

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	SYDNEY		Middle Name(s)		MIDBO			Last Name(s)	
Mailing Address	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country		
DATE OF BIRTH	26 26	FEB	2006	BIRTH CERTIFICATE ¹	2006-08-006161				
PLACE OF BIRTH	FORT McMURRAY			COUNTRY	CANADA				
Telephone	780-467-6259		Home Fax	Cell Phone	Work Phone	Email Address			
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS GREAT GRANDFATHER - PAUL NEESOTASIS						
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		ANCESTRY							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS AUNT & UNCLE STILL RESIDE ON THE RESERVE						
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION									
NAME OF MOTHER		DOMBROWSKI, MANON VALERIE			NAME OF FATHER		MIDBO, DAVID PAUL		
DATE OF BIRTH		APRIL 1976			DATE OF BIRTH		27 JANUARY 1970		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-NATIVE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		?			ADDRESS		20 NEWPORT DR. SHERWOOD PARK. AB T8A5L3		
		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH		N/A		
		Day	Month	Year			Day	Month	Year
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		JANINE MARTEL			NAME OF MATERNAL GRANDFATHER		HENRI DOMBROWSKI		
DATE OF BIRTH					DATE OF BIRTH				
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-NATIVE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-NATIVE		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER		CLARA MIDBO			NAME OF PATERNAL GRANDFATHER		GORDON MIDBO		
DATE OF BIRTH		30 Oct. 1946			DATE OF BIRTH		11 June 1943		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON STATUS?		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE	

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

MAIL APPLICATION AND DOCUMENTS TO:

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



Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



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

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

L. Boveridge
Laurie Boveridge
Director of Vital Statistics

REG 3413 (2008/01)

Surname Nom	Midbo	
Given Names Prénoms	Sydney	
Date of Birth Date de naissance	Feb 26, 2006	Sex Sexe F
Place of Birth Lieu de naissance	Fort McMurray	
Registration No. N° 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	
Place of Birth Lieu de naissance	Quebec	
Name of Father Nom de père	Midbo, David Paul	
Place of Birth Lieu de naissance	Alberta	



A B 0 0 2 9 9 6 8 4

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	TRISTAN		AH GORDON		NIDBO	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	20 NEWPORT DR.		SHERWOOD PARK		AB.	T8A 5L3 CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	28 SEPT 2001		BIRTH CERTIFICATE ¹		2001-08-028229	
	Day	Month	Year	Number		
PLACE OF BIRTH	SLAVE LAKE		COUNTRY		CANADA	
Telephone	780-467-6258					
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
					DID YOU, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			N/A			
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	GREAT GRANDFATHER - PAUL NEESOTASIS		
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		ANCESTRY				
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS	AUNTS AND UNCLES STILL RESIDE ON THE RESERVE - 4 YRS.		
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

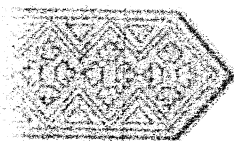
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION									
NAME OF MOTHER		DOMBROWSKI, MANON VALERIE			NAME OF FATHER		MIDBO, DAVID PAUL		
DATE OF BIRTH		APRIL 1976 Day Month Year			DATE OF BIRTH		27 JANUARY 1970 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-NATIVE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		?			ADDRESS		20 NEWPORT DR. SHERWOOD PARK. AB T8A5L3 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH		N/A Day Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		JANINE MARTEL			NAME OF MATERNAL GRANDFATHER		HENRI DOMBROWSKI		
DATE OF BIRTH					DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-NATIVE			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-NATIVE		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER		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 ^{2,3}		STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON STATUS?		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE	

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

MAIL APPLICATION AND DOCUMENTS TO:

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



BIRTH CERTIFICATE

Alberta

BIRTH CERTIFICATE

L. Beveridge

Laurie Beveridge
Director of Vital Statistics



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



Surname
Nom **Midbo**

Given Names
Prénoms **Tristan Gordon**

Date of Birth
Date de naissance **Sep 28, 2001** Sex
Sexe **M**

Place of Birth
Lieu de naissance **Slave Lake**

Registration No.
N° d'enregistrement **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**



A 8 0 0 0 3 2 6 7 1

RECEIVED JUL 23 2010

ENTERED JUL 23 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Theresa			Joan			McRee		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	Ap/P.O. Box		700 1 st Ave SE		Stoney Lake		AB T0G 2A0		Canada
			Street Address		Town		Prov		Postal Code
DATE OF BIRTH	09		04		1962		BIRTH CERTIFICATE ¹		62-08-010302
	Day		Month		Year				Number
PLACE OF BIRTH	Edmonton					COUNTRY		Canada	
Telephone	780 849-9359		780		516-2332				
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	454001490		ARE YOU MARRIED TO A BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, BAND NUMBER?		457
							DID YOU ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARES OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWBRIDGE TREATY SIGNATORIES?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
IF YES, PROVIDE DETAILS									
My grandfather was Francois Nesotesis (Twin) and he was the first chief of the Sawbridge First Nations.									
IF MARRIED, DETAIL YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.									
CRYSTAL ANN McRee DAVID FRANK James McRee Terry Micheal McRee Jason Andrew McRee									
DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.									
NO									
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION									
First nation with Bill C-31 status									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
My ancestors belonged to the Sawbridge first nations, My grandfather was the first chief and my father belonged here until he enfranchized									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWBRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWBRIDGE BAND?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
IF YES, PROVIDE DETAILS									
MARITAL STATUS (check one)									
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)									

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

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.

