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

Den Controll

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

				PARENTS IN	FORMATION						
NAME OF	ELIN	a Deti	C_{\bullet}		NAME OF						
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	Day	Moi	าเก	Year		Da	y	Mon	ith	\	/ear
NAME OF				GRANDPARENTS		T					
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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 28 January 2010

To Sawridge Trust:

I have included a few pages from the court case my Mother was involved with in order to be reinstated to the Sawridge Band list. The courts had ruled in her favor, but she passed away before she had been added to the Sawridge Band list.

If more information is required please do not hesitate to phone 250-566-9074 home or 780-521-3711 cell.

Thank-you,

Thomas Courtoreille

lom Cantreille.

Frocest Court of Canada Trial Physics



raciona o accodóre instruce a. En Consteber de du Edmada

Date: 20030327

Docket: T-66-86A

Neutral citation: 2003 FCT 347

THETHEEN:

BERTHA L'HIRONDELLE and on her own behalf and on behalf of all other members of the Sawridge Band

21:

- and

HER MAJESTY THE QUEEN?

Defendant

and -

NATIVE COUNCIL OF CANADA.

NATIVE COUNCIL OF CANADA (ALBERTA)

NON-STATUS INDIAN ASSOCIATION OF ALBERTA

NATIVE WOMEN'S ASSOCIATION OF CANADA?

Interveners

BEASONS FOR ORDER AND ORDER

HUGESSEN.

[1] In this action, started some 17 years ago, the plantiff has sued the Crown seeking a declaration that the indian Act, R.S.C. 1985, c. I-5, contraonly

known as Bul C-31, are unconstitutional. While I shall more deal in detail with the precise text of the relevant amendments, I cannot do better here than reproduce the Court of Appeal's brief description of the thrust of the legislation when it set aside the first judgment herein and ordered a new tool:

Briefly put, this legislation, while conferring on Indian hands the right to control their own band lists, obliged bands to include in their membership certain persons who became entitled to Indian status by virtue of the 1985 legislation. Such persons included: women who had become disentialed to Indian status through man inon-Indian men and the children of such women; those who had lost status because their more remail grandmother were non-Indian and nad grired Indian status through manage to more and another word had lost status on the basis that they were illegitimate offspring of an Indian will and a non-Indian man. Bands assuming court of of their band lists would be obliged to account these people as members. Such bands would also be allowed, if they chose, to accept certain the categories of person miniously excluded from Indian status.

- [2] The Crown defendant now moves for the following interface tray relief:
 - a. An interfection declaration that, pending a final determination of the s action, in accordance with the provisions of the Indian Act. R.S.C. 1985 c. J.S., as amended, (the Indian Act. 1985") the individuals who adduced the right to be members of the Sawridge Band before it took control of its own Band List, shall be d: . . . To be registered on the Band List as inembers of the Sawridge F. . . . The full rights and provileges. . . . Dyed by all band members:
 - b. In the electrative, an interlocutory mandatory injunction, pending a final resolution of the literatifs' action, requiring the Plaintiffs to order or register on the Sawridge Band List the names of the literals who acquired light to be members of the Sawridge Band before it look control of its Band use with a full hights and privileges enjoyed by all band members.
- (5) The brack of Crown's request is the allegation that the plaintiff Band has consister. Persistently reference amply with the remedial provisions of C-31, the result that 11 women, who had formerly been members of the Band and had lost both more fraction status and their Brackership by marriage to non-Index as pursuant to the former provisions of section 1. The Act, are will being denied the benefits of the amendments

- Because these women are getting on in years (a twelfth member of the group has already died and one other is seriously ill) and because the action, despite intensive case management over the past five years, still seems to be a long way from being ready to have the date of the new trial set down, the Crown alleges that it is urgent that I should provide some form of interim relief before it is too late.
- In my view, the critical and by far the most important question raised by this motion is whether the Band, as the Crown alleges, is in fact refusing to follow the provisions of C-31 or whether, as the Band alleges, it is simply exercising the powers and privileges granted to it by the legislation itself. I shall turn to that question shortly, but before doing so, I want to dispose of a number of subsidiary or incidental questions which were discussed during the hearing.
- [6] First, I am quite satisfied that the relief sought by the Crown in paragraph a above is not available. An interim declaration of right is a contradiction in terms. If a court finds that a right exists a declaration to that effect is the end of the matter and nothing remains to be declaration in the final judgment. If on the other mand, the right is not established to the court confaction, there can be no entitlement to have an improved right declared to exist. (See Sankey v. Minister of Transport and Stanley E. S. Mars, [1979] 1.1.C. 134 (F.C.T.D.)) [according the motion as though it were simply speking an incolocutory injunction.

[7] Second, in the unusual and perhaps unique circumstances of this case, I accept the submission that since I am dealing with a motion seeking at interlocutory injunction, the well-known three part test established in such cases as Manitoba (Attorney General) v. Metropolitain Stores (MIS) Ltd, [1987]) S.C.R. Cond R.J.R. Macdonald v. Canada (Attorney General), [1994] 1 S.C.R. 311 should in reversed. The universally applicable general rule for anyone who contests the constitutionality of legislation is that such legislation must be obeyed unless and until it is either stayed by court order or is set aside on final judgment. Here, assuming the Crown's ellegations of non-compliance arcorrect, the plaintiff Band has effectively given itself an injunction and has chosen to act as though the le which it contests did not exist. I can only permit this situation to continue if I am satisfied that the plaintiff could and should have been given an interlocutory injunction to suspecoffects of C-31 pending trial. Applying the classic to requires that I ask myself if the plaintiff has raised a serious issue in its attack on the law. whether the enforcement of the law will result in irreparable harm to the plaintiff, and finally, determine where the balance of convenience lies. I do no apt the proposition that because the injunction sought is of a mandatory nature, the test should in any way be different from that set down in the cites cases. (See Ansa International Rent-A-Car (Canada) Ltd. v. American International Rent-A-Car Corp., (1990), F.C.J. No. 514, 32 C.P.R. (3d) 3401

has the effect of imposing that it members that it does not want. Paragraph 22 of the Frosh as Amenda. Statement of Claum reads of the Swanian own.

- 22. The plaintiffs state that with the encouraged of the Amendments, Parliament attempted unilaterally to receive any birst blahous to admit certain person to introducible. The Amendments grants, and indeed, for their objection. Furthernore, such quarkers to this without their content, and indeed, for their objection. Furthernore, such quarkers to this were granted to introducible ordinary regard for their acquait connection to or interest. First Nation, and regardiess or their notifical desires or that of the First Nation, or the discumstances pertaining the First Nation. This exercise of power by Parlia near was unprecadented in the producessor ogsilution.
- [39] I shall grant the mandatory injunction as requested and will specifically order that the mannes of the 11 known acquired rights women be added to the Band List and that they be accorded til the rights of members appoint the Band.
- [40] If reserve the question of costs for the Crown [1] while the interveners have made a weful contribution to the debate. I would not only this costs to a lagainst them.

ORDER

The plaintiff and the persons on whose behalf all sues, being all the members of the Sawridge Band, are hereby ordered, pending a final confusion of the plaintiff's action, to enter or register on the Sawridge Band List the names of the individuals who acquired the right to be members of the Sawridge Band before it took control of its Band List, with the fights and privileges enjoyed by all Band members.

Without restricting the generality of the foregoing, this Order requires that the

following persons, namely, Je mnette Nancy Boudrea... Elizabeth Countraille, Flexiv

Edward Delong, Roserra Anna Landberg, Cecile Y vonne Loyie, Elsio Frora Loyie, Rim Rose

Mandel, Elizabeth Bernadette Poitras, Lili en Ann Marie Potskin, Margaret Ages Clara Ward

and Mary Rachel L'Harondelle be forthwith entered on the Band List of the Sawridge Band

and he immediately accorded all the rights and privileges attaching to Band membership

Ja**ne**s K. Hugessen...

Edmonton, Alberta,

CANADA CANADA

- Vital Statistics COMMUNITY AND OCCUPATIONAL HEALTH

B115012 This is to Certify that the particulars of the undernoted birth which is on record in this Department are as follows:

Name

Sex MALE

THOMAS ALBERT COURTOREILLE

Birth APR 21, 1960 Date of

Place of Birth GROUARD

COLLIN COURTOREILLE Name

His Birthplace GROUARD, ALBERTA

Her Birthplace JOUSSARD, ALBERTA

on MAY 17, 1960 Registration No. (Month) (Day) (Year)

Given under my hand and seal of the Director.

Day of

Registered at EDMONTON

of ELIZABETH WARD

Name

Father

Mother (before Marriage)

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

249021

D.V.S. 24

FUNERAL DIRECTOR'S STATEMENT OF DEATH

Name:

Elizabeth Rosalie Courtoreille

Address:

Box 13

Grouard, Alberta T0G-1C0

Date of Death:

December 12, 2003

Date of Birth:

June 23, 1926

Date of Service:

December 18, 2003

Disposition:

Burial at St. Bernard Mission Cemetery

Grouard, Alberta

Next of Kin:

Mr. Collin Charles Courtoreille

Relationship:

Husband

Address:

Box 13

Grouard, Alberta T0G-1C0

This is to certify the above information has been taken from our records and to the best of our knowledge is true and correct.

Dated December 17, 2003 at High Prairie, Alberta

774



CHAPEL OF MEMORIES (IIIch Prairie) List

P.O. Bax 1057 High Prairie, Alberta TOG 1E0 High Prairie Phi (780) 523-3540 Fux: 523-5602 Valleyview Phi (780) 524-4333

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Telephone 25	0)182-6 Home Phor	680 ne Ho	me Fax	Cell Phone	- Work Pho	пе		Email Add	ress
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BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

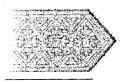
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION											
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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



Registration of Birth rileu at Edmonton, Alberta, Canada.

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

Jan 29, 2010

REG 3413 (2008/01)

Sumame Nom

Cardinal

Given Names Prénoms

Barbara Jean

Date of Birth Date de naissance

Feb 07, 1948

Place of Birth Lieu de naissance

Slave Lake

Registration No. Nº d'enregistrement

1948-08-004843

Registration Date Date d'enregistrement

Mar 07, 1948

Name of Mother Nom de la mère

Loyie, Elizabeth

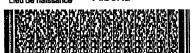
Place of Birth Lieu de naissance Alberta

Name of Father Nom de père

Cardinal, George

Place of Birth Lieu de naissa

Alberta





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n (eneer ene) Married Sindie Divorced Widdwed Common-Law) - Umer (Specify)		Married	Single	Divorced	Widowed	Common-Law			Other (Specif	V)	

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

	PARENTS I	NFORMATION
NAME OF MOTHER	Marion Fayant	NAME OF FATHER Dale Cardinal
DATE OF BIRTH	12 08 1959 Day Month Year	Date of Birth Day Month Year
STATUS UNDER INDIAN ACT CR PAY LIST AT BIRTH ^{2,3}	Reinstated in 1985 WAS Bill & C-31	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH 2.3
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES IF YES, WHAT IS HER BAND NUMBER? 50,000 77(0)	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	OYES ? IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE? IF YES, WHEN AND IN WHICH CATEGORY?
Address	# 48 Hannah Crescont Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country Whitehorse, Jukon	Address Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH Day Month Year
		TS INFORMATION
NAME OF MATERNAL GRANDMOTHER	Olive Patrick	NAME OF MATERNAL GRANDFATHER OSCAR Patricx
DATE OF BIRTH	OH MARCH 1933 Day Month Year	DATE OF BIRTH
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status - Now Decased	STATUS UNDER INDIAN ACT OR PAY LIST AT BIATH ^{2.3} NON-Status - Deceased
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE? DIO YOUR IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Elizabeth (Loyie)	NAME OF PATERNAL GRANDFATHER GRANDFATHER CREATER CONTINUE
DATE OF BIRTH	Day Month Year	DATE OF BIRTH Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE? DIYES IF YES, WHEN AND IN WHICH CATEGORY?
	nereby certify that the information in this form is true and co	

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

3			BENEF	ICIARY A	PP	LICATIO	N FOR	RM				
	7			PERSONA	LIN	ORMATION						i
Name	Dale			Bien	_	av d			Con	-dine cu	1	
	<u> </u>	First Name(s	3)	<u> </u>	Mid	ldle Name(Last Na	ime(s)	<u> </u>
Mailing Address	591 Apt/P.O. B		3 Horat Street Add			1)awsc	own	ek	B.C.	VIG-4H		310
DATE OF BIRTH	0 <u>2</u>		5 S	/953		BIRTH CERTIFICA	TE ¹	19	53-	08-032 Numbe		
PLACE OF BIRTH	Fous	t, Al	berta			COUNTRY			ana		· · · · · · · · · · · · · · · · · · ·	
Telephone	350 219-4213 219-4213 Home Phone Home Fax Cell Phone Work Phone Email Address											
STATUS NUMBER	45400	ARE YO	TO A- ITINO	la Van	1.	Work Pi	DID YOU ENFRAN	ICH-	□YEŞ □No	Email Addi IF YES, WHEN, WHICH CATEGORY?		
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WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Family History Connected to Sowridge Indian Bond On Meeternal Side												
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(check one)	Married	Single	Divorced	Widowed	C	ommon-La	w			Other (Specif	γ)	i

