICH ITEGORY?	<u></u>
Address						
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IF DECEASED — DATE OF DEATH	0 5 05	2002	IF DECEASED — DATE OF DEATH	02	02	1992
	Day Month	Year		Day	Month	
NAME OF		GRANDPARENTS			·	
MATERNAL GRANDMOTHER	Philomene Ward		NAME OF MATERNAL GRANDFATHER	Louis	Loyie	1150 spelled 71 Slawyer 2. Lawyer
DATE OF BIRTH	19 02 Day Month	<i>1908</i> Year	DATE OF BIRTH	05	•	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Band # 41	i eai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day 50	- ipt	Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE? NAME OF	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	7.	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	TINO AN	YES, WHEN D IN WHICH TEGORY?	
PATERNAL GRANDMOTHER	Theresa Giroux	C	NAME OF PATERNAL GRANDFATHER	Alex	Paqu	ette
DATE OF BIRTH	<u> </u>	1897 Year	DATE OF BIRTH	/ <i>O</i>	/2 Month	/88/ Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} DID YOUR	110 status		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	j) 0	()	***************************************
PATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	DNO AND	YES, WHEN D IN WHICH TEGORY?	
SIGNATURE I he	ereby certify that the information in this for sts to share this information with those wh	m is true and correct	I give permission to e my status as a be	Sawridge neficiary.	DATE	September 212 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

CANADA CANADA ACCORDED TO SECURITION OF THE PROPERTY OF THE

SERMINATION TO

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 PAQUETTE, FRANK NEPOELIN

of LOYIE, MARIE ADELE Mother (before Marriage)

Registered at EDMONTON

Her Birthplace

His Birthplace SLAVE LAKE, ALBERTA

SLAVE LAKE, ALBERTA
Registration No.
FEB 20, 1948 1944-08-501769 FEB 20, 1948 (Month) (Day) (Year).

Given under my hand and seal of the Director.

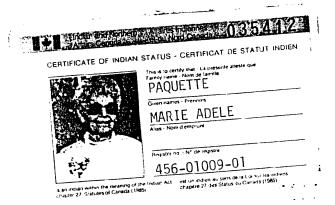
Day of

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

This is in Criticy that Frank Lephen Tages In Murrich and have brothely Murrich on the 26 bay of December 1939 according to the Mite of the Roman Catholic Church infficiating, in the presence of ...Allituesses, Ortificate of Marriane Joseph St areault and Jermis Jackson Paul-Engine Plons and in conformity with the laws of the Probince of Allth Operity of State Octa is appears from the Marringe Argister of this Church. Heb. Tuther Cleaned Kindlenster omi Duted deptember the 10 1963 Corlibera a True copy of original

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

May 3, 2002



Partie of birth - Date de naissance | Pempht - Grandour | Weight - Poids | Eyes - Yeux |

1924 -03-11 | 4 | 91₂ || 1351b | BrOWN |

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BRITISH COLUMBIA

MINISTRY OF HEALTH AND MINISTRY RESPONSIBLE FOR SENIORS Of Viol Statistics

IMPORTANT DOCUMENT

This certificate is a valuable regal to correct Please keep time a secure the correction.

ERRORS OF 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:				
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Date of Death	MAY-05, 2002			TAMATIBATANTA I	TANGED A CLASSO
Race of Death	da ganae i cas	ACA OLIVERON	GAN DONADOR	o po female ndo Canada Canada	
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qui est neter le l'Athjour de Fehruary. Both on the day of	19 <i>O.E</i>
a étá baptisé(e) - was Baptized	
the 19th jour de day of the day of	19 O.F
- Conformément aux Rites de l'Eglise Catholique Romaine According to the Rites of the Roman Catholic Church	
par le Rév. C. Batte o m! by the Rev.	
Parrain Mexandre Courtoralle	
Sponsors Marraine Marraine Marraine	
Confirmé(e) à Married, et Il Brune's Journe	of Alberta
par with Jour Loyu	
le Jeth jour de October 19 2.2.	
Conformément au Régistre de la dite Paroisse As appears from the Baptismal Register of said Church	
daté le May 94 19 5.9	•
Res (mardan oh!	
Chancellor	To the state of th

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 paylist 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 paylist 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

