

RECEIVED FEB 09 2010

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Thomas		ALBERT		Courtoireille	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	Box 68	6800 BLACKMAN ROAD	VALEMOUNT	BC	VOE2Z0	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	21	APRIL	1960	B115012		
	Day	Month	Year	BIRTH CERTIFICATE <sup>1</sup> Number		
PLACE OF BIRTH	GROUARD, AB			CANADA		
Telephone	250-566-9074		780-521-3711	780-222-8939	+1pc112 Valemount.com	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	Sawridge 454001 9301	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	Cook's Ferry 694002 0601	DID YOU ENFRANCHISE?
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My MATERNAL GRANDPARENTS ARE MARIE AND ELBERT WARD			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	First Marriage was to Lianne Hazel we had a daughter Sherri Robynn Courtoireille Aug 04 1988		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		My second marriage is to Penny Blackman WE HAVE A DAUGHTER MAY 28 1997 CARA BETH COURTOIREILLE and a SON, WILLIS HARLEY COURTOIREILLE Aug 16 2000	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	STATUS UNDER BC31					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My MOTHER WORKED ON GETTING BACK ONTO THE SAWRIDGE BAND LIST UNTIL HER DEATH IN 2003. THIS WILL BE A SMALL CONSOLATION FOR ALL THE WORK SHE STARTED BUT WAS UNABLE TO SEE THE FINISH.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My MOM USED TO TELL us, they lived on the spot where the Sawridge Band office is now located in SLAVE LAKE, AB.			
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

Don Courtoireille

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

# PARENTS INFORMATION

NAME OF MOTHER	ELIZABETH Courtoreille			NAME OF FATHER	COLLIN Courtoreille		
DATE OF BIRTH	23	June	1926	DATE OF BIRTH	16	Dec.	1924
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	MEMBER OF THE SAWRIDGE Band			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON STATUS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	Regained STATUS under 3 C31	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	P.O Box 13 Grouard AB T0G-1C0		
IF DECEASED - DATE OF DEATH	12	December	2003	IF DECEASED - DATE OF DEATH			
	Day	Month	Year		Day	Month	Year

# GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	MARIE WARD			NAME OF MATERNAL GRANDFATHER	EGBERT WARD		
DATE OF BIRTH		JAN	1900	DATE OF BIRTH	Will get info		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON STATUS MEMBER OF THE SAWRIDGE BAND WHEN SHE MARRIED EGBERT WARD (1920)			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	MEMBER OF THE SAWRIDGE BAND		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	LOUISE COURTOREILLE			NAME OF PATERNAL GRANDFATHER	Thomas Courtoreille		
DATE OF BIRTH	07	March	1900	DATE OF BIRTH	07	Jan	1869?
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON STATUS		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	

SIGNATURE	Don Courtoreille	DATE	JAN 28 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.			

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

MAIL APPLICATION AND DOCUMENTS TO:

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

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.

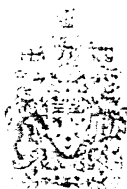
If more information is required please do not hesitate to phone 250-566-9074 home or 780-521-3711 cell.

Thank-you,

Tom Courtoreille

Thomas Courtoreille

Federal Court of Canada  
Tribunal Fédéral



Supreme Court of Canada  
Tribunal Suprême du Canada

Date: 20030327

Docket: T-66-86A

Neutral citation: 2003 FCT 347

BETWEEN:

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

Plaintiff

- 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

REASONS FOR ORDER AND ORDER

HUGESSEN, J.

[1] In this action, started some 17 years ago, the plaintiff has sued the Crown seeking a declaration that the amendments to the Indian Act, R.S.C. 1985, c. I-5, commonly

known as Snd C-31, are unconstitutional. While I shall not 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 trial:

Briefly put, this legislation, while conferring on Indian bands 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 disentitled to Indian status through marriage to non-Indian men and the children of such women; those who had lost status because their maternal grandmother were non-Indian and had gained Indian status through marriage to an Indian man; and those who had lost status on the basis that they were illegitimate offspring of an Indian woman and a non-Indian man. Bands assuming control of their band lists would be obliged to accept all these people as members. Such bands would also be allowed, if they chose, to accept certain other categories of persons previously excluded from Indian status.

(Sawridge Band v. Canada (C.A.), [1997] 3 F.C. 580 at paragraph 2)

[2] The Crown defendant now moves for the following interlocutory relief:

a. An interlocutory declaration that, pending a final determination of the Plaintiff's action, in accordance with the provisions of the *Indian Act*, R.S.C. 1985 c. I-5, as amended, (the "*Indian Act, 1985*") the individuals who acquired the right to be members of the Sawridge Band before it took control of its own Band List, shall be deemed to be registered on the Band List as members of the Sawridge Band with the full rights and privileges enjoyed by all band members;

b. In the alternative, an interlocutory mandatory injunction, pending a final resolution of the Plaintiff's action, requiring the Plaintiff 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 full rights and privileges enjoyed by all band members.

[3] The basis for the Crown's request is the allegation that the plaintiff Band has consistently and persistently refused to comply with the remedial provisions of C-31, the result that 11 women, who had formerly been members of the Band and had lost both their Indian status and their Band membership by marriage to non-Indians pursuant to the former provisions of section 12(1)(b) of the Act, are still being denied the benefits of the amendments.

[4] 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.

[5] 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 determined in the final judgment. If on the other hand, the right is not established to the court's satisfaction, there can be no entitlement to have an unproved right declared to exist. (See *Sankar v. Minister of Transport and Stanley E. B. [1979] 1 C.T.R. 134 (F.C.T.D.)*) I accordingly treat the motion as though it were simply seeking an interlocutory 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 an interlocutory injunction, the well-known three part test established in such cases as *Manitoba (Attorney General) v. Metropolitan Stores (MTS) Ltd.*, [1987] 1 S.C.R. 111 and *R J R Macdonald v. Canada (Attorney General)*, [1994] 1 S.C.R. 311 should be 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 allegations of non-compliance are correct, the plaintiff Band has effectively given itself an injunction and has chosen to act as though the law 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 suspend the effects of C-31 pending trial. Applying the classic test therefore, 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 not accept 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 cited cases. (See *Ansa International Rent-A-Car (Canada) Ltd. v. American International Rent-A-Car Corp.*, [1990] F.T.R. No. 514; 32 C.P.R. (3d) 340.)

has the effect of imposing on its members that it does not want. Paragraph 22 of the Fresh

vs American. Statement of Claim reads as follows:

22. The plaintiffs state that with the enactment of the Amendments, Parliament attempted unilaterally to require the First Nations to admit certain persons to membership. The Amendments grant individual membership rights in each of the First Nations without their consent, and indeed over their objection. Furthermore, such membership rights were granted to individuals without regard for their actual connection to or interest in the First Nation, and regardless of their individual desires or that of the First Nation, or the circumstances pertaining to the First Nation. This exercise of power by Parliament was unprecedented in the predecessor legislation.

[39] I shall grant the mandatory injunction as requested and will specifically order that the names of the 11 known acquired rights women be added to the Band List and that they be accorded all the rights of membership in the Band.

[40] I reserve the question of costs for the Crown to decide. If it should do so by moving pursuant to Rule 369 of the *Federal Court Rules*, 1998. While the interveners have made a useful contribution to the debate, I would not order any costs to or against them.

#### ORDER

The plaintiff and the persons on whose behalf she sues, being all the members of the Sawridge Band, are hereby ordered, pending a final resolution 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 full rights and privileges enjoyed by all Band members.

Without restricting the generality of the foregoing, this Order requires that the following persons, namely, Jeannette Nancy Boudreau, Elizabeth Courtoreille, Fleury Edward DeLong, Roseina Anna Lundberg, Cecile Yvonne Loyie, Elsie Flora Loyie, Rita Rose Mandel, Elizabeth Bernadette Portas, Lilian Ann Marie Petskin, Margaret Agnes Clara Ward and Mary Rachel L. Hironidelle be forthwith entered on the Band List of the Sawridge Band and be immediately accorded all the rights and privileges attaching to Band membership

James K. Huggessen  
Judge

Edmonton, Alberta  
March 27, 2003

Alberta CANADA

CERTIFICATE  
OF BIRTH

COMMUNITY AND OCCUPATIONAL HEALTH - Vital Statistics

B115012

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

Name THOMAS ALBERT COURTOREILLE Sex MALE

Date of Birth APR 21, 1960 Place of Birth GROUND

Name of Father COLLIN COURTOREILLE  
His Birthplace GROUND, ALBERTA

Name of Mother ELIZABETH WARD  
Her Birthplace JOUSSARD, ALBERTA

Registered at EDMONTON on MAY 17, 1960 Registration No. 60-08-015222  
(Month) (Day) (Year)

Given under my hand and seal of the Director.



This 04 Day of MAR 19 87

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

*W. Hilgert*  
Director

249021

D.V.S. 24

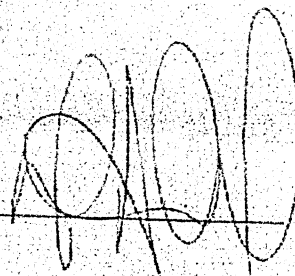
## FUNERAL DIRECTOR'S STATEMENT OF DEATH

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.

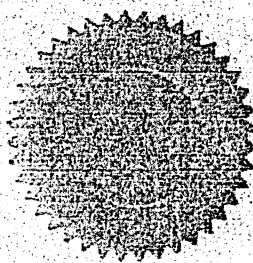
Dated December 17, 2003 at High Prairie, Alberta

per



**CHAPEL OF MEMORIES**  
(High Prairie) Ltd.

P.O. Box 1057 High Prairie, Alberta T0G 1E0  
High Prairie Ph: (780) 523-3540 Fax: 523-5602  
Valleyview Ph: (780) 524-4333



RECEIVED FEB 09 2010

## BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	BARBARA		JEAN		CARDINAL		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	Box 935		DAWSON CREEK		BC	VIC 4H9	CANADA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	07	02	1948	BIRTH CERTIFICATE <sup>1</sup>	1948-08-004843		
	Day	Month	Year		Number		
PLACE OF BIRTH	SLAVE LAKE ALTA			COUNTRY	CANADA		
Telephone	(250) 782-6680						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	4540029501	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		1 CHILD LIBA MINCHAU (AKA) (CARDINAL)		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 <sup>2,3</sup>		4540029501 SAWRIDGE, ALBERTA					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		MY MOTHER ELIZABETH. LOVIE WOULD HAVE BEEN ELIGIBLE. SHE IS NOW DECEASED.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