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

¹ A conv of the certificate of hirth or haptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit

PARENTS INFORMATION											
NAME OF MOTHER	Elizabeth Loyie	NAME OF FATHER	Coorge Cordinal								
DATE OF BIRTH	22 03 1926 Day Month Year	DATE OF BIRTH	0 5 06 1921 Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	5 tates-Bill-C31	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Big Stone Cree Nation								
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	ロYES IF YES, WHAT IS HIS BAND NUMBER?								
DID YOUR MOTHER ENFRANCHISE?	ロYES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	UYES AND IN WHICH CATEGORY?								
ADDRESS	Deceased	Address	Peceased								
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country								
IF DECEASED		IF DECEASED — DATE OF DEATH									
DATE OF BEATT	Day Month Year GRANDPARENT:	1	Day Month Year								
NAME OF MATERNAL GRANDMOTHER	Falamine Word	NAME OF MATERNAL GRANDFATHER	hovie Loyie								
DATE OF BIRTH	?	DATE OF BIRTH	?								
	Day Month Year	1	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}	?								
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NAME OF PATERNAL GRANDMOTHER	?	NAME OF PATERNAL GRANDFATHER	?								
DATE OF BIRTH	?	DATE OF BIRTH	?								
	Day Month Year		Day Month Year								
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	pereby certify that the information in this form is true and correctly usis to share this information with those who need it to determ										
L	core to original fill intollitication tales along also more if to deten	arry oracide an a t									

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

CANADA CANADA

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DIVISION OF VITAL STATISTICS

		e September		•		123320
ALE			TA	***		Registration No. 1953-08-(
Sex	FAUST		ABASCA, ALBER		AUST, ALBERTA	on OCT 06, 1953 1953-08-023320
NARD	Place of Birth	野菜 (アルギン) - 1987年 (1987年 - 1987年 - 1	His Birthplace Wi		Her Birthplace F7)Ö uo
DATE BEI	1953	, GEORGE				NÇTN
Name CARDINAL	Date of Birth AUG 02	Name of CARDINAL	Father Committee of the	Name LOYIE, E	Mother (before Marriage)	Registered at EDMONTON
	Name CARDINAL DATE BERNARD	Name CARDINAL DALE BERNARD Sex MALE Date of Birth AUG 02, 1953 Place of Birth FAUST	Name CARDINAL, GEORGE	Name CARDINAL, DALE BERNARD Date of Birth FAUST Name of CARDINAL, GEORGE His Birthplace WABASCA, ALBERTA	Name CARDINAL, DAEE BERNARD Date of CARDINAL, GEORGE Father His Birthplace WABASCA, ALBERTA of LOYIE, ELIZABETH	Name CARDINAL, DATE BERNARD Date of Birth TAUST Name of CARDINAL, GEORGE Name of LOYIE, ELIZABETH Wother Webstra



Given under my, hand and seal of the Director. This.
Certified Extract From Registration of Birth Issued at Edmonton, Alberta, Canada.

			BENEF				N FORM			
				PERSO	NAL IN	FORMATION		 		
NAME	FRIE	EDA		~	·	/	-1	$\perp \mathcal{D}$	RANEY	-(1)
	1	st Name(s)		L	Mic	idle Name(10	Last Nam	
MAILING ADDRESS	148						E LAKE			CANADA
	Apt/P. Box	<u> </u>	treet Add	ress		T .	own	Prov	Postal Code	Country
DATE OF BIRTH	35	10		194		BIRTH CERTIFICA	TE ¹			
	Day		nth	Yea	ar				Number	
PLACE OF BIRTH	SLAV	ELAK	CE,	A-B		COUNTRY		CAN	ADA	
Telephone	780.849-8		NA	N	4	780. 84	19.956	2	N/A	
	Home Phone	e Hom	e Fax	Cell F	hone	Work Pl	none	1	Email Addres	58
STATUS	454 00194_	ARE YOU MARRIED TO A	□YES	IF YE			DID YOU ENFRANCH	□YES	IF YES, WHEN,	
NÜMBER		BAND MEMBER		Numb			ISE?	OMES	CATEGORY?	
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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 I	REN	= Cyun	INGH		NAME OF FATHER	PA	464	VEE	T 02	143	15
DATE OF BIRTH	Day	5 /3	2 onth	1905 Year	DATE OF BIRTH	Da	v 1	Mon	th		Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		100	, , , , , , , , , , , , , , , , , , ,	, roui	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	y	101011	<u></u>		1 ou
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	MYES □No	IF YES, WHAT IS HER BAND NUMBER?	7	,	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	ENO □NO	IF YES, IS HIS E NUMBE	BAND	, (7	
DID YOUR MOTHER ENFRANCHISE?	□YES MO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES ZÉN O	IF YES, AND IN V CATEGO	инюн			
ADDRESS	Apt/ P.O. Postal Co	Box, Street Add	ress, Town	ı, Province,	- Address		O. Box, S Code, Co		ldress,	Town	ı, Province,
If DECEASED — DATE OF DEATH	Day	Mo	nth	Year	IF DECEASED — DATE OF DEATH	Day Month Year					Year
				GRANDPARENTS	INFORMATION						
NAME OF MATERNAL GRANDMOTHER	Ju 5	TINET		NAME OF MATERNAL GRANDFATHER	SAL	1 Cu	NNI	NBI	ЦΑ	M	
DATE OF BIRTH		7			DATE OF BIRTH		· フ				
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DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES MO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES BNO	IF YES, AND IN CATEGO	WHICH			
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER						
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					ct. I give permission nine my etatus as a b			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

			BENEI			LICATIO	N FORM			
						FORMATION				
Name	AL	INE		EX	121	4 BETH	+	/	HUZAR.	
	F	irst Name(s	s)		Mid	ddle Name(s	3)		Last Nan	ne(s)
MAILING ADDRESS			NEISB	ROD 1	20	PRINCE	GEORGO	BC		CANADA.
	Apt/P.O. Box	(Street Ad	dress		To	own	Prov	Postal Code	Country
DATE OF BIRTH	07		08	195	1941 BIRTH CERTIFICATE ¹				4123	
	Day		Month	Ye	ar				Number	
PLACE OF BIRTH	SLAVE	LAKE,	ALBE	RTA		COUNTRY		CAN	ADM.	
ر Telephone	250-962-	2161	25	981-0	,082					
	Home Pho	ne l	lome Fax	Cell F	hone	Work Ph	none		Email Addre	ess
STATUS NUMBER 454 0	015/01	ARE YO MARRIED BAND MEM	TO A LETNO		ID D		DID YOU ENFRANCH ISE?	□YES ₩⊒NO	IF YES, WHEN, WHICH CATEGORY?	
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YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	A-T	TAC	HED	57	AT	US C	PARD.			
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(check one)	Married	Single	Divorced	Widow	ed (Common-La	w		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	CAROLINA	E MARY	MCGILLIVEAS	NAME OF FATHER	Simi	ON MCC	SIKLIVRAY.		
DATE OF BIRTH	01	09	1902	1	/5		2 1899		
CTATUS LINES	Day	Mon		CTATIONNES	<u>Da</u>	y Mor	nth Year		
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DID YOUR MOTHER ENFRANCHISE?	LITES AND	ES, WHEN IN WHICH		DID YOUR FATHER ENFRANCHISE?	□YES L⊠No	IF YES, WHEN AND IN WHICH CATEGORY?			
Address	Apt/ P.O. Box, Postal Code, (ss, Town, Province,	Address		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED —	25	//	1979	IF DECEASED —			8 1948.		
	Day	Monti			Da	ıy Moi	nth Year		
l			GRANDPARE	NTS INFORMATION	<u></u>				
NAME OF MATERNAL GRANDMOTHER	HENRIE	ETTE (CALDER	NAME OF MATERNAL GRANDFATHER	To	JOHNNY STONEY.			
DATE OF BIRTH	07 Day	Ø /		DATE OF BIRTH			5 /875.		
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NAME OF PATERNAL GRANDMOTHER	VITALIN	E DIU	N WABASKI	A PATERNAL GRANDFATHER	JOH	N ALFRE	D MYCGILLIVRAY.		
DATE OF BIRTH	06	07		DATE OF BIRTH			1879		
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SIGNATURE Chrice Christian									

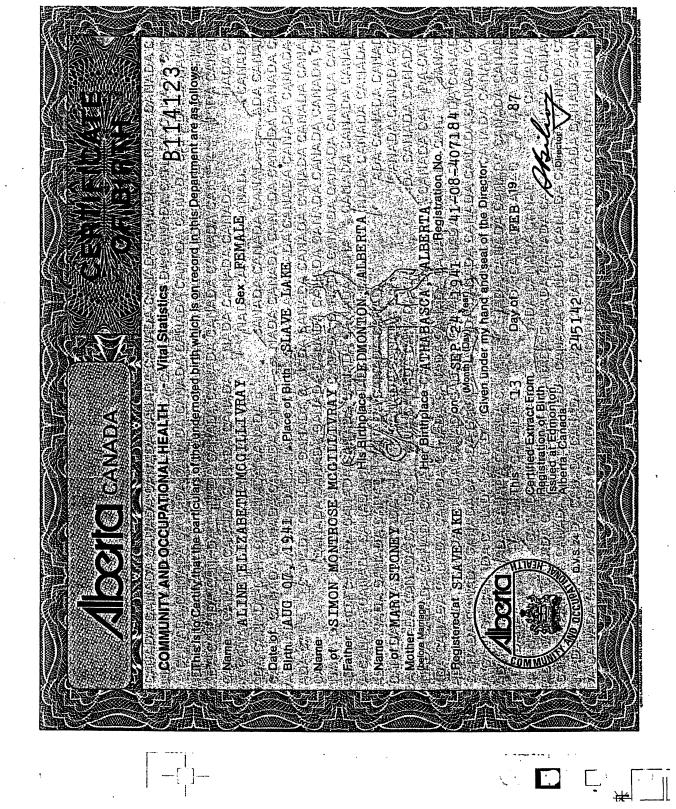
PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

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

Aline Huzar - Sawridge Trusts Beneficiary application

- My Grandfather, Johnny Stoney, Sawridge band member #18, settled on his land in 1896, treaty 8 was signed in 1899; therefore, my Grandfather was on Sawridge land when treaty number 8 was signed.
- My Grandfather, Johnny Stoney, Sawridge band member #18, lived on Sawridge land for 60 years from 1896 until he died in 1956. My uncle, Joe Stoney, continued to live on Sawridge land until he died.



351204039796

Registry Group - Groupe & enregistrement
454 - Sawridge

Canadä

4540015101

HUZAR ALINE ELIZABETH
Ser/Sens Date of Birth / Date de naissance
F 1941-08-07



Aline Huzar 3953 Weisbrod Rd. Prince George, BC V2K 2S4

RECEIVED APR 2 9 2010

Date: April 27, 2010

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

Dear Mr. Paul Bujold,

Re: Beneficiary Application

Enclosed you will find my Sawridge Trusts beneficiary application and also the attachments. If you require further information please contact me. My telephone number is (250) 962-2161.

I look forward to your reply.

Sincerely,

Aline Huzar

Aline They

BENEFICIARY APPLICATION FORM											
				PERSONAL	LINF	ORMATION					
NAME		HUR		BERNARD			JACKSON				
	<u> </u>	irst Name(s	5)		Mid	dle Name(s	<u>s)</u>			Last Nam	ne(s)
MAILING ADDRESS		44	05-a	55+.	1	NER	NON	7	BC	VIT302	CANADA
ADDRESS	Apt/P.O. Box		Street Addr				own		Prov	Postal Code	Country
DATE OF BIRTH	15	-	03	1922	_	BIRTH CERTIFICA	TE ¹	Ĭ	328	9946	
	Day		Month	Year						Number	
PLACE OF BIRTH	SAU	ORIDO	SE, AL	BERTA		COUNTRY		c	A WA	DA	
Telephone	250~545						_				
	Home Pho	ne -	lome Fax	Cell Pho	ne	Work Ph	one	<u> </u>	1	Email Addre	SS
STATUS NUMBER	509280	ARE YOU MARRIED T BAND MEME	OA KUMO	IF YES, BAND NUMBER?	,		DID YO ENFRAN ISE?	ICH-	□YES DENTO	IF YES, WHEN, WHICH CATEGORY?	
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ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? THE MOTHER SOPPHIE Cardinal was on original was on o						original over ever					
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YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	fuce 5								1.		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Never got anything, my mom dot not get anything TRUST TRUST BENEFICIARY? Never got anything, my mom dot not get anything Thing I have get anything to be anything The sel as oldest anything to be anything Trust Trust Beneficiary? Should get something Defor I die!											
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	STORS LIVED ON SAWRIDGE LANDS UDING POST TREATY IS SET ASIDE FOR EXCLUSIVE USE OF IF YES, PROVIDE DETAILS LIVED ON THE STORE LANDS OI										
MARITAL STATUS		1									
(check one)	Married	Single	Divorced	Widowed	Co	ommon-Lav	w			Other (Specify))

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

MIn.