	J	157 -	
	Mame of Claimant Loyer, Louis	Declaration of Denoment Concerning his claim as a Head of Family. Address - St. Albert. Born - April 30, 1831 t Fort Assimboine. Father - Louis Loyer, (Halfbreed). (G.G.G. A) Mother - Jennie, (Halfbreed). (G.G.G. A) Married - 1851 at Lac Ste. And to Angele. Callion. Children Living - 6 Hames on Children Deceased - 1 declaration. Scrip for (160.	<u>Claim</u> CO7 rendather
;	Loyer Sr., Louis	Concerning the claim of his deceased son Louis Loyer Jr., a Halfbreed child. Address - St. Albert. Born - Sept. 1, 1869 at St. Anne. Father - Louis Loyer Sr., (Halfbreed), deponent. Mother - ingule Callion, (Halfbreed). Died - Aug. 6, 1872. Heir - His father, the deponent, Louis Loyer Sr. Scrip for \$240.	3 23
	Loyer, Marguerite	Concerning her claim as a child. Address - Calgary. Corn - Sept. 10, 1863 at Victoria. Father - Saptiste Vanasse, (Hilfbread). Mother - Catherine Cardinel, (Helfbread). Married - Oct. 1831 at Calgary to Modeste Loyer. Children Living - 1, Saptisto born 1833.	230
	Loyer, Martin	Concerning his claim as a child. Address - St. Albert. Born - 1857 at Lie Ste. Ame. Father - Louis Loyer, (Milfbreed). Mother - Angele Callio, (Malfbreed). Scrip for 240 acres of land.	611
	Loyer, Modeste	Concerning his claim as a child. Address - Calgary. Born - 1857 at Lee Sto. Anne. Father - Fruncois Loyer, (Malforeed). Mother - Isabelle Gray, (Malforeed). Married - 1877 at st. Albert to mine Ladance-Pwan. 1882 to Marguerite Vanassa dit Anna. Children Living - 1, Baptista born 1983. Scrip for \$240.	250
	Loyer, Samiel	Concerning his claim as a child. Address - St. Alvert. Born - Jon. 14, 1867 at Lee Sto. Enno. Father - Louis Loyer, (Lilibreed). Rother - Angelo Callion, (Malfbreed). Scrip for \$220.	372

	Name of Claimant	Declaration of Doponent	Clain	
	Livingston, Jane	Concorning her claim as a Head of Family. Address - Calgary. Born - 1847 at Winnipeg. Father - Henry House. Mother - Jane Sponce. Married - 1864 to Samuel Livingston. Children Living - 10, Names on declaration. Scrip for \$160.	351	
	Logan, innia Isabella	Concerning her claim as a child. Address - Victorin. Born - 1863 at Losser Slave Luke. Father - Edward HeGillivray, (Helfbreed). Mother - Isabella Frasor, (Helfbreed). Married - Jan. 1883 at Edmonton to Alexander Logan. Children Living - 1, Simon Edwards born 1834.	486	
,	Lognn, Marie	Concerning her claim as a child. Address - Edmonton. Born - 1852 at Fort Pitt. Father - Jack Horris, (Scot). Mother - Mary, (Halfbreed). Married - Sept. 1872, at Victoria to dobert Logna. Children Living - 6 manes on Children Deceased - 2 declaration. Scrip for 240 acros of land.	1171	
	Layer, Angele	Concerning her claim as a Head of Family. Address - St. albert. Born - 1837 at Lesser Slave Lake. Father - Louis Callion, (Halfbreed) (Irequois Indian). Mother - Marie Patenaude, (Halfbreed). Married - 1851 at Lac Ste. Pane to Louis Leger. Children Living - 6 Names on Children Deceased - 1 declaration. Scrip for \$160	3 65	
	Loyer, Cyprien	Concerning his claim as a child. Address - St. Albort. Born - Lao Ste. Anne, Oct. 13, 1359. Father - Louis Loyor, (Halfbreed). Mother - Angele Kallion, (Halfbreed). Scrip for \$240.	1013	
	Loyer, Daniel	Concerning his claim as a child. Address - St. Albert. Born - April 1, 1862 at Lac Stc. Anns. Father - Louis Loyer, (Helfbroad). Mother - Angala Callio, (Malfbroad). Scrip for 240 acres of land.	: 05	**
	Loyer, Elsear	Concerning his claim as a child. Address - St. Albert. Born - Oct. 1864 at Lac Ste. Anne. Father - Louis Loyer, (Hulfbread). Mother - Angele Callion, (Hulfbread). Amount - \$240.	071	
		•		A A

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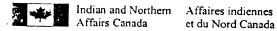
KINOUSAYO BAND OF SAURIDON
NO. 41 - PHILOMENA LAUYD'S
CHILDREN

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. Philomen 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. The 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.