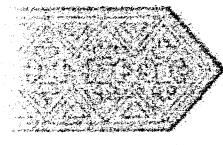
<sup>1</sup> A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION							
NAME OF MOTHER	ELIZABETH LOYIE			NAME OF FATHER	GEORGE CARDINAL		
DATE OF BIRTH	22	03	1926	DATE OF BIRTH	05	06	1921
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	SAWRIDGE INDIAN BAND			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	BIGSTONE CREE NATION		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	UNKNOWN	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	DECEASED			ADDRESS	DECEASED		
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH	05	06	1984	IF DECEASED - DATE OF DEATH	13	05	2009
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	PHILOMENE KARD			NAME OF MATERNAL GRANDFATHER	LOUIS LOYIE		
DATE OF BIRTH	?			DATE OF BIRTH	?		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	JOSEPHINE LETENDRE			NAME OF PATERNAL GRANDFATHER	OLLIVER CARDINAL		
DATE OF BIRTH	?			DATE OF BIRTH	?		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	BIGSTONE CREE NATION			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Barbara Jean Cardinal					DATE	Feb-5, 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

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



Alberta

BIRTH CERTIFICATE  
CERTIFICAT DE NAISSANCE

REG 3413 (2008/01)

*L. Beveridge*  
Laure Beveridge  
Director of Vital Statistics



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

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



Surname  
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.  
N° 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 naissance **Alberta**

Sex  
Sexe **F**

Date Issued  
Délivré le **Jan 29, 2010**



A B 0 0 2 7 4 5 5 4

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BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	MISTY			Lee			Dokken		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	# 27 Alton Cres.			ST ALBERT			AB	T8N 2P5	Canada
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	12	02	1979		BIRTH CERTIFICATE		E049059/7909008869		
	Day	Month	Year				Number		
PLACE OF BIRTH	Chetwynd B.C.				COUNTRY		Canada.		
Telephone	(780) 458-4819		(780) 993-4819		Mistylee 27@Hotmail.com				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	/	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	/
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Paternal Side Of family is Eligible to be registered.						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Phoenix Fayant-Dion Joshua Fayant-Dokken Avery Fayant-Dion				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	Registration Application is in Ottawa.								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My whole family is Registered and Accepted and Status. Family history is connected to the Sawridge Indian Band.								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS							
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)			

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

PARENTS INFORMATION												
NAME OF MOTHER			Marian Fayant			NAME OF FATHER			Dale Cardinal			
DATE OF BIRTH			12 08 1959			DATE OF BIRTH						
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Reinstated in 1985 WAS Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status.			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			50,000 77101			
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?						
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
ADDRESS			#48 Hannah Crescent Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country whitehorse Yukon			ADDRESS			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH						IF DECEASED - DATE OF DEATH						
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Olive Patrick			NAME OF MATERNAL GRANDFATHER			OSCAR Patrick			
DATE OF BIRTH			04 MARCH 1933			DATE OF BIRTH			11 MARCH 1919			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status - Now Deceased.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Non-status - deceased			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER			Elizabeth (Loyie) Cardinal			NAME OF PATERNAL GRANDFATHER			George Cardinal			
DATE OF BIRTH			21 03 1926			DATE OF BIRTH			05 JUNE 1921			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			Christine						DATE		Jan 6, 2010	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts  
801, 4445 Calgary Trail NW

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Dale		Bernard		Cardinal				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	591	1913 Horst Hwy.		Dawson Creek	B.C.	V1G-4H4	Canada		
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country		
DATE OF BIRTH	02	08	1953	BIRTH CERTIFICATE <sup>1</sup>	1953-08-032230				
	Day	Month	Year		Number				
PLACE OF BIRTH	Furst, Alberta			COUNTRY	Canada				
Telephone	250		250						
	219-4213		219-4213						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	45400	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	454	DID YOU ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Descended Maternal Side of Family is Eligible						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Misty-hee-Cardinal Sheena-hee Cardinal			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 <sup>2,3</sup>	Registered with Indian Status No 45400297-01								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Family History 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?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS							
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)			

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

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

PARENTS INFORMATION									
NAME OF MOTHER		Elizabeth Layie			NAME OF FATHER		George Cardinal		
DATE OF BIRTH		22	03	1926	DATE OF BIRTH		05	06	1921
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Status - Bill - C 31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Big Stone Cree Nation		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ADDRESS		Deceased			ADDRESS		Deceased		
		Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country					Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH				
		Day	Month	Year			Day	Month	Year
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Falamine Ward			NAME OF MATERNAL GRANDFATHER		hovie Layie		
DATE OF BIRTH		?			DATE OF BIRTH		?		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		?		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME OF PATERNAL GRANDMOTHER		?			NAME OF PATERNAL GRANDFATHER		?		
DATE OF BIRTH		?			DATE OF BIRTH		?		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		?		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE		Dale B. Cardinal						DATE	
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						Jan 22/2010	

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

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts  
801, 4445 Calgary Trail NW

Alberta CANADA

CERTIFICATE  
OF BIRTH

DIVISION OF VITAL STATISTICS

B215543

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

Name CARDINAL, DALE BERNARD Sex MALE

Date of Birth AUG 02, 1953 Place of Birth FAUST

Name of Father CARDINAL, GEORGE His Birthplace WABASCA, ALBERTA

Name of Mother LOYIE, ELIZABETH Her Birthplace FAUST, ALBERTA

Registered at EDMONTON on OCT 06, 1953 Registration No. 1953-08-023320  
(Month) (Day) (Year)

Given under my hand and seal of the Director.

This 07 Day of MAY 19 91

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

799237



D.V.S. 24

Bill Gilroy  
Director

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	FRIEDA			M I		DRANEY			
	First Name(s)			Middle Name(s)		Last Name(s)			
MAILING ADDRESS	148		SLAVE LAKE			AB	T06-2A0		CANADA
	Apt/P. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	25 10 1948			BIRTH CERTIFICATE <sup>1</sup>		Number			
	Day	Month	Year						
PLACE OF BIRTH	SLAVE LAKE, AB			COUNTRY		CANADA			
Telephone	780-849-8692		NA		780-849-9562	N/A			
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	454 00194 01	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	FATHER - PAUL NEESOTASIS (TWIN)						
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	YES 2 DAUGHTERS DEANA DRANEY (MORTON) BRENDA DRANEY			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 <sup>2,3</sup>									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	PAUL NEESOTASIS						
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input type="checkbox"/> Single	<input checked="" type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)			

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

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

PARENTS INFORMATION									
NAME OF MOTHER		IRENE CUNNINGHAM			NAME OF FATHER		PAUL NEESOTASIS		
DATE OF BIRTH		05 12 1905			DATE OF BIRTH				
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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 Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		JUSTINE PAGE			NAME OF MATERNAL GRANDFATHER		SAM CUNNINGHAM		
DATE OF BIRTH		?			DATE OF BIRTH		?		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-STATUS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-STATUS		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH		?			DATE OF BIRTH		?		
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		Freda D. Dancy						DATE	
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

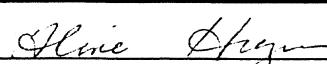
Sawridge Trusts  
801, 4445 Calgary Trail NW  
Edmonton, AB T6H 5R7

ENTERED APR 30 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	ALINE			ELIZABETH			HUZAR.		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	3953 WEISBROD RD		PRINCE GEORGE		BC	V2K 2S4	CANADA.		
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	07	08	1941	BIRTH CERTIFICATE <sup>1</sup>		B 114123			
	Day	Month	Year			Number			
PLACE OF BIRTH	SLAVE LAKE, ALBERTA			COUNTRY		CANADA.			
Telephone	250-962-2161		250-981-6082						
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	4540015101		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?
									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		SEE ATTACHED.		
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			YES MICHAEL LANCE HUZAR DALE JAMES HUZAR DARRIN JOHN HUZAR			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 <sup>2,3</sup>			ATTACHED STATUS CARD.						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?			I AM A DIRECT DESCENDANT						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		SEE ATTACHED.		
MARITAL STATUS (check one)			<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed
							<input type="checkbox"/> Common-Law		Other (Specify)

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

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

PARENTS INFORMATION							
NAME OF MOTHER	CAROLINE MARY MCGILLIVRAY			NAME OF FATHER	Simon MCGILLIVRAY		
DATE OF BIRTH	01	09	1902	DATE OF BIRTH	15	02	1899
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	PAYLIST #29 SAWRIDGE BAND			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	HALF BREED.		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	29	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED – DATE OF DEATH	25	11	1979	IF DECEASED – DATE OF DEATH	04	08	1948.
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	HENRIETTE CALDER			NAME OF MATERNAL GRANDFATHER	JOHNNY STONEY		
DATE OF BIRTH	07	01	1882	DATE OF BIRTH	08	05	1875.
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	PAYLIST AT BIRTH #18 SAWRIDGE BAND.		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	VITALINE DION WABASKA			NAME OF PATERNAL GRANDFATHER	JOHN ALFRED MCGILLIVRAY		
DATE OF BIRTH	06	07	1879	DATE OF BIRTH	1879		
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	TREATY INDIAN MOTHER, JOSEPHTE DION #18 of THE ALEXANDER BAND			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	HALF BREED.		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	 I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.					DATE	April 27/10.

**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.

Alberta CANADA

CERTIFICATE  
OF BIRTH

COMMUNITY AND OCCUPATIONAL HEALTH

Vital Statistics

B114123

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

Name: ALINE ELIZABETH MCGILLIVRAY

Sex: FEMALE

Date of Birth: AUG 07, 1941

Place of Birth: SLAVE LAKE

Name of Father: SIMON MONTROSE MCGILLIVRAY

Name of Mother: MARY STONEY

Her Birthplace: ATHABASCA, ALBERTA

Registration No. 41-08-407184

Day of Month Year

Given under my hand and seal of the Director:

Day of Month Year

Certified Extract From

Registration of Birth

Issued at Edmonton

Alberta, Canada



Director

D.V.S. 24.7

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

351204039796

Registry Group - Groupe d'enregistrement  
454 - Sawridge

Recent Before / Réviser avant  
2012-08-07  
Date of Issuance / Date de délivrance  
2005-11-30

*Aline Doy*

Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN

Family Name / Nom de famille  
HUZAR

Given Names / Prénoms  
ALINE ELIZABETH

Alias / Nom d'emprunt


351204039796

HUZAR ALINE ELIZABETH

Sex / Sexe  
F

Date of Birth / Date de naissance  
1941-08-07

4540015101



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

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

RECEIVED APR 29 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

Received Jan-15-2010

BENEFICIARY APPLICATION FORM										
PERSONAL INFORMATION										
NAME	ARTHUR			BERNARD			JACKSON			
	First Name(s)			Middle Name(s)			Last Name(s)			
MAILING ADDRESS	4405-25St.			VERNON			BC	V1T3E2	CANADA	
	Apt/P.O. Box	Street Address			Town			Prov	Postal Code	Country
DATE OF BIRTH	12 03 1922			BIRTH CERTIFICATE <sup>1</sup>			B289946			
	Day	Month	Year				Number			
PLACE OF BIRTH	SAWRIDGE, ALBERTA			COUNTRY			CANADA			
Telephone	250-545-2042									
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address					
STATUS NUMBER	509280	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.										
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My Mother Sophie Cardinal was an original member that's all I know. She never ever got anything!							
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	WILLIAM ARTHUR JACKSON MARIANNE CECIL JACKSON			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 <sup>2,3</sup>	Full Status									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Never got anything, my mom didn't get anything I feel as oldest child and oldest son at least should get something before I die!									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My Grandparents were born and lived on the SAWRIDGE LANDS all their lives.							
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)				

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

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

mm.

