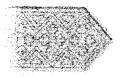
			В	NEFI	CIARY A	PPL	ICATIO	FOR	M			
					PERSONAL	INFO	ORMATION					
	51	DNC	50							N	11080	
NAME			Name(s)			Mido	die Name(s				Last Nar	ne(s)
Mailing			0	(0.0	- 10		SHERWO	2	24	AB.	T8A 513	CANADA
Address	Apt/P.C		20 NEW	eet Addr	PSS	-	SHERWO To	OJ IA.	RR	Prov	Postal Code	Country
				7				2	2006-08-006/61			
DATE OF BIRTH	1	CERTIFICALE				X	Number					
		Day	Mon		Year						( tarribo	
PLACE OF BIRTH	FO	RI	MCMO	RRH	2-10		COUNTRY		CI	TNA.	DA	
Telephone	780-4	67-6	159	Гом	Cell Pho	ne	Work Ph	OP	-		Email Add	ress
	Home	e Phone	Home	гах	1	1	TYOKTT				IF YES,	
STATUS			ARE YOU	□YES	IF YES, BAND			DID \	YOU NCH-	□YES	WHEN, WHICH	
NUMBER		1 '	MARRIED TO A A	⊠No	NUMBER'	?		ISE		□No	CATEGORY?	
			T									1
IF YOU ENFRANCHI INDIAN ACT, PROVI	DE DETAILS	;	1	IA								
INCLUDING SHARE MONIES RECEIVED	OF PER CAP			,								
ARE YOU DESCEN				10	1-1-1	-1	a ma	ATH	LP	-Pa	UL NEE	50779515
FROM, MARRIED		⊠ÝES	IF IES,	OK	577)	711	HINDI"	21/70		1 /21	, , , , ,	
ADOPTED BY ONE	OF THE	□No	PROVIDE DETAILS								· ' a	
ORIGINAL SAWRI	TORIES?		DETAILS									
						DID Y	OU SUBSEQ	UBITLY			,	
IF MARRIED, DID MARRIAGE PROD	UCE AND		.1/0				IARRY TO AN				U/A	
CHILDREN? IF YE	S,		N/A		1 .		ON? IF YES,			,	,	
DETAIL NAMES O CHILDREN.	F	,			1	SPOL			'	1.3		
	T											
YOUR STATUS UNDER INDIAN												•
ACT OR PAY LIST AT TIME OF												
APPLICATION <sup>2,3</sup>												
WHY DO YOU												
FEEL YOU ARE	A	we	STRY									
ELIGIBLE AS A TRUST			,									
BENEFICIARY?	YOUR IVED ON ELANDS DYES PROVIDE ON THE RESERVE											
				a	TH ADA	JT	5 4 L	TICI	ES	557	TIC R	ESIDE
HAVE YOU OR YO ANCESTORS LIVE		,	1-34	A P	101	سمد	DLE	10	06	/		
THE SAWRIDGE	ANDS	₫YES	IF YES, PROVIDE	10	17		1200	CACIL	10			
INCLUDING POST LANDS SET ASID		□No	DETAILS									
THE EXCLUSIVE												
		1	1/			T						
MARITAL STATUS			$\checkmark$								Other (Cn	acity)
(check one	) Ma	rried	Single	Divorced	Widowe	d	Common-	Law			Other (Sp	iouty)

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

•			PARENTS INF	ORMATION				
NAME OF MOTHER	DOMBROL	JSKI, MAN	JON VALERIE	NAME OF FATHER	MI	jBo, D	AVI D	Paul
DATE OF BIRTH		APR12 Month		DATE OF BIRTH	1	7 JANU		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NATIVE		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		y ivio		1641
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES IF YES, IS HER NUMBE	BAND		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	©YES □No	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, AND IN N CATEGO	WHICH		DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS	Apt/ P.O. Box, Str Postal Code, Cou	reet Address, Tow intry	n, Province,	Address	SHEKE Apt/ P.O	DEWPOR DEWOOD PR D. Box, Street A Code, Country	PRK.	1915 184523 Town, Province,
IF DECEASED — DATE OF DEATH			-	IF DECEASED — DATE OF DEATH		N/A		•
	Day	Month	Year GRANDPARENTS	INFORMATION.	Da	y Mo	nth	Year
NAME OF MATERNAL GRANDMOTHER	JANINE	MARTE		NAME OF MATERNAL GRANDFATHER	Her	WRI DO	MBR	ZWSKI
DATE OF BIRTH	Devi	A de calle		DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day NON-	Month WATIVE	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	No	ON-NA		Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, AND IN N CATEGO	WHICH		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□Y∉s I⊉No	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER	CLARA	mil	D B D.	NAME OF PATERNAL GRANDFATHER	Go	RBON 1	Mig	160
DATE OF BIRTH	30 Day	Oct. Month	/946 Year	DATE OF BIRTH	/ <i>(</i>	Tun y Mo	e	/943 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2.3</sup>	STATUS	\$		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	/v	10N ST.	АТИ	s ?
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	⊠YES IF YES, AND IN N CATEGO	WHICH IPPAIC	RIED OUT.	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□Y£S £ENO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE I h	ereby certify that the i usts to share this infor	information in this formation with those w	orm is true and correct	t. I give permission t ne my status as a b	to Sawridg eneficiary.	DATE		



### BIFFEDNALSSANGE

## Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



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

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

REG 3413 (2008/01)

Surname Nom

Midbo

Given Names Prénoms

Sydney ,

Date of Birth Date de naissance

Feb 26, 2006

Sex \_

Place of Birth Lieu de naissance

Fort McMurray

Registration No. Nº d'enregistrement

2006-08-006161

Registration Date
Date d'enregistrement

Mar 10, 2006

Date Issued Délivré le

Apr 09, 2010

Name of Mother Nom de la mère

Dombrowski, Manon Valerie

Laurie Beverldge Director of Vital Statistics

Place of Birth Lieu de naissance

Quebec

Name of Father Nom de père

Midbo, David Paul

Place of Birth

Alberta





BENEFICIARY APPLICATION FORM													
PERSONAL INFORMATION													
NAME	TRI					11.	+ G	ORD	01		N	1080	
		First	Name(s	)			Mic	ddle Name	(s)			Last Na	me(s)
Mailing Address	Apt/P.O.		20 N		Po R	T DR	2.	SHERW	1000 PA	RK	AB.	18A 5L3 Postal Code	CANADA
DATE OF BIRTH	28		56	P		200	)/	BIRTH CERTIFIC		20		08 - 0 6	
	Da	ıy		Mont	th	Yea	ar	CEHTIFIC	AIE			Numbe	
PLACE OF BIRTH	54	406	E 4	AK	E	COUNTRY C.			C	ANADA			
Telephone	180-46	780-467-6359											
	Home	hone	<u> </u>	ome f	Fax	Cell F	hone	Work F	hone	<u> </u>	ı	Email Add	ress
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?  IF YES, BAND NUMBER?  DID YOU ENFRANCH- ISE?  IF YES, WHEN, WHICH CATEGORY?											
IF YOU ENFRANCHIS INDIAN ACT, PROVIE INCLUDING SHARE C MONIES RECEIVED.	E DETAILS	1		N/i	A								
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	TO OR DETAILS IF YES, PROVIDE DETAILS OF THE DETAIL												
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND		N/r	9			RE-MA	OU SUBSEQ ARRY TO ANO ON? IF YES, S OF CHILDE SE.	OTHER DETAIL		N	/A	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>		-											•
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	ANCESTRY												
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	ON NDS REATY ON THE RESERVE - 44RS. PROVIDE DETAILS												
MARITAL STATUS													
(check one)	Married	S	Single	Divo	orced	Widowe	ed C	ommon-La	w			Other (Specif	y)

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

				PARENTS IN	FORMATION					
NAME OF MOTHER	DOMBRO	WSKi,	MAN	UON VALERIL	NAME OF FATHER	mi	DBO, D	AVI N	Paul	
DATE OF BIRTH	Day	APRIO	<u>2</u>	•	DATE OF BIRTH	2 Da	1 JAINU	4124	1970	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON-	NATIL	IJΕ		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		ay j ivio	nun	Year	
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DATO IS HE	ES, WHAT ER BAND BER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	ØYES □No	IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?	DANO AND	S, WHEN IN WHICH GORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS	Apt/ P.O. Box, S Postal Code, C	Street Addre	ess, Tow	n, Province,	- Address	20 NEWPORT DR.  SHERWOOD PARK. AB T845L3  Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED — DATE OF DEATH	Day	Mont	h	V	IF DECEASED — DATE OF DEATH	× , ×	N/A			
	Day	Mont	<u>n l</u>	Year GRANDPARENTS	NEODWATION	Da	y Mor	ith	Year	
NAME OF MATERNAL GRANDMOTHER	JANINO	= MA	PRTE		NAME OF MATERNAL GRANDFATHER	HE.	WRI DO	MBRO	WSK/	
DATE OF BIRTH	Day	Mont	£ T		DATE OF BIRTH			***************************************		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON-1			Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON - NATIVE				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□NO AND II	S, WHEN N WHICH GORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER	CLARA	2	MID	BD.	NAME OF PATERNAL GRANDFATHER	Go	RBON (	Midbe		
DATE OF BIRTH	<u>З</u> о Day	Oct. Mont	h	/946 Year	DATE OF BIRTH	/ / Dav			943 Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	STATU	<u>.</u>	· .	7	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		ON STA		_	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	MILES I			RIED DUT.	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□Yes Mo	IF YES, WHEN AND IN WHICH CATEGORY?	**************************************		
SIGNATURE I he	ereby certify that the sts to share this info	information i	n this for those wh	m is true and correct to need it to determi	t. I give permission to ne my status as a be	o Sawridge	DATE			



