

TAB 24

RECEIVED MAR 29 2010

BENEFICIARY APPLICATION FORM

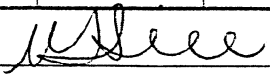
Boudreau - Hill

PERSONAL INFORMATION

NAME	VIOLET		Mary		Hill	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	131 Gull Crescent		Prince Rupert		BC	V8J 4G4 Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	22	01	1946	BIRTH CERTIFICATE ¹	46-08-001654	
	Day	Month	Year		Number	
PLACE OF BIRTH	Edmonton Alberta			COUNTRY	Canada	
Telephone	(250) 624 9478	(778) 839 9912	604 913 2997	vhill@shoal.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	146	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	675000950 ²¹	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	Great Great Grand daughter of Charles Twinn (Nesoresis)			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Ronald Keith Wilson Darren Trent Wilson Todd Elliott Wilson		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Robert H. Hill -no children from this marriage	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Indian Act status					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Member of 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	My grandmother was born <u>there</u> as well well as my mother born <u>Sawridge</u> -			
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

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

PARENTS INFORMATION									
NAME OF MOTHER		Jeanette Nancy Boudreau			NAME OF FATHER		No Father listed on		
DATE OF BIRTH		07 10 1922 Day Month Year			DATE OF BIRTH		Birth Certificate Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Indian Act Status b.1			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		145?		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		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		23 10 1988 Day Month Year			IF DECEASED – DATE OF DEATH		Day Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Mary Rose Twinn			NAME OF MATERNAL GRANDFATHER		FRANCIS J.A. Boudreau		
DATE OF BIRTH		11 09 1898 Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Sawridge Band # 39 Indian Act Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NO INFORMATION		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		Commuted in 1935 SEE NOTE:		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH		Day Month Year			DATE OF BIRTH		Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
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							DATE		03/15/2010
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

Children:Born:Married:MariageDeath**Maternal Great Great Grandfather:**

Charles Twin (Nesotesis)
signatory on Treaty 8

(died 12/26/1918 at the age of 68)

Isabelle Courtoreille

Some person

Emilia isabelle

Francois

Edouard

2/16/1905

St. Germain

2/18/1905

Scolastique

Albert

Sept 1881

St. Pierre

2/26/1905

Paul Moise

3/2/1905

Felix Sawan

2/3/1889

Jeannette (Julienne) Cardinal in Grouard

12/26/1894

Betty Thomas (*married Fort St John BC*)

06/06/03

Julienne Courtoreille (*married in Jousard*)

07/26/20

Bella Thomas (*married Fort St John BC*)

Norbert Courtoreille

04/02/10

3/21/1944

Nancy Freeman (Auger) (*married in Grouard*) no children

11/02/06

Clemence Nipissing (*married in Slave Lake*)

Marle Irene Fl. Cunningham (*married in Slave Lake*)

09/17/25

6/4/1967

Maternal Grandfather:

Francois Twinn

11/7/1918

11/5/1918

Jeanette Cardinal

This union produced four boys and five girls names and dates of other than the ones listed below are not known

Jennie

3/10/1905

William L'Herondelle (St Bernard's Mission, Grouard)

10/28/19

1/0/1965

***Sawridge Band #39 Mary Rose**

9/11/1898

11/6/1955

Jimmy

Dave

Maternal Grandmother:

Mary Rose Twinn

Jeanette Nancy

10/7/1922

Francois Julius A Boudreau (St Pierre Church Sawridge)

10/20/22

Frank

2/12/1924

10/23/1988

John McDermott

Dorothy

George

7/16/1930

Marguerite

Max

Violet

Mother:

Jeanette Nancy

Julius Antoine

2/8/1942

***Sawridge Band #146**

Violet Mary

1/22/1946

Joyce Evelyn

3/21/1954

Violet Mary

Ronald Keith

8/4/1964

Ronald Wilson

Darren Trent

3/11/1967

Todd Elliott

7/2/1970

Robert Hill

Alberta CANADA

CERTIFICATE
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B089917

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

Name

VIOLET MARY BOUDREAU

Sex FEMALE

Date of

Birth JAN 22, 1946

Place of Birth EDMONTON

Name

of

Father

His Birthplace

Name

of

JENNIE BOUDREAU

Mother

(before Marriage)

Her Birthplace SLAVE LAKE, ALBERTA

Registered at EDMONTON

on JAN 24, 1946

Registration No.

46-08-001654

(Month) (Day) (Year)

Given under my hand and seal of the Director.



D.V.S. 24

This

24

Day of

JUN

19

86

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

198098

Director
Director

Alberta CANADA

CERTIFICATE
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

8068749

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

Name: JEANNETTE NANCY BOUDREAU
Sex: FEMALE

Date of Birth: OCT 07 1922
Place of Birth: SLAVE LAKE

Name: FRANCIS JULIUS BOUDREAU
His Birthplace: AUSTON, ALBERTA

Name: MARY ROSE TWINS
Her Birthplace: SLAVE LAKE, ALBERTA

(before Marriage)
Registered at: SLAVE LAKE

Registered at: SLAVE LAKE
Date: NOV 12 1922

Given under my hand and seal of the Director
This: 19 Day of SEP 1985

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

614904



Okiloy
Director

PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY
Record No. 1228 of 1922

REGISTRATION OF MARRIAGE

BRIDEGROOM

1. Name in Full	Francis Jules Boudreau	
2. Occupation	Labourer	3. Bachelor, Widower or Divorced
4. Age	Twenty-seven	5. Religious Denomination
6. Place of Residence (Full Postal Address)	Sawridge, Alberta	
7. Place of Birth	Stoney, Plain, Alberta	
8. Name of Father	Francis Boudreau	
9. Birthplace of Father	Manitoba	
10. Name of Mother before Marriage	Eusee Gauthier	
11. Can Bridegroom Read?	yes	Can Bridegroom Write?

BRIDE

12. Name in Full (If a widow, give birth, married and maiden names)	Mary Rose Twine	
13. Occupation (If at home, state household duties)	Householder	14. Spinster, Widow or Divorced
15. Age	Twenty-four	16. Religious Denomination
17. Place of Residence before Marriage (Yarrow Post Office)	Sawridge, Alberta	
18. Place of Birth	Sawridge, Alberta	
19. Name of Father	Francis Twine	
20. Birthplace of Father	Sawridge, Alberta	
21. Name of Mother before Marriage	Jennette Cardinal	
22. Can Bride Read?	yes	Can Bride Write?

23. Date of Marriage	Twentyth day of October 1922	
24. Place of Marriage (If name of Church or name prior of house)	St. Peter's - St. Catherine Roman Catholic - Sawridge	
25. Names and Residences of Two Witnesses other than Clergy officiating	Name: Akcie Boudreau Address: Sawridge Name: Ma. Coulter Address: Sawridge	
26. Signatures of	Groom: Francis Jules Boudreau Bride: Mary Rose Twine	
27. By License or Banns (If by License, state by whom issued and No. of License)	License No. 60851 Walter Sharp	

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Sawridge this 20 day of October 1922.
R. Gauthier
Religious Denomination: E. Retour, O.M.I.
Signature of Officiating Clergyman

I hereby certify that the above return was made to me at Sawridge on the Twentyth day of October 1922.
Walter Thompson
Registrar's Record No. 6 of 12

GENEALOGICAL PURPOSES ONLY

NOTE—This form must not be mutilated. All information asked for should be given, including full Christian Names and Surnames of all parties.

ACTUAL SIGNATURES NECESSARY

REGISTRATION OF DEATH

10/10/2000

For use of the Department only

1. PLACE OF DEATH
City, Town or Village of Fast Alberta Street at home
(If death occurred in a hospital or institution, give the name instead of the street and number)
Municipality (Name and Number) _____

2. LENGTH OF STAY In Municipality where death occurred Life Province Alberta In Canada (if immigrant) Canada
(in years, months and days)

3. PRINT NAME OF DECEASED
Surname or Last Name McDonald
All Other or Christian Name Mal-y Rols

4. REGULAR RESIDENCE OF DECEASED:
City, Town or Village of Fast Alberta Street _____
Municipality (Name and Number) _____ Province of Alberta

5. SEX Female 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN Cree 8. Single, Married, Widowed or Divorced Married 9. BIRTHPLACE (City, Town or Rural Municipality, Province or Country) Slave Lake Alberta

10. Date of Birth September 77, 1997 11. AGE { Years 58 Months 7 Days ? If less than one day, hrs. or min. _____

12. (a) Trade, profession or kind of work as farmer, teamster, office clerk, etc. None
(b) Kind of industry or business as agriculture, lumbering, bank, etc. _____

13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

15. If married, widowed or divorced, give name of husband or maiden name of wife of deceased John Mc Donald

16. Name of father John (Surname or last name) McDonald
17. Maiden name of mother Frances (All Other or Christian name)
18. Birthplace: Father Slave Lake Mother Slave Lake
(City, Town or Rural Municipality, Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Fast, Alta this 6 day of November 1997.
Signature of Informant John McDonald Relationship to deceased Husband
(nearest available relative)
Address _____

20. Burial, Cremation or Removal Burial Date November 8th 1997
Place of Burial Fast, Alta Cemetery St. Anthony's R.C.
Burial Permit was issued by L. P. Lachance Address Fast, Alta

21. Funeral Director: Name Archie Plante Address Fast, Alta

22. Marginal notations (If space limited use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH November 6 1997
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from 1997 to 1997, and last saw her alive on Nov 4 1997.

CAUSE OF DEATH

I. Disease or condition directly leading to death
(This does not mean the mode of dying, e.g., heart failure, anoxia, etc. It means the disease, injury, or complication which caused death.)
due to (or as a consequence of) _____
(1) slow progression
due to (or as a consequence of) _____
(2) _____
(3) _____

II. Other significant conditions contributing to the death, but not related to the disease or condition causing it.

25. If a woman, was the death associated with pregnancy? _____ Duration _____ weeks. Was there a delivery? _____

26. Was there a surgical operation? No Date of operation _____ 1997
State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____ 1997
Manner of injury _____ (State wound)
Nature of injury _____ (How sustained)
Specify whether injury occurred in industry, in home, or in public place.

Signed by Dr. J. P. Lachance Designation M.D., Coroner, etc.
Address Fast, Alberta Date Nov 6th 1997

Division Registrar's Return No. 84
Date of Registration Nov 8th 1997 (For use of Registrar only)

L. P. Lachance
Fast, Alta.

GENEALOGICAL PURPOSES

THIS IS A PERMANENT RECORD

This form if placed in an envelope on which is printed "Dominion Bureau of Statistics" and addressed to the Registrar-General, Ottawa, will pass through the Mail "FREE".