PARENTS INFORMATION											
NAME OF MOTHER		SOPHIE CARDINAL				NAME OF FATHER		ARCHIBALD, CECIL JACKSON			
DATE OF BIRTH		29 JULY 1896				DATE OF BIRTH		? 1890			
		Day		Month		Year				Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?				IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
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						IF DECEASED — DATE OF DEATH					
		Day		Month		Year				Day Month Year	
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER		Maria GREY				NAME OF MATERNAL GRANDFATHER		HENRY CARDINAL			
DATE OF BIRTH		18 --				DATE OF BIRTH		18 --			
		Day		Month		Year				Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF PATERNAL GRANDMOTHER						NAME OF PATERNAL GRANDFATHER					
DATE OF BIRTH						DATE OF BIRTH					
		Day		Month		Year				Day Month Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
SIGNATURE		Arthur Bernard Jackson M.M.								DATE	
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.								Dec 31 / 09 M.M.	

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA

CERTIFICATE  
OF BIRTH

VITAL STATISTICS

B289946

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

Name **JACKSON, ARTHUR-BERNARD** Sex **MALE**

Date of Birth **MAR 12, 1922** Place of Birth **SAWRIDGE**

Name of Father **JACKSON, CECIL ARCHIBALD**

His Birthplace **ENGLAND**

Name of Mother **CARDINAL, SOPHIE**

Her Birthplace **CANADA**

Registered at **SAWRIDGE** on **APR 17, 1922** Registration No. **1922-08-403252**

This **APR 17** Day of **APR 19 95**

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

D.V.S. 24

Given under my hand at Edmonton, Alberta.

*[Signature]*

Director

CERTIFICATE OF BAPTISM

CERTIFICAT DE BAPTEME

Paroisse de *St. Bernard's* .....  
Parish of *rouard* .....

CECI CERTIFIE - THIS CERTIFIES

Que *Sophie* .....  
That .....  
Enfant de *Henry Cardinal* .....  
Child of .....  
et de *Maria Grey* .....  
and of .....

qui est né(e) le *29* jour de *July* *1896* .....  
Born on the ..... day of .....  
a été baptisé(e) -- was Baptized

le *29* jour de *November* *1896* .....  
the ..... day of .....  
- Conformément aux Rites de l'Eglise Catholique Romaine  
According to the Rites of the Roman Catholic Church

par le Rév. *J. M. Deepé O.M.I.* .....  
by the Rev. ....

Parrain } *John Grey* .....  
Sponsors } .....  
Marraine } .....

Confirmé(e) à .....  
Confirmed at .....

par .....  
by .....

le ..... jour de ..... 19 .....  
the ..... day of .....

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

daté le *October* *18* ..... 19 *89* .....  
Dated .....

..... *Charles Lavoie* .....  
..... secretary .....

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	June		Martha		Kolosky		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	25	Chetwynd			BC	VOC 150	Canada
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code
DATE OF BIRTH	06	06	1937	BIRTH CERTIFICATE <sup>1</sup>	B100693		
	Day	Month	Year		Number		
PLACE OF BIRTH	Slave Lake, Alberta			COUNTRY	Canada		
Telephone	250-788-2673		250-401-8934				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	4540018601	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
							IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Yes: (see attached page 1)			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 <sup>2,3</sup>	Attached status card and payroll.						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I am a direct decendent of Johnny Stoney & Mary Caroline Stoney (McGillivray)						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS Johnny Stoney (Stephens) NE 1/4, Section 6, Township 73, Range 4. (see attached)					
MARITAL STATUS (check one)	X						
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

June Martha Kolosky (McGillivray – Stoney)

Sawridge Indian Band Beneficiary Application Form – Attachment to 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 Kolosky	Male	Grande Prairie, Alta	November 10, 1960
Laurie Jean Kolosky	Female	Dawson Creek, BC (hospital)	January 28, 1962
David Allan Kolosky	Male	Dawson Creek, BC (hospital)	April 22, 1964

## GENEALOGY

### Grandparents

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) (Stoney) (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 Josephine 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

Alberta CANADA

CERTIFICATE  
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B100693

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

Name of Child JUNE MARTHA MCGILLIVRAY Sex FEMALE

Date of Birth JUN 06, 1937 Place of Birth SLAVE LAKE

Name of Father SIMON MONTROSE MCGILLIVRAY  
His Birthplace EDMONTON, ALBERTA

Name of Mother MARY STONEY  
Her Birthplace ATHABASCA, ALBERTA

Registered at SLAVE LAKE  
on JUN 25, 1937  
(Month) (Day) (Year)  
Registration No. 37-08-501337

Given under my hand and seal of the Director.

This 02 Day of SEP 19 86  
Certified Extract From  
Registration of Birth  
Issued at Edmonton,  
Alberta, Canada

*Director*  
Director

214196





Government  
of Canada

Gouvernement  
du Canada

692-9698732

Pay to

Payez à

11 SEP/SEPT 1997

JUNE M. KOLOSKY 186  
BOX 25  
CHETWYND BC  
V0C 1J0

09698732  
47

\$\*\*\*\*\*60.00

Receiver General  
for Canada

Le receveur  
général du Canada

Deputy  
Receiver General  
for Canada

Le sous-receveur  
général  
du Canada

⑆00000⑆⑆⑆⑆ 6929698732⑈



Public Works and Government  
Services Canada

Travaux publics et Services  
gouvernementaux Canada

09698732

692-9698732

BATCH/LOT-3504 DA0/BCM-7013

11-SEP/SEPT-1997 Stub No. - Talon N°


INDIAN & NORTHERN AFFAIRS CAN. \*AFFAIRES INDIENNES ET DU NO 042

Particulars - Détails		Amount - Montant
SAWRIDGE TREATY ANNUITY		
SELF 1986 - 1997		60.00
BATCH/LOT-3504(3504) REQ-R09004	TOTAL	60.00

SEE REVERSE

AU VERSO

Date of birth - Date de naissance		Registry group - Groupe d'enregistrement	
1937/06/06		SAWRIDGE	
Sex - Sexe	This card is valid until / Cette carte est valide jusqu'au		
F	2015/02/02		
Holder's signature - Signature du titulaire			
<i>Jane M Kolaskey</i>			
Issued officer's signature - Signature de l'agent émetteur		Issue date - Date d'émission	
Colleen Totusek - IRA		2010/02/02	
<small>Find out about return postage free to IRAC Ottawa, Ontario, Canada K1A 0H4          Pour en savoir plus sur le présent est pris de le retourner franc de port, au AINC, Ottawa (Ontario) Canada, K1A 0H4          83-004 2005-11-21 7530-21-023-3673</small>			

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN	
	This is to certify that - Le présent atteste que
	Family name - Nom de famille
	KOLASKEY
	Given names - Prénoms
	June Martha
Age - Âge	
Registry no. - N° de registre	4540018601
<small>Is an Indian within the meaning of the Indian Act, chapter 27, Statutes of Canada (1985)          est un Indien au sens de la Loi sur les Indiens, chapitre 27 des Lois du Canada (1985)</small>	

# 19

Statement Made and Confirmed by Statutory Declaration

by John Stroney

Concerning

his

Claim

to N.E. 1/4 Section 6 Township 73 Range 4

1. Name and P.O. Address

John Stroney, Lacrosse

2. Age

33 -

3. Married or single (if married, number of children; age of oldest and youngest)

Married 4 - 9 - 1

4. Have you ever had a homestead entry, and if so, how many?

No

5. If you had, where were the lands situated?

---

6. When did you make your entry or entries?

---

7. How long did you live on your former homestead?

---

8. What disposal did you make of it?

---

9. What consideration, if any, did you receive for it?

---

10. If abandoned, what were the reasons for so doing?

---

11. Did you receive any consideration for abandoning?

---

12. When did you first come to Manitoba or the North-West, and where from?

---

13. Where born?

Lac Ste Anne, Alberta

14. Are you a British subject?

Yes

15. If by naturalisation, when and where naturalised?

---

16. What was the nature of your occupation before coming to Manitoba or the North-West?

---

17. What has been your occupation since coming to Manitoba or the North-West?

Hunting & Feed Stable  
Lac Ste Anne & Spring place  
N.E. 1/4 Sec 6

18. What portion do you claim as homestead?

1. Name and P. O. Address

John Stracy Sawridge  
235 -

2. Age

3. Married or single (if married, number of children; age of oldest and youngest)

Married 4 - 9 - 1

4. Have you ever had a homestead entry, and if so, how many?

No

5. If you had, where were the lands situated?

6. When did you make your entry or entries?

7. How long did you live on your former homestead?

8. What disposal did you make of it?

9. What consideration, if any, did you receive for it?

10. If abandoned, what were the reasons for so doing?

11. Did you receive any consideration for abandoning?

12. When did you first come to Manitoba or the North-West, and where from?

13. Where born?

Lee S. Anna Alberta

14. Are you a British subject?

Yes

15. If by naturalization, when and where naturalized?

16. What was the nature of your occupation before coming to Manitoba or the North-West?

17. What has been your occupation since coming to Manitoba or the North-West?

Hunting & Field Stable  
Fighting & Training place  
N. 26 1/4 Sec 8

18. What portion do you claim as homestead?

19. What portion of your claim is improved, and at what place?

20. When did you first settle or make improvements on what you now claim as homestead?

6 yrs ago

21. What date did you first or last have lawful residence upon it, meaning making it your home and living on it?

June 1902

22. What actual residences have you since performed on the said land? If the period of residence is not months state months or portions of months in each year.

Continuous

#19

Declared before me PAT. DCH

at Sp 73 R 4 JAN 4 1909  
this 26<sup>th</sup> day

John X Stoney  
mark

of Horseshoe Bend, Alberta

Mary W. Selby  
O. L. Sawyer

W. A. Scott

Province of  
Alberta

TO WIT:

we, Donald Sinclair & W. R. MacKinnon  
of Sawridge Land Co. Ltd. do solemnly declare that the  
answers to the within questions, number 26 45  
made by John Stoney are respectively true in substance  
and in fact, we believe that the remainder are true and correct in every particular, and we  
make this solemn declaration conscientiously, believing it to be true, and knowing that it is of  
the same force and effect as if made under oath, and by virtue of The Canada Evidence  
Act, 1892.

Declared before me

Sawridge

26<sup>th</sup> day

January 4, 1909

Mary W. Selby

O. L. Sawyer

Donald X Sinclair  
mark

W. R. MacKinnon

#19

1735

Province of Alberta

TO WIT:

I, John Stoney of Sawridge  
do solemnly declare that the answers to the foregoing or within questions are true in substance and in fact. And I make this solemn declaration conscientiously believing it to be true, and knowing that it is of the same force and effect as if made under oath, and by virtue of The Canada Oath-taking Act, 1883.