Theresa McRee 700 1st Ave SE. SLAVE LAKE AB (780) 849-9359

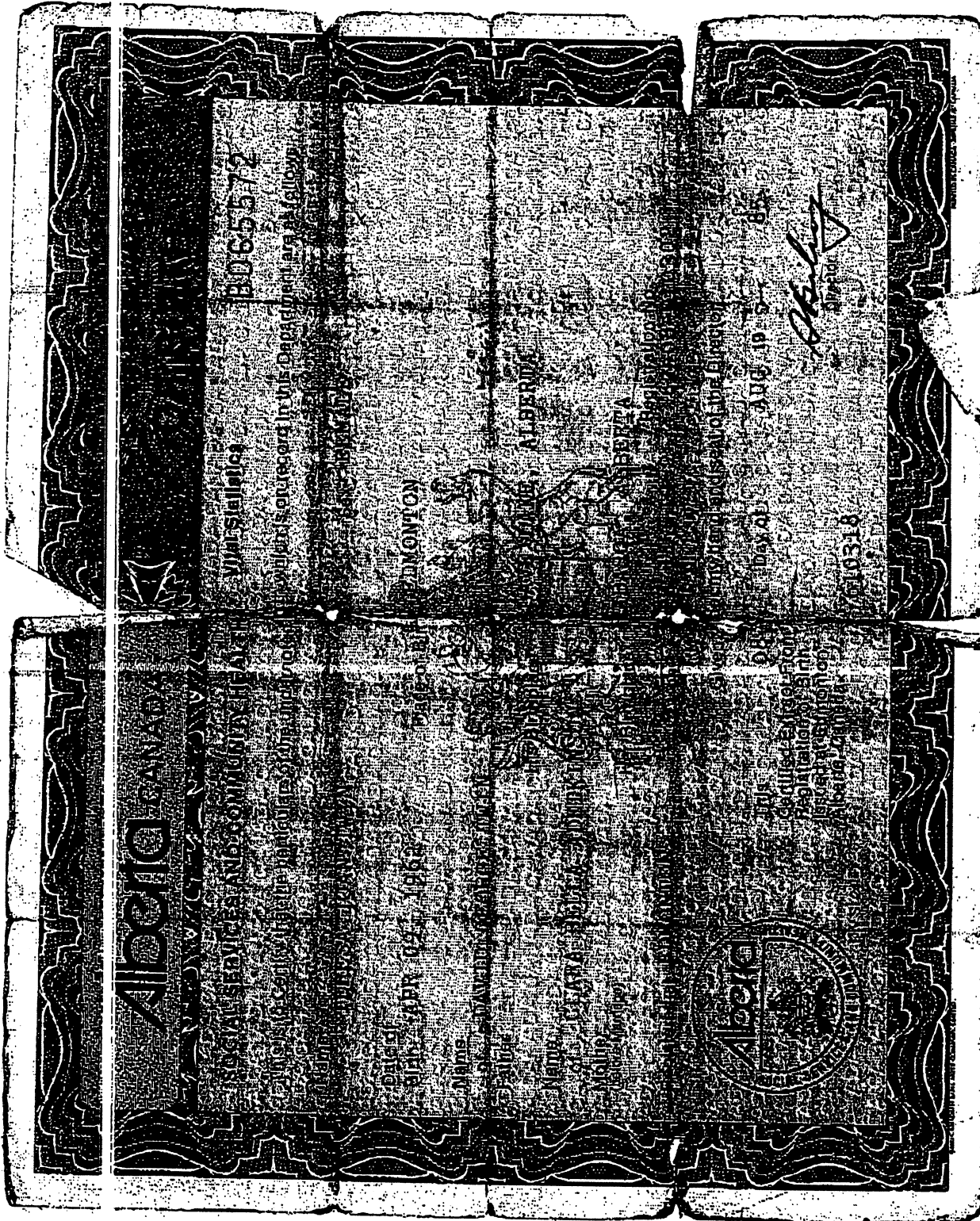
PARENTS INFORMATION									
NAME OF MOTHER		Clara Bella ATKINSON			NAME OF FATHER		DAVID GEORGES Nisotesis (TWIN)		
DATE OF BIRTH		30 11 1921 Day Month Year			DATE OF BIRTH		17 09 1909 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NO			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		SAWRIDGE FIRST NATIONS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
				Because her husband enfranchised.				So his children would not have to go into residential school like he did.	
ADDRESS		Apv P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS		Apv P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH		1 3 1985 Day Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Ursula (Mary) Savard			NAME OF MATERNAL GRANDFATHER		John ATKINSON		
DATE OF BIRTH		1891 Day Month Year			DATE OF BIRTH		1877 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Metis		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
				Married out.					
NAME OF PATERNAL GRANDMOTHER		Jeannette Cardinal			NAME OF PATERNAL GRANDFATHER		Francois Nisotesis (TWIN)		
DATE OF BIRTH		1879 Day Month Year			DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		SAWRIDGE FIRST NATIONS		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		Theresa McRee						DATE	
		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.						July 20/2010	

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

RECEIVED III 12 2010



July 22/10

To Paul Bujold

RECEIVED JUL 23 2010

Fax 780-988-7724

FROM Theresa J. McRee

PH:

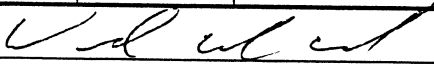
ENTERED JUL 05 2010

RECEIVED JUN 30 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	William		August		McDonald				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	—		7719-188 ST		Edmonton		AB	T5T5J4	Canada
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	13		08		66		BIRTH CERTIFICATE ¹		
	Day	Month	Year		Number				
PLACE OF BIRTH	Fort McMurray				COUNTRY		Canada		
Telephone	780 634 5755		—		—		—		wjckamcd@shaw.ca
	Home Phone	Home Fax	Cell Phone		Work Phone		Email Address		
STATUS NUMBER	45400 93701		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		—
							DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
							IF YES, WHEN, WHICH CATEGORY?		—
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			Never Enfranchised						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Father's name is: Chester Alexander Neeshotasis (Twin) Father's Indian Registration # 4540008201				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Clinton Tyler Seneca-McDonald Kyle Alexander Seneca-McDonald Alannah Lee Seneca-McDonald			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Grace Erika Worden		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		Registered Indian							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		Father Chester Alexander Neeshotasis (Twin) was a registered band member.							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Father Chester Alexander Neeshotasis (Twin) lived on Sawridge Reserve till he passed away				
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)		