CITIZENSHIP (NATIONALITY) is defined in terms of the people or race to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	<u>M</u> <u>F</u>	<u>Julius</u>	<u>Antoine</u>	<u>Boudreau</u>
		First Name(s)	Middle Name(s)	Last Name(s)
MAILING ADDRESS		<u>132 Montgomery Road</u>	<u>Prince Rupert</u>	<u>BC V8J 4M1 Canada</u>
	Apt P.O. Box	Street Address	Town	Prov Postal Code Country
DATE OF BIRTH	<u>8</u>	<u>02</u>	<u>1942</u>	BIRTH CERTIFICATE' <u>B089194</u>
	Day	Month	Year	Number
PLACE OF BIRTH	<u>Faust Alberta</u>			COUNTRY <u>Canada</u>
Telephone	<u>650</u> <u>624-3469</u>	<u>650</u> <u>624-4524</u>		
	Home Phone	Home Fax	Cell Phone	Work Phone Email Address
STATUS NUMBER	<u>147</u>	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, 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 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	<u>Great Great Grandson of CHARLES TWING (Nesotesis)</u>	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	<u>Edward Julius</u> <u>Wendy Janet</u> <u>Derek Frank</u>		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 ²³	<u>Indian Act Status</u>			
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	<u>Because I am a member of Sawridge Band</u>			
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	<u>All maternal ancestors were born in Sawridge - up to and including my mother -</u>	
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

PARENTS INFORMATION									
NAME OF MOTHER		Jeanette Nancy Boudreau			NAME OF FATHER		NOT listed on birth		
DATE OF BIRTH		7 10 1922 Day Month Year			DATE OF BIRTH		Certificate Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Indian Act Status 6.1			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		145?			
IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input 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				ADDRESS					
Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED - DATE OF DEATH		23 10 1988 Day Month Year			IF DECEASED - DATE OF DEATH				
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Mary Rose Twinn			NAME OF MATERNAL GRANDFATHER		Francios A. Boudreau		
DATE OF BIRTH		11 09 1898 Day Month Year			DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Sawridge Band # 39			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NO INFORMATION		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		Commuted in 1935			
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH					DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input 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				Julius A. Boudreau				DATE	
				I hereby certify that the information on 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.				03-15-2010	

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

heet1

Confidential

Page :

Children:Born:Married:MarriageDeath**Maternal Great Great Grandfather:****Charles Twin (Nesotesis)****signatory on Treaty 8****(died 12/26/1918 at the age of 68)****Isabelle Courtoreille**

Emilia Isabelle

Francois

Edouard - 2/16/1905

St. Germain 2/18/1905

Scolastique (Belle)

Albert - Sept 1881 -

St. Pierre 2/26/1905

Paul Moise 3/2/1905

1888

Felix Sawan

Jeannette (Julienne) Cardinal in Grouard

Betty Thomas (married Fort St John BC)

Julienne Courtoreille (married in Jausard)

Bella Thomas (married Fort St John BC)

Narbert Courtoreille → (IDA) (DRIFTING)

Nancy Freeman (Auger) (married in Grouard) no children

Clemence Nipissing (married in Slave Lake)

Marie Irene Fl. Cunningham (married in Slave Lake)

2/3/1889 -

12/26/1894

06/06/03

07/26/20

04/02/10 3/21/1944

11/02/06

09/17/25 6/4/1967

Maternal Grandfather:**Francois Twinn****Jeanette Cardinal**

This union produced four boys and five girls names and dates of other than the ones listed below are not known

11/7/1918

11/5/1918

Jennie

3/10/1905

*Sawridge Band #39 Mary Rose

9/11/1896

William L'Herondelle (St Bernard's Mission, Grouard)

10/28/19

1/0/1965

11/6/1955

Twins { Jimmy
Dave**Maternal Grandmother:****Mary Rose Twinn - John McDermott**

Jeanette Nancy 10/7/1922

Frank 2/12/1924

Francois Julius A Boudreau (St Pierre Church Sawridge) 10/20/22

10/23/1988

John McDermott

Dorothy

George

Marguerite

Max

Violet

7/16/1930

Mother:**Jeanette Nancy**

*Sawridge Band #147 Julius Antoine

2/8/1942

Violet Mary

1/22/1946

Joyce Evelyn

3/21/1954

Julius Antoine

Carol Serres

Edward Julius 12/29/1965

Wendy Janet 5/13/1968

Derek Frank 3/15/1977

Alberta CANADA**SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics****B089194**

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

Name **JULIUS ANTOINE BOUDREAU** Sex **MALE**Date of Birth **FEB 08, 1942** Place of Birth **FAUST**Name of *********
FatherHis Birthplace *********Name of **JENNIE BOUDREAU**Mother
(before Marriage)Her Birthplace **SLAVE LAKE, ALBERTA**Registered at **EDMONTON**on **APR 20, 1966** Registration No. **42-08-901067**
(Month) (Day) (Year)

Given under my hand and seal of the Director:



D.V.S. 24

This **12** Day of **JUN** 19 **86**
Certified Extract From
Registration of Birth
Issued at Edmonton,
Alberta, Canada:

196698

Director

Alberta CANADA

CERTIFICATE
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics CANADA B068719 CAN
This is to certify that the particulars of the undernoted birth which is on record in this Department are as follows:
Name: JEANETTE MARCOY BOUDREAU Sex: FEMALE CANADA
Date of Birth: OCT 02 1922 CANADA
Place of Birth: SLAVE LAKE CANADA
Name of Father: FRANCIS JULIUS BOUDREAU CANADA
Name of Mother: MARY ROSE TWINS CANADA
Her Birthplace: SLAVE LAKE, ALBERTA CANADA
Registered at: SLAVE LAKE CANADA NOV 122 1922 22-08-409551 CANADA
Given under my hand and seal of the Director CANADA
This CANADA (19 Day of SEP 1985 CANADA
Certified Extract From
Registration of Birth
Issued at Edmonton
Alberta, Canada 614904
Director

This form, if filled in as a marriage licence, is a "Canadian Marriage Licence" and is subject to the provisions of the Marriage Act of Canada. It is valid in all provinces and territories of Canada.

PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT OF VITALS
Record No. 1298 of 1322

REGISTRATION OF MARRIAGE

BRIDEGROOM

1 Name in Full	Francis, Jules Boudreau	
2 Occupation	Labourer	3 Religion, Widower or Divorced Bachelor
4 Age	Twenty-seven	5 Religious Observance R. Catholic
6 Place of Residence (Full Postal Address)	Sawridge, Alberta	
7 Place of Birth	Stoney, Plain, Alberta	
8 Name of Father	Francis Boudreau	
9 Residence of Father	Manitoba	
10 Name of Mother before Marriage	Elise Gauthier	
11 Can Bridegroom Read? Yes	Can Bridegroom Write? Yes	

BRIDE

12 Name in Full (If a young woman, full name and maiden name)	May, Rose Twine	
13 Occupation (If at home, state household duties)	Householder	14 Religion, Widower or Divorced Spinster
15 Age	Twenty-four	16 Religious Observance R. Catholic
17 Place of Residence (Full Postal Address)	Sawridge, Alberta	
18 Place of Birth	Sawridge, Alberta	
19 Name of Father	Francis Twine	
20 Residence of Father	Sawridge, Alberta	
21 Name of Mother before Marriage	Jennette Cardin	
22 Can Bride Read? No	Can Bride Write? No	

23 Date of Marriage	Twentyth October 1922	
24 Place of Marriage (Name of Church or other place of meeting)	St. Peter's Catholic Roman Catholic Church, Sawridge	
25 Names and Residences of Two Witnesses (Other than Clergy officiating)	One: Francis Boudreau, Sawridge Two: Elise Gauthier, Sawridge	
26 Signature of	Groom: Francis, Jules Boudreau Bride: May, Rose Twine	
27 By License or Vouch (If by license, date by whom issued and No. of License)	License No. 60851 Walter Thompson	

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Sawridge, Alberta, this 20th day of October 1922.
R. Gauthier, Minister of the Gospel

I hereby certify that the above named couple are qualified to marry.
Sawridge, Alberta, this 20th day of October 1922.
Walter Thompson, Registrar

Registrar's Printed Name

GENEALOGICAL
PURPOSES
ONLY

NOTE: This form must not be mutilated. All information asked for should be given, including not Christian Names and Surnames of all parties.

ACTUAL
SIGNATURES
NECESSARY

Form 5

REGISTRATION OF DEATH

1911-1920

1. PLACE OF DEATH
City, Town or Village of Fruit-Alberta
Municipality (Name and Number) at home

2. LENGTH OF STAY In Municipality where death occurred Life Province Is Canada (If immigrant) Life Province
(in years, months and days) Entire life Alberta Canada

3. PRINT NAME OF DECEASED
Surname or Last Name McDonald
All Given or Christian Name Malcolm Ross

4. REGULAR RESIDENCE OF DECEASED
City, Town or Village of Fruit-Alberta
Municipality (Name and Number) at home Province of Alberta

5. SEX Male **6. CITIZENSHIP** (See marginal note) Canadian **7. RACIAL ORIGIN** (See marginal note) Free **8. Single, Married, Widowed or Divorced** (Write the word) Married **9. BIRTHPLACE** City, Town or Rural Municipality or Province of (Country) Slave Lake Alberta

10. Date of Birth September - 27 - 1892 **11. AGE** Years 38 Months 7 Days 7 If less than one day no data or state

12. (a) Trade, profession or kind of work as farmer, teamster, office clerk, etc. None
(b) Kind of industry or business as agriculture, lumbering, bank, etc. None

13. Date deceased last worked at this occupation None **14. Total years spent in this occupation** None

15. If married, widowed or divorced, give name of husband or maiden name of wife of deceased John McDonald

16. Name of father John McDonald (Surname or last name) Francis (All Given or Christian name)

17. Maiden name of mother Cornelia Lachy (All Given or Christian name)

18. Birthplace: Father Slave Lake **19. Birthplace: Mother** Slave Lake
(City, Town or Rural Municipality or Province or Country)

20. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Fruit, Alta this 6 day of November 1955
Signature of Informant John McDonald Relationship to deceased Husband
(must be available relative)
Address Fruit, Alta

21. Burial, Cremation or Disposal Burial Date November 28 1955
Place of Burial Fruit, Alta Country Alberta
Burial Permit was issued by D.P. Lachance, A.M. Fruit, Alta

22. Funeral Director: Name Archie Plante Address Fruit, Alta

23. Marginal notations (Space more than one only) 1324

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH November 28 1955
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from 10:23 and last seen alive on Nov 4 1955

CAUSE OF DEATH

I.
Disease or condition directly leading to death
(This does not mean the mode of dying, e.g., heart failure, or asphyxia, etc., it means the disease, injury, or complication which caused death.)
(a) due to (or as a consequence of) Myocardial infarction
(b) due to (or as a consequence of) Myocardial infarction
(c) due to (or as a consequence of) Myocardial infarction

II.
Other medical condition contributing to the death, but not related to the disease or condition causing it.

25. If a woman, was the death associated with pregnancy? No **26. Was there a surgical operation?** No **27. If death was due to external cause (violence) fill in also the following:**

Accident, suicide or homicide? None Date of injury Nov 28
Place of injury at home
Nature of injury Myocardial infarction
Specify whether injury occurred in highway, in home, or in public place at home

Signed by D.P. Lachance Designation M.D., Comm. etc.
Address Fruit, Alta Date Nov 6 1955

Physician Registrar's Name D.P. Lachance
Date of Registration Nov 8 1955 Fruit, Alta

GENEALOGICAL PURPOSES

MAIN RESERVED FOR BINDER
WRITE PLAINLY, WITH UNFADING INK
VOIDS AND PERMANENT RECORDS

This form is placed in an envelope on which is printed "Immigration Division" and is sent through the mail "FREE".