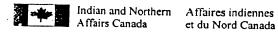
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INFORMATION EXTRACTED FROM PAYLISTS INFORMATION EXTRAITE DES BORDEREAUX DE VERSEMENTS

Re - Objet:			***************************************	**********						
Len Paquette	•									
Band no No de bande	Band -	Bande			F	amily name - Nom de famille	Given name(s) - Prénom(s			
#22	Keer	iooshay	О		V	Vard	John			
		Number	in family							
Date of paylist		Nombre de dans la	personne: famille	s	Other relative(
Date de distribution	Men Homme	Women Femme	Boy Garx	Girl fille	Autres(s) parenté(s)		Remarks Remarques			
1899	1	1	3	3						
1900	ı	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)				

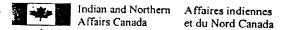


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					·				
Band -	Bande			F	amily name - Nom de famille	Given name(s) - Prénom(s			
Keer	noosha	yo			Cardinal	Casmir			
	Numbe	r in family							
	Nombre dans	le personne la famille	:\$	Other relative					
Men Homme	Womer Femme	Boy Garx	girl fille) Autres(s	,	Remarks Remarques			
1	1	2	1		child adopted fr. #89(Philomene)				
1	1	1	1		boy trans. to #99, band name changed family trans #20 Sucket Creek				
	<u> </u>			-					
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	Men Homme	Band - Bande Keenoosha: Number of dans Men Homme Womer Femme	Band - Bande Keenooshayo Number in family Nombre de personne dans la famille Men Homme Women Femme Boy Garx 1 1 2	Band - Bande Keenooshayo Number in family Nombre de personnes dans la famille Men Homme Women Femme Boy Garx fille 1 1 2 1	Band - Bande Keenooshayo Number in family Nombre de personnes dans la famille Men Homme Women Garx Garx Other relative(s) Autres(s) parenté(s)	Band - Bande Keenooshayo Cardinal Number in family Nombre de personnes dans la famille Men Homme Women Femme Boy Garx girl fille Autres(s) parenté(s } 1 1 2 1 child adopted fr. #89(Ph 1 1 1 1 1 boy trans. to #99, band n			

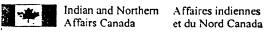
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Re - Objet:											
Len Paquette)										
Band no No de bande	Band -	Bande			Fa	mily name - Nom de famille	Given name(s) - Prénom(s				
#20	Suck	er Creel	ĸ		C	ardinal	Casmir				
		Number i	n family			Cushin					
Date of paylist		Nombre de dans la	personnes famille		Other relative(s						
Date de distribution	Men Homme	Women Femme	Boy Garx	girl fille	Autres(s) parenté(s)	Remarks Remarques					
1910	1	1	1	1		Family trans fr. #72 Keen	ooshayo				
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		ooy, and one girl it. #7 Sawridge				
1923	1				2						
1924	1				2						
1925	1				2						
1926	1				2						
1927	1			\neg	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			Fai	mily name - Nom de famille	Given name(s) - Prénom(s		
#41	Sawr	Sawridge			Lo	oyer	Philomene		
Date of paylist		Number i Nombre de dans la	personnes		Other relative(s				
Date de distribution	Men Horrene	Women Femme	Boy Garx	Girl fille	Autres(s) parenté(s)		Remarks Remarques		
1930		1				girl fr #7(Leon Ward)			
1931		1	3	2		3 boys and 2 girls paid las	st 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 Ju	ine 5 1935		
1936			2	3		Philomene's children take			
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		
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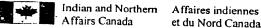
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Re - Objet:			·								
Len Paquette	:										
Band no No de bande	Band -	Bande				Fam	ily name - Nom de famille	Given name(s) - Prénom(s			
#89	Keen	ooshay	0			Wa	Leon				
		Number i	n family								
Date of paylist		Nombre de dans la	personnes famille		Other						
Date de distribution	Men Homme	Women Femme	Boy Garx	Girl fille	Autre paren	:s(s)		Remarks Remarques			
1907	1	1					man fr. #22 (John Ward) wo	man fr. #72 (Casmir Cardinal)			
1908	1	1					girl born and adopted by #72				
1909	1	1					band name changed family to	o #7 Sawridge			
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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 Number in family Nombre de personnes Other dans la famille Date of paylist relative(s Remarks Date de distribution Boy Garx Women Girl Men Remarques Femme Autres(s) parenté(s boy born boy born girl born girl paid as boy man died, girl born girl trans to #20 Sucker Creek (Casmir Cardinal) girl to #41(Philomene Loyer)