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

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

PARENTS INFORMATION							
NAME OF MOTHER	Mary Lucille McDonald			NAME OF FATHER	Chester Alexander Neeshotasis		
DATE OF BIRTH	05	12	1945	DATE OF BIRTH	01	10	1941
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Unregistered Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indian		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	_____	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	454000 8201
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	_____	DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	_____
ADDRESS	102, 9532-107 Ave Edmonton AB T5H-0Z5 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH	_____			IF DECEASED - DATE OF DEATH	22 01 96		
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Jean McDonald			NAME OF MATERNAL GRANDFATHER	Frank Logan		
DATE OF BIRTH	_____			DATE OF BIRTH	_____		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Unregistered Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indian		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	_____	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	_____
NAME OF PATERNAL GRANDMOTHER	Irene Cunningham			NAME OF PATERNAL GRANDFATHER	Paul Neeshotasis		
DATE OF BIRTH	05	12	1905	DATE OF BIRTH	06	04	1888
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Registered Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indian		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	_____	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	_____
SIGNATURE						DATE	06/28/10
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	CASEY		ELIJAH		NIDBO		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	20 NEWPORT DR.		SHERWOOD PARK		AB.	T8A 5L3	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	21	AUG	2003	BIRTH CERTIFICATE ¹	2003-08-024210		
	Day	Month	Year		Number		
PLACE OF BIRTH	FORT MCMURRAY			COUNTRY	CANADA		
Telephone	780-467-6259						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						DID YOU ENFRANCHISE?	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	GREAT GRANDFATHER - PAUL NEESOTASIS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	N/A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	ANCESTRY						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	AUNTS + UNCLE'S STILL RESIDE ON THE RESERVE - LIVED ON THE				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION																	
NAME OF MOTHER			DOMBROWSKI, MANON VALERIE				NAME OF FATHER			MIDBO, DAVID PAUL							
DATE OF BIRTH			APRIL 1976				DATE OF BIRTH			27 JANUARY 1970							
			Day Month Year							Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON-NATIVE				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}										
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS			?				ADDRESS			20 NEWPORT DR. SHERWOOD PARK. AB T8A5L3							
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
IF DECEASED - DATE OF DEATH							IF DECEASED - DATE OF DEATH			N/A							
			Day Month Year							Day Month Year							
GRANDPARENTS INFORMATION																	
NAME OF MATERNAL GRANDMOTHER			JANINE MARTEL				NAME OF MATERNAL GRANDFATHER			HENRI DOMBROWSKI							
DATE OF BIRTH							DATE OF BIRTH										
			Day Month Year							Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON NATIVE				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON NATIVE							
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER			CLARA MIDBO				NAME OF PATERNAL GRANDFATHER			GORDON MIDBO							
DATE OF BIRTH			30 Oct. 1946				DATE OF BIRTH			11 June 1943							
			Day Month Year							Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			STATUS				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON STATUS?							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		MARRIED OUT.		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE			I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.										DATE				

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

MAIL APPLICATION AND DOCUMENTS TO:

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

BIRTH NAISSANCE

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



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

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

L. Beveridge
Laurie Beveridge
Director of Vital Statistics

REG 3413 (2006/01)

Surname
Nom

Midbo

Given Names
Prénoms

Casey Elijah

Date of Birth
Date de naissance

Aug 03, 2003

Sex
Sexe M

Place of Birth
Lieu de naissance

Fort McMurray

Registration No.
N° d'enregistrement

2003-08-024210

Registration Date
Date d'enregistrement

Aug 21, 2003

Date issued
Délivré le 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



A B 0 0 2 9 9 6 8 3

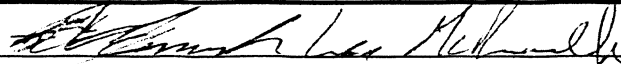
RECEIVED SEP-2 1 2010

ENTERED SEP 22 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Alannah - Lee			—			Seneca-McDONALD		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	Apt/P.O. Box		7719-188st		Edmonton		AB	T5T5J4	Canada
			Street Address		Town		Prov	Postal Code	Country
DATE OF BIRTH	23		02		93		BIRTH CERTIFICATE ¹		Number
	Day		Month		Year				
PLACE OF BIRTH	Edmonton, AB					COUNTRY		Canada	
Telephone	780 634 5755		—		—		—		
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER			ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		166
							DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Chester Twin - Grandfather = Father's Father William McDonald - Reg# 454008201 Reg# 454003701		
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			—		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		—		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION			Status - Treaty = From Chippewa & Thames 1st Nation						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?			Grandfather - treaty & - Band Member - Blood line						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		Family Originates from Sawridge - Chester Twin (Grandfather) lived & born on Sawridge land.		
MARITAL STATUS (check one)			<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed
							<input type="checkbox"/> Common-Law		Other (Specify)

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

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

PARENTS INFORMATION							
NAME OF MOTHER	JOSHILYN MAY McDONALD			NAME OF FATHER	William August McDonald		
DATE OF BIRTH	16	01	1974	DATE OF BIRTH	13	08	1966
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	4540093701
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	7719-188st, Edmonton AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T5T5X4 Canada			ADDRESS	Same Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH			
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Phyllis Lucas (Blatchford)			NAME OF MATERNAL GRANDFATHER	Bradley Seneca Bradley Seneca		
DATE OF BIRTH	09	08	1956	DATE OF BIRTH	28	12	1954
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	MARY Lucille McDonald			NAME OF PATERNAL GRANDFATHER	Chester Twin (Neeshtasis)		
DATE OF BIRTH	05	12	1945	DATE OF BIRTH	01	10	1941
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Non-Registered			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE						DATE	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	ALAN		FLOYD		McDERMOTT		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS							
	Apt/P.O. Box	102-11 A.E. SE	TNC		Prov	Postal Code	Country
DATE OF BIRTH	19		12		1948		BIRTH CERTIFICATE ¹ Number
	Day	Month	Year				
PLACE OF BIRTH	HIGHT PRATER, AB.				COUNTRY		
Telephone	369-1319						Email Address mcdermottfloyd@hotmail.com
	Home Phone	Home Fax	Cell Phone	Work Phone			
STATUS NUMBER	BAND # 454		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN, WHICH CATEGORY? NO - MOTHER DIED.
					IF YES, BAND NUMBER? DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			(Mother died in childhood) NO - MOTHER DIED.				
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		STATUS # 454 002 3541 (Bia C-31) but not band member - how did you become status in 1st place					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		CO 13 place					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
MARITAL STATUS (check one)							Other (Specify)
	Married	Single	Divorced	Widowed	Common-Law		

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				NAME OF FATHER			
Mary Louise Sawan				Myles O'Connell McDevitt			
DATE OF BIRTH				DATE OF BIRTH			
Day		Month		Day		Month	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
Sawridge Trusts							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		IF YES, WHAT IS HIS BAND NUMBER?	
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		454		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A	
DID YOUR MOTHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
ADDRESS				ADDRESS			
Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH			
Day		Month		Day		Month	