CITIZENSHIP (NATIONALITY) is defined in terms of the country to which the person owes allegiance. The term "Canadian" should be used as description of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person is traced through the father, whether English, Irish, Scottish, French, Canadian, Russian, Ukrainian, etc. The term "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

FAX

Re: Sawridge Trusts

Urgent☐ **Confidential**☒ **Reply**☐ **For Review**☐ **Please Comment**☐

NOTE:

[illegible]

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	MARGERIE		HYTHE		BELCOURT		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	583			HYTHE	ALTA	TOH 2C0	CANADA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	09	APR.	1945	BIRTH CERTIFICATE ¹	1945-08-501099		
	Day	Month	Year		Number		
PLACE OF BIRTH	HYTHE			COUNTRY	CANADA		
Telephone	1-780-356-3078	NONE	1-780-228-5641	NONE			
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	#54 0029901	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.			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	NO			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	4540029901 - SAWRIDGE, AB						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	MY MOTHER ELISABETH LOYIE 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

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

PARENTS INFORMATION												
NAME OF MOTHER			ELISABETH LOYIE			NAME OF FATHER			GEORGE CARDINAL			
DATE OF BIRTH			27 03 1926			DATE OF BIRTH			05 06 1921			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			SAWRIDGE INDIAN BAND			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			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?						
DID YOUR MOTHER 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						IF DECEASED - DATE OF DEATH						
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			FLAMINE LEARD?			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 ^{2,3}			?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			?			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER			JOSEPHINE LETENDRE			NAME OF PATERNAL GRANDFATHER			OLIVIER CARDINAL			
DATE OF BIRTH			? ? ?			DATE OF BIRTH			? ? ?			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			BIGSTONE CREE NATION			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			?			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			M. Joye Beland						DATE		Jun 22, 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

Alberta CANADA

CERTIFICATE
OF BIRTH

DIVISION OF VITAL STATISTICS

B215542

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

Name CARDINAL, MARGERIE Sex FEMALE

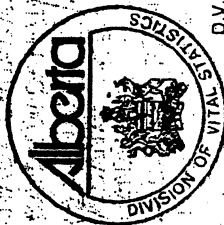
Date of Birth APR-09, 1945 Place of Birth HIGH PRAIRIE

Name of Father CARDINAL, GEORGE His Birthplace WABASCA, ALBERTA

Name of Mother LOYIE, ELISABETH Her Birthplace DRIFTPLE, ALBERTA

Registered at HIGH PRAIRIE on APR 23, 1945 Registration No. 1945-08-501099
(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.

Bill Gilroy
Director

799236

D.V.S. 24

CANADA
BRITISH COLUMBIA

**CERTIFICATE
OF DEATH**

PROVINCE OF BRITISH COLUMBIA
Vital Statistics Agency

20607192

This is to certify that the following is an extract from the registration on file with the Vital Statistics Agency, Victoria, British Columbia, concerning the death of

Name ELISABETH CARDINAL

Date of Death JUN 25, 1984

Sex FEMALE

Place of Death DAWSON CREEK

Age 63 YEAR(S)

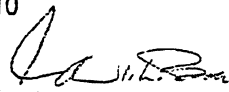
Registration No. 1984-59-010989

Birthplace ALBERTA, CANADA

Residence DAWSON CREEK, BRITISH COLUMBIA

Given under my hand at Victoria, British Columbia

this 07 day of JAN 2010


Chief Executive Officer
Vital Statistics Agency



SAWRIDGE TRUSTS

8 November 2010

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

Dear Alan,

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

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

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

<http://www.collectionscanada.gc.ca/aboriginal/020008-3000.2-e.html>

<http://www.ainc-inac.gc.ca/1info/cnt-eng.asp>

<http://www.ainc-inac.gc.ca/ai/scr/ab/index-eng.asp>

<http://www.albertametis.com/MNAHome/Genealogy.aspx>

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

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

Cordially,

Paul Bujold,
Trusts Administrator

Attachment

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

RECEIVED NOV 05 2010

Dear Paul Bujold

Oct 28-2010

I've received your application form dated October 12 2010. Could you please send me the notice that was placed in the News paper Slave Lake intro 1000s Settlement plus the \$2500 the people are going to receive initially good will payment. etc etc

Could you also provide me with a genealogy person to help fill out this application form. Someone in the Edmonton area or someone in the McLean area that could provide with this information. My grandfather Myles O'Connell McDermott with wife Charlotte Testwick from Sturgeon Lake band are buried in Grouard grave yard. PS

Could you please tell me if my mother Mary Louise Sowman is spell Sowman or SAWMAN

Thank you for your cooperation in this matter would be greatly appreciated
Thank you

Alan Floyd McDermott
A. F. McDermott

P.S I'm presently incarcerated here at the Calgary Remand Centre and will be here for some time. Could you also send me another application form. geneology person and how much they charge
Thank you



8 November 2010

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

Dear Alan,

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<http://www.albertametis.com/MNAHome/Genealogy.aspx>

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

Cordially,

Paul Bujold,
Trusts Administrator

Attachment



7 January 2011

Applicants
Sawridge Trusts

Dear Applicant,

Based on extensive legal advice and negotiations with the Sawridge First Nation, the Sawridge Trusts Trustees have come to the conclusion that the provisions of the two trust documents envision that all beneficiaries of the Trusts must be Band members and that the only body able to make a determination as to who qualifies as a Band member is the Sawridge First Nation through its Chief and Council, Membership Committee and Legislative Assembly using the Membership Code established by the Sawridge First Nation.

As such, the Sawridge Trusts have decided to abandon their previous decision to appoint a tribunal to review the applications you and other persons submitted to the Trusts to be considered as beneficiaries in favour of having the Membership Committee of the Sawridge First Nation make a determination of who qualifies to be a member of the First Nation.

The definition of beneficiaries for the Sawridge Trust of 15 August 1986 is quite clear:

"Beneficiaries" at any particular time shall mean all persons who at that time qualify as members of the Sawridge Indian Band under the laws of Canada in force from time to time including, without restricting the generality of the foregoing, the membership rules and customary laws of the Sawridge Indian Band as the same may exist from time to time to the extent that such membership rules and customary laws are incorporated into, or recognized by, the laws of Canada.

Since the Sawridge First Nation has a Membership Code in force, the Trust definition of a beneficiary to the Sawridge Trust can be taken to mean "anyone who has been accepted as a member of the Sawridge First Nation according to the Membership Code".

The definition of beneficiaries for the Sawridge Intervivos Settlement of 15 April 1985, which reads:

"Beneficiaries" at any particular time shall mean all persons who at that time qualify as members of the Sawridge Indian Band No. 19 pursuant to the provisions of the Indian Act R.S.C. 1970, Chapter 1-6 as such provisions existed on the 15th day of April, 1982 and, in the event that such provisions are amended after the date of the execution

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

of this Deed all persons who at such particular time would qualify for membership of the Sawridge Indian Band No. 19 pursuant to the said provisions as such provisions existed on the 15th day of April, 1982 and, for greater certainty, no persons who would not qualify as members of the Sawridge Indian Band No. 19 pursuant to the said provisions, as such provisions existed on the 15th day of April, 1982, shall be regarded as "Beneficiaries" for the purpose of this Settlement whether or not such persons become or are at any time considered to be members of the Sawridge Indian Band No. 19 for all or any other purposes by virtue of amendments to the Indian Act R.S.C. 1970, Chapter 1-6 that may come into force at any time after the date of the execution of this Deed or by virtue of any other legislation enacted by the Parliament of Canada or by any province or by virtue of any regulation, Order in Council, treaty or executive act of the Government of Canada or any province or by any other means whatsoever; provided, for greater certainty, that any person who shall become enfranchised, become a member of another Indian band or in any manner voluntarily cease to be a member of the Sawridge Indian Band No 19 under the Indian Act R.S.C. 1970, Chapter 1-6, as amended from time to time, or any consolidation thereof or successor legislation thereto shall thereupon cease to be a Beneficiary for all purposes of this Settlement

is also quite clear that "beneficiaries" are clearly meant to be persons who are members of the Sawridge First Nation except for a select few who qualified as Band members under the 1982 provisions of the Indian Act but may no longer qualify under the current Act. The definition, though, refers to a section of the Indian Act that has since been repealed.

As a result of this reference to a section of the Indian Act that is no longer in force, the Trustees have decided to ask the Alberta Court to provide its advice as to whether or not this definition is still valid. All parties having an interest in this application to the Court will be notified when the application is submitted. The application is not likely to affect the requirement that, for the most part, beneficiaries must also be members of the Sawridge First Nation.