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

			PARENTS INF	ORMATION					
NAME OF MOTHER	SOPHI	E CARD	NAL	NAME OF FATHER	AR	CHIB	ALD,	CE	CIL
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IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES IF YES, IS HER NUMBE			IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES IZAÑO	IF YES, W IS HIS BA NUMBER	ND		
DID YOUR MOTHER ENFRANCHISE?	LITES	, WHEN WHICH ORY?		DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, W AND IN WI CATEGOR	нісн		
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			vn, Province,	
IF DECEASED — DATE OF DEATH			·	IF DECEASED — DATE OF DEATH				T	
	Day	Month	Year GRANDPARENTS	INFORMATION	Da	У	Month		Year
NAME OF MATERNAL	Maria	GRE		NAME OF MATERNAL			. 0	- 25	
GRANDMOTHER	Maria	GRE	<u> </u>	GRANDFATHER	HE	ENRY	4 6	AKU	INAL
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PLEASE DO NOT FORGET TO SEND COPIES OF RELEVANT DOCUMENTS LISTED BELOW, IF APPLICABLE.

MAIL APPLICATION AND DOCUMENTS TO:

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IN CANADA Albertas Canada as SASADA CANADA Registration of Birth -- Issued at Edmonton, SOA CAN

ALLA CANATIA CANADA C21

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BENEFICIARY APPLICATION FORM										
	PERSONAL INFORMATION									
Name	Jun	e		Mai	Martha			Ko	losky	
	<u> </u>	irst Name(s)		L		dle Name(s		Last Name(s)		
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	Apt/P.O. Box	()	Street Add	ress	\dashv	10	own	Prov	Postal Code	Country
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PLACE OF BIRTH		Lake				COUNTRY		Par	Number ada	
			,					C411	494	
Telephone	250-788- Home Pho	9673 ne Hor	ne Fax	Cell Pho	893	Work Ph	one		Email Addre	200
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ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR DF THE MANO									
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND (56	s: ee attac age 1)	hed	R P N	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}	under Indian Act or pay list At time of Attached status card and Daylist									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST Stoney (McGi/livray) The stoney (McGi/livray) Trust Stoney (McGi/livray)										
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? INDUMBRY INDUMBRY Johnny Stoney (Stephens) NE 14, Section 6, Township 73, Range 4. (See affached)										
MARITAL STATUS	X									
(check one)	Married	Single	Divorced	Widowed	Co	ommon-Lav	V		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.

CHILDREN

Name	Sex	Birthplace	Birth date
Debra Joy Kolosky	Female	Whitehorse, Yukon	November 12, 1956
Cheryl Lynn Kolosky	Female	Grande Prairie, Alta	June 17, 1958
John William	Male	Grande Prairie, Alta	November 10, 1960
Kolosky			
Laurie Jean Kolosky	Female	Dawson Creek, BC (hospital)	January 28, 1962
David Allan Kolosky	Male	Dawson Creek, BC (hospital)	April 22, 1964

GENEALOGY

Grandparents

Ordinapareriis	.,	·		
Relationship	Maternal Grandmother (biological)	Maternal Grandfather (biological)	Paternal Grandmother (biological)	Paternal Grandfather (biological)
Name	Henriette or Harriett Calder (Sinclair) "Iskwesis and Okimasis- Wabiskowis"	Johnny Assiniboitis (Assiniboine)(Ston ey) (Stephens)	Vitaline (Victorine) Dion (Blandion)	John Alfred McGillivray
Birth date	January 7, 1882	January, 1872	July 6, 1879	May 8, 1875
Status at birth	Indian	Indian, Band member of the Alexander Band.	Indian, her mother Josephte Dion was #18 of the Alexander Band.	Half Breed
Current status	Deceased	Deceased	Deceased	Deceased

Parents

Relationship	Mother (biological)	Father (biological)
Name	Caroline Mary Assiniboine (Stoney)	Simon Montrose McGillivray
Birth date	September 1, 1902	February 15, 1899
Status at birth	Treaty Indian, Band member number 29 of the Sawridge Band.	Half breed
Current status	Deceased .	Deceased

CHIETTER STOCES	bartment are as follows:			gistration No. 37-08-501337 he Director.	Director
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Gouvernement du Canada Government of Canada

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Deputy Receiver General for Canada

Public Works and Government Services Canada

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BATCH/LOT-3504 DAO/BCM-7013 11-SEP/SEPT-1997 Stud No. Talon Nº INDIAN & NORTHERN AFFAIRS CAN. *AFFAIRES INDIENNES ET DU NO 042

Particulars - Détails

REQ-R09004 SAWRIDGE TREATY ANNUITY SELF 1986 - 1997 BATCH/LOT-3504(3504)

TOTAL

60-09

Amount - Montant

SEE REVERSE

AU VERSO

Date of birth - Date de naissance Registry group - Groupe d'enregistrement

1937/06/06 SAWRIDGE

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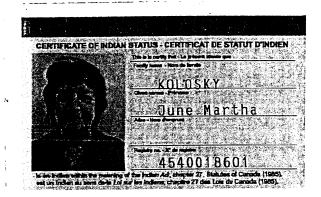
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Holder's signeture - Signature du litulaire

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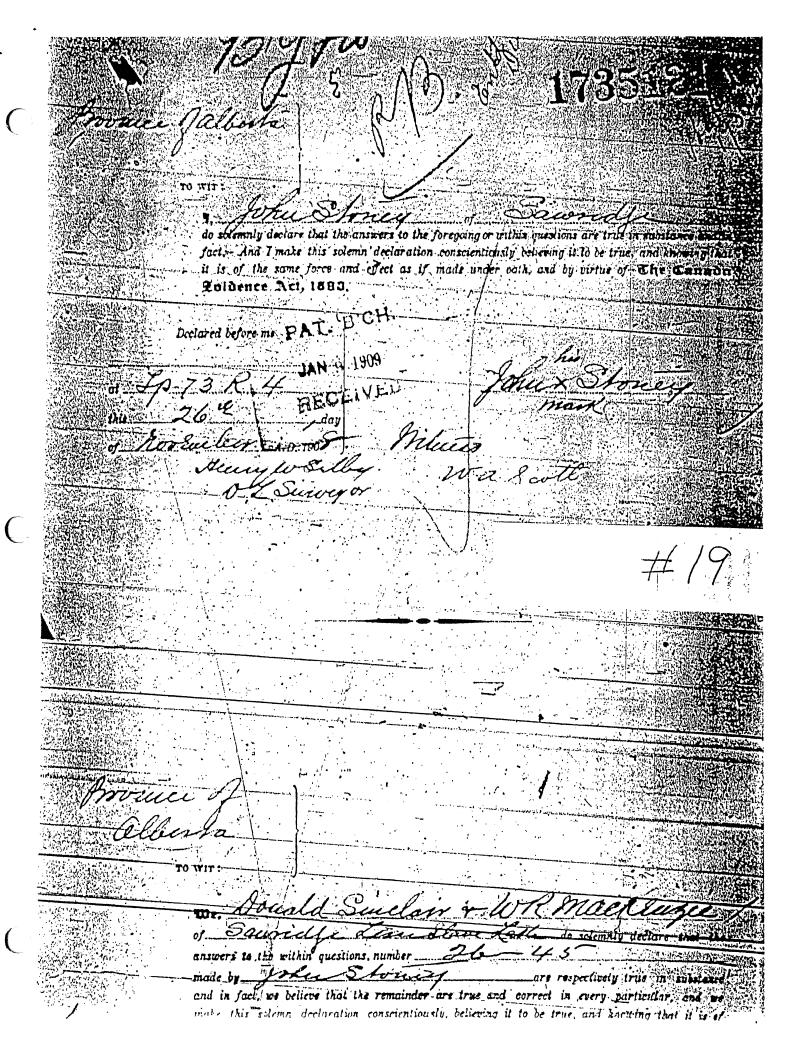


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Declared before me PAT 200 8 co answers to the within questions, number are respectively true in substance and in fact, we believe that the remainder are true and correct in every particular, and we make this estemn declaration conscientiously, believing it to be true, and knowing that it is of the same force and effect as if mide under eath, and by virtue of The Canada Evidence Declared before i Un hackeye



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The Deputy Supt. General,-

with reference to Mr. Ponton's memorandum hereunder of the 6th inst., I beg to state that John stephens being a member of Chief Alexander's band is already provided with land in the reserve of that band, No.134, at Riviere qui Barre, and holds his land in common with the other members of the band.

nimself at Lesser Slave Lake, where he has shown considerable energy, is entirely self supporting, and is filling a necessary public need by providing a good winter stopping place between Athabasca Landing and Lesser Slave Lake. It would appear desirable that he should be encouraged.

If the land on which he now located is not secured to him asman Endean Reserve it will run continual risk of being taken possession of by white men. There appears to be no objection why the said land should not be surveyed and confirmed as an Indian Reserve with the view of allowing John Stephens to continue impossession of it.

or to give him eventually a location ticket covering the said land.

I think, however, that an equal area (160 acres) should be surrendered from the said reserve No. 124 and relinquished to the Grown in exchange for the proposed reserve at Lesser Slave Lake for John Stephens, and would

RECEIVED MAR N 1 2010

By Courier

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

Dear Mr. Paul Bujold,

Re: Beneficiary Application - Sawridge Trusts for June Martha Kolosky (Stoney - McGillivray)

Please find enclosed my application and attachments for my beneficiary application to the Sawridge Trusts.

I am requesting acknowledgement of your receipt of this application by return mail. I would also like to know what the time period for processing my application will be. I would also like to know who the contact person will be for this application.

In addition, I am requesting a list of the legal team for the trust, (Re: December 21, 2009 letter)

I look forward to your response.

Yours truly, June Kolasky

June Kolosky

Cc: my file

Signed before me by June marnia Kolosky

at Chatcoand in the Province of British Columbia on February 26, 2010

lotary Public (section 15) in and for the Province

Of British Columbia

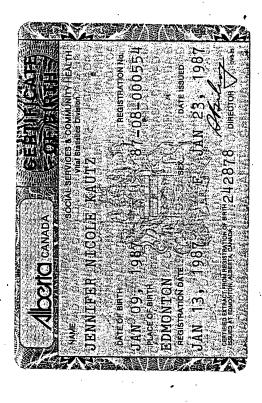
DOROTHEA SWAIN
COMMISSIONER FOR TAKING
AFFIDAVITS IN BRITISH COLUMBIA

NO LEGAL ADVICE GIVEN OR REQUESTED

			B	ENEF			LICATIO	ON FOR	M				
	T						FORMATION						
NAME	JENNIFER			NI	100				KAUTZ				
	+	First Na			1	Mic	ddle Name(s)			Last Na		02/48/1
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	Apt/P.O. E	3ox	Str	reet Add	ress		T	own		Prov	Postal Code		Country
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Telephone	780 571-4	780	1/	'A	780 - 499-	7168	780-					***************************************	
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MARITAL STATUS													
(check one)	Married	Singl	le Div	orced	Widowed	d Co	ommon-Lav	N			Other (Specify)	

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

PARENTS INFORMATION							
NAME OF MOTHER	GINA KAUTZ	NAME OF ROY ROBERT KAUTZ					
DATE OF BIRTH	13 08 1959	DATE OF BIRTH 14 10 1958					
STATUS UNDER	Day Month Year	Day Month Year STATUS UNDER					
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	STATUS INDIAN /BLUC3/	INDIAN ACT OR PAY LIST AT BIRTH ^{2,3} NON- INDIAN					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER? IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY? THROUGH MORRING BUT REGAINED WITH BILL C 3 1	FATHER ENFRANCHISE? Discourse Pres, when and in which category?					
Address	#6,540 JL RR 275 (CUNADA) SPRUCE GROVE, AB, T7X3V4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	#6, 54032 - RR 275 (CANADA) SPRUCE GROVE, AB 17X 3V4 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						
NAME OF MATERNAL GRANDMOTHER	ROSINA LINDBERG	NAME OF MATERNAL GRANDFATHER RON LINDBERG					
DATE OF BIRTH	20 10 1935	DATE OF BIRTH 14 12 1929					
C	Day Month Year	Day Month Year					
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NAME OF PATERNAL GRANDMOTHER	NATALIE KAUTZ	NAME OF PATERNAL GRANDFATHER ROBERT KHUTZ					
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	ENFRANCHISE?						