### THE FORESTEENING E

# Alberta

BIRTH CERTIFICATE







REG 3413 (2007/06)

Surname Nom

Midbo

Given Names Prénoms

Tristan Gordon

Date of Birth Date de naissance

Sep 28, 2001

Sex

Place of Birth Lieu de naissance

Slave Lake

Registration No. Nº d'enregistrement

ent 2001-08-028229

Registration Date Date d'enregistrement

Oct 10, 2001

Date Issued Délivré le Apr 08, 2008

Name of Mother Nom de la mère

Dombrowski, Manon Valerie

Place of Birth Lieu de naissance

Quebec

Name of Father Nom de père

Midbo, David Paul

Place of Birth Lieu de naissance

Alberta





#### ENTERED JUL 2 3 2010

				BENE	FICIARY		LICATION		RM			
Name		There	est Name	(c)		,,,,,,,	die Name			W	rcRee	(0)
MAILING ADDRESS	Apt	P.O. Box	700	^	ve 5.1	.	Slov	ve has		AB Prov	TOGAF	Canada Country
DATE OF BIRT		09 Day		OH Month	196 Year	2	BIRTH CERTIFIC	_	3	2-0	8-0103 Number	0A Th
PLACE OF BIRT	1 E	dmo	nton				COUNTRY		0		do	
Telephone	780 849-9359  Hame Phone Home Fax Cell Phone Wark Phone Email Address											
STATUS NUMBER 4	5400	1490	ARE YO MARRIED BAND MEM	OU EYE	s IF YES,		157	DID YO ENFRAN ISE7	ICH-	IYES IMO	IF YES, WHEN, WHICH CATEGORY?	1955
IF YOU ENFRANT INDIAN ACT. PRI INCLUDING SHAI MONIES RECEIV	VIDE DETAI	LS										
ARE YOU DESC FROM, MARRIE ADOPTED BY O ORIGINAL SAW TREATY 8 SIGN	TO OR E OF THE	ØYES □No	IF YES, PROVIE DETAIL		grand- he u t nation			uaa fir	Fran	chie	s Neso f of t	tesis (Twin) he Sawridge
IF MARRIED, DE MARRIAGE PRO CHILDREN? IF DETAIL, NAMES CHILDREN.	FUCE AND	DAUI	y Mi	ANN ANK Jai cheal N udrew y	ickes in	E-MAR ERSON	RY TO AND 1? IF YES, [ OF CHILDRI	THER DETAIL	NO	)		
YOUR STATUS UNDER INDIAN ACT OR PAY LIS' AT TIME OF APPLICATION		st n	ation	with	N Bill				tati			
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My grai unt	ance nd fai il he	story ther i	s belon was the Franch,	ged to first zed	o t Chi	he S ef an	àwria ad m	dge y fa	tire the	st nation belong	ns, My ed here
HAVE YOU OR YOU ANCESTORS LIVE SAWRIDGE OF INCLUDING POSTILANDS SET ASID THE EXCLUSIVE THE SAWRIDGE	OON NOS TREATY FOR SE OF	ØÝ∈s □No	IF YES, PROVID DETAILS	E								
MARITAL STATUS (check one)	Mar	belt	Single	Divorced	Widowed	Coi	mmon-Lav	N .			Other (Specify	()

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

NATIVE COUNSELLING SER RECEIVED JUL 2 3 2000 5/ 5

A CE CIAINE I AVE 4B (780) 849-9359

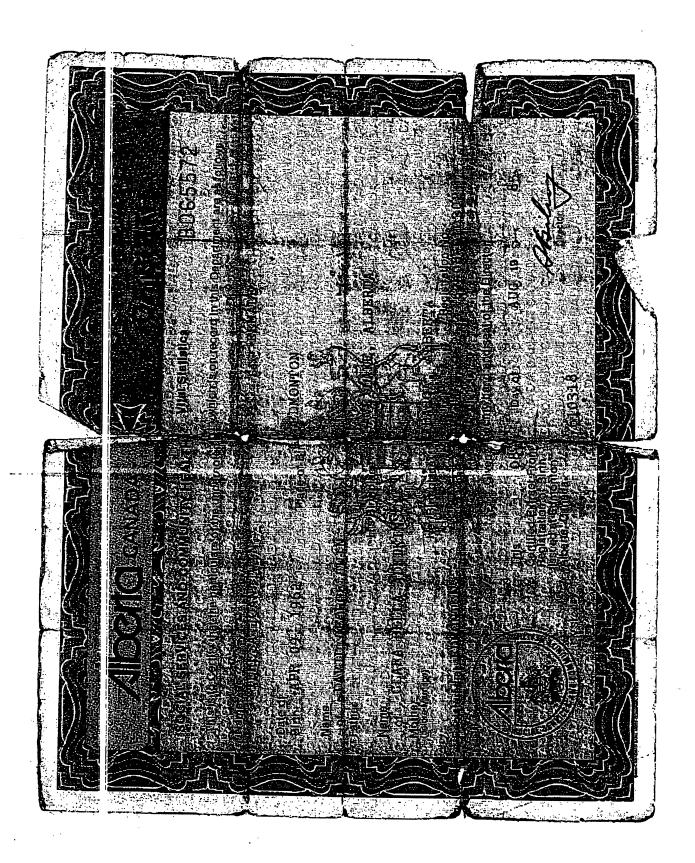
Inereca	YYICK	PP	700		=. SLAUL	_	KE	#10	1/0	0/0 11-73
				PARENT IN	7	7				
NAME OF MOTHER	Clare	x Bella	A+KI	NSON	NAME OF FATHER	DAVII	6	DRGE	s Ni	solesis
DATE OF BIRTH	3 C	) <u>/</u>	onth	1921   Year	DATE OF BIRTH	- Ja	7	0 9 Moi	nth	(TWIN) 1909 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIATH <sup>2,3</sup>		Vo		,	STATUS UNDER INDIAN AGT OR PAY LIST AT BIRTH <sup>23</sup>	SAW	RID			T NATIONS
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES WNo	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ØNo	IF YES IS HIS NUMBI			
DID YOUR MOTHER ENFRANCHISE?	ØYes □No	IF YES, WHEN ANO IN WHICH CATEGORY?	husba	scher nd anchised.	DID YOUR FATHER ENFRANCHISE?	DNO DNO		, WHEN WHICH ORY?	to g	nis children Id not have Dinto
ADDRESS		Box, Street Add	Iress, Town	n, Province,	- Address	Apv P.0 Postal (		Street A	Keb	dental school  did.  Town, Province,
IF DECEASED - DATE OF DEATH	Day	Mo	onth [	Year	if deceased — Date of death	Da	i Ÿ	Mor	nih	1985 Ven
				GRANDPARENTS	INFORMATION					
Name of Maternal Grandmothe	Ursu	la (Mary	) Sa	vard	NAME OF MATERNAL GRANDFATHER	Jol	<u>ın</u>	At	KIN	son
DATE OF BIRTH	Day	Ma Ma	onth	1891.	DATE OF BIRTH	Da		Mor		1877 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Treat			, , ,	SYATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>23</sup>		Net .			7001
DID YOUR MATERNAL GRANDMOTHEI ENFRANCHISE	EYES Uno	IF YEB, WHEN AND IN WHICH CATEGORY?	Marrie	ed out	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□Yes □No		, when Which Ory?		
NAME OF PATERNAL GRANDMOTHE	Jeann	nette C	ardır	na/	NAME OF PATERNAL GRANDFATHER	Fran	وروع	. Ni	sotes	sis (Twin)
DATE OF BIRTH	Day	Mo	nth	1879 Year	DATE OF BIRTH	Oa	<del>- 1</del>	Mar	oth	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN AGT OR PAY LIST AT BIRTH <sup>2,3</sup>	_				T NATIONS
DID YOUR PATERNAL GRANDMOTHE . ENFRANCHISE	CHNo	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATMER ENFRANCHISE?	DYES OPNO	IF YEB AND IN CATEG	WHICH		
SIGNATURE - :-	eroby certify	that the information w	n in this for	n is true and correc o need it to determi	t, i give permission to ne my status as a be	o Sawridge eneficiary.		DATE	8	420/2010

F .. Pase do not forget to send copies of relevant documents listed below, if applicable.