We are contacting you because you applied to be considered as a beneficiary to one or both of the Sawridge Trusts. We are now informing you that you should do the following:

1. **If you have not already done so, you should apply to Indian and Northern Affairs**

Canada to register for Indian status which you can access at

<http://www.ainc-inac.com/ai/scr/bc/proser/fnp/regscd/regapp/index-eng.asp>

if you have access to the Internet or by contacting one of the offices listed below:

Ontario Region

Indian and Northern Affairs Canada

8th Floor 25 St. Clair Avenue East

Toronto, Ontario

M4T 1M2

(416) 973-6234

fax: (416) 954-6329

Saskatchewan Region

Indian and Northern Affairs Canada
Room 200, 1 First Nations Way
Regina, Saskatchewan
S4S 7K5
(306) 780-5945 or 780-5392
fax: (306) 780-5733

Alberta Region

Indian and Northern Affairs Canada
630 Canada Place
9700 Jasper Avenue
Edmonton, Alberta
T5J 4G2
(780) 495-2773
fax: (780) 495-4088

British Columbia Region

Indian and Northern Affairs Canada
Suite 600
1138 Melville Street
Vancouver, B.C.
V6E 4S3
(604) 775-7114
(604) 775-5100
fax: (604) 775-7149.

2. **If you have not already done so, you should apply for membership in the Sawridge First Nation** by contacting the Sawridge First Nation office to request a copy of the Membership Code and Membership Application Form. **If you have already applied, you should check into the current status of your application.** The address is listed below:

Sawridge First Nation

P.O. Box 326
806 Caribou Trail NE
Slave Lake, AB T0G 2A0
(780) 849-4331
fax: (780) 849-3446
email: Sawridge@sawridgefirstnation.com

The Sawridge Trusts have offered to assist the Sawridge First Nation in any way that they can in order to help the First Nation deal with the volume of applications in an efficient and effective manner. If there is anything that we can do to assist you in this process, please contact us at the address listed below:

Sawridge Trusts

801, 4445 Calgary Trail
Edmonton, AB T6H 5R7
(780) 988-7723

(888) 988-7723
fax: (780) 988-7724
email: paul@sawridgetrusts.ca

We hope that this will help to resolve the issue of beneficiaries to the Sawridge Trusts and that it will help you resolve whether or not you are one of the beneficiaries.

Cordially,



Paul Bujold,
Trusts Administrator



SAWRIDGE TRUSTS

4 March 2010

Doreen Penner
12807-121 Street
Edmonton, AB T5L 2S6

Dear Doreen,

I am not sure if your letter, dated 4 January 2010, took three months to reach us or if you just sent it. In any case, I am enclosing a copy of the application form for you to fill out. You can make copies for yourself and your brother and family members.

The information you provided was very interesting but I cannot tell you if you qualify until the Trustees have had an opportunity to review your application. You may also want to try to fill out a Band application as I understand that they are accepting applications again. The address for Sawridge First Nation is P.O. Box 326, Slave Lake, AB T0G 2A0 and their telephone number is (780) 849-4331. As you know, even if you have been given a status number by the Department of Indian and Northern Affairs, you still have to apply to the Band for full status as a Band member.

I hope this information is helpful.

Cordially,

Paul Bujold,
Trusts Administrator

Attachment



1 September 2011

Jonathon B. Potskin
P. O. Box 390
Smith, AB T0G 2B0

SENT BY REGISTERED MAIL

Dear Jonathon B.,

The Trustees (the "Trustees") of the Sawridge Band Inter Vivos Settlement created on April 15, 1985 (the "1985 Trust") will be bringing an application for the opinion, advice and direction of the Court respecting the administration and management of the property held under the 1985 Trust (the "Advice and Direction Application"). The Advice and Direction Application shall be brought:

- a. To seek direction with respect to the definition of "Beneficiaries" contained in the 1985 Trust, and if necessary to vary the 1985 Trust to clarify the definition of "Beneficiaries".
- b. To seek direction with respect to the transfer of assets to the 1985 Trust.

A website (the "Website") has been created which will contain information in respect of the Advice and Direction Application. The Website is located at <http://www.sawridgetrusts.ca/courtdoc>. You will have access to this Website and the documents contained thereon, including all documents filed with the Court in relation to the Advice and Direction Application, which documents are located under the "Court Documents" tab of the home page of the Website.

On 1 September 2011 an Order was issued by the Court of Queen's Bench of Alberta in relation to the Advice and Direction Application. The Order directs that the Trustees provide notice of the Advice and Direction Application to the Beneficiaries and Potential Beneficiaries of the 1985 Trust by way of this letter. The Order also includes deadlines for filing affidavits and written legal argument with the Court in respect of the Advice and Direction Application. This Order can be accessed on the Website, under the "Court Documents" tab.

Cordially,

Paul Bujold,
Trusts' Administrator



1 September 2011

Juliette Sawan

SENT BY REGISTERED MAIL

Dear Juliette,

The Trustees (the "Trustees") of the Sawridge Band Inter Vivos Settlement created on April 15, 1985 (the "1985 Trust") will be bringing an application for the opinion, advice and direction of the Court respecting the administration and management of the property held under the 1985 Trust (the "Advice and Direction Application"). The Advice and Direction Application shall be brought:

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Cordially,

Paul Bujold,
Trusts' Administrator



SAWRIDGE TRUSTS

1 March 2010

June Kolosky
P.O. Box 25
Chetwynd, BC V0C 1J0

Dear Ms. Kolosky,

Re: Your letter accompanying your application as a beneficiary

In response to your letter, this letter acknowledges receipt of your application form.

The legal team will provide the Trustees with an initial draft of the rules for accepting eligible beneficiaries in the next few weeks. After a review by the Trustees, either at their meeting 19 March 2010 or 19-20 April 2010, the draft will be returned to the legal team for final adjustments.

Once the final copy is returned to the Trustees, the process of reviewing the applications will proceed, likely sometime in May or June. During this process, I will be the contact person for any information you may require.

The firm representing the Trusts on general matters is Davies, Ward, Phillips and Vineberg at 44th Floor, First Canadian Place, 100 King Street West, Toronto, ON M5X 1B1. The contact person is Tim Youdan, Barrister and Solicitor.

Cordially,

Paul Bujold,
Trusts Administrator



SAWRIDGE TRUSTS

*Beneficiary
Applications*

1 March 2010

June Kolosky
P.O. Box 25
Chetwynd, BC V0C 1J0

Dear Ms. Kolosky,

Re: Your letter accompanying your application as a beneficiary

In response to your letter, this letter acknowledges receipt of your application form.

The legal team will provide the Trustees with an initial draft of the rules for accepting eligible beneficiaries in the next few weeks. After a review by the Trustees, either at their meeting 19 March 2010 or 19-20 April 2010, the draft will be returned to the legal team for final adjustments.

Once the final copy is returned to the Trustees, the process of reviewing the applications will proceed, likely sometime in May or June. During this process, I will be the contact person for any information you may require.

The firm representing the Trusts on general matters is Davies, Ward, Phillips and Vineberg at 44th Floor, First Canadian Place, 100 King Street West, Toronto, ON M5X 1B1. The contact person is Tim Youdan, Barrister and Solicitor.

Cordially,

Paul Bujold,
Trusts Administrator



11 February 2011

Martha Ann Brule
47, 121 Robinson Street
Winnipeg, MB R2W 4E1

Dear Martha Ann,

Thank you for your application to be a beneficiary of the Sawridge Trusts. In December 2010, the Trustees made a decision that affects your application. The following information has been sent to all applicants.

Based on extensive legal advice the Trustees of the two Sawridge Trusts have come to the conclusion that the determination of Band membership is a matter solely for the Chief and Council, the Membership Committee, with an appeal on individual cases to the Electors. This affects the way in which the Trustees will in future handle the definition of "beneficiaries" in each trust instrument. The Trustees have also drawn encouragement from discussions they have had to date with the Sawridge First Nation. It is hoped that to mutual advantage the Band and the Trustees can usefully work together. Those are the plans.

The Trustees of the Sawridge Trusts have therefore decided to abandon their previous decision to appoint a tribunal to review the applications you and other persons submitted to the Trustees asking to be considered as beneficiaries of either or both Trusts. Instead the Trustees will await the decisions of the Sawridge First Nation, following the processes the First Nation has set in place, as to who are the members of the First Nation.

The definition of beneficiaries for the Sawridge Trust of 15 August 1986 is quite clear:

"Beneficiaries" at any particular time shall mean all persons who at that time qualify as members of the Sawridge Indian Band under the laws of Canada in force from time to time including, without restricting the generality of the foregoing, the membership rules and customary laws of the Sawridge Indian Band as the same may exist from time to time to the extent that such membership rules and customary laws are incorporated into, or recognized by, the laws of Canada.

Since the Sawridge First Nation has a Membership Code in force, the Trust definition of a beneficiary to the Sawridge Trust can be taken to mean "anyone who has been accepted as a member of the Sawridge First Nation according to the Membership Code".

The definition of beneficiaries for the Sawridge Intervivos Settlement of 15 April 1985, which reads:

"Beneficiaries" at any particular time shall mean all persons who at

that time qualify as members of the Sawridge Indian Band No. 19 pursuant to the provisions of the Indian Act R.S.C. 1970, Chapter 1-6 as such provisions existed on the 15th day of April, 1982 and, in the event that such provisions are amended after the date of the execution of this Deed all persons who at such particular time would qualify for membership of the Sawridge Indian Band No. 19 pursuant to the said provisions as such provisions existed on the 15th day of April, 1982 and, for greater certainty, no persons who would not qualify as members of the Sawridge Indian Band No. 19 pursuant to the said provisions, as such provisions existed on the 15th day of April, 1982, shall be regarded as "Beneficiaries" for the purpose of this Settlement whether or not such persons become or are at any time considered to be members of the Sawridge Indian Band No. 19 for all or any other purposes by virtue of amendments to the Indian Act R.S.C. 1970, Chapter 1-6 that may come into force at any time after the date of the execution of this Deed or by virtue of any other legislation enacted by the Parliament of Canada or by any province or by virtue of any regulation, Order in Council, treaty or executive act of the Government of Canada or any province or by any other means whatsoever; provided, for greater certainty, that any person who shall become enfranchised, become a member of another Indian band or in any manner voluntarily cease to be a member of the Sawridge Indian Band No 19 under the Indian Act R.S.C. 1970, Chapter 1-6, as amended from time to time, or any consolidation thereof or successor legislation thereto shall thereupon cease to be a Beneficiary for all purposes of this Settlement

is also quite clear that "beneficiaries" are clearly meant to be persons who are members of the Sawridge First Nation except for a select few who did not qualify as Band members under the 1982 provisions of the Indian Act but may now qualify under the current Act . The definition, though, refers to a section of the Indian Act that has since been repealed.