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VOID IF ALTERED OR LAMINATED

ENTERED AUG 1 0 2010

	BENEFICIARY APPLICATION FORM									
						FORMATION				
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	 					ddle Name(s			Last Nan	
MAILING ADDRESS			BROW				1 PLAIN	AB	7721EE	CANADA
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PLACE OF BIRTH	EDMOI	VTON,	ALB			Country	(CANA	Number PDA	
Telephone	(180)	- -		(750) (903-3		7				
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IF MARRIED, DID YOU MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	ICE AND				RE-MAR	OU SUBSEQUE RRY TO ANOT IN? IF YES, DE GOF CHILDREN SE.	THER ETAIL			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	N	ON-5T	ATU S							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? BY THE RIGHT BY THE RIGHT TRUST BENEFICIARY?										
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR OF	IF YES, PROVID DETAILS	DE MA	Y GREAT GRAND MOTHER, ELIZABETH ABLE WARD, LIVED WITH HER PRENTS JOSEPHINE CARDINAL E					· •	
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed		ommon-Law			O''/O/6.	
	marries	Ungo	DIVOICEG	AAIGOMEG	100	MIHOH-LAW			Other (Specify)	

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

PARENTS INFORMATION							
NAME OF MOTHER	GINA KAUTZ	NAME OF FATHER	ROY ROBERT KAUTZ				
DATE OF BIRTH	13 08 1959 Day Month Year	DATE OF BIRTH	/4 /0 /958 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 MFMBFR?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY? THROUGH MARRIAGE, BUT REGALNED WITH BILL C31	DID YOUR FATHER ENFRANCHISE?	☐YES IF YES, WHEN ☐NO CATEGORY?				
ADDRESS	FG, 54012 RR 275 SPRUCE GROVE, AB TTX3V4, CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Address	#\$,54032 RR 275 SPRUCE GROVE, AB T7X3V4, CAN 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	nontry rear				
NAME OF MATERNAL GRANDMOTHER	ROSINA LINDBERG	NAME OF MATERNAL GRANDFATHER	RON LINDBERG				
DATE OF BIRTH	20 10 1935 Day Month Year	DATE OF BIRTH	14 12 1929				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	TREATY INDIAN	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year NON - エルリハAN				
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NAME OF PATERNAL GRANDMOTHER	NATALIE KAUTZ	NAME OF PATERNAL GRANDFATHER	BOBERT KAUTZ				
DATE OF BIRTH	3/ 07 /924 Day Month Year	DATE OF BIRTH	16 10 1920 Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	2/22/ - 12:21	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON-INDIAN				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	UYES IF YES, WHEN AND IN WHICH CATEGORY?				
SIGNATURE I h	ereby certify that the information in this form is true and correct. ists to share this information with those who need it to determin	I give permission to e my status as a ber	DATE 19 July 10 neficiary.				



CERTIFICATE OF BIRTH

AND COMMUNITY HEALTH SOCIAL SERVICES

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

Female Place of Birth Edmonton, Alberta 1982 (Year) KRISTINE GINA KAUTZ May 21st Date of Birth_

His Birthplace Hanna, Alberta Name of Mother Before Marriage_Gina Marlynn Lindberg Roy Robert Kautz Name of Father_

on 7th June 1982 Record No. 82-08-16826 (Day) (Month) (Year) Edmonton Registered at

Given under my hand and seal of the Director at Edmonton, this

Her Birthplace Edmonton, Alberta

Day of.

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

741067

62967

	BENEFICIARY APPLICATION FORM									
				PERSONA	AL IN	FORMATION				
NAME	GINE	irst Name(s		MA	R/	ddle Name(s)		K	AUTZ	
	#6	irst Name(s	<u>, </u>	RR 275 SPRUCE GROVE				Last Nan	T	
MAILING ADDRESS		34	0221		5_	SPRUCE	GROVE		T7X3V4	Conada
	Apt/P.O. Box	(Street Add	ress		Tow	vn I	Prov	Postal Code	Country
DATE OF BIRTH	/3		08	1959	<u> </u>	BIRTH CERTIFICATE	, 4	B 5	33652	
PLACE OF BIRTH		VTON	Month, ALB	Year		COUNTRY		CANI	Number チンク	
Telephone	(780) 962-40	40 96	2-00/9	(780)	121		157 G			ternet.com
	Home Pho	ne F	lome Fax	Cell Pho	one	Work Pho	ne	Т	Email Addre	ss
STATUS NUMBER	454 009 5201	ARE YOU MARRIED T BAND MEME	OA LIYES	IF YES, BAND NUMBER	1	-	DID YOU NFRANCH- ISE?	□YES □No	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED. CORAT										
FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? TO SEPHINE CARDINAL & LEON WARD									
IF MARRIED, DID YO MARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND JE		E KAU R KAU	72 R	E-M/	OU SUBSEQUEN ARRY TO ANOTH ON? IF YES, DE S OF CHILDREN SE.	IER '	NO		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	S'TA	TATUS INDIAN / BILL C31								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	FEEL YOU ARE ELIGIBLE AS A TRUST BIRTHRIGHT									
ANCESTORS LIVED OF THE SAWRIDGE LANDING POST TREATMENTS SET ASIDE FOR THE EXCLUSIVE USE	HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? IF YES, PROVIDE DETAILS IF YES, PROVIDE DETAILS IF YES, PROVIDE DETAILS IF YES, PROVIDE DETAILS TOSE PHINE CARDINAL & LEON WARD						75			
MARITAL STATUS						***************************************				
(check one)	Married	Single	Divorced	Widowed	+	Common-Law	1		Other (Specify)	1

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

PARENTS INFORMATION							
NAME OF MOTHER	ROSINA LINDBERG	NAME OF FATHER	RON LINDBERG				
DATE OF BIRTH	20 10 1935	DATE OF BIRTH	14 12 1929.				
STATUS UNDER	Day Month Year	6	Day Month Year				
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TREATY INDIAN	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON INDIAN				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY? REGAINED WITH BILL C31	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?				
Address	16518-104 AVE EDMONTON, AB T5POST CANAI). Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	4 Address	16518-104 ANE EDMONTON AB TSP057 Canada Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED — DATE OF DEATH	Day Made	IF DECEASED — DATE OF DEATH					
	Day Month Year		Day Month Year				
Marina	GRANDPARENTS						
NAME OF MATERNAL GRANDMOTHER	ELIZABETH MABLE WARD	NAME OF MATERNAL GRANDFATHER	DOUGLASMEM ULLEN				
DATE OF BIRTH	18 08 1918	DATE OF BIRTH	LINKNOWN				
STATUS UNDER	Day Month Year	6-1-1-1-1	Day Month Year				
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?	IF YES, WHEN AND IN WHICH CATEGORY? THROUGH MARRIAGE, BUT AFTER MY MOTHER WAS 30RN	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?				
NAME OF PATERNAL GRANDMOTHER	BORN CLARA BERTHA SCHULTZ	NAME OF PATERNAL GRANDFATHER	ARTHUR JOSEPH LINDBERG				
DATE OF BIRTH	25 / 0 / 906 Day Month Year	DATE OF BIRTH	/6 09 /903 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}	Day Month Year				
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SIGNATURE I he	ereby certify that the information in this form is true and correct sts to share this information with those who need it to determine	t. I give permission to ne my status as a be	DATE July 2, 2010 eneficiary.				

This certificate is an official document and when not being utilized it should be stored in a secure place similar to a passport.

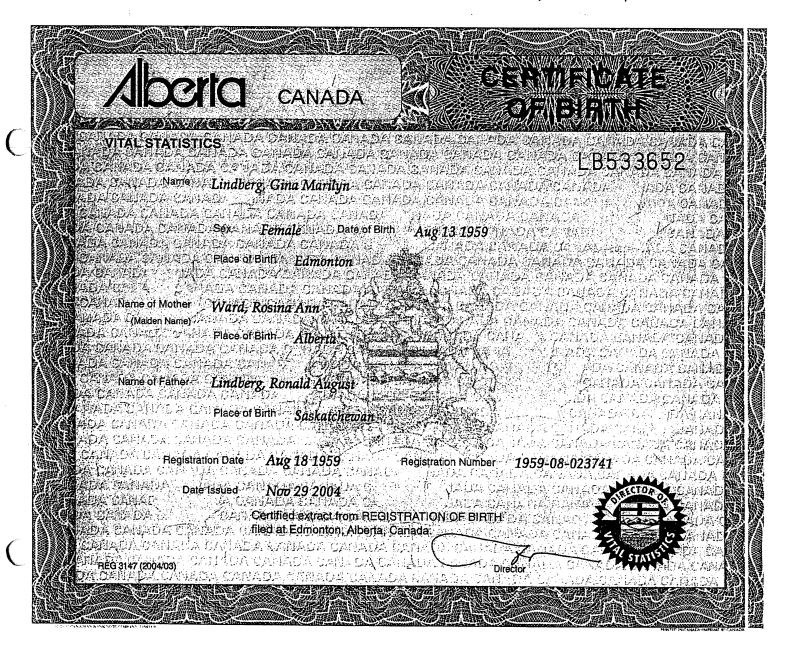
SR: 1736402-1

Gina Marlynn Kautz 6-54022 RANGE ROAD 275 SPRUCE GROVE, Alberta T7X 3V4

NOTICE

This certificate is not valid if plasticized or altered. There are several security features within this certificate which allow authorities to detect attempts to counterfeit or alter it. Therefore, it is for your protection that this certificate is not plasticized or laminated as this makes the special characteristics less effective for examination or validation.

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



ENTERED JUL 2 1 2010

BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME	BU	s)	An	THOA	14		LOY1				
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DATE OF BIRTH				1941 Year		re ¹	41-0	11-08-50/220			
PLACE OF BIRTH	5la	ve h	ake,		COUNTRY		Ca	Number -acla			
Telephone	907 974-50 Home Pho	79	Home Fax	Cell Pho	Made Bh		blog	ie Que			
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¹A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION										
NAME OF MOTHER	Flace	Flory Ju	isteve	(Nisotesis)	NAME OF FATHER	1	dar,s	y P	hż II	lips
DATE OF BIRTH	I Day	April		1 A A A A C . O. W	DATE OF BIRTH	2 Da		Ma	rch	1929 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status Indian				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	?	21	Wich		real
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DYES IS HER BAND H 53				IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES ضo	IF YES, IS HIS E NUMBE	BAND		
DID YOUR MOTHER ENFRANCHISE?	□YES ⊠N O	I AND IN WHICH I				□YES □NO	IF YES, AND IN V	WHICH	?	
Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				
IF DECEASED — DATE OF DEATH	Day Month Year				IF DECEASED - DATE OF DEATH					
	Day	IVIO	nui	GRANDPARENTS	INFORMATION	Da	У	Mon	tn	Year .
NAME OF MATERNAL GRANDMOTHER	NAME OF MATERNAL				NAME OF MATERNAL GRANDFATHER	Edward Nesotlasus (TWIN)				
DATE OF BIRTH	5	Jas	rucry	1905	DATE OF BIRTH		マ			1864(2)
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day S 1	tatus 1		Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	<u> </u>	Mon	L	Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES ØNo	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES ZNO	IF YES, AND IN CATEGO	which		
NAME OF PATERNAL GRANDMOTHER	E	nilie	Sa w	an	NAME OF PATERNAL GRANDFATHER		?		Phi	llips
DATE OF BIRTH	Day	7 Sep		1899	DATE OF BIRTH			?		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH		tus 12 SWAN A	nth Liver	Year :n @ Banel	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da /V	1021 -	Mon 5+	a fe	Year S
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES ☑No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	D/A □YES 中的	IF YES, AND IN CATEGO	WHICH		
SIGNATURE I hereby certify that the information with those who need it to determine my status as a beneficiary. ENFRANCHISE? DATE Apr./1// D										

Certificat de Baptême Certificate of Baptism St. PETER CELESTIN - CATHOLIC CHURCH Paroisse de Parish of CECI CERTIFIE - ALBERTA CECI CERTIFIES Que Elsie Flora Justine (NISOTESIS) Laguier That Enfant de Marie Nisotesis Child of et de and of qui est né(e) le 20th jour de April 19.23. Born on the day of a été baptisé(e) — was Baptized loth jour de May 19.23 Conformément aux Rites de l'Eglise Catholique Romaine According to the Rites of the Roman Catholic Church par le Rév. Ed. Petour O.M.I. by the Rev. Clemence Nipissing (wife of Parrain Saint Pierre Nisotesis) **Sponsors** Marraine Box 157 Confirmé à Confirmed at SLAVE LAKEAlberta. by le jour de the day of Conformément au Registre de la dite Paroisse As appears from the Baptismal Register of said Church daté le February 8th 19.76. Rev. (Fr.) A. GENDRE (pastor) BOX 157.