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER				NAME OF MATERNAL GRANDFATHER			
Charlotte Testa				Myles O'Connell McDevitt			
DATE OF BIRTH				DATE OF BIRTH			
Day		Month		Day		Month	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
				N/A			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		N/A	
NAME OF PATERNAL GRANDMOTHER				NAME OF PATERNAL GRANDFATHER			
DATE OF BIRTH				DATE OF BIRTH			
Day		Month		Day		Month	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
Treaty Sturgeon Lake							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		IF YES, WHEN AND IN WHICH CATEGORY?	
<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			

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

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

MAIL APPLICATION AND DOCUMENTS TO:

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



RECEIVED APR 12 2011

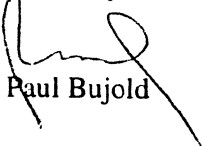
MEMORANDUM

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,



Paul Bujold



SAWRIDGE TRUSTS

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 Twinn, 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



SAWRIDGE TRUSTS

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

afn.ca - 866-869-6759

Assembly of Mt. Holy

Attachment

P.S. Your mother's name is usually spelled "Sawan".
If you have the information, you can call me
and I will help you with the form.

801, 4445 Calgary Trail N.W.
Edmonton, AB T6H 5R7
Office: 780-988-7723
Fax: 780-988-7724
Toll Free: 888-988-7723
Email: general@sawridgetrusts.ca
Web: www.sawridgetrusts.ca

RECEIVED APR 26 2010

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME	Allan			Austin			McDonald			
	First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS	4400-44th St.			Stony Plain			AB	T7Z 1J3	Canada	
	Apt/P.O. Box	Street Address			Town			Prov	Postal Code	Country
DATE OF BIRTH	13 01 1938			BIRTH CERTIFICATE ¹			Number			
	Day Month Year									
PLACE OF BIRTH	Slave Lake AB			COUNTRY			Canada			
Telephone	780 963-7874			780-940-2885						
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.										
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		my mother was a band member #18- of the Sawridge Band.					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		NO			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	C-31									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	my grandfather secured land from the gov't, which is still part of Sawridge reserve and there is 8 oil wells still producing since 1964 (letters from archives to prove this)									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		my mother was born & raised on Sawridge land, which my grandfather John Stony first secured land from the gov't, who then made it in Sawridge.						
MARITAL STATUS (check one)	<input checked="" type="checkbox"/>									
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)				

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

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

PARENTS INFORMATION												
NAME OF MOTHER			<i>Ann Stoney</i>			NAME OF FATHER			<i>William McDonald</i>			
DATE OF BIRTH			<i>09 01 1913</i>			DATE OF BIRTH			<i>07 05 1907</i>			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			<i>member (status) #18.</i>			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			_____			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?						
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?			_____			
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			_____			
ADDRESS			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED – DATE OF DEATH			<i>05 04 1976</i>			IF DECEASED – DATE OF DEATH			<i>18 Sept 1986</i>			
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			<i>Henriette Stclair/Caldor</i>			NAME OF MATERNAL GRANDFATHER						
DATE OF BIRTH			<i>?</i>			DATE OF BIRTH						
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			<i>status</i>			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER						
DATE OF BIRTH						DATE OF BIRTH						
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			<i>Allen Austin McDonald</i>						DATE		<i>Apr 21/10</i>	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

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

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	CLARA		ALICE ELIZABETH		MIDBO	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	30 NEWPORT DR.		SHERWOOD PARK		AB	T8A 5L3 CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	30	Oct.	1946	BIRTH CERTIFICATE ¹	1946-08-021164	
	Day	Month	Year		Number	
PLACE OF BIRTH	HIGH PRAIRIE - AB.			COUNTRY	CANADA	
Telephone	3046766255				emidbo@shaw.ca	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
						MARRIED
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		Through marriage to non-Indian				
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	GREAT GRANDFATHER			
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	YES- DAVID MIDBO DENISE KRISTINA		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		NO	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	STATES					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

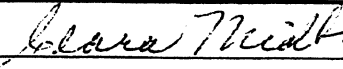
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION

NAME OF MOTHER	IRENE CUNNINGHAM			NAME OF FATHER	PAUL NEESOTASIS (TWIN)		
DATE OF BIRTH	05	DEC	1905	DATE OF BIRTH	06	APR	1888
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TREATY - STATUS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH	20	JULY	1981	IF DECEASED - DATE OF DEATH	4	JUNE	1967
	Day	Month	Year		Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	JUSTINE CUNNINGHAM (NEE PAGE)			NAME OF MATERNAL GRANDFATHER	SAMUEL CUNNINGHAM		
DATE OF BIRTH	?			DATE OF BIRTH	?		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	ELIZABETH COURTERELLE			NAME OF PATERNAL GRANDFATHER	CHARLES NEESOTASIS (TWIN)		
DATE OF BIRTH			1944	DATE OF BIRTH	?		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Indian		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	

SIGNATURE		DATE	APR. 23/40
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.			

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA

CERTIFICATE
OF BIRTH

NAME

VITAL STATISTICS

TWIN, CLARA ALICE ELIZABETH

DATE OF BIRTH

REGISTRATION No.

OCT 30, 1946

1946-08-021164

PLACE OF BIRTH

HIGH PRAIRIE

REGISTRATION DATE

SEX

DATE ISSUED

NOV 04, 1946

F MAR 03, 1994

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

688937

W. H. Frost
DIRECTOR

C75-25

ENTERED JUL 05 2010

RECEIVED JUN 30 2010

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME	Clinton			Tyler			Seneca-McDonald			
	First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS	7719-188st			Edmonton			AB	T5T5J4	Canada	
	Apt/P.O. Box	Street Address			Town			Prov	Postal Code	Country
DATE OF BIRTH	05	08	1989	BIRTH CERTIFICATE ¹			1489-08-025586			
	Day	Month	Year				Number			
PLACE OF BIRTH	Edmonton, Alberta, Canada			COUNTRY			Canada			
Telephone	634-5755			634-5755			Meguman Xvs2ero@hotmail.com			
	Home Phone	Home Fax	Cell Phone	Work Phone			Email Address			
STATUS NUMBER	1660181502	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		Never enfranchised								
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Grand father's name: Chester Alexander Neeshotasis Treaty #: 4540068201 Father's name: William August McDonald							
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.						
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Status: Treaty from Chippewa of the Thames my Treaty #: 1660181502									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My grand father, Chester Alexander Neeshotasis (Twin) lived on Sawridge Reserve until he passed away he was registered band member.									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	grand father: Chester Alexander Neeshotasis (Twin) lived on Sawridge Reserve until he passed away.							
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)				