Declared before me PAT. B. CH.

of Sp 73 R. 4 JAN 4 1909  
this 26<sup>th</sup> day  
of November A.D. 1908

John Stoney  
mark

Henry W. Selby Witness  
O. L. Sinner W. A. Scott

#19

Province of Alberta

TO WIT:

Mr. Donald Sinclair & W. R. MacKenzie  
of Sawridge do solemnly declare that the  
answers to the within questions, number 26-45  
made by John Stoney are respectively true in substance  
and in fact, we believe that the remainder are true and correct in every particular, and we  
make this solemn declaration conscientiously, believing it to be true, and knowing that it is of

21. Give number of acres cropped.

22. What cropped?

23. Give size and description of house and the X sec. it is on?

24. Present cash value of same.

25. What other buildings have you, and on which X sec. are they situated?

26. Give description and size of same.

27. Present cash value.

28. Present cash value of fencing.

29. Have you received any consideration for settling on this claim?

30. If so, what was the amount and from whom received?

31. Have you been promised any consideration for settling on this claim, if so, what amount and from whom?

32. Have you promised to convey it, or any portion thereof to any person, on acquiring title?

33. If so, to whom, and what were the conditions?

34. Has any person, other than yourself, any interest, directly or indirectly, in this claim, through any title you may now possess, or may hereafter become possessed of?

35. If so, state who, and what is the nature of same?

36. Have you any other statements you desire to make as to improvements not herein specified, or of any other nature?

37. Have you ever had a squatter's claim or claims prior to this, and what became of it or them?

38. What amount of stock have you—horses, cattle, sheep, pigs, &c.?

1/2  
yearly  
Loghouse 36x16  
\$150  
I have a good stable on the  
NW 1/4 Sec 16 near my house and  
fencing which the land is off.  
Log stable 40x20  
20x20  
450  
410  
No  
No  
No  
No  
No  
A man Mitchell Cockerham  
came on this 1/4 sec in the fall of  
the same year I built and built  
a house about 16 ft. next my house  
but I claim this as he had no right there.  
No  
1 head of cattle  
2 Horses

#19

Memo.

Ottawa, 15th April 1903

The Deputy Supt. General,-

With reference to Mr. Ponton's memorandum hereunder of the 8th 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.

~~It is shown, however,~~ that he has located himself 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 <sup>is</sup> now located is not secured to him as an Indian 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 in possession of it, or to give him eventually a location ticket covering the said land.

I think, however, that an equal area (180 acres) should be surrendered from the said reserve No. 134 and relinquished to the Crown in exchange for the proposed reserve at Lesser Slave Lake for John Stephens, and would

January 27, 2010

RECEIVED MAR 01 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 Kolosky*

June Kolosky

Cc: my file

Signed before me by June Martha Kolosky  
at Chetwynd in the Province of  
British Columbia on February 26, 2010  
Dorothea Swain  
Notary 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

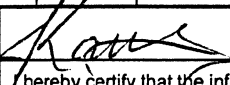
RECEIVED AUG 09 2010

ENTERED AUG 10 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	JENNIFER			NICOLE			KAUTZ		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	103	33-5 Ave		Spruce Grove		AB	T7X2C5	CANADA	
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	09	01	1987	BIRTH CERTIFICATE <sup>1</sup>		242878			
	Day	Month	Year			Number			
PLACE OF BIRTH	EDMONTON, ALBERTA			COUNTRY		CANADA			
Telephone	780 571-4780	N/A		780- 499-7168	780- 968-8888				
	Home Phone	Home Fax		Cell Phone	Work Phone	Email Address			
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	YES, THROUGH MY GREAT, GREAT GRANDPARENTS, JOSEPHINE CARDINAL AND LEON WARD						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.					DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	NON-STATUS								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	BIRTHRIGHT								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	MY GREAT GRANDMOTHER, ELIZABETH MABLE WARD, LIVED WITH HER PARENTS, JOSEPHINE CARDINAL AND LEON WARD						
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)			

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

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

PARENTS INFORMATION									
NAME OF MOTHER		GINA KAUTZ			NAME OF FATHER		ROY ROBERT KAUTZ		
DATE OF BIRTH		13	08	1959	DATE OF BIRTH		14	10	1958
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		STATUS INDIAN / BILLC31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-INDIAN		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		4540095201		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
DID YOUR MOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		THROUGH MARRIAGE BUT REGAINED WITH BILL C31		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
Address		#6, 54022 RR 275 (CANADA) SPRUCE GROVE, AB, T7X3V4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			Address		#6, 54022-RR 275 (CANADA) SPRUCE GROVE, AB T7X3V4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH				
		Day	Month	Year			Day	Month	Year
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		ROSINA LINDBERG			NAME OF MATERNAL GRANDFATHER		RON LINDBERG		
DATE OF BIRTH		20	10	1935	DATE OF BIRTH		14	12	1929
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-INDIAN		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		THROUGH MARRIAGE, BUT REGAINED WITH BILL C31		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME OF PATERNAL GRANDMOTHER		NATALIE KAUTZ			NAME OF PATERNAL GRANDFATHER		ROBERT KAUTZ		
DATE OF BIRTH		31	07	1924	DATE OF BIRTH		16	10	1920
		Day	Month	Year			Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-INDIAN		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE								DATE	
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						July 18/10.	

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

<b>Alberta</b> CANADA		<b>CERTIFICATE OF BIRTH</b>	
NAME		SOCIAL SERVICES & COMMUNITY HEALTH Vital Statistics Division	
JENNIFER NICOLE KAUTZ		REGISTRATION No.	
DATE OF BIRTH		87-08-000554	
JAN 09, 1987			
PLACE OF BIRTH			
EDMONTON			
REGISTRATION DATE		DATE ISSUED	
JAN 13, 1987		JAN 23, 1987	
SEX		F	
CERTIFIED EXTRACT FROM REGISTRATION OF BIRTH		242878	
ISSUED AT EDMONTON, ALBERTA, CANADA		DIRECTOR	

B0401695

VOID IF ALTERED OR LAMINATED

PRINTED IN CANADA

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RECEIVED AUG 09 2010

ENTERED AUG 10 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	KRISTINE			GINA			KAULTZ		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	7 BROWN ST.			STONY PLAIN AB			T7Z 1E8 CANADA		
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	21 05 1982			BIRTH CERTIFICATE <sup>1</sup>		62967			
	Day Month Year					Number			
PLACE OF BIRTH	EDMONTON, ALBERTA			COUNTRY		CANADA			
Telephone	(780) ———		(780) ———		903-3092				
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	/		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?
									<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		YES, THROUGH MY GREAT GREAT GRANDPARENTS, JOSEPHINE CARDINAL & LEON WARD			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.					
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>		NON-STATUS							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		BIRTHRIGHT							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS		MY GREAT GRAND MOTHER, ELIZABETH MABLE WARD, LIVED WITH HER PARENTS JOSEPHINE CARDINAL & LEON WARD			
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Single		<input type="checkbox"/> Married		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed	
								Common-Law	
								Other (Specify)	

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

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

PARENTS INFORMATION									
NAME OF MOTHER		GINA KAUTZ			NAME OF FATHER		ROY ROBERT KAUTZ		
DATE OF BIRTH		13 08 1959 Day Month Year			DATE OF BIRTH		14 10 1958 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		STATUS INDIAN / BILL C31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON - INDIAN		
IS YOUR MOTHER A SAWRIDGE BAND MFMRFR?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		4540095201		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
DID YOUR MOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		THROUGH MARRIAGE, BUT REGAINED WITH BILL C31		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
ADDRESS		#6,54022 RR 275 SPRUCLE GROVE, AB T7X3V4, CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS		#6,54022 RR 275 SPRUCLE 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									
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 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON-INDIAN		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		THROUGH MARRIAGE, BUT REGAINED WITH BILL C31		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
NAME OF PATERNAL GRANDMOTHER		NATALIE KAUTZ			NAME OF PATERNAL GRANDFATHER		ROBERT KAUTZ		
DATE OF BIRTH		31 07 1924 Day Month Year			DATE OF BIRTH		16 10 1920 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON - INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		NON - INDIAN		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
SIGNATURE		*Kautz						DATE	
		I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						19 July 10	

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



SOCIAL SERVICES  
AND COMMUNITY HEALTH  
Vital Statistics

CERTIFICATE  
OF BIRTH

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

Name KRISTINE GINA KAUTZ Sex Female  
Date of Birth 21st May 1982 Place of Birth Edmonton, Alberta  
(Day) (Month) (Year)  
Name of Father Roy Robert Kautz His Birthplace Hanna, Alberta  
Name of Mother Gina Marlynn Lindberg Her Birthplace Edmonton, Alberta  
Before Marriage  
Registered at Edmonton on 7th June 1982 Record No. 82-08-16826  
(Day) (Month) (Year)

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

10th Day of June 19 82

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

  
Director

741067

62967

RECEIVED AUG 0 5 2010

ENTERED AUG 1 0 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	GINA			MARILYN			KAUTZ		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	#6	54022 RR 275			SPRUCE GROVE		AB	T7X 3V4	Canada
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	13 08 1959			BIRTH CERTIFICATE <sup>1</sup>		LB 533652			
	Day Month Year					Number			
PLACE OF BIRTH	EDMONTON, ALBERTA				COUNTRY		CANADA		
Telephone	(780) 962-4040	(780) 962-0019	(780) 217-3121	(780) 962-4257	ginak@cruzinternet.com				
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER	454	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
	009								
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		YES, THROUGH MY GREAT GRAND PARENTS JOSEPHINE CARDINAL & LEON WARD				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		KRISTINE KAUTZ JENNIFER KAUTZ			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 <sup>2,3</sup>		STATUS INDIAN / BILL C31							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		BIRTHRIGHT							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		MY GRANDMOTHER, ELIZABETH MABLE WARD LIVED WITH HER PARENTS JOSEPHINE CARDINAL & LEON WARD				
MARITAL STATUS (check one)	<input checked="" type="checkbox"/>								
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION									
NAME OF MOTHER	ROSINA LINDBERG				NAME OF FATHER	RON LINDBERG			
DATE OF BIRTH	20	10	1935		DATE OF BIRTH	14	12	1929	
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	TREATY INDIAN				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON INDIAN			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	454 0040701		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?		
DID YOUR MOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	THROUGH MARRIAGE, BUT REBAINED WITH BILL C31		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
ADDRESS	16518-104 AVE EDMONTON, AB T5P0S7 CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS	16518-104 AVE EDMONTON, AB T5P0S7 CANADA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH				
	Day	Month	Year			Day	Month	Year	
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER	ELIZABETH MABLE WARD				NAME OF MATERNAL GRANDFATHER	DOUGLAS McMULLEN			
DATE OF BIRTH	18	08	1918		DATE OF BIRTH	UNKNOWN			
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	TREATY INDIAN				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON INDIAN			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	THROUGH MARRIAGE, BUT AFTER MY MOTHER WAS BORN		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
NAME OF PATERNAL GRANDMOTHER	CLARA BERTHA SCHULTZ				NAME OF PATERNAL GRANDFATHER	ARTHUR JOSEPH LINDBERG			
DATE OF BIRTH	25	10	1906		DATE OF BIRTH	16	09	1903	
	Day	Month	Year			Day	Month	Year	
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON INDIAN				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	NON INDIAN			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		
SIGNATURE	Gina Kautz						DATE	July 2, 2010	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

MAIL APPLICATION AND DOCUMENTS TO:

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

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.