SLA

ALBERTA

This is to Certify that the particulars of the underroted birth which is on record in this Department are as follows: MIND NOTHING TOTAL OF STREET TO WATER TO WE SOCIAL SERVICES AND COMMUNITY HEALTH VIIAL Statistics BD 85916 SERVICE CARACTER CARRESTA Common A RR (29 11941) (Month), (1991), Treat in Given under my hand and seat of the Director. THE PARTY OF THE POST OF THE PARTY OF THE THE DAY CAN MATERIAL OF THE CONADA Date of Name

OTTAWA, Ontario K1A OH4 April 9, 1976.

Mr. Buddy Loyie, Box 31, FAUST, Alberta

Your file Votre référence

Our tile Notre reference 777/3-3-6 (LM8-4)

Dear Mr. Loyie:

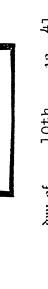
I have your letter of February 25 inquiring about your possible entitlement to Indian status. Your mother appears to be the person shown in our records as Flora Lowye, the daughter of Mary Lowye, nee Nesootasis.

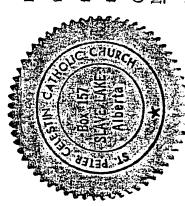
Mary Nesootasis, the daughter of Edward Nesootasis, was a member of the Sawridge Band until her marriage to Victor Lowye, a non-Indian about 1930. Flora remained on the Sawridge Band list until 1942 when she was removed from membership because her father was determined to be her mother's non-Indian husband. The Minister confirmed that she was not entitled to be registered as an Indian on November 9, 1943 in accordance with Section 18 of the Indian Act R.S.C. 1927 c. 98.

In view of this I am afraid that it is not possible to give favourable consideration to your inclusion in the membership of an Indian band.

Yours sincerely,

H.H. Chapman, Registrar.





Church of Sl. Peter Certificate of

Church of Sl. Peter Certify and Abartanov Lovic

Slave Lake.

Church of Sl. Peter Certify that Bood Anthony Lovic

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CHUNCH SUPPLIES WHOLESALE LTD., EDMONTON, ALBERTA



CALL FOR PAPERS

Canadian Journal of Native Education 2011 Theme Issue Indigenous Youth as the New Warriors

The Canadian Journal of Native Education (CJNE) is pleased to announce a cooperative editorship for the 2010 CJNE theme issue with

- Jan Hare, University of British Columbia
- Jo-ann Archibald, Q'um Q'um xiiem, University of British Columbia
- Graduate students

The Indigenous warrior has invoked unsettling images perpetuated by media stereotypes and educational rhetoric that has constructed the warrior as a violent, militaristic and male gendered. In his book, Wasase, Indigenous Pathways of Action and Freedom (2005), Kanien'kehaka (Mohawk) scholar, Taiaiake Alfred, disrupts for us the colonial myths associated with the warrior to put forward a culturally rooted and contemporary expression of the "new warrior." The "new warrior" is one who is deeply committed to resurgence and regeneration of Indigenous peoples' integrity by reconnecting to their sources of strength that include their lands, their spirituality, their cultures and languages and each other. Drawing on this metaphor of the "new warrior," the Canadian Journal of Native Education invites papers that highlight local and international perspectives, experiences and voices of Indigenous youth as they demonstrate the ethos of the new warrior, setting new directions and inspiring innovative opportunities as they lead change in such places as middle schools, secondary and post-secondary education, organizations and communities. Papers may focus on research or innovative methodologies, best practices and emerging trends that contribute to program, policy and research concerning Indigenous youth. We conceive of youth as broadly defined to include school age young people, early adolescents and those making transitions to adulthood.

Please send four titled hard copies with abstract: (one hard copy to include name and contact address info and three hard copies without name and contact info for blind review) to:

2011 Theme Issue - Canadian Journal of Native Education Dr. Jan Hare, Indigenous Education 2125 Main Mall, University of British Columbia Vancouver BC, V6T 1Z4

OR send a digital copy in Word format to: <u>indigenous.education@ube.ca</u>
Please ensure that one digital copy does not include personal identification for review purposes.

CJNE uses APA style. Submissions should be no longer than 6,250 words in length. **Deadline: November 1, 2010**

RECEIVED JUL 1 9 2010

July 12, 2010,

To whom it may concern,

I have had trouble getting the exact dates of my parents' death certificate but both are dead. I want to send what information I have to you and continue to find their death certificates. You may even be able to get my mothers' death certificate easier than I can. Hope this will help.

Buddy Loyie

1106 - First Street East

Fort Francis, ON

P9A 1N6

---- 1- 807 -274- 5079 (h)

Buddy fay te



Rainy River District Victim Services Program

"You're Not Alone, We're Here To Help."

P.O. Box 683, Fort Frances, ON P9A 3M9

FAX COVER

FAX#: 1-780-988-7724	# OF PAGES (INCLUDING COVER):
COMPANY:	
To: Paul Bujold.	_ FROM: Buday Loxyie
DATE: 4420, 2010	

Note:

Attention

This message is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivering the message to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone and return the original to us by postal service to the address above. Thank you.

PLACE OF BIRTH Telephone 64501/ Home STATUS NUMBER 4540005 IF YOU ENFRANCHISED UNDER THINDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITAL	3 DRIVBR-S 1023	Street Addr	PERSON, SEURB Tess Year		s) own TE ¹	L/H BC Prov	RONDE Last Na V3W5B Postal Code Number	2//e, ame(s) 100MD0 Country 704		
MAILING ADDRESS APT/P.O DATE OF BIRTH Telephone STATUS NUMBER ADDRESS APT/P.O Di PLACE OF BIRTH Telephone Home STATUS NUMBER FYOU ENFRANCHISED UNDER THINDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITAL	7850-A D. Bóx 3 O. Bóx 3 O. Bóx ARE YOU MARRIED TO	Street Addr Street Addr Month	Secres Jess Year	Middle Name(own	<u> </u>	V3W5B Postal Code 5-501	TOMOR		
ADDRESS Apt/P.O Date of Birth Place of Birth Telephone Status Number If you enfranchised under the Indian Act, provide details Including share of per capit.	Phone Ho	Street Addr 3 Month	year	BIRTH CERTIFICA	own	<u> </u>	V3W5B Postal Code 5-501	TOMOD		
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MONIES RECEIVED.	IF YOU ENFRANCHISED UNDER THE									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS I AM A JAWRIDGE BAND MEMBER, MY MATERNAL MOTHER WAS A SAWRIDGE BANDMEMBER FOR ANDPARENTS ASWELL.										
MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF	TOAN MACLE ILCTORIA L'I IAYNE L'HRA IARY OSTRO	HRONDE ONDECCE	US RE	ID YOU SUBSEQUE E-MARRY TO ANOT ERSON? IF YES, DE AMES OF CHILDRES POUSE.	HER ETAIL					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3} APPLICATION ^{2,3}										
MHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? THE STATE OF THE SAME SAME SAME SAME SAME TRUST THE STATE OF THE SAME SAME SAME SAME SAME SAME SAME SAM										
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	- DOOME	pe	g off	to on	fii Saw	redg	with	ther		
MARITAL STATUS (check one) Married					T					

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

PARENTS INFORMATION											
NAME OF MOTHER		NAME OF FATHER									
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	? BAND MEMBER ON SAWRIDGE RESERVE	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	July 110a								
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT WAS IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?								
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES ☐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	vuknawn	IF DECEASED — DATE OF DEATH									
	Day Month Year		Day Month Year								
A1	GRANDPARENTS INFORMATION										
Name of Maternal Grandmother	GIROUX MORY ANN	NAME OF MATERNAL GRANDFATHER	WORD JEON BOPTISTE								
DATE OF BIRTH	7	DATE OF BIRTH	7								
STATUS UNDER	Day Month Year	STATUS UNDER	Day Month Year								
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	GRANDPARENTS BANDMEMBERS ON SAURIDOE RESERVE	INDIAN ACT OR	GRANDPARENTS BANDMEMBERS ON SAWRIDGE RESERVE								
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?								
Name of Paternal Grandmother		NAME OF PATERNAL GRANDFATHER									
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year								
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	ouy Monar real								
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?								
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.											



Mary Reachel Ward DATE OF BIRTH March. 23.1928

REGISTRATION NO. 28-08-501204

BIRTH PLACE.
Slave Lake
REGISTRATION DATE

May.14.1928

SEX DATE ISSUED
Female June: 27:1972

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN



L HIRONDELLE

Mary Rachel

4540015701

			Е	BENEF			PLICATIO	N FOR	М				
					PERSO	NAL IN	FORMATION						
NAME	Kosi	na First Name	/e\		A	Ann Middle Name(s)				NDBERG			
Manua									Last Name(s)				
MAILING ADDRESS	16518-104 Apt/P.O. Box Street Addre				EDMO			·	CANADA				
								own	Prov	Prov Postal Code Country			
DATE OF BIRTH	20 /0 Day Month			1935 BIRTH CERTIFICATE 1			B408022						
PLACE OF BIRTH	WHITEFISH LK,					COUNTRY		(IAN)	Number				
	780-		N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A		NIA		CANADA				
Telephone	484-31 Home Pho	0 0	•	-					N/A				
	454	one	Home	rax	Cell P	none	Work Pl	none		Email Addre			
STATUS NUMBER	004	ARE Y MARRIED BAND MEI	TOA	□YES □Mo	IF YES BAND NUMBE			DID YOU ENFRANC ISE?	1 DYVES	WHEN, WHICH	THROUGH MARRINGE, BUT REGAIN WITH BILL C.		
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA												
ARE YOU DESCENDED FROM, MARRIED TO OR ADDITION OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS THROUGH MY GRAND PARENTS JOSEPHINE CARDINAL AND LEON WARD													
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN. GAIL O'CONNELL RODNEY LINDBERG CONNELL					RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL JODY DUPUL!					5			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3} APPLICATION ^{2,3} GINA KAUTZ SPOUSE. SPOUSE.													
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? MY MOTHER, ELIZABETH WARD, LIVED WITH HER PARENTS JOSEPHINE CARDINAL AND LEON WARD										VED)			
MARITAL STATUS	V								i				
(check cne)	Married	Single	Dive	orced	Widowed	C	ommon-Lav	, 		Other (Specify)			

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

PARENTS INFORMATION											
NAME OF MOTHER	ELIZ	ABETH	MABL	E WARD	NAME OF FATHER	Do	UG L	A5 1	1 C M	ULLE	-N
DATE OF BIRTH	18 Day	. 0.	-	1918	DATE OF BIRTH	ļ		NOWN Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}		EATY I	onth √DIAT	Year ✓	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year					ear
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	⊠YES □No	IF YES, WHAT IS HER BAND NUMBER?	UNKNI	NUN	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES 2 No	IF YES IS HIS NUMB	1			
DID YOUR MOTHER ENFRANCHISE?	I⊠ÝES □NO	IF YES, WHEN AND IN WHICH CATEGORY?		I WAS THROUGH	DID YOUR FATHER ENFRANCHISE?	□YES □NO		, WHEN WHICH GORY?	**************************************		
ADDRESS		Box, Street Ado de, Country	Iress, Town,	Province,	Address	Apt/ P.O. Box, Street Address, Town, Pro Postal Code, Country					ovince,
IF DECEASED — DATE OF DEATH	06			1951	IF DECEASED — DATE OF DEATH	UNKNOWN.					
	Day	<u> </u> Mo	nth	Year		<u>Da</u>	у	Mon	th	Y	ear
NAME OF MATERNAL GRANDMOTHER	Jose	EPHINE	CAK	COINAL	NAME OF MATERNAL GRANDFATHER	LEON WARD					
DATE OF BIRTH	UNX	KNOWN		-	DATE OF BIRTH	un	NNKHOWN				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day TRE	ATY 1	NDIAI	Year √	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	TREATY INDIAN					ear
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	□YES 121√10	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES ☑No	ł	S, WHEN I WHICH GORY?	TO THE STATE OF THE		The second second second
NAME OF PATERNAL GRANDMOTHER	UNKN	IOWN			NAME OF PATERNAL GRANDFATHER	UNKNOWN					
DATE OF BIRTH		VOWN			DATE OF BIRTH	UNKNOWN					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day	Mc	onth	Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Da	Day Month Year				ear
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No		S, WHEN I WHICH SORY?			
SIGNATURE I he	ereby certify the	that the information w	on in this form	If true and correct need it to determine	t. I give permission t ne my status as a b	to Sawridge	e	DATE	J	- ULY	2,201