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

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

PARENTS INFORMATION												
NAME OF MOTHER			Joshilyn May McDonald			NAME OF FATHER			William August McDonald			
DATE OF BIRTH			016 01 1974			DATE OF BIRTH			13 08 66			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Status			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			_____			
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			_____			
ADDRESS			7719-188st Edmonton, Alberta, Canada			ADDRESS			7719-188st Edmonton, Alberta, Canada			
			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH			Day Month Year			IF DECEASED - DATE OF DEATH			Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Phyllis Lucas (Batchford)			NAME OF MATERNAL GRANDFATHER			Bradley Seneca			
DATE OF BIRTH			09 08 1956			DATE OF BIRTH			28 12 1954			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Status			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			_____			
NAME OF PATERNAL GRANDMOTHER			Mary Lucille McDonald			NAME OF PATERNAL GRANDFATHER			Chester Alexander Neeshkatus's			
DATE OF BIRTH			05 12 1945			DATE OF BIRTH			01 10 1941			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			_____			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Status			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			_____			
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			_____			
SIGNATURE			Clinton Z. [Signature]						DATE		June 29th 2006	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

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

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

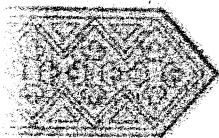
NAME	ETHAN		ROY		MIDDO		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	20 NEWPORT DR.		SHERWOOD PARK		AB.	T8A 5L3	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	08	Aug.	2004	BIRTH CERTIFICATE ¹	2004-08-25628		
	Day	Month	Year		Number		
PLACE OF BIRTH	Fort McMurray			COUNTRY	CANADA		
Telephone	780-467-6259						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		Ancestors and current relatives still live on Reserve		
MARITAL STATUS (check one)							
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION									
NAME OF MOTHER		DOMBROWSKI, MANON VALERIE			NAME OF FATHER		MIDBO, DAVID PAUL		
DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> 4 APRIL 1976 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Day Month Year </div>			DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> 27 JANUARY 1970 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Day Month Year </div>		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS ?		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?					
IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS		?			ADDRESS		20 NEWPORT DR. SHERWOOD PARK. AB T8A5L3		
		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH		N/A		
		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>					<div style="display: flex; justify-content: space-between;"> Day Month Year </div>		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		TANINE MARTEL			NAME OF MATERNAL GRANDFATHER		HENRI DOMBROWSKI		
DATE OF BIRTH		?			DATE OF BIRTH		?		
		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>					<div style="display: flex; justify-content: space-between;"> Day Month Year </div>		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER		CLARA MIDBO			NAME OF PATERNAL GRANDFATHER		GORDON MIDBO		
DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> 30 OCT. 1946 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Day Month Year </div>			DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> 11 JUNE 1943 </div> <div style="display: flex; justify-content: space-between; font-size: small;"> Day Month Year </div>		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON STATUS ?		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		MARRIED OUT.			
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE	

PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.
MAIL APPLICATION AND DOCUMENTS TO:
 Sawridge Trusts



Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



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

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

L. Beveridge
Laurie Beveridge
Director of Vital Statistics

REG 3413 (2008.01)

Surname Nom	Midbo	
Given Names Prénoms	Ethan Roy	
Date of Birth Date de naissance	Aug 08, 2004	Sex Sexe M
Place of Birth Lieu de naissance	Fort McMurray	
Registration No. N° d'enregistrement	2004-08-025628	
Registration Date Date d'enregistrement	Sep 02, 2004	Date Issued Délivré le 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 naissance	Alberta	



A B 0 0 2 7 0 1 9 4

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	GORDON		ALVIN		MIDAO	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	20 NEWPORT DR.		SHERWOOD PARK AB.		T8A 5L3	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	11	June	1943	BIRTH CERTIFICATE ¹		Number
	Day	Month	Year			
PLACE OF BIRTH	CAMROSE AB.		COUNTRY		CANADA	
Telephone	(780) 467-6259		786 499-4629	780 410-2917	Email Address	
	Home Phone	Home Fax	Cell Phone	Work Phone		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	YES - DAVID, DENISE, KRISTINA		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		NO	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	NON - STATUS					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

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		SVEA OLAFSON			NAME OF FATHER		KNUT MIDBO		
DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div> <div style="text-align: center;">Dec. 1905</div>			DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div> <div style="text-align: center;">Sept. 1894</div>		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NON-STATUS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED – DATE OF DEATH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>			IF DECEASED – DATE OF DEATH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER					NAME OF MATERNAL GRANDFATHER				
DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>			DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>			DATE OF BIRTH		<div style="display: flex; justify-content: space-between;"> Day Month Year </div>		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						DATE	

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

MAIL APPLICATION AND DOCUMENTS TO:

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

PROVINCE OF ALBERTA
DIVISION OF VITAL STATISTICS
DEPARTMENT OF PUBLIC HEALTH

NAME
Gordon Alvin Midbo

DATE OF BIRTH
June 11, 1943

REGISTRATION NO.
43-08-404841

BIRTH PLACE
Camrose

REGISTRATION DATE
June 28, 1943

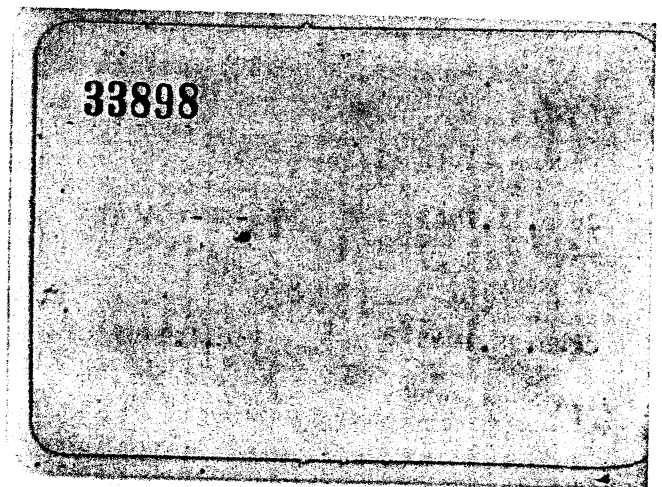
SEX
Male

DATE ISSUED
Dec 1, 1967

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

J. J. Gohrill
DIRECTOR OF VITAL STATISTICS

CERTIFICATE OF BIRTH



ENTERED SEP 22 2010

RECEIVED SEP 22 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	YVONNE		ELIZABETH		NESOOTASIS / TWIN WILLER				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	12820-120ST. NW		EDMONTON		AB	T5E 5N6	Canada		
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country		
DATE OF BIRTH	07	09	1945	BIRTH CERTIFICATE ¹	1945-08-501940				
	Day	Month	Year		Number				
PLACE OF BIRTH	SLAKE LAKE ALBERTA			COUNTRY	CANADA				
Telephone	780		318-2035						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	45400 16201	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	I am descended from my great Grandfather Charles (Piche) - Nesootasis Twin. My grandfather Francois Nesootasis Twin. my father David George Nesootasis Twin #52						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Shirley ANN WILLER Christian Joyce Willer KELVIN Joseph Francis Willier			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Full status at time of Birth, - Father enfranchised in 1953, I was reinstated under Bill C-31 in 1987								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My ancestors belong to Sawridge First Nation. My great grandfather was Charles (Piche) Nesootasis Twin. My grandfather was Francois Nesootasis Twin. My father David George Nesootasis Twin belonged to Sawridge First Nation until he enfranchised in 1953								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My great-grandfather Charles (Piche) Nesootasis Twin. My grandfather Francois Nesootasis Twin. My father + mother, David George and Clara Bella Nesootasis Twin lived on Sawridge lands until my father enfranchised in 1953						
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION							
NAME OF MOTHER	Clara Bella (Atkinson) TWIN			NAME OF FATHER	DAVID GEORGE (Wesley) TWIN		
DATE OF BIRTH	30	11	1921	DATE OF BIRTH	17	09	1909
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	METIS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full STATUS of SAWRIDGE BAND		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	#52
DID YOUR MOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	When husband enfranchise	DID YOUR FATHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	Did not want his children to attend residential school
ADDRESS	Clara TWIN - Long term care 304 BEN ST NE, AB, T0G 2N2, CAN. Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH			
	Day	Month	Year		Day	Month	Year
					01	03	1985
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Ersola (Mary) Savard			NAME OF MATERNAL GRANDFATHER	John Atkinson		
DATE OF BIRTH	?	?	1891	DATE OF BIRTH	?	?	1877
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	1/2 breed			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	1/2 BREED		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	Jeannette (Cardinal) NescoTasis TWIN			NAME OF PATERNAL GRANDFATHER	Francois NisocTasis TWIN		
DATE OF BIRTH	?	?	1879	DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Full STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Full STATUS of Sawridge Band		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Yvonne Wilkin					DATE	Aug, 2, 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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

BIRTH-NAISSANCE

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



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

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

L. Boweridge
Laune Boweridge
Director of Vital Statistics

REG 3413 (2008/01)

Surname
Nom

Nesootasis

Given Names
Prénoms

Yvonne Elizabeth

Date of Birth
Date de naissance

Sep 07, 1945

Sex
Sexe F

Place of Birth
Lieu de naissance

Slave Lake

Registration No.
N° d'enregistrement

1945-08-501940

Registration Date
Date d'enregistrement

Apr 26, 1949

Date Issued
Délivré le Apr 01, 2010

Name of Mother
Nom de la mère

Atkinson, Clara

Place of Birth
Lieu de naissance

Alberta

Name of Father
Nom de père

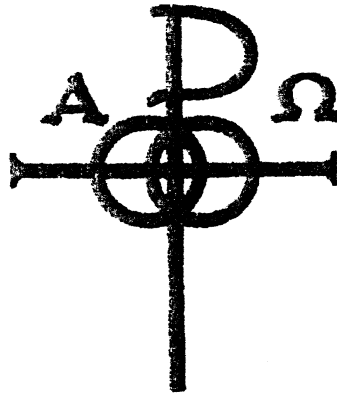
Twin, David

Place of Birth
Lieu de naissance

Alberta



A 8 0 0 2 9 7 3 6 2



"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. 5:31

The Holy Sacrament of Matrimony

This is to Certify

That... DAVID TWIN

and... CLARA ATKINSON

were lawfully united in the Holy Bonds of Matrimony

on... DEC. 26, 1941

according to the Rite of the... R.C. CHURCH

and in conformity with the laws of the Province of... A.B.

In the Church of... ST. MARTIN - DESMARAIS

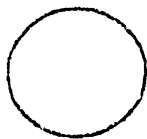
City/Town

The Rev. ... B. GEUNONT OMI ... officiating

in the presence of... EVA ATKINSON

and... witnesses

as recorded in the Marriage Register of this Church



Seal of Church

for the Rev. B. Geunont Pastor

St. Martin Parish

Date... July 27, 2010 ... Diocese of... Montreal

Archbishop-Archbishop's Residence

339, McTavish, Alberta, Canada

TON 2L3
Tel: 324-3002

Certificate of Marriage

THIS IS TO CERTIFY

That NISOTESIS, FRANCOIS

Child of CHARLES (PICHE) - NISOTESIS TWIN

AND COURTOREILLE, ISABELLE

and CARDINAL, JEANNETTE JULIENNE

Child of JOSEPH CARDINAL (MANYOTAKUSIW)

..... LIZETTE "LOUISE" CARDINAL

were lawfully

Married

on the Twenty sixth (26th) day of December 1894.