As a result of this reference to a section of the Indian Act that is no longer in force, the Trustees have decided to ask the Alberta Court to provide its advice as to whether or not this definition is still valid. All parties having an interest in this application to the Court will be notified when the application is submitted.

We are contacting you because you applied to be considered as a beneficiary to one or both of the Sawridge Trusts. We are now informing you that you should do the following:

1. **If you have not already done so, you should apply to Indian and Northern Affairs Canada to register for Indian status** which you can access at <http://www.ainc-inac.com/ai/scr/bc/proser/fnp/regscd/regapp/index-eng.asp> if you have access to the Internet or by contacting one of the offices listed below:

Ontario Region

Indian and Northern Affairs Canada
8th Floor 25 St. Clair Avenue East
Toronto, Ontario
M4T 1M2
(416) 973-6234
fax: (416) 954-6329

Saskatchewan Region

Indian and Northern Affairs Canada
Room 200, 1 First Nations Way
Regina, Saskatchewan
S4S 7K5
(306) 780-5945 or 780-5392
fax: (306) 780-5733

Alberta Region

Indian and Northern Affairs Canada
630 Canada Place
9700 Jasper Avenue
Edmonton, Alberta
T5J 4G2
(780) 495-2773
fax: (780) 495-4088

British Columbia Region

Indian and Northern Affairs Canada
Suite 600
1138 Melville Street
Vancouver, B.C.
V6E 4S3
(604) 775-7114
(604) 775-5100
fax: (604) 775-7149.

Manitoba Region

Indian and Northern Affairs Canada
365 Hargrave Street
Room 200
Winnipeg, Manitoba
R3B 3A3
1-800-567-9604
Fax: 1-866-817-3977

2. **If you have not already done so, you should apply for membership in the Sawridge First Nation** by contacting the Sawridge First Nation office to request a copy of the Membership Code and Membership Application Form. **If you have already applied, you should check into the current status of your application.** The address is listed below:

Sawridge First Nation

P.O. Box 326

806 Caribou Trail NE

Slave Lake, AB T0G 2A0

(780) 849-4331 fax: (780) 849-3446 email: Sawridge@sawridgefirstnation.com

The Sawridge Trusts have offered to assist the Sawridge First Nation in any way that they can in order to help the First Nation deal with the volume of applications in an efficient and effective manner. If there is anything that we can do to assist you in this process, please contact us at the address listed below:

Sawridge Trusts

801, 4445 Calgary Trail

Edmonton, AB T6H 5R7

(780) 988-7723

(888) 988-7723

fax: (780) 988-7724

email: paul@sawridgetrusts.ca

We hope that this will help to resolve the issue of who are the beneficiaries to the Sawridge Trusts and that it will help you resolve whether or not you are one of these beneficiaries.

Cordially,



Paul Bujold,
Trusts Administrator



SAWRIDGE TRUSTS

21 December 2009

Dear Potential Beneficiary of the Sawridge Inter-Vivos Settlement,

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

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

The Sawridge Trusts recently decided to issue an initial "Good Faith Disbursement" of \$2,500 to the beneficiaries of the Sawridge Trust (1986) since they can clearly be identified as those on the Sawridge Band membership list. For those who do not fall into this category, no disbursement is being issued at this time because the beneficiaries cannot yet be clearly identified. If you become eligible as a beneficiary through this process, the "Good Faith Disbursement" will also be made available to you at that time.

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

Cordially,

Paul Bujold,
Trusts Administrator

Attachments

4 January 2010

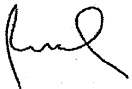
Dear Applicant,

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

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

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

Cordially,



Paul Bujold,
Trusts Administrator

Attachments

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

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

All person who believe that they qualify or may qualify as beneficiaries of either or both of The Sawridge Band Inter-Vivos Settlement or The Sawridge Trust are asked to contact Paul Bujold, Trust Administrator by mail at 801, 4445 Calgary Trail NW, Edmonton, AB T6H 2R7 or by email at paul@sawridgetrusts.ca or by telephone at (780) 988-7723 or by fax at (780) 988-7724 listing the particulars supporting their claim to be a beneficiary of The Sawridge Band Inter-vivos Settlement or The Sawridge Trust.



1 September 2011

RECEIVED NOV 14 2011

Melvin K. Paquette
213 590 Dominion Street
Prince George, BC V2L 5T4

SENT BY REGISTERED MAIL

Dear Melvin K.,

The Trustees (the "Trustees") of the Sawridge Band Inter Vivos Settlement created on April 15, 1985 (the "1985 Trust") will be bringing an application for the opinion, advice and direction of the Court respecting the administration and management of the property held under the 1985 Trust (the "Advice and Direction Application"). The Advice and Direction Application shall be brought:

- a. To seek direction with respect to the definition of "Beneficiaries" contained in the 1985 Trust, and if necessary to vary the 1985 Trust to clarify the definition of "Beneficiaries".
- b. To seek direction with respect to the transfer of assets to the 1985 Trust.

A website (the "Website") has been created which will contain information in respect of the Advice and Direction Application. The Website is located at <http://www.sawridgetrusts.ca/courtdoc>. You will have access to this Website and the documents contained thereon, including all documents filed with the Court in relation to the Advice and Direction Application, which documents are located under the "Court Documents" tab of the home page of the Website.

On 1 September 2011 an Order was issued by the Court of Queen's Bench of Alberta in relation to the Advice and Direction Application. The Order directs that the Trustees provide notice of the Advice and Direction Application to the Beneficiaries and Potential Beneficiaries of the 1985 Trust by way of this letter. The Order also includes deadlines for filing affidavits and written legal argument with the Court in respect of the Advice and Direction Application. This Order can be accessed on the Website, under the "Court Documents" tab.

Cordially,

Paul Bujold,
Trusts' Administrator

SIMON D. M. WAGSTAFFE LAW CORPORATION

Barristers and Solicitors
Simon D. M. Wagstaffe
Personal Law Corporation
Mavis A. Erickson



20 September 2011

To whom it may concern, but, in particular,
to the Trustees to the Sawridge Band Intervivos Settlement created on April 15, 1985 (the "1985 Trust" **Attention: Paul Bujold, Trusts' Administrator**

Re: *Melvin K. Paquette*

I hereby certify that Robin Roxanne Marie Loyie is the same person as Melvin K. Paquette. I have known Robin Roxanne Marie Loyie for over 20 years, first as Melvin K. Paquette and then as Robin Roxanne Marie Loyie.

Attached hereto is a certified true copy of the British Columbia Identity Card of Robin Roxanne Marie Loyie which bears a true likeness of Robin Roxanne Marie Loyie, formerly known as Melvin K. Paquette.

If you have any questions or concerns, please do not hesitate to contact me.

Yours truly,

SIMON D. M. WAGSTAFFE LAW CORPORATION
PER



Simon D. M. Wagstaffe

*sc
encl.

Courtyard Lane 1057 Third Avenue Prince George B.C. V2L 3E3

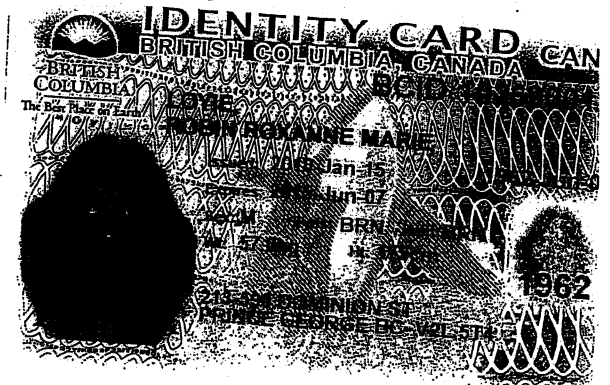
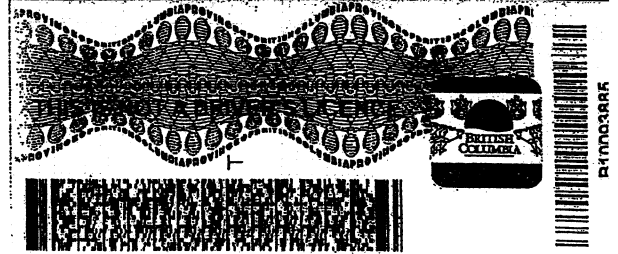
Re: Letter, Paul Bujold to Melvin K Paquette, re Application for Advice and Direction, 110901.pdf

Phone (250) 960-2194

Fax (250) 960-2193



This card remains the property of the issuing agency and must be surrendered upon request.



Certified to be a true copy of the original document.

Dated

September 20, 2011
[Signature]
A Commissioner for taking oaths in and for the
Province of British Columbia

SIMON D. M. WAGSTAFFE LAW CORPORATION
Courtyard Lane
1057 Third Avenue
Prince George, B.C. V2L 3E3
Phone 250-980-2194 Fax: 250-960-2193



Positive Living North: No khēyoh t'sih'en t'sehena Society

#1, 1563-2nd Avenue, Prince George, BC, V2L 3B8

Phone: (250) 562-1172

Fax: (250) 562-3317

www.positivelivingnorth.ca

September 14, 2011

To whom it may concern,


This letter is to confirm that Robin Loyie has been a member of this organization since 1999. She officially change her name in 2001 from Melvine Paquette to Robin Roxanne Marie Loyie .

Sincerely,

Steve Lorenz

Member Service Manager

Positive Living North:
No khēyoh t'sih'en t'sehena Society
#1 - 1563 2nd Avenue
Prince George, BC V2L 3B8
Ph: (250) 562-1172 Fax: (250) 562-3317
In BC Call Toll Free 1-888-438-2437

Positive Living North acknowledges the financial assistance of the Province of British Columbia
funding partner  northern health



United Way of Northern B.C.

The Government of Canada has contributed funding to this initiative 

SIMON D. M. WAGSTAFFE LAW CORPORATION

Barristers and Solicitors
Simon D. M. Wagstaffe
Personal Law Corporation
Mavis A. Erickson



20 September 2011

To whom it may concern, but, in particular,
to the Trustees to the Sawridge Band Intervivos Settlement created on April 15, 1985 (the "1985 Trust" **Attention: Paul Bujold, Trusts' Administrator**

Re: Melvin K. Paquette

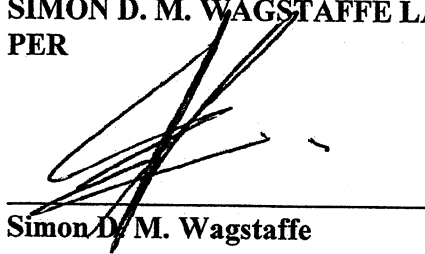
I hereby certify that Robin Roxanne Marie Loyie is the same person as Melvin K. Paquette. I have known Robin Roxanne Marie Loyie for over 20 years, first as Melvin K. Paquette and then as Robin Roxanne Marie Loyie.