VITAL STATISTICS

######**B408022**E

Rosina Lindberg's (ward) Birth Certificate



To any of the work of the second

DIVISION OF VITAL STATISTICS

5B184734

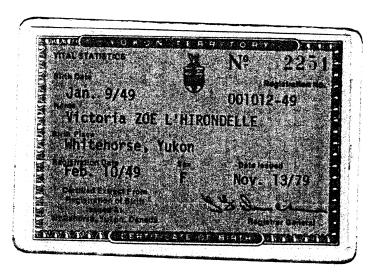
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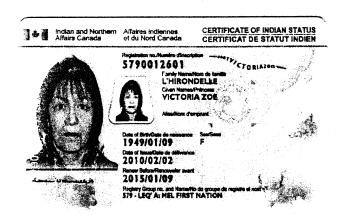
Rosina's Mother's (Elizabeth Ward) Birth Certificate

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1					PERSC	NAL IN	FOHMATION	···							
NAME	Victo	Tia			Zoe					1.4:00000116					
	W.C.	Middle Name(s)					L'Hisondelle Last Name(s)								
MAILING	12									,					
ADDRESS	43	n	OOM	Place	Place		Deroche		3	VOMIGO	CANADA				
	Apt/P.O. Box Street Addr			ress Town					Prov	Postal Code	Country				
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	Day Month			Year CERTIFICATE O					Number						
PLACE OF BIRTH		1		. 1											
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T-1	(604)			·	1 -		(604		L	11 .		0) /)/			
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	nome Pik	ne	Home	Fax	Cell F	none	Work P	none	L		Email Addr	ess			
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		2,					+	IJE:			CATEGORY?				
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FROM, MARRIED TO ADOPTED BY ONE O	OF THE LIMITE	:5 _{Do}	YES, OVIDE	مدخ	- we	rc	Saw	ridge	٧	Dan	d Men	rbers			
ORIGINAL SAWRID	GE UN	7 1	TAILS					J							
TREATY 8 SIGNATO	ORIES?														
IF MARRIED, DID YO	our Ke	My	Ann	Fun	K	DID Y	OU SUBSEQU	JENTLY ~	Tre	ncey L	ynn Krogs	tad -			
MARRIAGE PRODUC	CE AND	1		RE-MARRY TO ANOTHER - Crany Victor michael P						ad Paul					
CHILDREN? IF YES DETAIL NAMES OF					PERSON? IF YES, DETAIL NAMES OF CHILDREN AND				6.5	Gary Victor Michael Paul (Spause- Gary Nicole Victoria McLellan					
CHILDREN.					l	SPOUS		EN AND _							
YOUR STATUS							1	1			ward mchal	kan -			
UNDER INDIAN	band	(L	reme	,er c	5 t	-eq	a: me	1 Fi	いてつ	$+ \infty$	ation				
ACT OR PAY LIST AT TIME OF															
APPLICATION ^{2,3}															
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BENEFICIARY?					•										
HAVE YOU OR YOUR				Mat	ernal	90	randmi	other	. 1	ised	on Saw	oridge lands			
ANCESTORS LIVED OF THE SAWRIDGE LAND	aa	le \	ES.)						, - J			
INCLUDING POST TRI	EATY MYES		OVIDE												
LANDS SET ASIDE FO THE EXCLUSIVE USE	PH	DE	TAILS												
THE SAWRIDGE BAN															
MARITAL			\neg	/											
STATUS				/											
(check one)	Married	Singl	e Div	orced	Widowe	d C	ommon-La	w			Other (Specify)			

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

PARENTS INFORMATION											
Name of Mother	Mary	Rache	I Wa	ard	NAME OF FATHER	Vic	Victor Peter L'Hironde				
DATE OF BIRTH	23 Day	Ma	rch onth	192B Year	DATE OF BIRTH	11	Day Month Year				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Sta Ac		der	Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		rear		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	DNO	IF YES, WHAT IS HER BAND NUMBER?	4540	0015701	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES DMNo	IF YES, WHAT IS HIS BAND NUMBER?				
DID YOUR MOTHER ENFRANCHISE?	12fNo	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES 121¶O	IF YES, WHEN AND IN WHICH CATEGORY?				
Address	Apt/ P.O. E	- 7850 K Surrey Box, Street Add de, Country	ing Ge B.C ress, Town	V3W5B2 n, Province,	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH	Day	NIA	nth I	Voor	IF DECEASED — DATE OF DEATH	Ol July 1992					
Day Month Year Day Month Year GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER	Evo	e_Wa	rd		NAME OF MATERNAL GRANDFATHER	Unknown					
DATE OF BIRTH	<u>Day</u>	Apr	nth	1901	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}		tus (rea	istere Cl	lat e Bard)	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	?,	101	Tear		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	MINO /	IF YES, WHEN AND IN WHICH CATEGORY?	, u	nknown	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	Un	Known		
NAME OF PATERNAL GRANDMOTHER	Ain	it Ma	ri <u>e</u>	Delorme	NAME OF PATERNAL GRANDFATHER	Narci	sse LHi	ronde	elle		
DATE OF BIRTH	27 Day	Ju Mor		1894 Year	D ATE OF BIRTH	Day	/ Mor	nth	Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		?		Teal		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	DNO A	F YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, WHEN AND IN WHICH CATEGORY?	. 5	,		
SIGNATURE Liketoria 2 of Liketorialelle 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 F C 24/10											

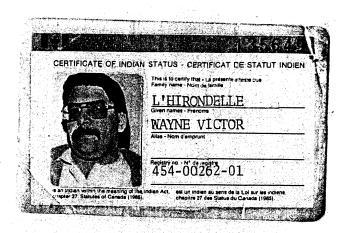


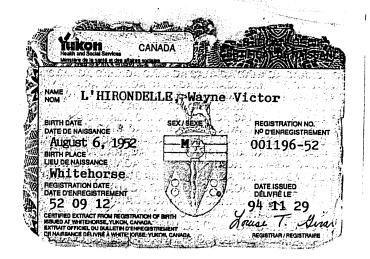


BENEFICIARY APPLICATION FORM									
	PERSONAL INFORMATION								
NAME	WAY	irst Name(s	<u>, </u>	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	TOR liddle Name(s	3)	12H	IRONDE Last Na	me(s)
Mailing Address	ЦБ (Apt/P.O. Во	7850	. /:	ORGE HW	Y SUR	Rey	BC	V3W5B' Postal Code	2 CANADA Country
DATE OF BIRTH	O C	A	WWST Month	1952 Year	BIRTH CERTIFICA	те¹ С)PHOC	5-52 Numbe	r
PLACE OF BIRTH	WHit	e HOR	se_		COUNTRY		Yukon	1/CANI	ADA
Telephone	501 10 Home Pho	23	ome Fax	Cell Phone	780 1451 Work Ph	6167	•	Email Addi	race
STATUS NUMBER	4540026	ARE YOU MARRIED TO BAND MEMB	J DYES	In Ven	VOIRT	DID YOU ENFRANCI) IIVÆG	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	йb					and the second s	and the second of the second o	
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR DF THE DNG		E CMA	ENDANT FR TERNAL GI	om mott RANDMOT	ER M HER		HEL LIHIR SE BANDI	ONDELLE MEMBERS
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	ZE AND NAO	M LATCO MI LATCO MI LATCO MI LATCO	XX THORI XXX THORI XX THORN	NBUCH RE-N RUBUCH RE-N RUBUCHPER	YOU SUBSEQUE MARRY TO ANO SON? IF YES, I GE OF CHILDRE USE. NO	THER	SEPT 19 SEPT 18 AVG-9	2/83	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}			ian st				•		· ·
WHY DO YOU FEEL YOU AHE ELIGIBLE AS A TRUST BENEFICIARY?	Because A BA Liv	ed on	Keserv	E				Reserve N S A WR	
HAVE YOU OR YOUR ANCESTORS LIVED O THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FO THE EXCLUSIVE USE THE SAWRIDGE BAN	DN DS EATY DR OF	IF YES, PROVID DETAILS		other mu auridge	ed with	holp	alents (ny grau	edpoorts)
MARITAL STATUS (check one).	Married	Single	Divorced	Widowed	Common-La	w		Other (Specif	fv)

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

	KACITEL PARENTS INF	ORMATION	Pie RKC
NAME OF MOTHER	MARY L'HIRONDELLE	NAME OF FATHER	Victor L'HironDelle
DATE OF BIRTH	23 MARCH 1928 Day Month Year	DATE OF BIRTH	Day DecMonth H22 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	THROWN C 31 STATOS	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	metis
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country SURLLY B.C.	Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	July 1992 Day Month Year
	GRANDPARENTS	INFORMATION ;	
NAME OF MATERNAL GRANDMOTHER	EVA MARRI COSE WARD	NAME OF MATERNAL GRANDFATHER	·
DATE OF BIRTH	02 APRU 1907 Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	STATUS? / SAWRIDEE BANB	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Anne Delorme	Name of Paternal Grandfather	Navcisse Uthrondelle.
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	- Total	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and correct usts to share this information with those who need it to determine	t. I give permission to my status as a b	to Sawridge eneficiary.





BENEFICIARY APPLICATION FORM										
				PERSONA	AL INFORMATION					
Name	Le	 First Name(s)		Ke	Middle Name(s)	1	Mo	Mountain Last Name(s)		
Mailing Address	Apt/P.O. Bo		9 - 117 Street Add	- S/-	Edmon		AB Prov	TSE-ST & Postal Code		
DATE OF BIRTH	26 Day		24 Month	197:	BIRTH CERTIFICATE		LB //0 6060			
PLACE OF BIRTH	Slav		le.		Country		Cana			
Telephone	780 642-2 Home Pho	993 Ine Ho	ome Fax	750 240 - Cell Pho	780 4/55 377-2 one Work Pho	240 Z			no hotmail.	
STATUS NUMBER	45400 - 29201	ARE YOU MARRIED TO BAND MEMBE	O A DINO	IF YES,		DID YOU ENFRANCH ISE?	I ATT FS	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISI INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS									
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS Grand father and father									
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND	•		RI PI N	ID YOU SUBSEQUE! E-MARRY TO ANOTH ERSON? IF YES, DE AMES OF CHILDREN POUSE.	TAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION 2,3						J.				
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 EXCLUSIVE USE OF THE SEXULUSIVE USE OF THE COLOR OUT, my father moved off The first sign out, my father moved off The provide and trust my order with him and my The sawridge Lands IF YES, PROVIDE DETAILS THE COLOR OF THE TY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF										
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? HAVE YOU OR YOUR AND STAND HOLD IN THE COLOR OF THE SAWRIDGE BAND? My stand mother still lives on The Color of as did my faithes										
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law			Other (Specify)		

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

	Parents inf	ORMATION	
NAME OF MOTHER	Elsie Helen Potskin	NAME OF FATHER	Angus Kenneth Potskin
DATE OF BIRTH	09 06 1955 Day Month Year	DATE OF BIRTH	Ib OI 1949 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered status India.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	resistered status India.
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	□YES IF YES, WHAT IS HER BAND NUMBER?		DYES IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	YES AND IN WHICH CATEGORY?
ADDRESS	12921-175t Edmonton AB TSE 538 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	- Address -	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH	28 /2 2006 Day Month Year
 	GRANDPARENTS	ı	
NAME OF MATERNAL GRANDMOTHER	Margret Mountain	NAME OF MATERNAL GRANDFATHER	mknown
DATE OF BIRTH	U∩Known Day Month Year	DATE OF BIRTH	Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered status Indian Kehvin First Nation.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	Mary Virgina Btskin	NAME OF PATERNAL GRANDFATHER	Norbert Albert Potskin
DATE OF BIRTH	9 10 1922 Day Month Year	DATE OF BIRTH	10 10 1905 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered Status Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	registered status Indian.
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
			DATE 04/64//D
	nereby certify that the information in this form is true and corre rusts to share this information with those who need it to determ		o Sawridge

Lee Potskin-Mountain

	Abrilo ca	NADA PER			
	NAME: Mountain, Lee Ken	aneth:	YITALSTATISTICS	3 S. J. J. S. J. S	
	SEX PLACE OF BIRTH M Slave Lake DATE OF BIRTH Apr 26 1977	A CONTRACTOR OF THE PARTY OF TH	977-08-012156 DATE ISSUED	CHANGE OF WANTE	
			Hegistration Nove	GISTRATION PER CITY CONTROL OF CO	
CANADA SAZEDNA	Vernetti	Kannath	0.000 000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.000 0.	rifined extract form Bi d-ar-Edmonion Allse f-ar-Edmonion Allse	
	Parising (S) American	Mountain Mountain	stration gration		
	Old Name	New Name.	Date of Region Date Issued	00/48) #900.8994 (B)	