<b>Alberta</b>		<b>CANADA</b>		<b>CERTIFICATE OF BIRTH</b>	
<b>VITAL STATISTICS</b>		<b>LB533652</b>			
Name	<b>Lindberg, Gina Marilyn</b>				
Sex	<b>Female</b>	Date of Birth	<b>Aug 13 1959</b>		
Place of Birth	<b>Edmonton</b>				
Name of Mother (Maiden Name)	<b>Ward, Rosina Ann</b>				
Place of Birth	<b>Alberta</b>				
Name of Father	<b>Lindberg, Ronald August</b>				
Place of Birth	<b>Saskatchewan</b>				
Registration Date	<b>Aug 18 1959</b>	Registration Number	<b>1959-08-023741</b>		
Date Issued	<b>Nov 29 2004</b>				
Certified extract from REGISTRATION OF BIRTH filed at Edmonton, Alberta, Canada.					
REG 3147 (2004/03)					
Director					

ENTERED JUL 21 2010

## BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	BUDDY		ANTHONY		HOYIE	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	1106-1 <sup>st</sup> ST. EAST		FT. FRANCIS		ON	P9A1N6 Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	10	March	1941	BIRTH CERTIFICATE <sup>1</sup>	41-08-501220	
	Day	Month	Year		Number	
PLACE OF BIRTH	Slave lake, AB,			COUNTRY	Canada	
Telephone	807 274-5079				bloyie@ucn.ca	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	139	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My mother, Elsie hoyie was a Band Member of the Sawridge Band. I believe her Band # was 42 or 43.			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	I have 5 children - 2 adopted children Aberle Dawn & Rainy Loyie - 3 children - Rebecca Rose, Shane & Jordan		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	I was a Bill C-31 Indian although my mother was a Sawridge Band Member. My mother was also the list of persons who challenged Sawridge's Bill C-31. The court ordered my mother to be reinstated.					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Because I am eligible to be a Sawridge Band member.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My great grand father Edward Twin (Paul Twin's brother) was a Sawridge Band member and my grand mother Marie Hoyie (Edward's daughter) lived on Sawridge. In a hunting accident my grand father killed one of his brothers and had to leave the Sawridge Band.			
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

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

PARENTS INFORMATION												
NAME OF MOTHER			Elsie Flora Justine (Nisotasis) Laquier			NAME OF FATHER			Harry Phillips			
DATE OF BIRTH			20 April 1923			DATE OF BIRTH			28 March 1929			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			?			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			#53			
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?						
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			?			
ADDRESS			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH			Day Month Year			IF DECEASED - DATE OF DEATH			Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Marie Twin (Nisotasis)			NAME OF MATERNAL GRANDFATHER			Edward <sup>St. Germain</sup> Nesotasis (TWIN)			
DATE OF BIRTH			5 January 1905			DATE OF BIRTH			? 1864 (?)			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status Indian			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER			Emilie Sawan			NAME OF PATERNAL GRANDFATHER			? Phillips			
DATE OF BIRTH			27 Sept. 1899			DATE OF BIRTH			?			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Status Indian @ SWAN River Band			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Non-status			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			Buddy Loyie						DATE		Apr-17/10	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

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

**Certificat de Baptême**

**Certificate of Baptism**

Paroisse de St. PETER CELESTIN - CATHOLIC CHURCH  
Parish of BOX 157

SLAVE LAKE, - ALBERTA  
CECI CERTIFIE - THIS CERTIFIES

Que Elsie Flora Justine (NISOTESIS) Lagulier  
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

le 10th jour de May 19.23  
the day of

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.

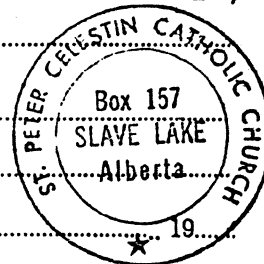
Parrain ) Clemence Nipissing ( wife of  
Sponsors ) Saint Pierre Nisotesis)

Marraine )

Confirmé à  
Confirmed at

par  
by

le jour de  
the day of 19.



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

daté le February 8th 19.76  
Dated

Rev. (Fr.) A. GENDRE (pastor) Father A. Gendre

BOX 157  
SLAVE LAKE - ALBERTA

Alberta CANADA

CERTIFICATE  
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH

Vital Statistics

B085916

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

Name **BUDDY ANTHONY LOYIE** Sex **MALE**

Date of Birth **MAR 10 1941**

Place of Birth **SLAVE LAKE**

Name of Father **HARRY PHILLIPS**

His Birthplace **KINUSO ALBERTA**

Name of Mother **FLORA LOYIE**

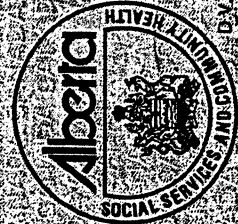
(before Marriage)

Her Birthplace **SLAVE LAKE ALBERTA**

Registered at **SLAVE LAKE**

on **APR 29 1941**

Registration No. **41-08-501220**



Given under my hand and seal of the Director:

This **21** Day of **APR 19**

**86**

Certified Extract From

Registration of Birth

Issued at Edmonton

Alberta (Canada)

631032

*Phillips*  
Director



Indian and  
Northern Affairs

Affaires indiennes  
et du Nord

OTTAWA, Ontario K1A 0H4  
April 9, 1976.

Mr. Buddy Loyie,  
Box 31,  
FAUST, Alberta

Your file    Votre référence

Our file    Notre référence    777/3-3-6 (LM8-4)

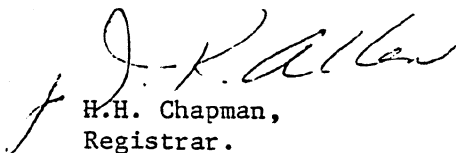
Dear Mr. Loyie:

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.

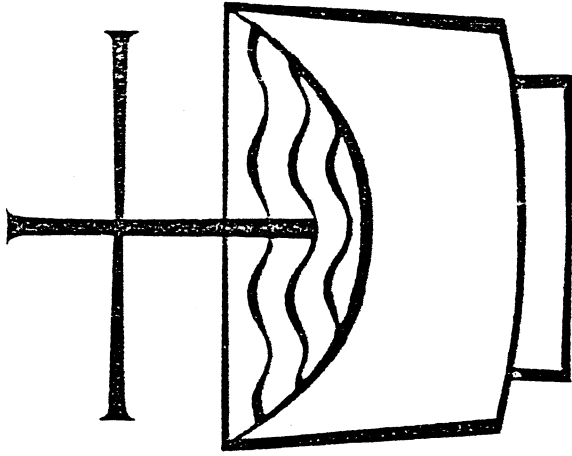
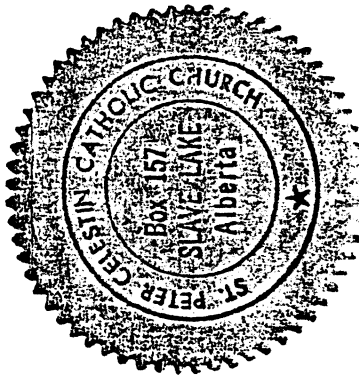
# Certificate of Birth and Baptism

Church of ST. PETER CELESTIN - CATHOLIC CHURCH  
BOX 157,  
SLAVE LAKE, - ALBERTA

This is to Certify that Buddy Anthony LOYIE

Child of Flora Elsie LOYIE and \_\_\_\_\_

born in Slave Lake, Alta. on the March day of 10th 19 41,  
 was Baptized on the 17th day of April 19 41, according to  
 the Rite of the Roman Catholic Church, by the Rev. Father Clement KINDERVATER  
 the Sponsors being: Paul Twin & Margaret Stoney  
Confirmed on the 15th day of May 19 49, at Grouard, Alt.  
Married - Edmonton, Alta. St. Patrick's as appears from the Baptismal Register of this Church 29, 1964  
Dated February 8th 19 76 Father A. Gendre Pastor  
 (Rev.) Father A. Gendre





# INDIGENOUS EDUCATION INSTITUTE OF CANADA

## 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: [indigenous.education@ubc.ca](mailto:indigenous.education@ubc.ca)  
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 19 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 Loyie*



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

## Rainy River District Victim Services Program

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

### FAX COVER

DATE:

July 20, 2010

To:

Paul Bujold

FROM:

Buddy Logie

COMPANY:

FAX #:

1-780-988-7724

# OF PAGES (INCLUDING COVER):

2

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.

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	MAY		ROCHEL		L'HIRONDELLE		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	45-7850 KING GEORGE HWY		SURREY		BC	V3W 5B1	CANADA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	23	03	28	BIRTH CERTIFICATE <sup>1</sup>	2808-501704		
	Day	Month	Year		Number		
PLACE OF BIRTH	SAWRIDGE-STARLAKES LTD			COUNTRY	CANADA		
Telephone	604-501-1073						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	4540015701	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						DID YOU, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	I AM A SAWRIDGE BAND MEMBER, MY MATERNAL MOTHER WAS A SAWRIDGE BANDMEMBER & GRANDPARENTS AS WELL.				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	JOAN MACLEOD VICTORIA L'HIRONDELLE WAYNE L'HIRONDELLE MARY OSTROWSKI			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 <sup>2,3</sup>	STATUS UNDER INDIAN ACT						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Because I'm a full Sawridge Band member since the day I was born. I'm also Treaty.						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	my mother lived with her parents on Sawridge land.				
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION											
NAME OF MOTHER <i>WARD MURRAY EVA-MARY ROSE</i>				NAME OF FATHER							
DATE OF BIRTH <i>02 APRIL 1907</i> Day Month Year				DATE OF BIRTH				Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <i>? BAND MEMBER ON SAWRIDGE RESERVE</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>							
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER? <i>SAWRIDGE</i>		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				ADDRESS Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country							
IF DECEASED - DATE OF DEATH <i>UNKNOWN</i> Day Month Year				IF DECEASED - DATE OF DEATH				Day Month Year			
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER <i>BIROUX MARY ANN</i>				NAME OF MATERNAL GRANDFATHER <i>WARD Jean Baptiste</i>							
DATE OF BIRTH <i>?</i> Day Month Year				DATE OF BIRTH <i>?</i> Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <i>GRANDPARENTS BANDMEMBERS ON SAWRIDGE RESERVE</i>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <i>GRANDPARENTS BANDMEMBERS ON SAWRIDGE RESERVE</i>							
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER				NAME OF PATERNAL GRANDFATHER							
DATE OF BIRTH Day Month Year				DATE OF BIRTH Day Month Year							
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>							
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE <i>[Signature]</i>				I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.				DATE <i>FEB 28, 2010</i>			