et du Nord Canada

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 Number in family Nombre de personnes Other dans la famille Date of paylist relative(s Date de distribution Remarks Men Women Boy Remarques Femme Garx Autres(s) parenté(s) 1932 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.

REGISTERED INDIAN RECORD/FICHE D'INDIEN INSCRIT IMZ2609S INDIAN REGISTRATION SYSTEM/SYSTEME DE L'EFFECTIF INDIEN PAQUETTE 2002/06/19 DEPARTMENT OF INDIAN AFFAIRS AND NORTHERN DEVELOPMENT *4560100901* (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: :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

Name Mailing			22.42			PLICATION FORMATION		CIVI			
						NOTAMBUTION					
MAILING		DARLENE First Name(s)			Ma.			G	arnot	(NEE	PAQUETTE ne(s)
ADDRESS	Apt/P.O. Box	Dank Viton		PiA ≲	¥	Prince					CANADA Country
DATE OF BIRTH	25 Tune Day Month		LNC Month	195 Ye	5 3	BIRTH CERTIFICATE 1			3-09-014752 Number		
PLACE OF BIRTH	MCBR	be	B.C.	•		COUNTRY		***************************************	ANAD		
Геlephone	<u>350-614-01</u> Home Phone		ome Fax	0-11	DI						
STATUS JUMBER	B	ARE YOU MARRIED TO AND MEMBE	DA DYE	S IF YE	1D	Work Pr	DID YO ENFRANC	- I MV	IF YES, WHEN,	Addres	SS
YOU ENFRANCHISE IDIAN ACT, PROVIDE ICLUDING SHARE OF ONIES RECEIVED.	DETAILS										
RE YOU <u>DESCENDE</u> ROM, MARRIED TO (DOPTED BY ONE OF RIGINAL SAWRIDGE REATY 8 SIGNATOR	OR ZYES	IF YES, PROVIDE DETAILS	had	mother she Later status	rein	rstated well c	Adele ur fat - ma es gr	Paque her F ternal eatgr	TTE NEE RANK A grand and fat	Logi Japo mott ther	E LOST STATU LEON PAQUETTO MER always
MARRIED, DID YOU ARRIAGE PRODUCE HILDREN? IF YES, ETAIL NAMES OF HILDREN.	LARI TRAC Darc	-9		GARNOT DID YOU SUBSEQUE RE-MARRY TO AND PERSON? IF YES.			DETAIL LARRY SR. GIFFRICE C			narvot	
DUR STATUS DER INDIAN IT OR PAY LIST TIME OF PLICATION 2,3	_										
HY DO YOU EL YOU ARE GIBLE AS A UST NEFICIARY?	We are beneficia Refer to sister.	eligi ry a cec	ble. long u	Our r with i	noth	her ho Wher Henry	ad stable	ratus ngs.	and note.	I a	m a lile is my
VE YOU OR YOUR DESTORS LIVED ON SAWRIDGE LANDS LUDING POST TREAT DS SET ASIDE FOR EXCLUSIVE USE OF SAWRIDGE BAND?	: □No	IF YES, PROVIDE DETAILS	LIVE	d th	er,	ake i my	pare	nts n	noved	s m	B, C, IN
RITAL ITUS Check one)	Married Si	ngle i	Divorced	Widowed	1 Co	mmon-Law			Other (Sn		