BENEFICIARY APPLICATION FORM													
				/L:\			FORMATION		XIVI				
NAME	Jon	N First Na	ame(s)			A Mir	nie ddle Name	(s)		m	ac Le	od ame(s)	
Mailing Address	30 1 Apt/P.O. B	3	32767 (CRACE reet Add	<u> </u>		mis	•		3.C Prov		9	untry
DATE OF BIRTH	O a		07 Mon		1947 Yea		BIRTH CERTIFICA		4		8-015 Numbe	ion # 568	may
PLACE OF BIRTH	1		irie		rerta	,	COUNTRY	,	CF	7NA			
Telephone	Home Ph	none	Home	Fay	751-6 Cell Pl	2988	8 Work Pi	hona	J.	. mo	ccleod >		
STATUS NUMBER	002330	AF MARE	RE YOU RIED TO A MEMBER?	□YES □Mo	Ir Vro	s, D	N/A	DID YOU ENFRANCISE?	ICH-	JYES PNo	IF YES, WHEN, WHICH CATEGORY?	ess	<i></i>
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	NICHISED UNDER THE PROVIDE DETAILS HARE OF PER CAPITA												
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR DF THE DN	PA	YES, ROVIDE ETAILS	my SF	mo	ithe sge	Ban	natur d m	rnal en	o er	re/w. 3	ene	
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND	irey Stin	ANTI	nony		RE-MAR	OU SUBSEQU PRY TO ANO ON? IF YES, D OF CHILDRE	OTHER DETAIL					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	STATUS						1 ACT						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? MOTHER, grandfather/grandluother ale/were Mother / grandfather &													
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND	ved on ved on served of the lived on strength of the lived of the lived on strength of the lived on strength of the lived												
MARITAL STATUS (check one)	Married	Single	le Divo	orced	Widowed	i Cc	ommon-Lav	w			Other (Specify)	<u> </u>	

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

				PARENTS	NFORMATION					
NAME OF MOTHER	mAI	ey R L	141 RO	ndelle	NAME OF FATHER	V	icto	R P.	List	i Rondel
DATE OF BIRTH	23	ma	rech Month	/928 Year	DATE OF BIRTH	61				/ 1922 Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Sita	itus: eu	NDER		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}		dy	?	onun [Year
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	ISYES □No	IF YES, WHAT IS HER BAND NUMBER?	4545	1015 201	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES MNO	IF YES IS HIS I NUMBE			
DID YOUR MOTHER ENFRANCHISE?	□YES □ No	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR FATHER ENFRANCHISE?	□YES □No	IF YES, AND IN	WHICH		
ADDRESS		7860 Kir		,	Address				1	
	Apt/ P.O. Postal Co	Box, Street Add de, Country	iress, Tow	n, Province,	Address	Apt/ P. Postal	O. Box, 9 Code, Co	Street A ountry	ddress, T	own, Province,
IF DECEASED — DATE OF DEATH	Day	//A Mo	IF DECEASED - DATE OF DEATH	01		Ju		1992		
	Day	1010	iiui	Year	S INFORMATION	Da	ay	Mor	nth	Year
NAME OF MATERNAL GRANDMOTHER	EVA	WARD			NAME OF MATERNAL GRANDFATHER		UNK	nowi	7	
DATE OF BIRTH	_の ス	APE	2/ <i>L</i>	/9.0 9 Year	DATE OF BIRTH	Da			AL	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		2		, our	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Da	У	Mon Z	in [Year
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	EZNIC	IF YES, WHEN AND IN WHICH CATEGORY?	? unk	(now)	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, N AND IN W CATEGO	HICH RY?		(now-n
NAME OF PATERNAL GRANDMOTHER	Annie	Delor	me		NAME OF PATERNAL GRANDFATHER	MAR	८ (१ ५५ (2 20	HIRON	voere
DATE OF BIRTH	27 Day	Jul	id oth	1894 Year	DATE OF BIRTH	Dec				
STATUS UNDER NDIAN ACT OR PAY LIST AT BIATH ^{2,3}			3	. 331	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Day Month Year				Year
DID YOUR PATERNAL GRANDMOTHER INFRANCHISE?	II NO	F YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES □No	IF YES, W AND IN W CATEGOR	нюн		
SIGNATURE I he	reby ce by th	at the information	in this form	is true and correct	. I give permission to	Sawridge		ATE	Fel	10
1		momadon wit	u iOSE WIIU		e my status as a ber	enciary.			00	, -

Date of birth - Date de naissance Registry group - Groupe d'enregistrement

1947/07/02

SAWRIDGE

ex - Sexe

F

This card is valid until
Cette carte est valide jusqu'au

2013/10/22

Holder's signature - Signature du titulaire

Issue date - Date d'émission

For: R. Poole/Manager 2008/10/22

Frider please return postage fire to INAC Ottavas, Ontario, Canada K1A CM4
Outcompas troover to present set prid de la retourner franc de port au AINC, Ottavas (Cntario) Canada, K1A 0H4
83-004 2005-11-21 750-21-023-3673

Nº 99717

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

This is to certify that - Le présent atteste que Family name - Nom de famille

MACLEOD

Joan Annie

Registry no - Nº de registre

4540023301

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

Albario	GERTIFICATE
SOUTH SERVICES AND COMMUNITY HEALTH	Company Vital Statution Division 42.2
NAME Joan Annie L'Hi DATE DE BIRTH	rondelle
* July:2:1947	47+08-015568
阿尔斯斯斯斯 斯斯斯斯 (1995年) (19954) (19954) (19954) (19954)	DATEISŞUEU
& July: 26.1947 E CERTPHED EXTRACT PROS. BENEFIT AT COMMENT IN ISSUED AS EXONOMINES ALBERT A REMANDAGE CO.	emale Feb.9.1976 July Coline

	BENEFICIARY APPLICATION FORM											
	Т				PERSONA	L IN	FORMATION			7		
NAME	JOSHI	LYN First Name	-/0\		M		1	, ,		MY	DONALD	
	'			100		IVIIC	ddle Name(Last Name(s)		
MAILING ADDRESS					STREET		EDHO	notuk	J	AB	T5T5]4	(aneda
	Apt/P.O. Bo)X	Str	reet Addı	ress		Т	own		Prov	Postal Code	Country
DATE OF BIRTH	No	\ nth	1974 Year	<u>+</u>	BIRTH CERTIFICA	ATE ¹						
PLACE OF BIRTH	London	, Onto					COUNTRY		C	anado	Number	
Telephone	780 634		Samo		780 88530) I	780		T		mcd@sh	naw.ca
	Home Pho	one	Home	Fax	Cell Pho	ne	Work Pl	hone		т —	Email Addr	ess
STATUS NUMBER	1815	ARE Y MARRIED BAND ME	O TO A	ØYES □No	IF YES, BAND NUMBER?		Ildo	DID YO ENFRAN ISE T	NCH-	□YES □INO	IF YES, WHEN, WHICH CATEGORY?	NA
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	IDE DETAILS OF PER CAPITA											
ARE YOU DESCEND FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO TREATY 8 SIGNATO	O OR OF THE GE		IDE	Maf	RRIED		-10911	1100	74			
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND Kylei	inton Ty Alexande mah-Lee	ar Sen	reca-HI	Donald Repe	E-MA	OU SUBSEQUARRY TO ANC ON? IF YES, I S OF CHILDRI	OTHER DETAIL		^	SIA	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	3	tato	s/-	Treal	ty 5 6	<u></u>	m ()	r,bb ,	ew	e of	the Th	gwe2
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A, TRUST BENEFICIARY? WIFE Of Band member												
THE SAWRIDGE LANI INCLUDING POST TRI LANDS SET ASIDE FO THE EXCLUSIVE USE	IAVE YOU OR YOUR NCESTORS LIVED ON HE SAWRIDGE LANDS ICLUDING POST TREATY ANDS SET ASIDE FOR HE EXCLUSIVE USE OF HE SAWRIDGE BAND? IF YES, PROVIDE DETAILS											
MARITAL STATUS									W			
(check one)	Married	Single	Div	vorced	Widowed	C	ommon-La	.w			Other (Specify	')

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

	Parents Inf	ORMATION	
NAME OF MOTHER	Phyllis Blatchford	NAME OF FATHER	Bradley Senecu
DATE OF BIRTH	09 08 1956 Day Month Year	DATE OF BIRTH	28 12 1954 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
Address	Apt P.O. Box, Street Address, Town, Province, Postal Code, Country TGP 155	- Address	Apt/ P.O. Box, Street Address, Town, Province,
IF DECEASED — DATE OF DEATH		IF DECEÁSED – DATE OF DEATH	Postal Code, Country
	Day Month Year		Day Month Year
NAME OF	GRANDPARENTS		·
MATERNAL GRANDMOTHER	Phyllis Jean Windling	NAME OF MATERNAL GRANDFATHER	Laura Burch
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	20 05 1920 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	NO	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	NIL	NAME OF PATERNAL GRANDFATHER	No
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day Month Year	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and correct usts to share this information with those who need it to determ	ct. I give permission ine my status as a b	to Sawridge leneficiary.

	BENEFICIARY APPLICATION FORM										
	Т.,			PERSONA	AL IN	FORMATION			_		
NAME	Kyle	First Name(c)	Alexa					Sene	ca - McO	
					IVIIC	Idle Name(S)			Last Nan	ne(s)
Mailing Address			9-1885				AB	T5T5J4	Canada		
	Apt/P.O. Bo)X	Street Ad	dress		T	own		Prov	Postal Code	Country
DATE OF BIRTH	O8 Day	08 03 Day Month			89 BIRTH CERTIFICATE 1			Newton			
PLACE OF BIRTH	Edmo	inton	, AB	T Cai		COUNTRY		_	ana	Number La	
Telephone	780 634 575						-			mcd@	shaw.ca
	Home Pho	one l	Home Fax	Cell Pho	ne	Work Ph	one			Email Addre	
STATUS NUMBER		ARE YO MARRIED BAND MEM	TO A LINE	S IF YES, BAND NUMBER	?		DID YO ENFRAN ISE?	ICH-	□YES	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS	Ne	.nev	Enfra	an i	chise	d u	, de	·/ +1	ne Ind:	an Act.
ARE YOU DESCEN FROM, MARRIED TO ADOPTED BY ONE ORIGINAL SAWRID TREATY 8 SIGNATO	O OR OF THE GE		E Fath		: ar	· Regie	ster	#-	4540	ld 1008201 Veeshotas	is (Twin)
IF MARRIED, DID YOMARRIAGE PRODU CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND			RE PE NA	E-MA ERSC	DU SUBSEQUI RRY TO ANO DN? IF YES, D S OF CHILDRE	THER ETAIL				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION	Regis	rered	Ind:	on fro	o m	ch:	ppeu	u م	of t	he theu	nes.
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Father is Registered Indian and Grandfather was Band member of Sawridge											
HAVE YOU OR YOUR ANCESTORS LIVED OF THE SAWRIDGE LAN INCLUDING POST TR LANDS SET ASIDE FOR THE EXCLUSIVE USE THE SAWRIDGE BAN	DON ANDS TREATY FOR USE OF TREATY ISE OF							ho tas 15			
MARITAL STATUS		i									
(check one)	Married	Single	Divorced	Widowed	Co	ommon-Lav	v			Other (Specify)	

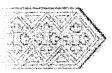
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

	Parents Inf	ORMATION	
NAME OF MOTHER	Joshilyn May HiDonald	NAME OF FATHER	William August Mi Donald
DATE OF BIRTH	16 01 74 Day Month Year	DATE OF BIRTH	13 08 66 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Registered Indian under the Indian act.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Resistered Indian under The Indian act.
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	□YES □NO IF YES, WHAT IS HIS BAND NUMBER?
DID YOUR MOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
ADDRESS	7719 -1885T Edmonton AB TSTSJY Apt/ P.O. Box, Street Address, Town, Province,	Address	7719 - 188 5T Edmouton, AB TST SJY Apt/ P.O. Box, Street Address, Town, Province,
	Postal Code, Country		Postal Code, Country
IF DECEASED DATE OF DEATH		IF DECEASED DATE OF DEATH	
	Day Month Year		Day Month Year
NAME OF	GRANDPARENTS		
MATERNAL GRANDMOTHER	Phyllis Lucas (Blatchford)	NAME OF MATERNAL GRANDFATHER	Bradley James Geneca
DATE OF BIRTH	09 08 1956 Day Month Year	DATE OF BIRTH	28 12 1954 Day Month Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Status	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?
NAME OF PATERNAL GRANDMOTHER	MARY Lucille McDonald	NAME OF PATERNAL GRANDFATHER	Chester Alexander Neeshatasis
DATE OF BIRTH	05 12 1945	DATE OF BIRTH	01 10 1941
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Day Month Year Unregistered Indian	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?
SIGNATURE I h	ereby certify that the information in this form is true and corrections to share this information with those who need it to determ	t. I give permission ine my status as a b	to Sawridge eneficiary.

BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME	KIE			PAUL					MIDBO		
	F	First Name(s	5)		Mid	ldle Name(s	s)		ļ	Last Nar	ne(s)
Mailing Address	Apt/P.O. Bo	20 N	Street Add	27 DR.	_	SHERWO	OUD PA	ek	AB.	18A SL3 Postal Code	CANADA
DATE OF BIRTH	20	FE		26990	5	BIRTH				08 - 003	Country
	Day		Month	Year		CERTIFICA	TE'	, ,		Number	941
PLACE OF BIRTH	EDM	LONTO				COUNTRY		CI	ANA.	ΔA	
Telephone	780-467-	6259									
	Home Pho	one F	lome Fax	Cell Pho	ne	Work Ph	none	L	Τ	Email Addre	ess
STATUS NUMBER		ARE YOU MARRIED T BAND MEME	OA LAND	IF YES, BAND NUMBER?			DID YE ENFRAN ISE	ICH-	□YES ŒNo	IF YES, WHEN, WHICH CATEGORY?	
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA										
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRID	ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS Great grand father - faul Nelsotasis								sotasis		
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	CE AND		XA	PE PE NA	-MA	OU SUBSEQUARRY TO ANO ON? IF YES, D S OF CHILDRE	THER DETAIL		7	VA	
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? TRUST TR											
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? IF YES, PROVIDE DETAILS LANT'S + Uncles Till pluide on Reserve. Aired on reserve. Hyrs											
MARITAL STATUS											
(check one)	Married	Single	Divorced	Widowed	C	common-La	w			Other (Specify	()

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

	Parents II	FORMATION				
NAME OF		NAME OF				
MOTHER	DOMBROWSKI, MANON VALERI	FATHER	MIDBO DAVID PALL			
DATE OF BIRTH	# # 1976 1976 Day Month Year	DATE OF BIRTH	37 JANUARS 1970 Day Month Year			
STATUS UNDER	Day World Year	STATUS UNDER	Day Month Year			
INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	NON - NATIVE	INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HER BAND NUMBER?	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	UYES IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?			
Address	?	Address	20 NEWPORT DR. SHERWOOD PARK. AB T845L3			
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	Audress	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED —		IF DECEASED —	N/A			
	Day Month Year		Day Month Year			
Newson	GRANDPAREN	SINFORMATION	7			
NAME OF MATERNAL GRANDMOTHER	JANINE MARTEL	NAME OF MATERNAL GRANDFATHER	HENRI DOMBROWSK;			
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}	Day Month Year NON - NATIVE			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER	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?	☐NO IF YES, WHEN AND IN WHICH CATEGORY? IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	IF YES, WHEN AND IN WHICH CATEGORY?			
	nereby certify that the information in this form is true and corrusts to share this information with those who need it to dete					





Alberta

BIRTH CERTIFICATE





REG 3413 (2007/06)

Surname Nom

Given Names Prénoms

Date of Birth Date de naissance

Place of Birth Lieu de naissance Registration No. Nº d'enregistrement

Registration Date Date d'enregistrement

Name of Mother Nom de la mère

Place of Birth Lieu de naissance

Name of Father Nom de père

Place of Birth Lieu de naissa

Midbo

Kieran Paul

Feb 20, 1998

Edmonton

1998-08-003664

Mar 18, 1998

Dombrowski, Manon Valerie

Quebec

Midbo, David Paul

Alberta











Apr 08, 2008

BENEFICIARY APPLICATION FORM													
PERSONAL INFORMATION													
Nаме	Lis			<i>A</i>	Anne					Minchau			
	P.O. Box	rst Name(s			Middle Name(s)						ne(s)		
MAILING ADDRESS	935		-1909 H		4	Dawson)<	B.C.				
	Apt/P.O. Box	<u> </u>	Street Ac	Idress		Т	own	Ι	Prov	Postal Code	Country		
DATE OF BIRTH	23 Day		1 2	196	<u> </u>	BIRTH CERTIFICATE ¹			167-	09-033	•		
PLACE OF BIRTH			Month	Year		Country		-		Number			
	250-78		1 15.0		.0.1	COUNTRY			(ar	rada			
Telephone	7591	* 1		250-7 854	1	-							
	Home Phor	ne F	lome Fax	Cell Ph	one	Work Pl	none		1	Email Addre	ess		
STATUS NUMBER	00373	ARE YO MARRIED T BAND MEMB	OA MAN		١,	U/A	DID YO ENFRAN ISE?	ICH-	□YES ΄O	IF YES, WHEN, WHICH CATEGORY?	NA		
INDIAN ACT, PROVID	IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA												
FROM, MARRIED TO ADOPTED BY ONE O ORIGINAL SAWRIDO	ARE YOU DESCENDED ROM, MARRIED TO OR DOPTED BY ONE OF THE DRIGINAL SAWRIDGE REATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS MATERNAL Side of Family is Eligible to be registered.								is				
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES DETAIL NAMES OF CHILDREN.	DE AND	essioninch		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					NIA				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Reg 5ta	istea	red (2)4h 454-	. 0	the 0373	Ino 3-0	lìa I	n R	eg istr	9		
WHY DO YOU FEEL YOU ARE FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? Band on maternal side. Accepted & Registered with the Indian Registry Connected to Sawridge Indian Band on maternal side.													
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? IF YES, PROVIDE DETAILS													
MARITAL STATUS													
(check one)	Married	Single	Divorced	Widowed	C	ommon-Lav	N			Other (Specify)			

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

	Parents In	FORMATION						
NAME OF MOTHER	Barbara Cardinal	NAME OF FATHER						
DATE OF BIRTH	07 02 1948 Day Month Year	DATE OF BIRTH	Double Market					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Bill C-31	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year					
IS YOUR MOTHER A SAWRIDGE BAND MEMBEH?	IF YES, WHAT IS HER BAND NUMBER? 00295	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	□YES □NO IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS	P.O. BOX 935 Dawson Coll BC. VIG 4H9 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country	- Address	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED — DATE OF DEATH	Day Month Year	IF DECEASED — DATE OF DEATH						
	GRANDPARENTS	INFORMATION	Day Month Year					
NAME OF MATERNAL GRANDMOTHER	Elizabeth Loyie	NAME OF MATERNAL GRANDFATHER	George Cardinal					
DATE OF BIRTH	22 03 1926 Day Month Year	DATE OF BIRTH	05 06 1921 Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	she would have been elisible - Deceased.	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}	Bigstone Cree Nation					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	If Yes, when AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER		NAME OF PATERNAL GRANDFATHER						
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Marih V					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2.3}		STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Day Month Year					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE 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 Jan. 22 10								

CANADA

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	MINISTRY OF REALTH AND MINISTRY RESPONSIBLE FOR SENIODS		
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This is to certify that the following is an extract from the registration on file in the Division of Vital Statistics, Victoria, British Columbia, concerning the birth of

LISA ANNE CARDINAL Name ADA GLADA

DECEMBER 23, 1967 Date of Birth

NAKUSP Place of Birth

Registration No. DECEMBER 30, 1967 Date of Registration

1967-09-033464

Name of Father

Birthplace of Father

Maiden Name of Mother BARBARA JEAN CARDINAL

Birthplace of Mother ALBERTA, CANADA

Given under my hand at Victoria, British Columbia

this 31ST day of AUGUST

HLTH 434 (REV 91/11)

RECEIVED APR 0 9 2010

BENEFICIARY APPLICATION FORM														
Personal Information														
NAME	RICHARD First Name(s)						WILLIAM Middle Name(s)					MC DERMOT- Last Name(s)		
Mailing Address	Apt/P.O.	e	_	BED	DING reet Add	TON C	TON CIR.NA CALGARY					T3K IK7 Postal Code	CANADA Country	
DATE OF BIRTH	<i>Da</i>	<i>t</i>	m				1940 BIRTH CERTIFICATE ¹							
PLACE OF BIRTH	GRO				TA	100		COUNTRY			PAN	Number		
Telephone	403-275 Home F			1		801-7	514							
STATUS NUMBER	nome r	М	ARE YO	TO A	Fax ØYes □No	IF YE BANI NUMBE	s,	Work PI	DID YO ENFRAN ISE?	CH-	□YES Ø#No	Email Addr If YES, WHEN, WHICH CATEGORY?	ess	
IF YOU ENFRANCHIS INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	E DETAILS	≣												
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? IF YES, PROVIDE DETAILS														
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND 5	E5 4 uG	HTER	R	ase n	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}	STAT REGIS					021	0 -	01						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? MOTHER - MARY LOUISE SAWAN WAS BORN ON THE SAWRIDGE RESERVE - HER PAKENTS WERE BAND MOTHER - MARY LOUISE SAWAN WAS BORN ON THE SAWRIDGE RAND														
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND? MOTHER & MATERNAL GRAND PARENTS LIVED ON THE SAWRIDGE RESERVE.								TS LIVED						
MARITAL STATUS (check one)	√ Married	S	ingle	Div	orced	Widowe	d C	ommon-La	w			Other (Specify	1	

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

BENEFICIARY APPLICATION FORM											
	PERSONAL INFORMATION										
Name		First Name(s)			Middle Name(s)						Mandel)
MAILING ADDRESS	763 Apt/P.O. Box)	treet Addr	ress	IVIIG	Slave	$\frac{\lambda_{A}k_{Y}}{\text{own}}$	<u>Y</u>	AB	Last Na 706 2A Postal Code	a Canada
DATE OF BIRTH	<i>()</i> / Day	0 4 Mor	nth	/ 9 / ₀ Year	1969 BIRTH CERTIFICATE				9-0	9 8 - 00 Numbe	900f
PLACE OF BIRTH	Slau	e lake	AB			COUNTRY		2	inda		
Telephone	780.849-1 Home Phor	4740 ne Home	Fax	Cell Pho	one	Work Ph	none	Sn	nande	(Felu: Email Add	splanet net
STATUS NUMBER	454 - 00153- 01	ARE YOU MARRIED TO A BAND MEMBER?	□YES ØNo	NUMBER?	?		DID YO ENFRAN ISE?	vсн- ?	□Yes ⊠No	IF YES, WHEN, WHICH CATEGORY?	born treety 4
IF YOU ENFRANCHISI INDIAN ACT, PROVID INCLUDING SHARE O MONIES RECEIVED.	DE DETAILS	In 1991 bard list		992 / Cewed Coxyma	SIGI a. GET.	ned off	Sun	Saw e p	Tidge	Saw ridge	, ,
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES? TO THE TOTAL SAMRIDGE TREATY 8 SIGNATORIES?											
IF MARRIED, DID YO MARRIAGE PRODUC CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	CE AND /200	ce Rita A	uger	RE PE NA	E-MAF ERSON	OU SUBSEQUE RRY TO ANOT N? IF YES, D OF CHILDRE E.	THER DETAIL				
YOUR STATUS UNDER INDIAN 111 ACT OR PAY LIST AT TIME OF APPLICATION 2.3	Your status July Leaty but mot a band member ACT OR PAY LIST heaty but mot a band member										
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY? WHY DO YOU Spuspic of Spuspic											
THE SAWRIDGE LAND INCLUDING POST TRE LANDS SET ASIDE FO THE EXCLUSIVE USE											
MARITAL STATUS (check one)	Married	Single Div	vorced	Widowed		mmon-Law			ı	Other (Specify	<i>t</i>)

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

	PARENTS INF	FORMATION						
NAME OF MOTHER	Rita Rose Mardel (nee Potskin)	NAME OF FATHER	Karl Heinz Mondel					
DATE OF BIRTH	05 02 95 Day Month Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Theaty	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	non-makus					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	IF YES, WHAT 154 00 / 15 HER BAND NUMBER? 980/	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	☐YES IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?	ĎYES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR FATHER ENFRANCHISE?	☐YES ☐NO IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS	Boy 28 7, Haranshor, B.C. 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	(4 /2 2007 Day Month Year	IF DECEASED — DATE OF DEATH	Day Month Year					
	GRANDPARENTS	INFORMATION	E sy menti i ou					
NAME OF MATERNAL GRANDMOTHER	Virginia Potskin (Jean)	NAME OF MATERNAL GRANDFATHER	Albert Potskin					
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	heatig	BIRTH ^{2,3}	treaty Month Year					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	☐YES IF YES, WHEN AND IN WHICH CATEGORY?	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	□YES IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER	Therese Jest	NAME OF PATERNAL GRANDFATHER	Karl Mandel					
DATE OF BIRTH	Day Month Year	DATE OF BIRTH	Day Month Year					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	non - natue	STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	non · native					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	□YES □NO □YES, WHEN AND IN WHICH CATEGORY?	DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	□YES					
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.								