Attached hereto is a certified true copy of the British Columbia Identity Card of Robin Roxanne Marie Loyie which bears a true likeness of Robin Roxanne Marie Loyie, formerly known as Melvin K. Paquette.

If you have any questions or concerns, please do not hesitate to contact me.

Yours truly,

SIMON D. M. WAGSTAFFE LAW CORPORATION
PER

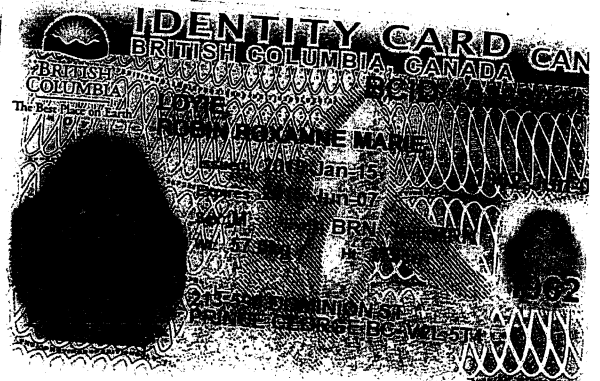
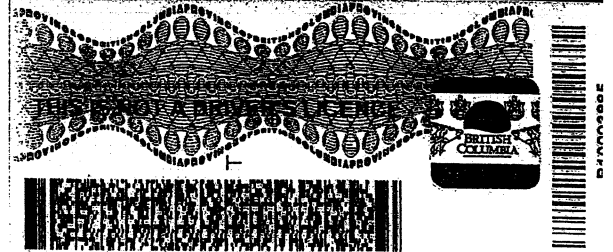


Simon D. M. Wagstaffe

*sc
encl.



This card remains the property of the issuing agency and must be surrendered upon request.



Certified to be a true copy of the original document.

Dated

September 20, 2011

A Commissioner for taking oaths in and for the
Province of British Columbia

SIMON D. M. WAGSTAFFE LAW CORPORATION
Courtyard Lane
1057 Third Avenue
Prince George, B.C. V2L 3E3
Phone 250-960-2194 Fax: 250-960-2193

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minion St. Apt. 313.
George, BC.
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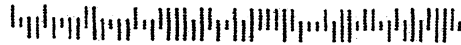


www.canadapost.ca 1111111111

www.Postescanada.ca 1111111111

Sawridge Trusts.
801; 4455 Calgary Trail N.W.
Edmonton, AB
T6H 5R7.

--0382



Living North:
Northwest Society
32nd Avenue
George, BC V2L 3B8
(250) 562-1172 Fax: (250) 563-2317
Toll Free 1-888-438-2437

RECEIVED OCT 06 2011



SIMON D.M. WAGSTAFFE LAW CORPORATION
BARRISTERS and Solicitors
Courtyard Lane
1057 Third Ave.
PRINCE GEORGE BC V2L 3E3

Paul Bujold

From: Margaret Szava-Kovats
Sent: September-22-11 1:10 PM
To: Paul Bujold
Subject: Ciciel Henry's Telephone Message

Ciciel Henry phoned at 12:45 pm from Prince George B.C. with the following message:

- All her siblings received a registered letter but her.
- She wants the letter to be addressed to her legal name as on her birth certificate:

Ciciel Paulin Henry

And mailed to her mailing address:

P. O. Box 636, Prince George, BC V2L 4S8

- She has changed her home address to: 2110 Northwood Street, Prince George, BC V2L 1Y1, home phone No.: 250-561-2986
- Her cell No. is 250-640-5717 but she only uses it for work. Her email address is: cecilehenry1@hotmail.com but she seldom checks her hotmail account.

Paul Bujold

From: Margaret Szava-Kovats
Sent: February-10-11 3:54 PM
To: Paul Bujold
Subject: Martha Brule

Hi Paul,

While you were on the phone, Martha Brule phoned from Her work place in Winnipeg. She will be faxing in her application For beneficiary. She will be at her work No. until 5:30 pm at her Work No.: 204-589-4313

She is a family of Nesotesis Twinn where she got her information To send in an application.

Please call back to verify her address:

No. 47 121 Robinson Street
Winnipeg, Manitoba R2W 4E(?)

Home Phone No. 204-586-5853
She said you can email her to her work email:
mbrule@wsd1.org.

Margaret

TAB 23

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country			
DATE OF BIRTH	Day	Month	Year	BIRTH CERTIFICATE ¹	Number				
PLACE OF BIRTH				COUNTRY					
Telephone	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input 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 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.				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									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input type="checkbox"/> YES <input 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

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

PARENTS INFORMATION

NAME OF MOTHER				NAME OF FATHER			
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input 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 type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input 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	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				NAME OF MATERNAL GRANDFATHER			
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER				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				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	

SIGNATURE			DATE	
	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, Fax: (780) 988-7724, Email: general@sawridgetrusts.ca

TAB 24

RECEIVED MAR 29 2010

BENEFICIARY APPLICATION FORM

Boudreau - Hill

PERSONAL INFORMATION

NAME	VIOLET		Mary		Hill	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	131 Gull Crescent		Prince Rupert		BC	V8J 4G4 Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	22	01	1946	BIRTH CERTIFICATE ¹	46-08-001654	
	Day	Month	Year		Number	
PLACE OF BIRTH	Edmonton Alberta			COUNTRY	Canada	
Telephone	(250) 624 9478	(778) 839 9912	604 913 2997	vhill@shoal.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	146	ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	675000950 ²	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	Great Great Grand daughter of Charles Twinn (Nesoresis)			
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Ronald Keith Wilson Darren Trent Wilson Todd Elliott Wilson		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		Robert H. Hill -no children from this marriage	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Indian Act status					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Member of 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	My grandmother was born <u>there</u> as well well as my mother born <u>Sawridge</u> -			
MARITAL STATUS (check one)	<input checked="" type="checkbox"/> Married	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	<input type="checkbox"/> Other (Specify)

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

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

PARENTS INFORMATION									
NAME OF MOTHER		Jeanette Nancy Boudreau			NAME OF FATHER		No Father listed on		
DATE OF BIRTH		07 10 1922 Day Month Year			DATE OF BIRTH		Birth Certificate Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Indian Act Status b.1			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		145?		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		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		23 10 1988 Day Month Year			IF DECEASED - DATE OF DEATH				
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Mary Rose Twinn			NAME OF MATERNAL GRANDFATHER		FRANCIS J.A. Boudreau		
DATE OF BIRTH		11 09 1898 Day Month Year			DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Sawridge Band # 39 Indian Act Status			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NO INFORMATION		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		COMMUTED IN 1935 SEE NOTE:		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				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURE		[Signature]					DATE		03/15/2010
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

Children:Born:Married:MariageDeath**Maternal Great Great Grandfather:**

Charles Twin (Nesotesis)
signatory on Treaty 8

(died 12/26/1918 at the age of 68)

Isabelle Courtoreille

Some person

Emilia Isabelle

Francois

Edouard

2/16/1905

St. Germain

2/18/1905

Scolastique

Albert

Sept 1881

St. Pierre

2/26/1905

Paul Moise

3/2/1905

Felix Sawan

2/3/1889

Jeannette (Julienne) Cardinal in Grouard

12/26/1894

Betty Thomas (married Fort St John BC)

06/06/03

Julienne Courtoreille (married in Jousard)

07/26/20

Bella Thomas (married Fort St John BC)

Norbert Courtoreille

04/02/10

3/21/1944

Nancy Freeman (Auger) (married in Grouard) no children

11/02/06

Clemence Nipissing (married in Slave Lake)

Marle Irene Fl. Cunningham (married in Slave Lake)

09/17/25

6/4/1967

Maternal Grandfather:

Francois Twinn

11/7/1918

11/5/1918

Jeanette Cardinal

This union produced four boys and five girls names and dates of other than the ones listed below are not known

***Sawridge Band #39**
 Jennie
 Mary Rose

3/10/1905

9/11/1898

William L'Herondelle (St Bernard's Mission, Grouard)

10/28/19

1/0/1965

11/6/1955

Jimmy
 Dave

Maternal Grandmother:

Mary Rose Twinn

Jeanette Nancy

10/7/1922

Frank

2/12/1924

Francois Julius A Boudreau (St Pierre Church Sawridge)

10/20/22

10/23/1988

John McDermott

Dorothy

George

7/16/1930

Marguerite

Max

Violet

Mother:

Jeanette Nancy

***Sawridge Band #146**

Julius Antoine

2/8/1942

Violet Mary

1/22/1946

Joyce Evelyn

3/21/1954

Violet Mary

Ronald Keith

8/4/1964

Darren Trent

3/11/1967

Todd Elliott

7/2/1970

Ronald Wilson

Robert Hill

Alberta CANADA

CERTIFICATE
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

B089917

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

Name

VIOLET MARY BOUDREAU

Sex FEMALE

Date of

Birth JAN 22, 1946

Place of Birth EDMONTON

Name

of

Father

His Birthplace

Name

of

JENNIE BOUDREAU

Mother

(before Marriage)

Her Birthplace SLAVE LAKE, ALBERTA

Registered at EDMONTON

on JAN 24, 1946

Registration No.

46-08-001654

(Month) (Day) (Year)

Given under my hand and seal of the Director.