MAIL APPLICATION AND DOCUMENTS TO: Sewridge Trusts

801, 4445 Calgary Trail NW Edmonton, AB T6N 5R7

#### \*\* RECEIVED 1111 0 2 2070



July 22/10

To Paul Bujold

RECEIVED JUL 2 3 2010

Fox 780-988-7724

FROM Theresa J. McRee PH:

BENEFICIARY APPLICATION FORM											
						IFORMATION		*****			
: Name	Willi			Aug					Me	Donald	
	Г	First Name(	·			ddle Name(s				Last Nar	
Mailing Address			19-18			Edmont	on	i	AB	TST STY	Canada
	Apt/P.O. Box	x	Street A	ddress		Tr	own		Prov	Postal Code	Country
DATE OF BIRTH	13 Day		OB Month	66		BIRTH CERTIFICAT	ATE <sup>1</sup>	19	166 - 01	8-02067	77
PLACE OF BIRTH		МгИ		Year		Country		<del> </del>	anada	Number A	
Telephone	780 634 575					<u> </u>		+		mcd O shau	w.ca
	Home Phor		Home Fax	Cell Ph	none	Work Ph	one	<del> </del>		Email Addre	
STATUS NUMBER	45400 93701	45400 ARE YOU MARRIED TO A BAND MEMBER?  IF YES, BAND NUMBER?  DID YOU ENFRANCH- ISE?  IF YES, WHEN, WHICH CATEGORY?								155	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS OF PER CAPITA	DETAILS PER CAPITA  Never Enfranchised									
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	OF THE DINO	DETAIL	DE Ch.	ther's In	Alex	xande	. r J	v~T	Tion s	asis (T. # 45400	008901
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	ICE AND Kyle	Alexande	er Seneca - N er Seneca - N Seneca - N	M. Donald R M. Donald N	RE-MAF PERSOI	OU SUBSEQUE ARRY TO ANOT DN? IF YES, DE 3 OF CHILDRES SE.	THER DETAIL	G	-race i	Erika Wo	oden
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Regist	tered	Fnd	ian							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Father regis	Father Chester Alexander Deeshotasis (Twin) was a registered band member									
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LANC INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BANI	DN IDS REATY OR F OF	If YES, PROVID DETAILS	Fai /iu .s aw	ord or	h.	ster Sawric	Alex Jse	Re	dor )	Veeshote e T:11	asps (Twin) has passed
MARITAL STATUS (check one)	L										
(CHECK OHE)	Married	Single	Divorced	Widowed	Cc	ommon-Law	v l			Other (Specify)	i

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

	PARENTS IN	FORMATION	
NAME OF MOTHER	Mary Lucille MiDonald	NAME OF FATHER	Chaster Alexandar Necshatusis
DATE OF BIRTH	Day   1945   195	DATE OF BIRTH	0
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Unregistered Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Registered Indian
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	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	Doy Marth	IF DECEASED DATE OF DEATH	22 01 96
	Day Month Year GRANDPARENTS		Day Month Year
Name of Maternal Grandmother	Jean McOonald	NAME OF MATERNAL GRANDFATHER	Frank Losan
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Unregistered Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Registered Indian
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Irene Cunningham	NAME OF PATERNAL GRANDFATHER	Paul Neeshotasis
DATE OF BIRTH	05 12 1905 Day Month Year	DATE OF BIRTH	06 04 1888 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Resistered Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Registered Indian
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	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 correct usts to share this information with those who need it to determ	ct. I give permission t ine my status as a be	DATE DATE

BENEFICIARY APPLICATION FORM												
PERSONAL INFORMATION												
NAME	CAS	,		E		TAH			14	11080		
	Fir	st Name(s)	,	<u> </u>	Mi	ddle Name(	(s)			Last Na	me(s)	
MAILING ADDRESS	Apt/P.O. Box	20 NEU	ぴ P o R reet Add	27 DR		SHERW	001) PA.	RK	AB.	T8A 5L3	CANADA	
DATE OF BIRTH	21	AUG		2003	 3	BIRTH		2		Postal Code - 08 - 02		
	Day	Moi	nth	Year	,	CERTIFICA	TE.			Number	r	
PLACE OF BIRTH	FORT	MCM	URR	AY		COUNTRY		CI	CANADA			
Telephone	780-467-6 Home Phone											
	nome Phone	e   Home	Fax	Cell Ph	one	Work Pl	none		1	Email Addr	ess	
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<sup>&</sup>lt;sup>1</sup> A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

	PARENTS IN		
NAME OF	FAMENIS IN	T	
MOTHER	DOMBROWSKI, MANON VALERIO	NAME OF FATHER	MIDBO, DAVID PALL
DATE OF BIRTH	APRIL 1976  Day Month Year	DATE OF BIRTH	27 JAINUARY 1970
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON-NATIVE	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	20 NEWPORT DR. SHERWOOD PARK. AB T8A523 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	N/A
	GRANDPARENTS		Day Month Year
NAME OF MATERNAL GRANDMOTHER	SAWINE MARTEL	NAME OF MATERNAL GRANDFATHER	HENRI DOMBROWSKI
DATE OF BIRTH		DATE OF BIRTH	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year  NON NATIVE	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year  NON NATIVE
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES UNO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	CLARA MIDBO.	NAME OF PATERNAL GRANDFATHER	GORDON Midbo
DATE OF BIRTH	30 Oct. 1946  Day Month Year	DATE OF BIRTH	11 June 1943 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	STATUS	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON STATUS?
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SIGNATURE I he	ereby certify that the information in this form is true and correc usts to share this information with those who need it to determi	t. I give permission t	o Sawridge





# Alberta

#### BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



Cartified extract from Registration of Birth filed at

Extrait certifié conforme de l'enregistrement de naissance,

REG 3413 (2008/01)

Surname

Midbo

Given Names Prénoms

Casey Elijah

Date of Birth Date de naissance Aug 03, 2003

Sex M

Place of Birth Lieu de naissance

Fort McMurray

Registration No. Nº d'enregistrement

2003-08-024210

Registration Date Date d'enregistrement

Aug 21, 2003

Date Issued

Apr 09, 2010

Name of Mother Nom de la mère

Dombrowski, Manon Valerie

Place of Birth Lieu de naissance

Quebec

Name of Father Nom de père

Midbo, David Paul

Place of Birth Lieu de naissance

Alberta





	BENEFICIARY APPLICATION FORM										
	Τ,.			PERSO	ONAL IN	FORMATION					
NAME		nah - L First Name(s			Miz	ddle Name(s	-1		Sen	eca-MY	
Marino	<u> </u>		_	<u> </u>	IVIIC	Joie Name(	<u>s)</u>			Last Nar	me(s)
MAILING ADDRESS			19.18			Edmo	nton		AB	T5T5J4	Canada
	Apt/P.O. Bo	)X	Street A	ddress		T	own		Prov	Postal Code	Country
DATE OF BIRTH	23 Day	<u> </u>	OZ Month	9 ; Ye		BIRTH CERTIFICA	TE <sup>1</sup>			Number	
PLACE OF BIRTH		onton			<u>aı</u>	COUNTRY		C	ene.	Number da	
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<sup>&</sup>lt;sup>1</sup> A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

	PARENTS INFORMATION									
NAME OF MOTHER	JOSHILYN MAY MY DONALD	NAME OF FATHER	William August McDonald							
Date of Birth	\( \begin{align*} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	DATE OF BIRTH	13 08 1966  Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Status							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?							
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?							
Address	7719. 188st, Edminton AB	Address	Same  Apt/ P.O. Box, Street Address, Town, Province,							
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T5T5X+ Consda		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
IF DECEASED — DATE OF DEATH	Day March	IF DECEASED — DATE OF DEATH	Day Month V							
	Day Month Year GRANDPARENT:	S INFORMATION	Day Month Year							
NAME OF MATERNAL GRANDMOTHER	Phyllis Lucas (Blotchford)	NAME OF MATERNAL GRANDFATHER	Bradley Seneca							
DATE OF BIRTH	09 08 1956 Day Month Year	DATE OF BIRTH	28 12 1954 Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Status	STATUS UNDER- INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Status							
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NAME OF PATERNAL GRANDMOTHER	MARY Lucille McDonald	NAME OF PATERNAL GRANDFATHER	Chester Twin (Neeshatasis)							
DATE OF BIRTH	05 12 1945 Day Month Year	DATE OF BIRTH	0 10 1941 Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	NON-Registered	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Status							
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<sup>&</sup>lt;sup>1</sup> A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

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NAME OF				PARENTS IN		<del></del>						
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PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER							
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SIGNATURE I he	ereby certify usts to share	that the information	n in this forr	m is true and correct no need it to determ	ct. I give permission to line my status as a be	o Sawridge	B	DATE				



RECEIVED APR 1 2 2011

#### **MEMORANDUM**

Date:

12 October 2010

To:

A.F. McDermott

12200-85 Street NW

Calgary, AB T3R 1J3

From:

Paul Bujold, Trusts Administrator

**Subject: Application Forms** 

Attached is an application form to be considered as a beneficiary to the Sawridge Trusts.

The Trustees are asking the Court to appoint a tribunal and determine the rules for the selection of eligible beneficiaries. We expect that this process will take a few months and that the beneficiary selection process will begin by Spring 2011.