According to the Rite of the Roman Catholic Church

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

Rev. 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 . Nov 9th. 1995

L. Dawgack
secretary

RECEIVED JAN 23 2012

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME	VIOLET			MARIE			NOLAN			
	First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS	2019	4900-20 STREET			VERNON		BC	V1T 9W3	CANADA	
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country	
DATE OF BIRTH	28 JULY 1941			BIRTH CERTIFICATE ¹						
	Day	Month		Year		Number				
PLACE OF BIRTH	HIGH PRAIRIE, AB				COUNTRY		CANADA			
Telephone	250-545-8193		—		—		—			
	Home Phone	Home Fax		Cell Phone		Work Phone		Email Address		
STATUS NUMBER	4540012801		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	
									<input type="checkbox"/> YES <input type="checkbox"/> NO	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.										
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		TWINN my mother Mary Rose Neesotesis was born on Sawridge reserve LANDS			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			married Lloyd NOLAN DAUGHTER MAXINE NOLAN			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			NO	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}			AM TREATY INDIAN as of 1985							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?			my mother was a band member							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		my mother, grandfather, grandmother all resided on sawridge lands			
MARITAL STATUS (check one)			<input type="checkbox"/> Married		<input checked="" type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	
							<input type="checkbox"/> Common-Law		Other (Specify)	

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

Violet M Nolan

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	MARY ROSE (Neesotees)					NAME OF FATHER	John McDem		
DATE OF BIRTH	TWINN					DATE OF BIRTH	WILL send mothers		
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TREATY INDIAN					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	if necessary		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	Deceased		IF YES, WHAT IS HER BAND NUMBER?			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	Deceased		
	<input type="checkbox"/> YES	<input type="checkbox"/> NO					<input type="checkbox"/> YES	<input type="checkbox"/> NO	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES		IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES		
	<input type="checkbox"/> NO	<input type="checkbox"/> NO					<input type="checkbox"/> NO	<input type="checkbox"/> NO	
ADDRESS	Deceased					ADDRESS	Deceased		
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH						IF DECEASED - DATE OF DEATH			
	Day	Month	Year			Day	Month	Year	
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER	NOT CERTAIN					NAME OF MATERNAL GRANDFATHER			
DATE OF BIRTH						DATE OF BIRTH			
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES		IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES		
	<input type="checkbox"/> NO	<input type="checkbox"/> NO					<input type="checkbox"/> NO	<input type="checkbox"/> NO	
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER			
DATE OF BIRTH						DATE OF BIRTH			
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES		IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES		
	<input type="checkbox"/> NO	<input type="checkbox"/> NO					<input type="checkbox"/> NO	<input type="checkbox"/> NO	
SIGNATURE	Violet M Nolan						DATE	Jan. 9, 2012	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

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

ENTERED APR 23 2010

RECEIVED APR 23 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	JAMIE			GAIL			HUNT (MAIDEN/O'CONNELL)		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	522 MCKENZIE COURT			NORTH BAY			ONT	PIB 9M5	CANADA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	08 05 1978			BIRTH CERTIFICATE ¹		1978-08-011607			
	Day	Month	Year			Number			
PLACE OF BIRTH	EDMONTON, ALBERTA			COUNTRY		CANADA			
Telephone	(705) 474-6423		(705) 492-1455						
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER			ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?
									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		YES, THROUGH MY GREAT GREAT GRANDPARENTS JOSEPHINE CARDINAL + LEON WARD AND THROUGH MY GRANDMOTHER ROSINA LINDBERG			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		KATE KONA HUNT KENNEDY KODA HUNT		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		NON STATUS							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		BIRTHRIGHT							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		MY GREAT GRANDMOTHER, ELIZABETH MABLE WARD LIVED WITH HER PARENTS JOSEPHINE CARDINAL + LEON WARD			
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	
								Common-Law	
								Other (Specify)	

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

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

PARENTS INFORMATION							
NAME OF MOTHER	GAIL O'CONNELL			NAME OF FATHER	DANIEL O'CONNELL (ADOPTIVE FATHER)		
DATE OF BIRTH	11	02	1957	DATE OF BIRTH	30	07	1954
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	STATUS INDIAN/BILL C31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON INDIAN		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	454 004 1101 SHE APPLIED FOR MEMBERSHIP IN 2004 BUT HAS RECIEVED NO RESPONSE	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	3 DODGE AVE, RED DEER, AB CANADA T4R 3H6 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	46 DIAMOND ST CLOSE RED DEER, AB, CANADA T4R 2B4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				BIOLOGICAL FATHER: JAMES EDWARD McKERCHEI D.O.B. DEC 23, 1954 @ FORT McMURRAY, AB. CANADA JAMES MAY HAVE INDIAN STATUS			
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	ROSINA LINDBERG			NAME OF MATERNAL GRANDFATHER	RON LINDBERG		
DATE OF BIRTH	20	10	1935	DATE OF BIRTH	14	12	1929
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON INDIAN		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	THROUGH MARRIAGE BUT REGAINED STATUS THROUGH BILL C31	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	(ADOPTIVE) THELMA ANDERSON			NAME OF PATERNAL GRANDFATHER	(ADOPTIVE) DANIEL O'CONNELL SR.		
DATE OF BIRTH	16	06	1920	DATE OF BIRTH	17	04	1923
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON - INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON INDIAN		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	[Signature]					DATE	Apr. 5/10
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA		DIVISION OF VITAL STATISTICS	
NAME O'CONNELL, JAMIE GAIL			
DATE OF BIRTH MAY 08, 1978		REGISTRATION No. 1978-08-011607	
PLACE OF BIRTH EDMONTON			
REGISTRATION DATE MAY 12, 1978		DATE ISSUED NOV 17, 1989	
SEX F		446294 DIRECTOR	
CERTIFIED EXTRACT FROM REGISTRATION OF BIRTH ISSUED AT EDMONTON, ALBERTA, CANADA			