D.V.S. 24

This

24

Day of

JUN

19

86

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

198098

Director
Director

Alberta CANADA

CERTIFICATE
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics

8068749

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

Name: JEANNETTE NANCY BOUDREAU
Sex: FEMALE

Date of Birth: OCT 07 1922
Place of Birth: SLAVE LAKE

Name: FRANCIS JULIUS BOUDREAU
Father's Name: FRANCIS JULIUS BOUDREAU

Name: MARY ROSE TWINS
Mother's Name: MARY ROSE TWINS

(before Marriage)
Her Birthplace: SLAVE LAKE, ALBERTA

Registered at: SLAVE LAKE
Date: NOV 12 1922
Registration No: 8068749

Given under my hand and seal of the Director
This: 19 Day of SEP 1985

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

Director
614904



PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT ONLY
Record No. 1228 of 1922

REGISTRATION OF MARRIAGE

BRIDEGROOM

1. Name in Full	Francis Jules Boudreau	
2. Occupation	Laborer	3. Bachelor, Widower or Divorced Bachelor
4. Age	Twenty-seven	5. Religious Denomination R. Catholic
6. Place of Residence (Full Postal Address)	Sawridge Alberta	
7. Place of Birth	Stoney Plain Alberta	
8. Name of Father	Francis Boudreau	
9. Birthplace of Father	Manitoba	
10. Name of Mother before Marriage	Eusee Gauthier	
11. Can Bridegroom Read? yes	Can Bridegroom Write? yes	

BRIDE

12. Name in Full (If a widow, give birth, married and maiden names)	Mary Rose Twine	
13. Occupation (If at home, state household duties)	Householder	14. Spinster, Widow or Divorced Spinster
15. Age	Twenty-four	16. Religious Denomination R. Catholic
17. Place of Residence before Marriage (Yarrow Post Office)	Sawridge Alberta	
18. Place of Birth	Sawridge Alberta	
19. Name of Father	Francis Twine	
20. Birthplace of Father	Sawridge Alberta	
21. Name of Mother before Marriage	Jennette Cardinal	
22. Can Bride Read? yes	Can Bride Write? no	

23. Date of Marriage	Twentyth day of October 1922	
24. Place of Marriage (If name of Church or name prior of house)	St. Peter's - Belvedere Roman Catholic - Sawridge	
25. Names and Residences of Two Witnesses other than Clergy officiating	Name: Alexis Boudreau Address: Sawridge Name: Ma. Coulter Address: Sawridge	
26. Signatures of	Groom: Francis Jules Boudreau Bride: Mary Rose Twine	
27. By License or Banns (If by License, state by whom issued and No. of License)	License No. 60851 Walter Sharp	

I certify the foregoing to be true and correct to the best of my knowledge and belief.

GIVEN under my hand at Sawridge this 20 day of October 1922.
R. Catholic E. Retour, O.M.J.

I hereby certify that the above return was made to me at Sawridge on the Twentyth day of October 1922.
Walter Thompson

Registrar's Record No. 6 of 12

GENEALOGICAL PURPOSES ONLY
NOTE—This form must not be mutilated. All information asked for should be given, including full Christian Names and Surnames of all parties.

ACTUAL SIGNATURES NECESSARY

REGISTRATION OF DEATH

10/10/2000

For use of the Department only

1. PLACE OF DEATH
City, Town or Village of Faust Alberta Street at home
(If death occurred in a hospital or institution, give the name instead of the street and number)
Municipality (Name and Number) _____

2. LENGTH OF STAY In Municipality where death occurred Life Province Alberta In Canada (if immigrant) Canada
(in years, months and days)

3. PRINT NAME OF DECEASED
Surname or Last Name McDonald
All Other or Christian Name Mal-y Rolsa

4. REGULAR RESIDENCE OF DECEASED:
City, Town or Village of Faust Alberta Street _____
Municipality (Name and Number) _____ Province of Alberta

5. SEX Female 6. CITIZENSHIP Canadian 7. RACIAL ORIGIN Cree 8. Single, Married, Widowed or Divorced Married 9. BIRTHPLACE (City, Town or Rural Municipality Province or Country) Slave Lake Alberta

10. Date of Birth September 77, 1997 11. AGE { Years 58 Months 7 Days ? If less than one day _____
(Month by name) (Day) (Year)

12. (a) Trade, profession or kind of work as farmer, teamster, office clerk, etc. None
(b) Kind of industry or business as agriculture, lumbering, bank, etc. _____
(If "labourer" specify kind of work shown)

13. Date deceased last worked at this occupation _____ 14. Total years spent in this occupation _____

15. If married, widowed or divorced, give name of husband or maiden name of wife of deceased John Mc Donald

16. Name of father John (Surname or last name) Francis (All Other or Christian name)
17. Maiden name of mother Canadian (Surname or last name) Jenette (All Other or Christian name)
18. Birthplace: Father Slave Lake Mother Slave Lake
(City, Town or Rural Municipality—Province or Country)

19. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Faust this 6 day of November 1997.
Signature of Informant John McDonald Relationship to deceased Husband
(nearest available relative) Address Faust, Alta

20. Burial, Cremation or Removal Burial Date November 8th 1997
Place of Burial Faust, Alta Cemetery St. Anthony's R.C.
Burial Permit was issued by L. P. Lachance Address Faust, Alta

21. Funeral Director: Name Archie Plante Address Faust, Alta

22. Marginal notations (If space limited use only)

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH November 6 1997
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from 1997 to 1997, and last saw her alive on Nov 4 1997.

CAUSE OF DEATH

I. Disease or condition directly leading to death
(This does not mean the mode of dying, e.g., heart failure, anoxia, etc. It means the disease, injury, or complication which caused death.)
A. Stroke
(1) Stroke
(2) Stroke
(3) Stroke
due to (or as a consequence of)
due to (or as a consequence of)
due to (or as a consequence of)

II. Other significant conditions contributing to the death, but not related to the disease or condition causing it.

25. If a woman, was the death associated with pregnancy? _____ Duration _____ weeks. Was there a delivery? _____

26. Was there a surgical operation? No Date of operation _____ 1997
State findings _____ Was there an autopsy? _____

27. If death was due to external causes (violence) fill in also the following:
Accident, suicide or homicide? _____ Date of injury _____ 1997
Manner of injury _____ (State wound)
Nature of injury _____ (How sustained)
Specify whether injury occurred in industry, in home, or in public place.

Signed by Dr. J. P. Lachance Designation M.D., Coroner, etc.
Address Faust, Alberta Date Nov 6th 1997

Division Registrar's Return No. 84
Date of Registration Nov 8th 1997 (For use of Registrar only)

GENEALOGICAL PURPOSES

THIS IS A PERMANENT RECORD

This form if placed in an envelope on which is printed "Dominion Bureau—Vital Statistics" and addressed to the Registrar-General, Ottawa, will pass through the Mail "FREE".

CITIZENSHIP (NATIONALITY) is defined in terms of the people or race to which the person owes allegiance. The term "Canadian" should be used as descriptive of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country. RACIAL ORIGIN is defined in terms of the people or race to which the person—traced through the father—belongs, whether English, Irish, Scottish, French, German, Russian, Ukrainian, etc. The terms "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	<u>M</u> <u>F</u>	<u>Julius</u>	<u>Antoine</u>	<u>Boudreau</u>
		First Name(s)	Middle Name(s)	Last Name(s)
MAILING ADDRESS		<u>132 Montgomery Road</u>	<u>Prince Rupert</u>	<u>BC V8J 4M1 Canada</u>
		Apt P.O. Box	Street Address	Town Prov Postal Code Country
DATE OF BIRTH	<u>8</u>	<u>02</u>	<u>1942</u>	BIRTH CERTIFICATE' <u>B089194</u>
	Day	Month	Year	Number
PLACE OF BIRTH	<u>Faust Alberta</u>			COUNTRY <u>Canada</u>
Telephone	<u>650</u> <u>624-3469</u>		<u>650</u> <u>624-4524</u>	
	Home Phone	Home Fax	Cell Phone	Work Phone Email Address
STATUS NUMBER	<u>147</u>	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 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	<u>Great Great Grandson of CHARLES TWING (Nesotesis)</u>	
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	<u>Edward Julius</u> <u>Wendy Janet</u> <u>Derek Frank</u>		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 ²³	<u>Indian Act Status</u>			
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	<u>Because I am a member of Sawridge Band</u>			
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	<u>All maternal ancestors were born in Sawridge - up to and including my mother -</u>	
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

PARENTS INFORMATION									
NAME OF MOTHER		Jeanette Nancy Boudreau			NAME OF FATHER		NOT listed on birth		
DATE OF BIRTH		7 10 1922 Day Month Year			DATE OF BIRTH		Certificate Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Indian Act Status 6.1			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHAT IS HER BAND NUMBER?		145?			
IS YOUR FATHER A SAWRIDGE BAND MEMBER?		<input 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				ADDRESS					
Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country				Ap/ P.O. Box, Street Address, Town, Province, Postal Code, Country					
IF DECEASED - DATE OF DEATH		23 10 1988 Day Month Year			IF DECEASED - DATE OF DEATH				
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		Mary Rose Twinn			NAME OF MATERNAL GRANDFATHER		Francios A. Boudreau		
DATE OF BIRTH		11 09 1898 Day Month Year			DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		Sawridge Band # 39			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		NO INFORMATION		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?		Commuted in 1935			
DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, WHEN AND IN WHICH CATEGORY?					
NAME OF PATERNAL GRANDMOTHER					NAME OF PATERNAL GRANDFATHER				
DATE OF BIRTH					DATE OF BIRTH				
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}					STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?		<input type="checkbox"/> YES <input 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				Julius A. Boudreau				DATE	
				I hereby certify that the information on 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.				03-15-2010	

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

heet1

Confidential

Page :

Children:Born:Married:MarriageDeath**Maternal Great Great Grandfather:****Charles Twin (Nesotesis)****signatory on Treaty 8****(died 12/26/1918 at the age of 68)****Isabelle Courtoreille**

Emilia Isabelle

Francois

Edouard -

2/16/1905

St. Germain

2/18/1905

Scolastique (BELLE)

Albert -

Sept 1881 -

St. Pierre

2/26/1905 -

Paul Moise

3/2/1905 -

1888

Felix Sawan

Jeannette (Julienne) Cardinal in Grouard

Betty Thomas (married Fort St John BC)

Julienne Courtoreille (married in Jausard)

Bella Thomas (married Fort St John BC)

Narbert Courtoreille → (IDA) (DRIFTING)

Nancy Freeman (Auger) (married in Grouard) no children

Clemence Nipissing (married in Slave Lake)

Marie Irene Fl. Cunningham (married in Slave Lake)

2/3/1889 -

12/26/1894

06/06/03

07/26/20

04/02/10

3/21/1944

11/02/06

09/17/25

6/4/1967

Maternal Grandfather:**Francois Twinn****Jeanette Cardinal**

This union produced four boys and five girls names and dates of other than the ones listed below are not known

11/7/1918

11/5/1918

Jennie

3/10/1905

*Sawridge Band #39 Mary Rose

9/11/1896

William L'Herondelle (St Bernard's Mission, Grouard)

10/28/19

1/0/1965

11/6/1955

Twins { Jimmy
Dave**Maternal Grandmother:****Mary Rose Twinn - John McDermott**

Jeanette Nancy

10/7/1922

Frank

2/12/1924

Francois Julius A Boudreau (St Pierre Church Sawridge)