Cordially,

4 January 2010

Dear Applicant,

The Sawridge Trusts office, operating under the terms of the Trust Deeds for the Sawridge Band Inter-Vivos Settlement (1985) and the Sawridge Trust (1986) and reporting to five Trustees: Bertha L'Hirondelle, Clara Midbo, Walter Felix Twin, Catherine Twinn and Chief Roland Twim, is in the process of identifying the various beneficiaries of the two Trusts. The attached notice was recently published in all weekly and major daily newspapers in Saskatchewan, Alberta and British Columbia.

As part of this process, the Trustees have hired a legal team to determine the rules governing the determination of who is eligible to be a beneficiary of the Trusts. The enclosed form requests information that is necessary to make this determination. We ask that you fill out the form and return it to our office as soon as possible. You may copy to form for others who feel that they may also qualify.

The eligibility process is expected to take some months. Information concerning progress on this issue will be available on the website, through regular mail-outs to potential applicants and through this office.

Cordially,

Paul Bujold, Trusts Administrator

Attachments



#### **NEWSPAPER NOTICE**

NOTICE TO PERSONS WHO ARE OR MAY BE BENEFICIARIES OF THE SAWRIDGE BAND INTER-VIVOS SETTLEMENT (1985) OR BENEFICIARIES OF THE SAWRIDGE TRUST (1986). The beneficiaries of The Sawridge Band Inter-Vivos Settlement at any particular time are all persons who at that time qualify as members of The Sawridge Indian Band No. 454 pursuant to The Indian Act R.S.C. 1970, Chapter I-6 as such provisions existed on the 15th day of April, 1982 and, in the event that such provisions are amended after April 15, 1985, all persons at such particular time as would qualify for such membership pursuant to the said provisions as they existed on April 15, 1985.

The beneficiaries of The Sawridge Trust at any particular time are all persons who at that time qualify as members of The Sawridge Indian Band under the laws of Canada in force at that time, including the membership rules and customary laws of The Sawridge Indian Band as they may exist from time to time to the extent that such membership rules and

customary laws are incorporated into, or recognized by the laws of Canada.

All person who believe that they qualify or may qualify as beneficiaries of either or both of The Sawridge Band Inter-Vivos Settlement or The Sawridge Trust are asked to contact Paul Bujold, Trust Administrator by mail at 801, 4445 Calgary Trail NW, Edmonton, AB T6H 5R7 or by email at paul@sawridgetrusts.ca or by telephone at (780) 988-7723 or by fax at (780) 988-7724 listing the particulars supporting their claim to be a beneficiary of The Sawridge Band Inter-Vivos Settlement or The Sawridge Trust.



8 November 2010

Alan Floyd McDermott c/o Calgary Remand Centre 12200-85 Street NW Calgary, AB T3R 1J3

Dear Alan.

Thank you for your letter requesting additional Beneficiary Application Forms for the Sawridge Trusts. The forms and notice are attached.

The \$2,500.00 "good will" cash disbursement is only available to beneficiaries. Unfortunately, at this point, you are not one of the identified beneficiaries and therefore are not eligible to receive this benefit or any other benefit from the Trusts.

The application process is the responsibility of the applicant. We cannot provide you with the assistance of a genealogist to complete the application. I understand that both Indian and Northern Affairs Canada and the Métis Nation of Alberta provide genealogical services that may be useful. The following links can be reached through the internet:

- http://www.collectionscanada.gc.ca/aboriginal/020008-3000.2-e.html
- http://www.ainc-inac.gc.ca/linfo/cnt-eng.asp
- http://www.ainc-inac.gc.ca/ai/scr/ab/index-eng.asp
- http://www.albertametis.com/MNAHome/Genealogy.aspx

The other source of genealogical information would be your family. The information required on the form is not complicated. The Trusts ask only for information on your parents and your grandparents (both sides) to prove some link to the original Sawridge Band members.

I hope that this information helps you fill out your application.

Cordially,

Paul Bujold,

Trusts Administrator

Attachment

PS. Your mothers name is usually spelled "Sawan".
If you have the information, you can call me
and I will help you with the form.

Both 445 Calgary Trail N.W.
Edmonton, AB TOH SR7
Office and I will help you with the form.

Email: general@sawridgetrusts.ca Web: www.sawridgetrusts.ca

BENEFICIARY APPLICATION FORM												
	-						FORMATION		7145			
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	<del>                                     </del>				<u></u>	IVIIG	ddle Name	(s)		Last Na	me(s)	
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	Apt/P.O. Box		Str	reet Addı	ress		· · · · · ·	Γown	Prov	Postal Code		
DATE OF BIRTH	13		0,		193		BIRTH CERTIFICA	ATE <sup>1</sup>		<u>-</u>		
	Day		Mon		Year					Numbei	r	
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Telephone	780 963-				780-	_						
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STATUS NUMBER		ARE Y MARRIED BAND MEN	D TO A	□YES ZNO	IF YES BAND NUMBER	D		DID YO ENFRANC ISE?	IIIVEQ	IF YES, WHEN, WHICH CATEGORY?		
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ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?  IF YES, PROVIDE DETAILS  IF YES, PROVIDE DETAILS  H 18 - Of the Sawredge Band.												
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YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	C-3	3 /							•			
WHY DO YOU FFEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	DYOU My grand faction secured land from the GASA govit, which is still part of Sawredge reserved CIARY? and there is 8 oil weeks still producing since											
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LAND INCLUDING POST THE LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND	CESTORS LIVED ON E SAWRIDGE LANDS CLUDING POST TREATY NDS SET ASIDE FOR E EXCLUSIVE USE OF  LECTORS (LIVED ON CLUCK)  AVE YOU OR YOUR  CLECTORS from Cuchwes to prove this  MYES  PROVIDE  DETAILS  DETAILS  LECTORS  CLECTORS  CL											
MARITAL STATUS (check one)	Married	Single	Div	orced	Widowed		ommon-Lav			Other (Specify		

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

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	Parents It	NFORMATION	
NAME OF MOTHER	ann Stoney	NAME OF FATHER	William Mc Donald
DATE OF BIRTH	O9         O1         1913           Day         Month         Year	DATE OF BIRTH	07 05 1907
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	member (status) #18.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	TYES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES IF YES, WHEN □NO 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 04 1976  Day Month Year	IF DECEASED — DATE OF DEATH	18 Sept 1986 Day Month Year
	GRANDPARENTS	S INFORMATION	Day   Month   Teal
NAME OF MATERNAL GRANDMOTHER C	Henriette St Clair / Calder	NAME OF MATERNAL GRANDFATHER	
DATE OF BIRTH	2	DATE OF BIRTH	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year  Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year
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DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year
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DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I he	ereby certify that the information in this form is true and corrections to share this information with those who need it to determ	ct. I give permission t	to Sawridge DATE (pr 21/10

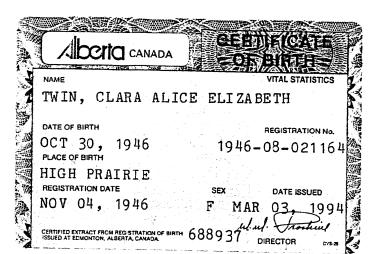
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.

	BENEFICIARY APPLICATION FORM												
	T				PERSON	IAL IN	FORMATION						
NAME	Ć-	LAR First N	기년 lame(s)				10E		7,30	TH	mi.		
		FIISLI	iame(s)		1		ddle Name(				Last Na		
MAILING ADDRESS	Apt/P.O		RO NEI			•	5HERU	NOOD FA	HRK			CANADA	
	Apt/P.O	. Box	Str	eet Add	ress		T	own	Γ	Prov	Postal Code	Country	
DATE OF BIRTH	3	ن ay	<i>⊘e</i>   Mon	<u> </u>	/941 Year	<u>е</u> г	BIRTH CERTIFICA	TE <sup>1</sup>	19	46-	<u> 129 - 123</u> Number	1164	
PLACE OF BIRTH	HIGH	+ PRI	91RIE	***************************************		· · · · · · · · · · · · · · · · · · ·	COUNTRY	אטא			Number		
Telephone	80-46-1	16675°)								emidbo@s HAW.ea			
	Home	Phone	Home	Fax	Cell Pt	none	e Work Phone				Email Addr	ess	
STATUS - NUMBER		MAI Ban	RRE YOU RRIED TO A D MEMBER?	□YES ⊡No	BAND	IF YES, BAND NUMBER?  DID YOU ENFRANCH- ISE?					IF YES, WHEN, WHICH CATEGORY?	MAIRRIED	
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IF MARRIED, DID Y MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	•-	ID VISE ISTINA		1) 13 -	RE-M/ PERSO	OU SUBSEQU ARRY TO ANO ON? IF YES, I S OF CHILDRI SE.	THER DETAIL		No			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	STA							•					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?			Antonia (Spanish Spanish Spani										
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MARITAL STATUS													
(check one)	Marrie	d Sir	gle Div	orced	Widowed	I C	common-La	w			Other (Specifi	v)	

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

	PARENTS INF	ORMATION	
NAME OF MOTHER	ILENE CUNNINGHOOM	NAME OF FATHER	PAUL NEESUTIASIS (TWIN)
DATE OF BIRTH	05 DEC 1905  Day Month Year	DATE OF BIRTH	06 APR. 1888
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	inonia i real	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year  TREATY - 5TATES
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	If Yes, What is Her Band Number?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES 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	20 JULY /98/ Day Month Year	IF DECEASED — DATE OF DEATH	4 JUNE 1967 Day Month Year
	GRANDPARENTS	INFORMATION	Day Month Year
NAME OF MATERNAL GRANDMOTHER	JUSTINE CUNNINGHAM (AGE)	NAME OF MATERNAL GRANDFATHER	SAMUEL CUNNINGHAM
DATE OF ВІЯТН	Day Month Year	DATE OF BIRTH	7
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day   Month   Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	ELIZABETH COURTERIELD	NAME OF PATERNAL GRANDFATHER	CHARLES NEESOTASIS (TWIN)
DATE OF BIRTH	Day Month Year	<b>DATE OF BIRTH</b>	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Undian
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and correct usts to share this information with those who need it to determine	t. I give permission t ne my status as a b	to Sawridge eneficiary.

rlease do not forget to sp " " " " " " IES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.