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

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

		PARENTS INF	FORMATION							
NAME OF MOTHER	Adele MAI	NEEZ RIE PAQUETTE LOYTE	NAME OF	FRANK NAPOLEON PAQUETTE						
	110000	RIE THOUSIE LAYE	IAIGER	FRANK NAPOTEST TAQUETTE						
DATE OF BIRTH	Day MAR	ICH 1924 Ionth Year	DATE OF BIRTH	Day Month Year						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	?		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Suy Month Teal						
IS YOUR MOTHER A SAWR:DGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	Sucker Creck # 456-01009-01 SAURIDGE # 4540033501	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES IF YES, WHAT IS HIS BAND NUMBER?						
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?						
Address	Apt/ P.O. Box, Street Add Postal Code, Country		Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						
IF DECEASED — DATE OF DEATH	OS MA		IF DECEASED — DATE OF DEATH	02 FEBRARY 1992 Day Month Year						
		GRANDPARENTS	INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Philomene 1	Loyer - LAWYE NARD	NAME OF MATERNAL GRANDFATHER	Louis LoyiE						
DATE OF BIRTH	19 FEBR	uory 1908	DATE OF BIRTH	OS FEBRUARY 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}	Got Script						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER	Theresa	GILOUX	Name of Paternal Grandfather	ALEX PAQUETTE						
DATE OF BIRTH	27 MARG	c+/ 1897	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?	□YES IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES						
SIGNATUPE I he	Dallana) Walien Haland									

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



MINISTRY OF HEALTH — Division of Vital Statistics

ANASA CARADA B 0 2 1 0 2 1 8

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 Day Carlain Consider MARIE, PAQUETTE LA CARLAIN MARIE MARIE PAQUETTE LA CARLAIN MARIE

Date of Birth

Place of Birth A MCBRIDE CONTROL

Date of Registration No. 53-09-014752

CAMADA BANK NAPOLEON PAQUETTE

e centacia cantada e .

ABirthplace of Father ASLAVE LAKE, ALBERTA

Malden Name of Mother MARIES ADELE, LOYIE

Describilities : Ede Cultade Catallació

Birthplace of Mother AUSLAVE LAKE; ALBERTA DE CARADA CARAD

Given under my hand at Victorial British Columbia: 1800 CARDA CAR

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14			1 0 (S)		Mic	iddle Name(Last Name(s)		
MAILING ADDRESS	387					ELK 1	Point		AB	TOA 1AO	Canada
	Apt/P.O. Bo	1	Street A	ddress		Т	Town		Prov	Postal Code	Country
DATE OF BIRTH	17 ⁷	th	March	1944 Yea		BIRTH CERTIFICA	ATE ¹		-	Numbe	
PLACE OF BIRTH	Kinus	50 ,	Alberta		-	Country	rda			Numbe	r
Telephone	750 124 3	2091	80 724-497	1 0 67 0				11	z_po	irtivas@h	ct mail, com
	Home Pho	T	Home Fax	Cell Pi	none	Work Ph	ione		,		
STATUS NUMBER	Sawrioge 110	MARRIE BAND ME	ED TO A DYN	NUMBEI	D R?	,	DID YO ENFRANG ISE?	CH-	∕ © YEs □No	IF YES, WHEN, WHICH CATEGORY?	1966 Section 121B Married Non status
INDIAN ACT, PROVID	NDIAN ACT, PROVIDE DETAILS NCLUDING SHARE OF PER CAPITA OF THE Former Indian OF THE Former Indian OF THE FORMER TANGEN OF THE F										
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IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND Cra	stal 19 Lther J le (Tany)	Poitras - on Poitras Poitras pa) Poitras putras	Collins [- John F	DID YOU RE-MAR PERSON	OU SUBSEQUE RRY TO ANOT DN? IF YES, DI S OF CHILDRE	ENTLY THER DETAIL	1	b		: ·
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		atus				TOTAL PROPERTY AND A SECTION OF		1			
ELIGIBLE AS A	VHY DO YOU The Trust was set up by the late chief Twin for the band EEL YOU ARE LIGIBLE AS A Members - (011 and gas revenue from Sawridge Veserve) RUST TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the late of the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band TILLES hoom a Sawridge to the band a sawridge to										
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MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Co	ommon-Law	,			Other (Specify)	
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