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

**PROVINCE OF ALBERTA**  
**DIVISION OF VITAL STATISTICS**  
**DEPARTMENT OF PUBLIC HEALTH**

NAME: **Mary Reachel Ward**  
 DATE OF BIRTH: **March. 23. 1928**  
 BIRTH PLACE: **Slave Lake**  
 REGISTRATION NO: **28-08-501204**  
 REGISTRATION DATE: **May. 14. 1928**  
 SEX: **Female**  
 DATE ISSUED: **June. 27. 1972**

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

*J. J. Polville*  
 DIRECTOR, CP. VITAL STATISTICS

**CERTIFICATE OF BIRTH**

**CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN**

This is to certify that - La présente atteste que

Family name - Nom de famille: **L. HIRONDELLE**  
 Given names - Prénoms: **Mary Rachel**  
 Alias - Nom d'emprunt: \_\_\_\_\_  
 Registry no. - N° de registre: **4540015701**

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

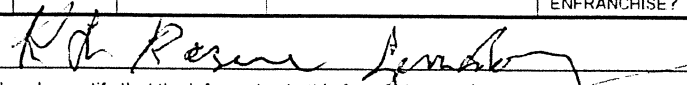
RECEIVED AUG 09 2010

ENTERED AUG 10 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Rosina			Ann			LINDBERG		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	16518-104 AVE			EDMONTON			AB	T5P0S7	CANADA
	Apt/P.O. Box	Street Address		Town		Prov	Postal Code	Country	
DATE OF BIRTH	20	10	1935	BIRTH CERTIFICATE <sup>1</sup>		B408022			
	Day	Month	Year			Number			
PLACE OF BIRTH	WHITEFISH LK, ALBERTA			COUNTRY		CANADA			
Telephone	780-484-3188	N/A	N/A	N/A	N/A	N/A			
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	454 004 0701	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	THROUGH MARRIAGE, BUT REGAINED WITH BILL C31
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	THROUGH MY GRAND PARENTS JOSEPHINE CARDINAL AND LEON WARD						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	GARRY LINDBERG DALLAS LINDBERG GAIL O'CONNELL RODNEY LINDBERG GINA KAUTZ			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		PRIOR TO MARRIAGE: JODY DUPUIS DOUGLAS GRAHAM			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	STATUS INDIAN / BILL C31								
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	BIRTH RIGHT								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	MY MOTHER, ELIZABETH WARD, LIVED WITH HER PARENTS JOSEPHINE CARDINAL AND LEON WARD						
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)			

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

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

PARENTS INFORMATION												
NAME OF MOTHER			ELIZABETH MABLE WARD			NAME OF FATHER			DOUGLAS McMULLEN			
DATE OF BIRTH			18 08 1918			DATE OF BIRTH			UNKNOWN			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			NON INDIAN			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		UNKNOWN	IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?			
DID YOUR MOTHER ENFRANCHISE?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		AFTER I WAS BORN, THROUGH MARRIAGE	DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
ADDRESS			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED – DATE OF DEATH			06 08 1951			IF DECEASED – DATE OF DEATH			UNKNOWN			
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			JOSEPHINE CARDINAL			NAME OF MATERNAL GRANDFATHER			LEON WARD			
DATE OF BIRTH			UNKNOWN			DATE OF BIRTH			UNKNOWN			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			TREATY INDIAN			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			TREATY INDIAN			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
NAME OF PATERNAL GRANDMOTHER			UNKNOWN			NAME OF PATERNAL GRANDFATHER			UNKNOWN			
DATE OF BIRTH			UNKNOWN			DATE OF BIRTH			UNKNOWN			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?			
SIGNATURE									DATE		July 2, 2010	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

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

Alberta CANADA

CERTIFICATE  
OF BIRTH

VITAL STATISTICS

B408022

Name

Ward, Roselina Anna

Sex

Female

Date of Birth

Oct 20 1935

Place of Birth

Whitfish Lake

Name of Mother  
(Maiden Name)

Ward, Elizabeth

Place of Birth

Alberta

Name of Father

\*\*\*\*\*

Place of Birth

\*\*\*\*\*

Registration Date

Aug 23 2000

Registration Number

1935-08-501416

Date Issued

Aug 23 2000

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

REG 3147/98/03

Director



Rosina Lindberg's (Ward)  
Birth Certificate



# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Victoria <small>First Name(s)</small>		Zoe <small>Middle Name(s)</small>		L'Hirondelle <small>Last Name(s)</small>		
MAILING ADDRESS	43 <small>Apt/P.O. Box</small>	MOQUEM PLACE <small>Street Address</small>	DEROCHÉ <small>Town</small>	BC <small>Prov</small>	VOMIGO <small>Postal Code</small>	CANADA <small>Country</small>	
DATE OF BIRTH	09 January 1949 <small>Day Month Year</small>			BIRTH CERTIFICATE <sup>1</sup>	001019-49 <small>Number</small>		
PLACE OF BIRTH	Whitehorse, Yukon <small>(604)</small>			COUNTRY	CANADA <small>(604)</small>		
Telephone	820-9055 <small>Home Phone</small>	 <small>Home Fax</small>	226-0461 <small>Cell Phone</small>	792-4257 <small>Work Phone</small>	v.lhirondelle@hotmail.com <small>Email Address</small>		
STATUS NUMBER	579001-2601	ARE YOU MARRIED TO A BAND MEMBER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My mother + maternal grandmother are/were Sawridge Band Members				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Kelly Ann Funk		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Tracey Lynn Krogstad - Gary Victor Michael Paul (Spouse - Gary) Nicole Victoria McHellan Kris Edward McHellan		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	Band member of Leg'aimel First Nation						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Both mother and maternal Grandmother are/were Sawridge Band Members.						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Maternal grandmother lived on Sawridge lands				
MARITAL STATUS (check one)	Married	Single	Divorced <input checked="" type="checkbox"/>	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION												
NAME OF MOTHER			Mary Rachel Ward			NAME OF FATHER			Victor Peter L'Hirondelle			
DATE OF BIRTH			23 March 1928 <small>Day Month Year</small>			DATE OF BIRTH			11 December 1922 <small>Day Month Year</small>			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status Under Indian Act			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			4540015701			
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?						
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
ADDRESS			# 45 - 7850 King George Hwy. Surrey, B.C V3W5B2 <small>Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country</small>			ADDRESS						
IF DECEASED - DATE OF DEATH			N/A <small>Day Month Year</small>			IF DECEASED - DATE OF DEATH			01 July 1992 <small>Day Month Year</small>			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Eva Ward			NAME OF MATERNAL GRANDFATHER			Unknown			
DATE OF BIRTH			02 April 1907 <small>Day Month Year</small>			DATE OF BIRTH						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			- status (registered at Sawridge Band)			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			?			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			? Unknown			
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			Unknown			
NAME OF PATERNAL GRANDMOTHER			Anne Marie Delorme			NAME OF PATERNAL GRANDFATHER			Narcisse L'Hirondelle			
DATE OF BIRTH			27 July 1894 <small>Day Month Year</small>			DATE OF BIRTH						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			?			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			?			
SIGNATURE			Victoria Zee L'Hirondelle						DATE		Feb 24/10	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

**MAIL APPLICATION AND DOCUMENTS TO:**

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

**YUKON TERRITORY**

**VITAL STATISTICS**

**Birth Date** Jan. 9/49

**Registration No.** 001012-49

**Name** Victoria ZOE L'HIRONDELLE

**Birth Place** Whitehorse, Yukon

**Registration Date** Feb. 10/49

**Sex** F

**Date Issued** Nov. 13/79

**Signature** [Signature]

**Registrar General**

**CERTIFICATE OF BIRTH**

**Indian and Northern Affairs Canada / Affaires indiennes et du Nord Canada**

**CERTIFICATE OF INDIAN STATUS / CERTIFICAT DE STATUT INDIEN**

**Registration no. / Numéro d'inscription** 5790012601

**Family Name(s) de famille** L'HIRONDELLE

**Given Name(s) Prénoms** VICTORIA ZOE

**Alias / Nom d'emprunt**

**Date of Birth / Date de naissance** 1949/01/09

**Sex / Sexe** F

**Date of Issue / Date de délivrance** 2010/02/02

**Renewal Date / Date de renouvellement** 2015/01/09

**Registry Group no. and Name(s) de groupe de registre et nom** 579 - LEQ' A: MEL FIRST NATION

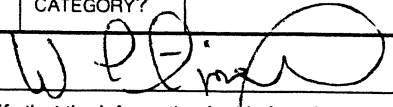
# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	WAYNE	VICTOR	L'HIRONDELLE
	First Name(s)	Middle Name(s)	Last Name(s)
MAILING ADDRESS	45 Apt/P.O. Box	7850 KING GEORGE HWY	SURREY BC V3W5B2 CANADA
	Street Address	Town	Prov Postal Code Country
DATE OF BIRTH	06	AUGUST	1952
	Day	Month	Year
	BIRTH CERTIFICATE		001196-52
			Number
PLACE OF BIRTH	WHITE HORSE		COUNTRY YUKON/CANADA
Telephone	604 501 1023	—	780 451 6167
	Home Phone	Home Fax	Cell Phone Work Phone
STATUS NUMBER	45400262-01	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
		IF YES, BAND NUMBER?	DID YOU ENFRANCHISE? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO
			IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			
NO			
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	DESCENDANT FROM MOTHER MARY RACHEL L'HIRONDELLE & MATERNAL GRANDMOTHER SAWRIDGE BAND MEMBERS
NOT IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	DANNY LAICOCK THORNBURN NAOMI LAICOCK THORNBURN ALAYNA LAICOCK THORNBURN BRIAN LAICOCK THORNBURN		SEPT 24/81 DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE. NO
	SEPT 19/82 SEPT 12/83 AUG 9/85		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	C 31 Indian status		
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	BECAUSE MY MOTHER WAS BORN ON THE SAWRIDGE RESERVE & IS A BAND MEMBER. MY GRANDPARENTS ARE FROM SAWRIDGE & LIVED ON RESERVE		
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	my mother lived with her parents (my grandparents) on sawridge lands.
MARITAL STATUS (check one).	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)		