			BEI	VEFICIAR	Y AP	PLICATIO	ON FOI	RM				
						NFORMATION						
NAME	Clinto	irst Name(	/e)	T	yler				Seneci	a-ucoonald	}	
	<del>                                     </del>				IVIII	iddle Name(	(s)			Last Nar	ne(s)	
Mailing Address	Apt/P.O. Box		7719~1 Street	I8¢₅+ Address		Edmont	-o∧ Town		AB Prov	757554 Postal Code	conada	
D. T. C. Brown			08			BIRTH	OVVII	Π.	<u> </u>			
DATE OF BIRTH	0 5 Day		Month	198 1 Ye	<del>89</del> ———— ear	CERTIFICA	ATE <sup>1</sup>		1489-08-025586			
PLACE OF BIRTH	Edmontony F	Alberta.			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	COUNTRY	,		chada	Number		
Telephone	634-57!			_	634-5755			Ma	Ly u M u	n XVs Zero @	hotane it com	
	Home Phon	1e   1	Home Fax	Cell	Phone	Work Pl	hone		<del>/</del>	Email Addre	hetmail.com	
STATUS NUMBER		ARE YO MARRIED BAND MEM	TO A	IYES IF YE BAN NUMB	ND		DID YO ENFRAN ISE?	OU	□YES ☑No	IF YES, WHEN, WHICH CATEGORY?		
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ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	OF THE DIVES PROVIDE DETAILS Neeshotasis											
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND				DID YOURE-MA	OU SUBSEQU ARRY TO ANO ON? IF YES, D S OF CHILDRE	JENTLY OTHER DETAIL			(A §	7031	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	my treat	y #;	16601									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My gr Sawrid;	and ful	2 Serve	4ntil	he f	Passed	a way.	7 he	wys	(Twinn) live	band number	
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FOF THE EXCLUSIVE USE OF THE SAWRIDGE BANG	grand Father Chester Alexander Neeshotasis (Twing)  BYES DNO  BYES DETAILS  Grand Father Chester Alexander Neeshotasis (Twing)  Chester Alexander Neeshotasis (Twing)  Chester Alexander Neeshotasis (Twing)											
MARITAL STATUS (check one)		V								Market and the second s		
(crieck one)	Married	Single	Divorce	d Widowe	d Co	ommon-Law	V		(	Other (Specify)		

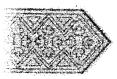
<sup>&</sup>lt;sup>1</sup> A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

	т		PARENTS IN	FORMATION			
Name of Mother	Joshilga	May Mc	Donald	NAME OF FATHER	willi	am Augus	st Acomald
DATE OF BIRTH	O \ 6	0 ) Month	1974	DATE OF BIRTH	13	3 0	8 66
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Sta-		Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Da	y Mo	onth Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES IF YES IS HER NUMBE			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ŒNo	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		, WHEN WHICH ORY?		DID YOUR FATHER ENFRANCHISE?	□YES Bano	IF YES, WHEN AND IN WHICH CATEGORY?	
Address	7719-1885+ Apt/ P.O. Box, St Postal Code, Cou	ireel Address, To	wn, Province,	- Address	Apr P.C	Box, Street A	Address, Town, Province,
IF DECEASED — DATE OF DEATH	Day	Month	Year	IF DECEASED — DATE OF DEATH	Day	, l Na	- th
			GRANDPARENTS	INFORMATION	Day	/ Mo	inth Year
NAME OF MATERNAL GRANDMOTHER	Phyllis 1	Luegs (812		NAME OF MATERNAL GRANDFATHER	B €	idley Senec	-a
DATE OF BIRTH	Day	⊘ <b>8</b> Month	\956 Year	DATE OF BIRTH	2.4 Day	8 /2	- 1954
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	S+0	11.5		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		tus	Titi j Teal
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, AND IN CATEGO	which		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES ☑No	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	Mary	Lucillic	McDonald	NAME OF PATERNAL GRANDFATHER	Cho ste	er Alexino	ler Neeshotasis
DATE OF BIRTH	O 5 Day	Month :	) 945 Year	DATE OF BIRTH	Ø		1941
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			i Gai	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day S	tatus	
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, AND IN IN CATEGO	which ~		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES <b>☑</b> No	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE   I he	creby certify that the i	information in this formation with those w	orm is true and correct who need it to determine	Laivo porminata - L	Sawridge	DATE	June 29# 200

	BENEFICIARY APPLICATION FORM												
	PERSONAL INFORMATION												
Name	ETH	AN st Name(s)			<u> </u>	204	(_\)			MID			
Mailing	1 113	i vaine(s)		<u> </u>	IVIIC	ddle Name(	s)			Last Na	me(s)		
ADDRESS	Apt/P.O. Box	20 NEU	J P o R reet Addi	T DR.		SHEKW!	000 PA. Own	RK	AB. Prov	78A SL3 Postal Code	CANADA Country		
DATE OF BIRTH	08	Aug Mor		2004 Year		BIRTH CERTIFICA	TE <sup>1</sup>	ā	·	- 08 - 25 Number			
	Day	Mor	nth	Year		GETTITION				Number			
PLACE OF BIRTH	Fort	Memu	rray	/		COUNTRY		CI	ANA.	DA			
Telephone	780-467-6. Home Phone												
	Home Phone	Home	Fax	Cell Pho	ne T	Work Pl	hone	<u> </u>	1	Email Addr	ess		
STATUS NUMBER	1	ARE YOU MARRIED TO A SAND MEMBER?	□YES ☑No	IF YES, BAND NUMBER?			DID YO ENFRAN ISE?	ICH-	□YES □No	IF YES, WHEN, WHICH CATEGORY?			
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YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	,												
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?				•									
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DS DYES OF	IF YES, PROVIDE DETAILS	ANC Still	estor 1 live	5	and on	l cur Rese	re	nt 'e	relatio	i/e5		
MARITAL STATUS													
(check one)	Married	Single Div	orced	Widowed	С	ommon-La	w			Other (Specify	')		

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

					PARENTS INF	COMPATION					
NAME OF					FARENIO INF		Т				
MOTHER	Dom	BROW	5Ki	MAN	ON VALERIE	NAME OF FATHER	mi	N.A.	Λ. Δ.	4111 Λ	Par
		_			O TITLE		1000	<u>DD</u>	, 01	1010	IALL
DATE OF BIRT			APRIL		1976	DATE OF BIRTH	8	7.	JANU	412.4	Paul 1970 Year
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INDIAN ACT OF						STATUS UNDER INDIAN ACT OR				7	
PAY LIST AT						PAY LIST AT		STA	TUS	,	
BIRTH <sup>2,3</sup>						BIRTH <sup>2,3</sup>	-				
Is your						laveus		T			
MOTHER A	□YES	IF YES, V				IS YOUR FATHER A	DYES.	IF YES	S, WHAT		
SAWRIDGE BAND	□No	IS HER B				SAWRIDGE	□No	IS HIS			
MEMBER?		NUMBER	,			BAND MEMBER?		Numb	ER?		
DID YOUR		It Vto u	4151			DID YOUR	<del> </del>				
MOTHER	□YES	IF YES, W				FATHER	□YES	1	S, WHEN		
ENFRANCHISE	? DNO	CATEGOR				ENFRANCHISE?	□Mo		WHICH		
					·			CATEG			
	?								PORT		
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			<u>y</u>				Postal (	code, (	ountry		
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DATE OF DEAT	" D	ay	Monti	h	Year	DATE OF DEATH	Da	<u>/ / /</u>	Mon	th	Year
				<u></u>	GRANDPARENTS	INFORMATION		7	141011		I CAI
NAME OF						NAME OF					
MATERNAL					_'	MATERNAL	١				, ,
GRANDMOTHE	R V	TNINE		MAR	TEL	GRANDFATHER	HE	NRI	2) (	MBIC	20WSK/
DATE OF BIRT	н	7				· · _	フ				
	<u> </u>	av	Mont	<u> </u>	Year	DATE OF BIRTH					*****
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PAY LIST AT BIRTH <sup>2,3</sup>						PAY LIST AT BIRTH <sup>2,3</sup>					
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MATERNAL	□YES	IF YES, W				MATERNAL	□YES	i	, WHEN		
GRANDMOTHE		AND IN WI				GRANDFATHER	□No	1	WHICH		
ENFRANCHISE	?	CATEGOR				ENFRANCHISE?		CATEG	ORY?		
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GRANDMOTHE	R C2	MEH		טיואן	DO.	PATERNAL GRANDFATHER	50	RDO.	N /	Midb	0
						G. W. W. G. W. T.					
DATE OF BIRT	н 3	,	Oct.		1946	DATE OF BIRTH	11	,	June		19113
		ay	Mont	h	Year		Da		Mon	th	Year
STATUS UNDER						STATUS UNDER					
PAY LIST AT	3	7 TUS				INDIAN ACT OR		10.5	5-	7TUS	7
BIRTH <sup>2,3</sup>	2//	77 US				PAY LIST AT BIRTH <sup>2,3</sup>	//	UN.	517	7 / 100 3	•
DID YOUR		IF YES, W	/HEN			DID YOUR		Ic Ver	MUEN		······································
PATERNAL GRANDMOTHE	⊠YES □	AND IN WI		NAI2.	RIED	PATERNAL	□YES		S, WHEN I WHICH		
ENFRANCHISE	1	CATEGOR	iy?		OUT.	GRANDFATHER	□Mo.	CATE	- 1		
	<u>·                                      </u>	_1			<i>y</i>	ENFRANCHISE?	L			T	
SIGNATURE											
SIGNATURE	I hereby cer	ify that the inf	ormation	in this for	n is true and correct	t. I give permission t	o Sawrido	e	DATE	-	
	Trusts to sha	re this inform	ation with	those wh	o need it to determi	ne my status as a b	eneficiary.	-			







Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



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

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

REG 3413 (2008/01)

Sumame Nom

Midbo

Given Names Prénoms

Ethan Roy

Date of Birth Date de naissance

Aug 08, 2004

Sex Sexe

Place of Birth Lieu de naissance

Fort McMurray

Registration No. Nº d'enregistrement

2004-08-025628

Registration Date Date d'enregistrement

Sep 02, 2004

Jan 19, 2010

Name of Mother Nom de la mère

Dombrowski, Manon Valerie

Place of Birth Lieu de naissance

Quebec

Name of Father Nom de père

Midbo, David Paul

Place of Birth Lieu de naiss:

Alberta

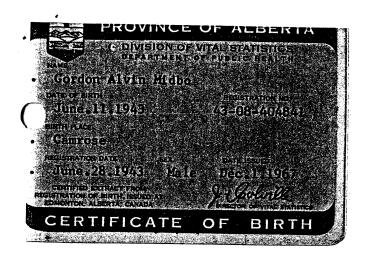


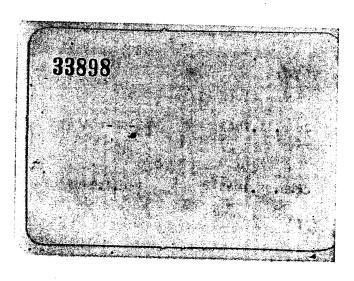


	BENEFICIARY APPLICATION FORM												
						PERSO	NAL IN	FORMATION					
NAME	(-		DON	<del></del>			<u></u>	UIN			/	MID B a	D
	ļ	FIFS	t Name(s	<b></b>				ddle Name( 	-4			1	
Mailing Address	Apt/P.0	O. Davi	20 N			et D	R.	SHERU	(COC) /	PARK	AB.	T84 523	CANADA
	Apri-C	J. DUX			eet Addr	ess		<u> </u>	own		Prov	Postal Code	Country
DATE OF BIRTH	/	/ / Day	<del>J</del>	и п Mont	<u>e</u>	/99 Yea	<u>/3</u>	BIRTH CERTIFICA	TE <sup>1</sup>			Numbe	
PLACE OF BIRTH			1Ros			2B. Country				001	IADA	<u>[</u>	
Telephone	(780)					786		780		-	1710	77 15 17	
relephone	467-	625 e Phone	<del>/                                    </del>	lome	Fax	<i>499-41</i> Cell Pl	hone	410 - ¿ Work Pl	<u> 397 /</u> none			Email Add	ress
STATUS NUMBER			ARE YOU MARRIED TO AND MEMB	O A	EYES FMO	IF YES BAND NUMBE	S, )		DID YO ENFRAN ISE	ICH-	□YES ☑No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS												
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDG TREATY 8 SIGNATO	OF THE DOS DETAILS  TORIES?  IF YES, PROVIDE DETAILS												
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND	YES DAVI DEN KRIS	O,	<del>4</del>			RE-MA	OU SUBSEQU ARRY TO AND ON? IF YES, I S OF CHILDRI SE.	THER DETAIL		N	, O	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	N	5N -	STA	9 T l	U 5	•							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?													
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR	IYES INO	IF YES, PROVIDE DETAILS	E									
MARITAL STATUS (check one)	√ Marrie		Pingls	<b>D</b> :		10/:						0.0	
(555.1 5.15)	iviarrie	tu   S	Single	טוענ	orced	Widowed	1   C	ommon-La	w			Other (Specif	у)

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

				PARENTS IN	FORMATION				
NAME OF MOTHER	5VE	A 01	AF.	50N	NAME OF FATHER	K	NUT	MIS	130
DATE OF BIRTH	Day	DE C	e , nth	/9 0 5'	DATE OF BIRTH	Da	Sep No.	0 <del>/</del> .	1894 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-	STA		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□y∉s ⊡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?	□Yes □Yes	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS	Apt/ P.O. Postal Co	Box, Street Addre	ss, Town	, Province,	Address	Apt/ P.0	O. Box, Street A	Address, T	own, Province,
IF DECEASED — DATE OF DEATH	Day	Mont	n	Year	IF DECEASED — DATE OF DEATH				
		IVIORE	1	GRANDPARENTS	NEODMATION	<u>Da</u>	y Mo	nth	Year
NAME OF MATERNAL GRANDMOTHER					NAME OF MATERNAL GRANDFATHER				
DATE OF BIRTH	Day	Mont	, T	Year	DATE OF BIRTH		······································		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		·	•	i ear	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Da	y   Mo	nth	Year
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					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH	Day	Monti	, T	Year	DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•	rear	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day	y Moi	nth	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 he	ereby certify sts to share	that the information i this information with	n this form those who	is true and correct	t. I give permission to ne my status as a be	Sawridge	DATE		





## ENTERED SEP 2 2 2010 RECEIVED SEP 2 2 2010

BENEFICIARY APPLICATION FORM													
	Τ					PERSON	AL IN	FORMATION			,		
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MAILING ADDRESS	Apt/P.0				- / <u>3</u> reet Add	<u>0 57. N1</u>		Eomo			AB Prov	TSE 5N6 Postal Code	Canada
DATE OF BIRTH		) <b>7</b> Day		09 Mont		1945 Year		BIRTH CERTIFICA		ير		- 0 % - 50 ; 9 Number	H.O
PLACE OF BIRTH	SLAPE LAKE AIBE							COUNTRY			CANA		
Telephone						318-20 Cell Ph		Work P	1				
STATUS NUMBER	Home Phone Home Fax  45400 ARE YOU MARRIED TO A BAND MEMBER?			IE VES	,	VYOINE	DID YOU ENFRAN	ICH-	□YES <b>⊡</b> No	Email Addr  IF YES,  WHEN,  WHICH  CATEGORY?	ess		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.													
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WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	TRUST  Was Charles (Piche) Nesootasis Twin, My grandfather was Francois  TRUST  Nesootasis Twin, My father David George nesootais Twin belonged												
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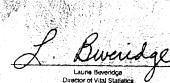
1

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

				PARENTS IN	FORMATION						
NAME OF MOTHER	Clar	a Bellal	ATKINS	ON TWIN	NAME OF FATHER	DAU	10 GE01	REEU	Misterasi		
DATE OF BIRTH	30 Day		/ onth	/9 <u>J</u> / Year	DATE OF BIRTH	Da	7 av   M	O9	1909 Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	MET				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Fu	II STAT QWRID	us 0	f		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	⊠YES □No	IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES □No	IF YES, WHA' IS HIS BAND NUMBER?	#	51		
DID YOUR MOTHER ENFRANCHISE?	ØÝES □No	IF YES, WHEN AND IN WHICH CATEGORY?	enfr	husband anchise	DID YOUR FATHER ENFRANCHISE?	ØYES □No	IF YES, WHEN AND IN WHICH CATEGORY?	Child	nat want his rem to attend lenticl School		
Address	Apt/ P.O. Postal Co	Twin - Lang ben ST NE, F Box, Street Add de, Country	zerm C B , 70G ress, Town	are <u>3n1,∠an.</u> , Province,	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH	Day	Moi	nth	Year	IF DECEASED — DATE OF DEATH	01 03 1985 Day Month Year					
				GRANDPARENTS	INFORMATION	1 00	y 101	Office	rear		
Name of Maternal Grandmother	Ersi	gla im	aryl		NAME OF MATERNAL GRANDFATHER	Jo	ohn ATK	nson			
DATE OF BIRTH	2 Day	?   Mo	nth	1891 Year	DATE OF BIRTH	?	? ? 1877 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	3 bre	e d	1		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	な BREED					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES ₽No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES ØNo	IF YES, WHEN AND IN WHICH CATEGORY?	1			
NAME OF PATERNAL GRANDMOTHER	\$	elle (cara Otasis T			NAME OF PATERNAL GRANDFATHER	Fra	ncois Ni	sooTası	's TwiN		
DATE OF BIRTH	? Day	Ţ Moi	oth	1879 Year	DATE OF BIRTH						
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SIGNATURE I h	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.										

## Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE





REG 3413 (2008/01)

Sumame Nom

Given Names Prénoms

Date of Birth Date de naissance

Place of Birth Lieu de naissance

Registration No. Nº d'enregistrement

Registration Date Date d'enregistrement

Name of Mother Nom de la mère Place of Birth Lieu de naissance

Name of Father Nom de père

Place of Birth Lieu de naissa

Nesootasis

Yvonne Elizabeth

Sep 07, 1945

Slave Lake

1945-08-501940

Apr 26, 1949

Atkinson, Clara

Alberta

Twin, David

Alberta













"For this reason, a man must leave his father and mother and be joined to his wife, and the two will become one body." Eph. 5.3!

### The Holy Sacrament of Matrimony

This is to Certify

That DAVID THE

and CLARA ATKINSON

were lawfully united in the Holy Bonds of Matrimony

on DEC, 2G, 1941

according to the Rite of the R.C. CHURCH

and in conformity with the laws of the Province of AB,

in the Church of ST, MARTIN - DESMARAIS

The Rev. B, GEUNONT ONI officiating

in the presence of EVA ATKINSON

and witnesses

as recorded in the Marriage Register of this Church

St. Martin Pastor

St. Martin Pastor

Parish

Date July 27, 2010 Diocese of Martingan

9

### Archenschs-Archeishup's Residence 333, McTeman, Alberta, Canada

TOH ZLO Tel: 324-3002

# Certificate of Marriage

THIS IS TO CERTIFY
That
CALLA of CHARLES (PICHE) - NISOTESIS TWIN  COURTOREILLE, ISABELLE
and CARDINAL, JEANNETTE JULIENNE
CALLA of JOSEPH CARDINAL (MANVOTAKUSIW)  LIZETTE "LOUISE" CARDINAL
were lawfuliy
Married
cr tie Twenty sixth (26th)day of December
According to the Rite of the Roman Catholic Church
end in conformity with the laws of the Province of Alberta
Rzv Father Constant Falher, o.m.i.
officiating in the presence of Charles Nisotesis.
and Louis Giroux, as appears
from the Marriage Register of St. Bernard Mission, Grouard, AB
Dated May 9th, 1995  Cocrettary  Occrettary

BENEFICIARY APPLICATION FORM												
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Mailing Address	201 Apt/P.0				S.	TREET	VER	CNOU Town		BC Prov	1/17 Giu3 Postal Code	_
DATE OF BIRTH	2	<b>g</b> Day	<u>~</u>	7/1/ Y Month		1941 BIRTH CERTIFICATE 1						
PLACE OF BIRTH	HICH PRAIRIE, AB			B		COUNTRY	,		CAV.	Number A b A		
Telephone	250-545-8193			<u> </u>	Call Bhone							
STATUS NUMBER 45400	Home Phone Home Fax  ARE YOU MARRIED TO A BAND MEMBER?			'ES	Cell Phone IF YES, BAND NUMBER?	Work P	DID YO ENFRAN ISE?	CH-	□YES □No	Email Addre	ISS	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.												
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IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND			LIOI NOL ER NOL	AN.	RE-MA	OU SUBSEQU ARRY TO ANO ON? IF YES, [ S OF CHILDRE	JENTLY DTHER DETAIL	1	N6		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	İ	m -	TRE		I	NDIF	Λf					
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HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?  IF YES, PROVIDE DETAILS  IF YES, PROVIDE DETAILS  ALL PUBLICULAR SAWDING PARTY CONTROL OF THE SAWRIDGE BAND?												
MARITAL STATUS (check one)	Marrie	d S	ingle	Divorced	Wid	dowed C	ommon-Lav	w			Other (Specify)	

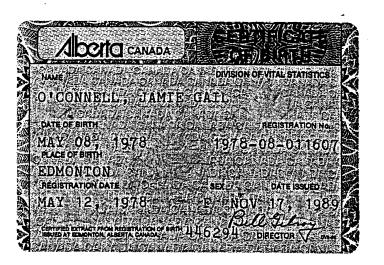
<sup>&</sup>lt;sup>1</sup>A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

				PARENTS IN	NFORMATION						
NAME OF MOTHER	MAR	11 06	- of N		1	044	*		1		<i>C</i> ,
MOTHER	TITIES		~	te sotees	5/FSTHER )			<u>}</u>	hr	1 M	Krown
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	+						CATE	GORY?			
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	Postal Code, Country		, i 10 m. 100,	'	Postal	Code,	k, Street A Country	ddress,	Town,	Province,	
IF DECEASED -					IF DECEASED -					F	
DATE OF DEATH	Day	Mon	-11_		DATE OF DEATH						
<u> </u>	Day	IVIOI	itn j	Year Grandparents		Da	ıy	Mor	n <b>th</b>		Year
NAME OF				UNANDEANLING	NAME OF						
MATERNAL GRANDMOTHER	NO.	N DOM	1	1	MATERNAL						
	100-1	CERTAI	<u>N</u>		GRANDFATHER						
DATE OF BIRTH				!	DATE OF BIRTH						
	Day	Mon	oth	Year	DATEOFBIRTH	Da		Mor	-L		
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GRANDMOTHER	□NO AND	ID IN WHICH		,	MATERNAL GRANDFATHER	□YES □No	ANDI	N WHICH			
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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  DATE  DATE  DATE  1 DATE											

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	1					1 C -	Middle Name(s)				Last Name(s)		
Mailing Address			50606				700101				ONT	PIB 9ms	CANADA
	Apt/P.O			Stre	eet Add						Prov	Postal Code	Country
DATE OF BIRTH		) 8 Day		0 5 Mont			UERTIFICATE			178-08-011607			
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								VVOIN		<u> </u>		Email Addr	ess
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ORIGINAL SAWRID TREATY 8 SIGNATO	GE		DETAILS										
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CHILDREN? IF YES		KENN	JEDY	, Ke	DA	HUNT	RE-MAR PERSO	RRY TO ANO	THER DETAIL				
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						******	/U   UU	mmon-Lav	N I		f	Other (Specific)	

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	GAIL	. 0	Con	NUVL	NAME OF FATHER	DANI	EL O	'CONN	IELL ADOPTIVE		
DATE OF BIRTH	//	0		1957	DATE OF BIRTH	30		07	1954		
STATUS UNDER	Day	M	onth	Year	CTATUS LAUDED	Day		Month	Year		
INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	STATUS	IND	IAN/	BILL C31	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	r	ION I	ENDI	₽N ∥		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES IF YES IS HER NUMBE		SHE A MEMBE BUT H	004 1101 PPLIED FOR RSHIP IN 2004 PS RECIEVED ESPONSE	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □NO	IF YES, WI IS HIS BAN NUMBER?				
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	CANADA T			7 "-		1 -					
ADDRESS	Apt/ P.O. Box, St Postal Code, Cod	treet Add		vn, Province,	Address	Apt/ P.O Postal C	. Box, Stre	et Addre: try	SS, Town, Province,		
IF DECEASED -					BIOLOGICA	LFAT	HER ".	JAMES	EDWARD MCKERCH		
DATE OF DEATH					D.O.B. DEC 23, 1954 @ FORT MEMURREY, AB. CAN						
	Day	Mo	nth	Year	JAMES M	AY HAV	E INDI	AN ST	ATUS		
N1				GRANDPARENTS	INFORMATION	<del></del>					
NAME OF MATERNAL GRANDMOTHER	ROSINA	n L	NDE	RERG	Name of Maternal Grandfather	R	0 N	LIN	DBERG		
DATE OF BIRTH	20 Day	10	_11.	1935	DATE OF BIRTH		4	12	1929		
STATUS UNDER	Day	Mo	ntn	Year	STATUS UNDER	Day	<u>'</u>	Month	Year		
INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	TREA	TY			INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON INDIAN					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, AND IN CATEGO	WHICH ORY?	BUT RE	CH MARRIAGE EGAINED S THROUGH C-31	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES ⊟No	IF YES, WH AND IN WHI CATEGORY	<del>6H  </del>			
NAME OF PATERNAL	CADOPTIL	V E)			NAME OF	(AD	OPTIV	<u>~</u>			
GRANDMOTHER	THELMA	AN	DERS	0N	PATERNAL GRANDFATHER				INNELL SR.		
DATE OF BIRTH	/6	06		1920	DATE OF BIRTH		7	04	1923		
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SIGNATURE  I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											