B0645886

VOID IF ALTERED OR LAMINATED

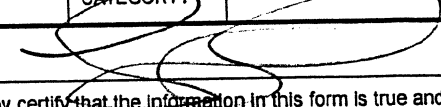
ENTERED APR 23 2010

RECEIVED APR 23 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	LUCAS			DANIEL			O'CONNELL		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	BSMT	2811 EAST 21ST AVE			VANCOUVER		BC	V5M 2W5	CANADA
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	12 06 1987			BIRTH CERTIFICATE ¹		87-08-018986			
	Day		Month		Year		Number		
PLACE OF BIRTH	EDMONTON, ALBERTA				COUNTRY		CANADA		
Telephone	1(604) 436-0980		1(778) 231-5772		Email Address		lucasdanieloconnell@gmail.com		
	Home Phone		Home Fax		Cell Phone		Work Phone		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
								IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		YES, THROUGH MY GREAT GREAT GRANDPARENTS JOSEPHINE CARDINAL + LEON WARD + THROUGH MY GRANDMOTHER ROSINA LINDBERG			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		NON STATUS							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		BIRTHRIGHT							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		MY GREAT GRANDMOTHER, ELIZABETH MABLE WARD LIVED WITH HER PARENTS JOSEPHINE CARDINAL + LEON WARD			
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION												
NAME OF MOTHER			GAIL O'CONNELL			NAME OF FATHER			DANIEL O'CONNELL			
DATE OF BIRTH			11 02 1957			DATE OF BIRTH			30 07 1954			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			STATUS INDIAN/BILL C31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			454 004 1101 SHE APPLIED FOR MEMBERSHIP IN 2004 BUT HAS REC'D NO RESPONSE			
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?						
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
ADDRESS			3 DODGE AVE, RED DEER ALBERTA, CAN T4R 3H6 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			46 DIAMOND ST CLOSE RED DEER, AB, CANADA T4R 2B4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH			Day Month Year			IF DECEASED - DATE OF DEATH			Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			ROSINA LINDBERG			NAME OF MATERNAL GRANDFATHER			RON LINDBERG			
DATE OF BIRTH			20 10 1935			DATE OF BIRTH			14 12 1929			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			THROUGH MARRIAGE BUT REGAINED STATUS THROUGH BILL C31			
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER			THELMA ANDERSON			NAME OF PATERNAL GRANDFATHER			DANIEL O'CONNELL SR			
DATE OF BIRTH			16 06 1920			DATE OF BIRTH			17 04 1923			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			NON INDIAN			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE									DATE		April, 11 th 2010	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

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

VITAL STATISTICS

LB527711

Name *O'Connell, Lucas Daniel*

Sex *Male* Date of Birth *Jun 12 1987*

Place of Birth *Edmonton*

Name of Mother *Lindberg, Gail Elizabeth*
(Maiden Name)

Place of Birth *Alberta*

Name of Father *O'Connell, Daniel*

Place of Birth *British Columbia*

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

Date Issued *Sep 30 2004*

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

REG 3147 (2004/03)

Director



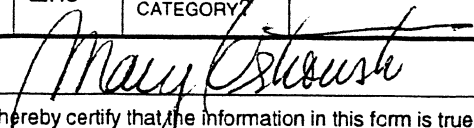
BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	OSTROWSKI		MARY		MAGDALENE		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	# 37	12165 - 75TH AVE		SURREY	B.C	V3W0W7	CANADA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	14 DECEMBER 1954			BIRTH CERTIFICATE ¹	Number		
	Day	Month	Year				
PLACE OF BIRTH	VANCOUVER			COUNTRY	CANADA		
Telephone	604 591-8542		604 309-9774		maryo@telus.net		
	Home Phone	Home Fax	Cell Phone	Work Phone			
INAC # 2034659 STATUS NUMBER REGISTRY # 4540037601	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	DESCENDANT - MOTHER MARY RACHEL L'HIRONDELLE (WARD) STATUS NUMBER 4540015701 SAWRIDGE BAND MEMBER 9 TREATY INDIAN				
DID NOT ENFRANCHISE YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	MARISIA ANN OSTROWSKI JAN 18, 1982 ANDREW HENRY OSTROWSKI JULY 2, 1986		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	STATUS INDIAN UNDER INDIAN ACT REGISTRY GROUP: SAWRIDGE						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Direct descendant through my mother and her lineage, as Sawridge Band 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	my mother lived with her mother and her grand parents on Sawridge land.				
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Single				WITH CHILDREN	
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION									
NAME OF MOTHER		MARY L'HIRONDELLE (WARD)				NAME OF FATHER			
DATE OF BIRTH		23 MARCH 1928				DATE OF BIRTH			
		Day		Month		Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT & TREATY SAWRIDGE BALD MEMBER				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		INAC # 166 2635 4540015701 REGISTRY #			
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS		#45-7850 K.G. HWY SUKRE 16C Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country V3W 5B2				ADDRESS			
IF DECEASED - DATE OF DEATH		N/A				IF DECEASED - DATE OF DEATH			
		Day		Month		Year			
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		EVA MARY ROSE WARD				NAME OF MATERNAL GRANDFATHER			
DATE OF BIRTH		02 APRIL 1907				DATE OF BIRTH			
		Day		Month		Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS INDIAN ACT / SAWRIDGE BAND #4				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER			
DATE OF BIRTH						DATE OF BIRTH			
		Day		Month		Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE							DATE		FEB 28, 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

MAIL APPLICATION AND DOCUMENTS TO:

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

PROVINCE OF BRITISH COLUMBIA
 DEPARTMENT OF HEALTH AND WELFARE
 Division of Vital Statistics

REGISTRATION No. 54-09-032412

NAME
MARY MAGDALENE OSTROWSKI

BIRTH DATE
Dec. 14, 1954

BIRTH PLACE
Vancouver, B.C.

REGISTRATION DATE **Mar. 23, 1955** SEX **F** DATE ISSUED **Dec. 4, 1959**

CERTIFIED EXTRACT FROM REGISTRATION
 OF BIRTH RECORDED AT THE PARLIAMENT
 BUILDINGS, VICTORIA, B.C., CANADA

J. N. Doughty
 DIRECTOR OF VITAL STATISTICS

CERTIFICATE OF BIRTH

20201659

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that - Le présent atteste que

Family name - Nom de famille
OSTROWSKI

Given names - Prénoms
Mary Magdalene

Alias - Nom d'emprunt

Registry no. - N° de registre
4540037601

is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985);
 est un Indien au sens de la Loi sur les Indiens, chapitre 27 des Lois du Canada (1985).

Revenue
 Receipt

N° 432750 L

For Treasury
 use only

Date of birth - Date de naissance: **1954/12/14** Registry group - Groupe d'enregistrement: **SAWRIDGE**

Sex - Sexe: **F** This card is valid until / Cette carte est valide jusqu'au: **2011/07/07**

Holder's Signature - Signature du titulaire: *Mary Ostrowski*

Issuing officer's signature - Signature de l'agent émetteur: **For: R. Poole/Manager** Issue date - Date d'émission: **2006/07/07**

Please return postage free to INAC Ottawa, Ontario, Canada K1A 0H4
 Quiconque trouve le présent est prié de le retourner franc de port, au AINC, Ottawa (Ontario) Canada, K1A 0H4
 83-004, 2005-11-21, 7530-21-023-3673