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

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

PARENTS INFORMATION									
NAME OF MOTHER <b>MARY L'HIRONDELLE</b>				NAME OF FATHER <b>VICTOR L'HIRONDELLE</b>					
DATE OF BIRTH 23 MARCH 1928 <small>Day Month Year</small>				DATE OF BIRTH 23 11 MARCH 1928 <small>Day Month Year</small>					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>C 31 STATUS</b>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>metis</b>					
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		4540015701			
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS 45-7850 KING GEORGE HWY V3W5B2 <small>Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country</small> SURREY, B.C.				ADDRESS N/A <small>Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country</small>					
IF DECEASED - DATE OF DEATH								IF DECEASED - DATE OF DEATH	
								1 JULY 1992 <small>Day Month Year</small>	
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER <b>EVA MARY ROSE WARD</b>				NAME OF MATERNAL GRANDFATHER					
DATE OF BIRTH 02 APRIL 1907 <small>Day Month Year</small>				DATE OF BIRTH <small>Day Month Year</small>					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup> <b>STATUS? / SAWRIDGE BAND #4</b>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER <b>Annie Delorme</b>				NAME OF PATERNAL GRANDFATHER <b>Narcisse L'Heirondele</b>					
DATE OF BIRTH 27 JULY 1894 <small>Day Month Year</small>				DATE OF BIRTH <small>Day Month Year</small>					
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE								DATE Feb 19/2010	
<p>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.</p>									

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

MAIL APPLICATION AND DOCUMENTS TO:

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

**CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT INDIEN**

This is to certify that - La présente atteste que  
 Family name - Nom de famille  
**L'HIRONDELLE**  
 Given names - Prénoms  
**WAYNE VICTOR**  
 Alias - Nom d'emprunt

Registry no. - N° de registre  
**454-00262-01**

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

**Yukon CANADA**  
 Health and Social Services  
 Ministère de la santé et des affaires sociales

NAME / NOM **L'HIRONDELLE, Wayne Victor**

BIRTH DATE / DATE DE NAISSANCE **August 6, 1952**

BIRTH PLACE / LIEU DE NAISSANCE **Whitehorse**

REGISTRATION DATE / DATE D'ENREGISTREMENT **52 09 12**

SEX / SEXE **M**

REGISTRATION NO. / NO D'ENREGISTREMENT **001196-52**

DATE ISSUED / DÉLIVRÉ LE **94 11 29**

CERTIFIED EXTRACT FROM REGISTRATION OF BIRTH  
 ISSUED AT WHITEHORSE, YUKON, CANADA.  
 EXTRAIT OFFICIEL DU BULLETIN D'ENREGISTREMENT  
 DE NAISSANCE DÉLIVRÉ À WHITEHORSE, YUKON, CANADA.

*Joanne T. Girard*  
 REGISTRAR / REGISTRAIRE

ENTERED APR 23 2010

RECEIVED APR 22 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Lee			Kenneth			Mountain		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	B	12959-117 ST			Edmonton		AB	T5E-5T8	Canada
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	26	04	1977	BIRTH CERTIFICATE <sup>1</sup>		LB 110 6060			
	Day	Month	Year			Number			
PLACE OF BIRTH	Slave Lake				COUNTRY		Canada		
Telephone	780		780	780					
	642-2993		240-4155	377-2402	Scoddy mountain's@hotmail.ca				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	45400-29201	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Grandfather and father						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.					DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.				
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	I did not sign out, my father moved off the reserve and took me with him and my family. I'm entitled to my own trust beneficiary								
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	My grandmother still lives on the reserve, as did my father						
MARITAL STATUS (check one)	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)			

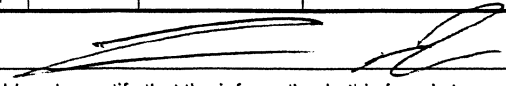
BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

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

**PARENTS INFORMATION**

NAME OF MOTHER	Elsie Helen Potskin			NAME OF FATHER	Angus Kenneth Potskin		
DATE OF BIRTH	09	06	1955	DATE OF BIRTH	16	01	1949
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	registered status Indian.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	registered status Indian.		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	1980	DID YOUR FATHER ENFRANCHISE?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	12921-117st Edmonton AB T5E 5J8			ADDRESS			
	Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH				IF DECEASED - DATE OF DEATH	28	12	2006
	Day	Month	Year		Day	Month	Year

**GRANDPARENTS INFORMATION**

NAME OF MATERNAL GRANDMOTHER	Margret Mountain			NAME OF MATERNAL GRANDFATHER	unknown		
DATE OF BIRTH	Unknown			DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	registered status Indian Kehuin First Nation.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	Mary Virginia Potskin			NAME OF PATERNAL GRANDFATHER	Norbert Albert Potskin		
DATE OF BIRTH	9	10	1922	DATE OF BIRTH	10	10	1905
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	registered status Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	registered status Indian.		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE						DATE	04/04/10
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

**MAIL APPLICATION AND DOCUMENTS TO:**

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

# Alberta CANADA

**中国书画函授大学肇庆分校**

## VITAL STATISTICS

NAME \_\_\_\_\_

Mountain, Lee Kenneth

SEX

PLACE OF BIRTH

M

## Slave Lake

DATE OF BIRTH

REGISTRATION DATE

Apr 26 1977

May 07 1977

REGISTRATION NO

1977-08-012156

DATE ISSUED

Jan 25 2007



**Abexia** CANADA

## VITAL STATISTICS

Old Name

Last Name Pot skin

Full Given Name(s) Lee Kenneth

View Name

Last Name: Mountain

Full Given Name(s) Lee Kenneth

Date of Redistraction Jan 07 2000

Date Issued Jun 07 2000  
Registration No. 2000-0

**Certified extract from REGISTRATION OF CHANGE OF NAME**

REF: 9965 (98/73)

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	JOAN		Annie		MacLeod		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	301	32767 FRASER Crescent		mission	B.C.	V2V1C9	
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	02 07 1947			BIRTH CERTIFICATE <sup>1</sup>	Registration # 47-08-015568		
	Day	Month	Year		Number		
PLACE OF BIRTH	High Prairie Alberta			COUNTRY	CANADA.		
Telephone			604			J.macleod01@hotmail.com	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	4540023301		ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	
					N/A	DID YOU ENFRANCHISE?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS my mother + maternal are / were Sawridge Band members				
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		CAREY Anthony L'itironade			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 <sup>2,3</sup>		STATUS INDIAN UNDER INDIAN ACT REGISTRY GROUP SAWRIDGE					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		mother, grandfather / grandmother are / were Sawridge Band members. mother / grandfather maternal grandmother lived on Sawridge lands.					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
MARITAL STATUS (check one)							
	Married	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

# PARENTS INFORMATION

NAME OF MOTHER	MARY R. L'Hirondelle			NAME OF FATHER	Victor P. L'Hirondelle		
DATE OF BIRTH	23	March	1928	DATE OF BIRTH	11 <sup>th</sup>	December	1922
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	Status: under the INDIAN ACT			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	4540015 701	IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	#45-7860 King George Hwy Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			
IF DECEASED - DATE OF DEATH	N/A			IF DECEASED - DATE OF DEATH	01 July 1992		
	Day	Month	Year		Day	Month	Year

# GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	EVA WARD			NAME OF MATERNAL GRANDFATHER	UNKNOWN		
DATE OF BIRTH	02	APRIL	1909	DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	? unknown	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	unknown
NAME OF PATERNAL GRANDMOTHER	Annie Delorme			NAME OF PATERNAL GRANDFATHER	Narcisse L'Hirondelle		
DATE OF BIRTH	27	July	1894	DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>	?		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Joan MacLeod					DATE	Feb 26 <sup>th</sup> 2010
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

# MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts  
801, 4445 Calgary Trail NW  
Edmonton. AB T6H 5B7

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

1947/07/02

SAWRIDGE

SEX - Sexe

F

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

2013/10/22

Holder's signature - Signature du titulaire

*Joan MacLeod*

Issuing officer's signature - Signature de l'agent

For: R. Poole/Manager

Issue date - Date d'émission

2008/10/22

Finder please return postage free to INAC Ottawa, Ontario, Canada K1A 0H4

Quiconque trouve le présent est prié de le retourner franc de port, au AINC, Ottawa (Ontario) Canada, K1A 0H4

83-004 2005-11-21 7530-21-023-3673

Nº 99717

2285015

CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT D'INDIEN



This is to certify that - Le présent atteste que

Family name - Nom de famille

MACLEOD

Given names - Prénoms

Joan Annie

Alias - Nom d'emprunt

Registry no. - N° de registre

4540023301

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

Alberta  
Vital Statistics Division  
COMMUNITY HEALTH

GERTIFICA  
OF BIRTH

NAME  
Joan Annie L'Hirondelle

DATE OF BIRTH  
July 2, 1947

REGISTRATION NO.  
47-08-015568

BIRTH PLACE  
High Prairie

REGISTRATION DATE  
July 26, 1947

SEX  
Female

DATE ISSUED  
Feb. 9, 1976

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

*J. Pollock*  
DIRECTOR

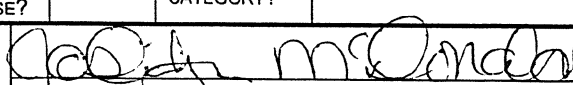
ENTERED JUL 05 2010

RECEIVED JUN 10 2010

BENEFICIARY APPLICATION FORM											
PERSONAL INFORMATION											
NAME	JOSHILYN			MAY			MCDONALD				
	First Name(s)			Middle Name(s)			Last Name(s)				
MAILING ADDRESS	7719 188 STREET			EDMONTON			AB	T5T5J4	Canada		
	Apt/P.O. Box	Street Address			Town			Prov	Postal Code	Country	
DATE OF BIRTH	16 01 1974			BIRTH CERTIFICATE <sup>1</sup>			Number				
	Day Month Year										
PLACE OF BIRTH	London, Ontario			COUNTRY			Canada				
Telephone	780 634 5755		Same		780 885 3011		780		jwckarned@shaw.ca		
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address		
STATUS NUMBER	1815	ARE YOU MARRIED TO A BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?		1660	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?	N/A
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS		MARRIED Aug 11 / 1999						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		YES. Clinton Tyler Seneca McDonald Kyle Alexander Seneca McDonald Alannah-Lee Seneca McDonald			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION		Status / Treaty from Chippewas of the Thames									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A, TRUST BENEFICIARY?		Wife of Band member									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS								
MARITAL STATUS (check one)		<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)				

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

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

PARENTS INFORMATION											
NAME OF MOTHER			Phyllis Blatchford			NAME OF FATHER			Bradley Seneca		
DATE OF BIRTH			09 08 1956 Day Month Year			DATE OF BIRTH			28 12 1954 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?					
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?					
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
ADDRESS						ADDRESS					
46 Ridgeway Dr. Edmonton AB						Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T6P 1G5					
IF DECEASED - DATE OF DEATH						IF DECEASED - DATE OF DEATH					
Day Month Year						Day Month Year					
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			Phyllis Jean Windling			NAME OF MATERNAL GRANDFATHER			Laura Burch		
DATE OF BIRTH			20 04 1936 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 <sup>2,3</sup>			Status		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER			NIL			NAME OF PATERNAL GRANDFATHER			N/A		
DATE OF BIRTH			- - - Day Month Year			DATE OF BIRTH			- - - Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			NO			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			N/A		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?					
SIGNATURE						DATE					
 I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.						June, 23, 2010					

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

MAIL APPLICATION AND DOCUMENTS TO:

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

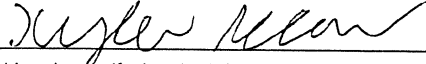
ENTERED JUL 05 2010

RECEIVED JUN 30 2010

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Kyle			Alexander			Seneca - McDonald		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	—		7719-188 ST		Edmonton		AB	T5T5J4	Canada
	Apt/P.O. Box		Street Address		Town		Prov	Postal Code	Country
DATE OF BIRTH	08		03		89		BIRTH CERTIFICATE <sup>1</sup>		Number
	Day		Month		Year				
PLACE OF BIRTH	Edmonton, AB					COUNTRY		Canada	
Telephone	780 634 5755		—		—		—		kwxcamcd@shaw.ca
	Home Phone		Home Fax		Cell Phone		Work Phone		Email Address
STATUS NUMBER			ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, BAND NUMBER?		—
							DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
									IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.			Never Enfranchised under the Indian Act.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS				
					Father: William August McDonald Father's Indian Register # 4540008201 Grand Father: Chester Alexander Neeshotasis (Twin)				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			—		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.			—	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION			Registered Indian from Chippewa of the themes.						
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 ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, PROVIDE DETAILS				
					Grandfather Chester Alexander Neeshotasis lived on the Sawridge Reserve.				
MARITAL STATUS (check one)			<input checked="" type="checkbox"/> Married		<input type="checkbox"/> Single		<input type="checkbox"/> Divorced		<input type="checkbox"/> Widowed
							<input type="checkbox"/> Common-Law		Other (Specify)

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

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

PARENTS INFORMATION											
NAME OF MOTHER			Joshilyn May McDonald			NAME OF FATHER			William August McDonald		
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 <sup>2,3</sup>			Registered Indian under the Indian act.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Registered Indian under The Indian act.		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			—		
IS YOUR FATHER A SAWRIDGE BAND MEMBER?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHAT IS HIS BAND NUMBER?			—		
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			—		
DID YOUR FATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			—		
ADDRESS			7719 - 188st Edmonton AB T5T5J4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			7719 - 188st Edmonton, AB T5T5J4 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country		
IF DECEASED - DATE OF DEATH			Day Month Year			IF DECEASED - DATE OF DEATH			Day Month Year		
GRANDPARENTS INFORMATION											
NAME OF MATERNAL GRANDMOTHER			Phyllis Lucas (Blatchford)			NAME OF MATERNAL GRANDFATHER			Bradley James Seneca		
DATE OF BIRTH			09 08 1956 Day Month Year			DATE OF BIRTH			28 12 1954 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			—		
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			—		
NAME OF PATERNAL GRANDMOTHER			Mary Lucille McDonald			NAME OF PATERNAL GRANDFATHER			Chester Alexander Neeshatastis		
DATE OF BIRTH			05 12 1945 Day Month Year			DATE OF BIRTH			01 10 1941 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH			Unregistered Indian			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Status		
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			—		
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			—		
SIGNATURE									DATE		
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.											

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

MAIL APPLICATION AND DOCUMENTS TO:

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

ENTERED APR 30 2010

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	KIERAN		PAUL		MIDBO		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	20 NEWPORT DR.		SHERWOOD PARK		AB.	T8A 5L3	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	20	FEB	1998	BIRTH CERTIFICATE <sup>1</sup>		1998-08-003664	
	Day	Month	Year			Number	
PLACE OF BIRTH	EDMONTON			COUNTRY		CANADA	
Telephone	780-467-6259						
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Great grand father - Paul Neesotasi			
IF MARRIED, DID YOUR MARRIAGE PRODUCE ANY CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		N/A		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Ancestry						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	Aunts + Uncles still reside on reserve. Lived on reserve - 4 yrs				
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)	

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

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

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

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

MAIL APPLICATION AND DOCUMENTS TO:

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



# BIRTH CERTIFICATE

## Alberta

BIRTH CERTIFICATE



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



*L. Beveridge*  
Laurie Beveridge  
Director of Vital Statistics

REG 3413 (2007/08)

Surname Nom	Midbo	
Given Names Prénoms	Kieran Paul	
Date of Birth Date de naissance	Feb 20, 1998	Sex Sexe M
Place of Birth Lieu de naissance	Edmonton	
Registration No. N° d'enregistrement	1998-08-003664	
Registration Date Date d'enregistrement	Mar 18, 1998	Date Issued Délivré le Apr 08, 2008
Name of Mother Nom de la mère	Dombrowski, Manon Valerie	
Place of Birth Lieu de naissance	Quebec	
Name of Father Nom de père	Midbo, David Paul	
Place of Birth Lieu de naissance	Alberta	



A B 0 0 0 3 2 6 7 2

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	Lisa		Anne		minchau		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	P.O. Box 935	#28-1909 Hart Hwy	Dawson Creek		B.C.		
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	23	12	1967	BIRTH CERTIFICATE <sup>1</sup>	1967-09-033464		
	Day	Month	Year		Number		
PLACE OF BIRTH	Nakusp, B.C.			COUNTRY	Canada		
Telephone	250-782 7591		250-784 8941				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	454 00373 01	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, - BAND NUMBER?	N/A	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
						IF YES, WHEN, WHICH CATEGORY?	N/A
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		N/A					
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	maternal side of Family is Eligible to be registered.				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Jessie minchau		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION <sup>2,3</sup>	Registered with the Indian Registry Status No. 454-00373-01						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Accepted & Registered with the Indian Registry & Family history 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?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION									
NAME OF MOTHER		Barbara Cardinal			NAME OF FATHER				
DATE OF BIRTH		07 02 1948 Day Month Year			DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		454 00295 01		IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input type="checkbox"/> YES <input type="checkbox"/> NO
DID YOUR MOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		P.O. Box 935 Dawson Creek BC. V1G 4H9 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS				
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH				
		Day Month Year					Day Month Year		
GRANDPARENTS INFORMATION									
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 <sup>2,3</sup>		She would have been eligible - Deceased.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>		Bigstone Cree Nation		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH					DATE OF BIRTH				
		Day Month Year					Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE		Liss M. J. ...					DATE		Jan. 22/10
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.									

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

**MAIL APPLICATION AND DOCUMENTS TO:**

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

CANADA

# BRITISH COLUMBIA

## CERTIFICATE OF BIRTH

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

20470504

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

Name LISA ANNE CARDINAL

Date of Birth DECEMBER 23, 1967

Sex FEMALE

Place of Birth NAKUSP

Date of Registration DECEMBER 30, 1967

Registration No. 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

19 95

HLTH 434 (REV 91/11)

*R. M. Anderson*  
Director of Vital Statistics

RECEIVED APR 09 2010

# BENEFICIARY APPLICATION FORM

## PERSONAL INFORMATION

NAME	RICHARD		WILLIAM		MC DERMOTT	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	200 BEDDINGTON CIR. NE		CALGARY	AB	T3K 1K7	CANADA
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	04 MARCH 1940		BIRTH CERTIFICATE <sup>1</sup>		Number	
	Day	Month	Year			
PLACE OF BIRTH	GROUARD ALTA		COUNTRY		CANADA	
Telephone	403-274-5925		403 801-7514			
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	ARE YOU MARRIED TO A BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	PEIGAN	DID YOU ENFRANCHISE?
						<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.						
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	YES DAUGHTER - ROSE M.		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 <sup>2,3</sup>	STATUS INDIAN REGISTRY # 454-0210-01					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	MOTHER - MARY LOUISE SAWAN WAS BORN ON THE SAWRIDGE RESERVE - HER PARENTS WERE BOTH MEMBERS OF THE SAWRIDGE BAND					
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS MOTHER & MATERNAL GRAND PARENTS LIVED ON THE SAWRIDGE RESERVE.				
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

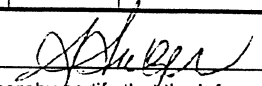
BE SURE TO FILL IN OTHER SIDE OF THIS FORM AS WELL

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

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Shawn			Auger (nee Mandel)					
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	763	Slave Lake			AB	T06 2A0		Canada	
	Apt/P.O. Box	Street Address			Town	Prov	Postal Code	Country	
DATE OF BIRTH	01	04	1969		BIRTH CERTIFICATE <sup>1</sup>	69-08-009004			
	Day	Month	Year			Number			
PLACE OF BIRTH	Slave Lake, AB				COUNTRY	Canada			
Telephone	780-849-4740						Email Address		
	Home Phone		Home Fax		Cell Phone		Work Phone		
STATUS NUMBER	454-00153-01	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN, WHICH CATEGORY?
									born treaty &
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.		In 1991 or 1992 I signed off the Sawridge band list & received a lump sum of money approximately \$250,000.							Sawridge band member
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
			Don't know						
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.		Grace Rita Auger			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 <sup>2,3</sup>		Full treaty but not a band member							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		I was a <sup>Sawridge</sup> band member until 1991-1992 and the trust was made and continued until I was off the band list.							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
			My grandmother currently lives on Sawridge land. My grandfather grew up and lived on Sawridge land. My mother grew up and lived there on and off during her lifetime.						
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)			

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

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

PARENTS INFORMATION												
NAME OF MOTHER			Rita Rose Mandel (nee Potskin)			NAME OF FATHER			Karl Heinz Mandel			
DATE OF BIRTH			05 02 1951 Day Month Year			DATE OF BIRTH			07 01 1944 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			non-native			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			454 001 9801			
DID YOUR MOTHER ENFRANCHISE?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?			Bill C-31			
ADDRESS			Box 287, Hagersborg, B.C. Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS			Westlock, AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			
IF DECEASED - DATE OF DEATH			4 12 2007 Day Month Year			IF DECEASED - DATE OF DEATH						
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Virginia Potskin (Jean)			NAME OF MATERNAL GRANDFATHER			Albert Potskin			
DATE OF BIRTH			8 10 Day Month Year			DATE OF BIRTH						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Treaty			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			Treaty			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER			Therese Jeal			NAME OF PATERNAL GRANDFATHER			Karl Mandel			
DATE OF BIRTH			23 06 Day Month Year			DATE OF BIRTH						
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			non-native			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH <sup>2,3</sup>			non-native			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE									DATE		Jan. 28/10	
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.												

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

MAIL APPLICATION AND DOCUMENTS TO:

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

**PROVINCE OF ALBERTA**  
 DIVISION OF VITAL STATISTICS  
 DEPARTMENT OF PUBLIC HEALTH

NAME  
 • Shawn Mandel

DATE OF BIRTH  
 • April 1, 1969

BIRTH PLACE  
 • Slave Lake

REGISTRATION DATE  
 • Apr 16, 1969

SEX  
 • Female

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

**CERTIFICATE OF BIRTH**

**CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT INDIEN**

This is to certify that - La présente atteste que  
 Surname - Nom  
 MANDEL

Given Names - Prénoms  
 SHAWN

Registry No. - N° de registre  
 454-00153-01

Signature of Holder - Signature du titulaire  
*[Signature]*

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