B0645886
VOID IF ALTERED OR LAMINATED

FLINTED IN CANADA

BENEFICIARY APPLICATION FORM									
				PERSONAL IN	FORMATION				
Name	Luc	CAS		DAN			0	CONNE	
	Firs	t Name(s)			ddle Name(s)			Last Nam	
Mailing Address	BSMT	28/1	EAST (	21STAVE	VANCOUN	E R	BC	V5MZW5	
ADDRESS	Apt/P.O. Box	St	reet Addre	ess	Town		Prov	Postal Code	Country
DATE OF BIRTH	12	06	<u> </u>	1987	BIRTH CERTIFICATE <sup>1</sup>	8	87-08-018986		
	Day	Mo	nth	Year				Number	
PLACE OF BIRTH	EDMONTON, ALB				COUNTRY		CANI		
Telephone	1 (604) 436-0980			1 (778) 231-577	λ .	lu	casdan		legnail.com
	Home Phon	e Home	e Fax	Cell Phone	Work Phone		<del></del>	Email Addre	ess
		ARE YOU	- TV	IF YES,	D	ID YOU	ПУБС	IF YES,	
STATUS NUMBER		MARRIED TO A BAND MEMBER?	□YES EHNO	BAND NUMBER?	i i	RANCH-	□No	WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCEN FROM, MARRIED T ADOPTED BY ONE ORIGINAL SAWRIE TREATY 8 SIGNAT	ARRIED TO OR DETAILS  IF YES, PROVIDE DETAILS  IF YES, PROVIDE DETAILS  OSEPHINE CARDINAL + LEON WARD								
IF MARRIED, DID N MARRIAGE PRODU CHILDREN? IF YE DETAIL NAMES OF CHILDREN.	JCE AND S,			RE-I PER NAM	YOU SUBSEQUENTI WARRY TO ANOTHER SON? IF YES, DETA IES OF CHILDREN AI JUSE.	R <del>IL</del>			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	/	Non	STK	7 U.S					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?  TRUST									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE EXCLUSIVE USE OF THE SAWRIDGE BAND?  HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS IN A CREAT GRANDMOTHER, ELIZABETH  MY GREAT GRANDMOTHER, ELIZABETH  MY GREAT GRANDMOTHER, ELIZABETH  MY GREAT GRANDMOTHER, ELIZABETH  MY GREAT GRANDMOTHER, ELIZABETH  TOSEPHINE CARDINAL + LEON WARD  TOSEPHINE CARDINAL + LEON WARD									
MARITAL STATUS									
(check one)	Married	Single	Divorced	Widowed	Common-Law	<u> </u>		Other (Specif	fy)

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

1	PARENTS INFO	RMATION					
NAME OF MOTHER	GAIL O'CONNELL	NAME OF FATHER	DANIEL C'CONNELL				
DATE OF BIRTH	11 02 1957	DATE OF BIRTH	30 07 1954 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2.3</sup>	STATUS INDIAN /BILL (3)	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON FUDIAN				
IS YOUR MOTHER A SAWRIDGE BAND	TYES IF YES, WHAT IS HER BAND NUMBER?  NUMBER?  154004 101  SHE APPLIED FOR MEMBERSHIP IN 2004 BUT HAS AFCOD NO RESPONSE	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?				
MEMBER? DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN ☐NO AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?				
Address	3 DODGE AVE, RED DEER  ALBERTA: CAN THR 3HL  Apt/ P.O. Box, Street Address, Town, Province,  Postal Code, Country	- Address	RED DEER, AB, CANADA THE JEA Apt P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED DATE OF DEATH	Day Month Year	IF DECEASED DATE OF DEATH	Day Month Year				
	Day Month Year  GRANDPARENT	S INFORMATION					
NAME OF MATERNAL GRANDMOTHER	ROSINA LINDBERG	NAME OF MATERNAL GRANDFATHER	RON LINDBERG				
DATE OF BIRTH	20 10 1935	DATE OF BIRTH	14 12 1929				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	TREATY IN DIAN	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON INDIAN				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?  THROUGH MARRIA BUT REGAINED STATUS THROUGH BILL C31	DID YOUR	CATEGORY				
NAME OF PATERNAL GRANDMOTHER	THELMA ANDERSON	NAME OF PATERNAL GRANDFATHER	DANIEL O'CONNEIL SR				
DATE OF BIRTH	16 06 1920	DATE OF BIRTH	17 04 1923  Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Day Month Year  NON JNDIAN	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON INDIAN				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	I CAPEGURY ( )	DID YOUR PATERNAL GRANDFATHEF ENFRANCHISE	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  April, (Ith							



VITAL STATISTICS

VITAL STATIS

EPlace of Birth) | Edmonton | Flace | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmonton | Edmont

Name of Mother \*\* Limberg, Gail Elizabeth (\*\*)
(Malden Name)
Place of Birth \*\* Alberta\*\*

Name of Father : EO Connell, Daniel leideli VIII valle valle v

Place of Birth British Columbia

Registration Date - Jun 17 1987 - Registration Number - 1987-08-018986

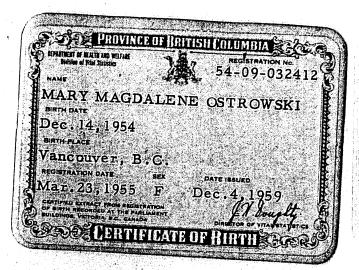
Date Issued | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Sep-30-2004 | Se



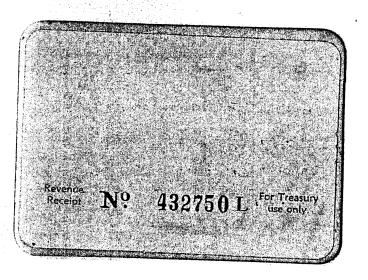
BENEFICIARY APPLICATION FORM											
	PERSONAL INFORMATION										
NAME	OSTROW			MAR					MAG	DALENE	
	1	st Name(s)	***************************************		Mid	Middle Name(s)			Last Name(s)		
Mailing Address	#37		-7511					······································	B.C	BMOWT	CANADA
	Apt/P.O. Box	1	Street Add	ress Town					Prov	Postal Code	Country
DATE OF BIRTH	14				R 1954 BIRTH CERTIFICATE 1						
PLACE OF BIRTH	Day Month			Year				1	1, 10,	Number	
T CACE OF BIRTH	VANCO	OVER		11/0//		COUNTRY		CF	ANDDA		-
Telephone	604 591-8542		·	604 309-97			ō.	M	aryo	@telus.i	net
THAC 4 90	Home Phone	e Ho	me Fax	Cell Pho	ne	Work P	hone		1	Email Addre	ess
INAC # 20 STATUS NUMBER REGIS 454003	TRY#	ARE YOU MARRIED TO BAND MEMBER	1 1/1/10	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?  IF YES, PROVIDE DETAILS  DESCENDANT - MOTHER MARY RACHEL L'HRONDELLE (WARD)  STATUS NUMBER 4540015701  SAWRIDGE BAND MEMBER 9 TREATY INDIAN  PARISIA ANN OSTROWSKI DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER											
MARFIADE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	ANDA	18,198 REWHE Y 2,19	82 NRYOS	TROUSK!	-MAF	RRY TO ANO N? IF YES, D OF CHILDRE	THER				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	STATUS] REGISTR	INDUTK Y GRO	UNDE UP:SA	R INDI WRIDGE	AL	) ACT					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?  Divect descendant through my mother and her lineage, as Saurides Baud members.											
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?  IF YES, PROVIDE DETAILS  MY MOTHEY lived with her mother and NO Sawridge. Land.											
MARITAL STATUS		×					WIT	TH C	"HILI	REN	
(check one)	Married S	Śingle [	Divorced	Widowed	Со	mmon-Lav	N			Other (Specify)	

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

	PARENTS IN	FORMATION						
NAME OF MOTHER	MARY L'HIRONDELLE (WARD)	NAME OF FATHER						
DATE OF BIRTH	23 MARCH 1928  Day Month Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	STATUS UNDERI TNOIAN ACT & TREATY SAWRIDGE BANDME	STATUS UNDER INDIAN ACT OR PAY LIST AT	Day Month Year					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	TNAC # 166 2635  IF YES, WHAT IS HER BAND NUMBER?  REASTRY #	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 IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS #	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country V3W 5B 2	Address	Apt/ P.O. Box, Street Address, Town, Province,					
IF DECEASED — DATE OF DEATH	N/A  Day Month Year	IF DECEASED — DATE OF DEATH	Postal Code, Country  Day Month Year					
	GRANDPARENTS	INFORMATION	Day   Worter   Year					
Name of Maternal Grandmother	EVA MARY ROSE WARD	Name of Maternal Grandfather						
DATE OF BIRTH	DA APRIL 1907 Day Month Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	STATUS SAWRIDGE BAND#4 INDIAN ACT	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2.3</sup>						
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		NAME OF PATERNAL GRANDFATHER						
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES 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 of birth - Date de naissance Registry group - Groupe d'enregistrement

1954/12/14 SAWRIDGE

Sex - Sexe This card is valid until Câte card est valide jusqu'au 2011/07/07

Holders departure - Signature du lituréire

Laure Groupe d'enregistrement

1 Sawrige officer's signature du lituréire

For: R. Poole/Manager

For: R. Poole/Manager

2006/07/07

Finder please reurn postage fire to INAC Ottemes (Orthard) Canada KTA OTH
83-004 2005-11-21 7530-21-023-3873