10/20/22

10/23/1988

John McDermott

Dorothy

George

Marguerite

Max

Violet

7/16/1930

Mother:**Jeanette Nancy**

*Sawridge Band #147 Julius Antoine

2/8/1942

Violet Mary

1/22/1946

Joyce Evelyn

3/21/1954

Julius Antoine

Carol Serres

Edward Julius

12/29/1965

Wendy Janet

5/13/1968

Derek Frank

3/15/1977

Alberta CANADA**SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics****B089194**

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

Name **JULIUS ANTOINE BOUDREAU** Sex **MALE**Date of Birth **FEB 08, 1942** Place of Birth **FAUST**Name of *********
FatherHis Birthplace *********Name of **JENNIE BOUDREAU**Mother
(before Marriage)Her Birthplace **SLAVE LAKE, ALBERTA**Registered at **EDMONTON**on **APR 20, 1966** Registration No. **42-08-901067**
(Month) (Day) (Year)

Given under my hand and seal of the Director:



D.V.S. 24

This **12** Day of **JUN** 19 **86**
Certified Extract From
Registration of Birth
Issued at Edmonton,
Alberta, Canada:**196698**
Director

Alberta CANADA

CERTIFICATE
OF BIRTH

SOCIAL SERVICES AND COMMUNITY HEALTH - Vital Statistics CANADA B068719 CAN
This is to certify that the particulars of the undernoted birth which is on record in this Department are as follows:
Name: JEANNETTE MARCOY BOUDREAU Sex: FEMALE CANADA
Date of Birth: OCT 02 1922 CANADA
Place of Birth: SLAVE LAKE CANADA
Name of Father: FRANCIS JULIUS BOUDREAU CANADA
Name of Mother: MARY ROSE TWINS CANADA
Her Birthplace: SLAVE LAKE, ALBERTA CANADA
Registered at: SLAVE LAKE CANADA NOV 122 1922 22-08-409551 CANADA
Given under my hand and seal of the Director CANADA
This CANADA (19 Day of SEP 1985 CANADA
Certified Extract From
Registration of Birth
Issued at Edmonton
Alberta, Canada 614904
Director

PROVINCE OF ALBERTA

FOR THE USE OF THE DEPARTMENT OF V
Record No. 1298 of 1322

REGISTRATION OF MARRIAGE

BRIDEGROOM

1 Name in Full	Francis, Jules Boudreau	
2 Occupation	Labourer	Religion Before Marriage Bachelor
3 Age	Twenty-seven	Religion After Marriage R. Catholic
4 Place of Residence (Full Postal Address)	Sawridge, Alberta	
5 Place of Birth	Stoney, Plain, Alberta	
6 Name of Father	Francis Boudreau	
7 Occupation of Father	Manitoba	
8 Name of Mother before Marriage	Elise Gauthier	
9 Can Bridegroom Read? <input checked="" type="checkbox"/> Yes	Can Bridegroom Write? <input checked="" type="checkbox"/> Yes	

BRIDE

12 Name in Full (If a young woman, full name and maiden name)	May, Rose Twine	
13 Occupation (If at home, state household duties)	Householder	Religion Before Marriage Protestant
14 Age	Twenty-four	Religion After Marriage R. Catholic
15 Place of Residence (Full Postal Address)	Sawridge, Alberta	
16 Place of Birth	Sawridge, Alberta	
17 Name of Father	Francis Twine	
18 Occupation of Father	Sawridge, Alberta	
19 Name of Mother before Marriage	Jennette Cardin	
20 Can Bride Read? <input checked="" type="checkbox"/> Yes	Can Bride Write? <input checked="" type="checkbox"/> No	

21 Date of Marriage	Twentyth October 1922	
22 Place of Marriage (Name of Church or some place of house)	St. Peter, Belvedere Roman Catholic, Sawridge	
23 Names and Residences of Two Witnesses (Other than Clergy officiating)	One: John Boudreau, Sawridge Two: E. Gauthier, Sawridge	
24 Signature of	Groom: Francis, Jules Boudreau Bride: May, Rose Twine	
25 By License or Vow (If by license, state by whom issued and No. of License)	License No. 60851 Walter Shup	

ACTUAL
SIGNATURES
NECESSARY

I certify the foregoing to be true and correct to the best of my knowledge and belief.

Given under my hand at Sawridge this 20 day of October 1922.

R. Gauthier Minister of the Gospel

I hereby certify that the above return was signed by me at Sawridge on the Twentyth day of October 1922.

Walter Shup Registrar

GENEALOGICAL
PURPOSES
ONLY

NOTE: This form must not be mutilated. All information asked for should be given, including not Christian Names and Surnames of all parties.

Form 5

REGISTRATION OF DEATH

1911-1920

1. PLACE OF DEATH
City, Town or Village of Faust-Alberta
Municipality (Name and Number) at home

2. LENGTH OF STAY In Municipality where death occurred Life Province Is Canada (If immigrant) Life Province
(in years, months and days) Entire life Alberta Canada

3. PRINT NAME OF DECEASED
Surname or Last Name McDonald
All Given or Christian Names Malvly RIGOLD

4. REGULAR RESIDENCE OF DECEASED
City, Town or Village of Faust-Alberta
Municipality (Name and Number) at home Province of Alberta

5. SEX Female **6. CITIZENSHIP** (See marginal note) Canadian **7. RACIAL ORIGIN** (See marginal note) Free **8. Single, Married, Widowed or Divorced** (Write the word) Married **9. BIRTHPLACE** City, Town or Rural Municipality or Province of (Country) Slave Lake Alberta

10. Date of Birth September - 27 - 1897 **11. AGE** Years 38 Months 7 Days 7 If less than one day no data or -

12. (a) Trade, profession or kind of work as farmer, teamster, office clerk, etc. None
(b) Kind of industry or business as agriculture, lumbering, bank, etc. None

13. Date deceased last worked at this occupation None **14. Total years spent in this occupation** None

15. If married, widowed or divorced, give name of husband or maiden name of wife of deceased John Mc Donald

16. Name of father John (Surname or last name) McDonald (All Given or Christian names)

17. Maiden name of mother Cornelia (Surname or last name) Leche (All Given or Christian names)

18. Birthplace: Father Slave Lake (City, Town or Rural Municipality or Province or Country) **19. Birthplace: Mother** Slave Lake

20. I certify the foregoing to be true and correct to the best of my knowledge and belief.
Given under my hand at Faust, Alberta this 6 day of November 1955
Signature of Informant John McDonald Relationship to deceased Husband
Address Faust, Alta

21. Burial, Cremation or Disposal Burial Date November 28 1955
Place of Burial Faust, Alta (Country) Alberta (City, Town or Rural Municipality) Faust, Alta
Burial Permit was issued by D.P. Lachance Address Faust, Alta

22. Funeral Director: Name Archie Plante Address Faust, Alta

23. Marginal notations (Space more than one only) 1324

MEDICAL CERTIFICATE OF DEATH

23. DATE OF DEATH November 28 1955
(Month by name) (Day) (Year)

24. I HEREBY CERTIFY that I attended deceased from 10:23 and last seen alive on Nov 4 1955

CAUSE OF DEATH

I.
Disease or condition directly leading to death
(This does not mean the mode of dying, e.g., heart failure, or asphyxiation, etc., it means the disease, injury, or complication which caused death.)
(a) due to (or as a consequence of) Myocardial infarction
(b) due to (or as a consequence of) Myocardial infarction
(c) due to (or as a consequence of) Myocardial infarction

II.
Other medical condition contributing to the death, but not related to the disease or condition causing it.

25. If a woman, was the death associated with pregnancy? No **26. Was there a surgical operation?** No **27. If death was due to external cause (violence) fill in also the following:**

Accident, suicide or homicide? None Date of injury Nov 28
Place of injury Faust, Alta
Nature of injury None
Specify whether injury occurred in highway, in home, or in public place None

Signed by D.P. Lachance Designation M.D., Comm. etc.
Address Faust, Alberta Date Nov 6 1955

Physician Registrar's Name D.P. Lachance
Date of Registration Nov 8 1955 (Archie Plante)
Faust, Alta

GENEALOGICAL PURPOSES

MAIN RESERVED FOR BINDING
WRITE PLAINLY, WITH UNFADING INK
VOID OF ALL PERMANENT RECORDS

This form is placed in an envelope on which is printed "Immigration Division" and is used as description of a person who was born in Canada or who has rights of Citizenship in Canada, unless he or she has subsequently become the citizen of another country.

CITIZENSHIP (NATIONALITY) is defined in terms of the people or race to which the person is traced through the father, whether English, Irish, Scottish, French, Canadian, Russian, Ukrainian, etc. The term "Canadian" or "American" should not be used for RACIAL ORIGIN, as they express CITIZENSHIP (NATIONALITY).

FAX

Urgent☐ **Confidential**☒ **Reply**☐ **For Review**☐ **Please Comment**☐

[illegible]

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	MARGERIE		HYTHE		BELCOURT		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	583			HYTHE	ALTA	TOH 2C0	CANADA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	09	APR.	1945	BIRTH CERTIFICATE ¹	1945-08-501099		
	Day	Month	Year		Number		
PLACE OF BIRTH	HYTHE			COUNTRY	CANADA		
Telephone	1-780-356-3078	NONE	1-780-228-5641	NONE			
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	#54 0029901	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.				DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	NO		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	4540029901 - SAWRIDGE, AB						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	MY MOTHER ELISABETH LOYIE 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

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

PARENTS INFORMATION												
NAME OF MOTHER			ELISABETH LOYIE			NAME OF FATHER			GEORGE CARDINAL			
DATE OF BIRTH			27 03 1926			DATE OF BIRTH			05 06 1921			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			SAWRIDGE INDIAN BAND			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			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?						
DID YOUR MOTHER 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						IF DECEASED - DATE OF DEATH						
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			FLAMINE LEARD?			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 ^{2,3}			?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			?			
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
NAME OF PATERNAL GRANDMOTHER			JOSEPHINE LETENDRE			NAME OF PATERNAL GRANDFATHER			OLIVIER CARDINAL			
DATE OF BIRTH			? ? ?			DATE OF BIRTH			? ? ?			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			BIGSTONE CREE NATION			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			?			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			MAYORIE BELLEAU						DATE		JUN 22, 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

Alberta CANADA

CERTIFICATE
OF BIRTH

DIVISION OF VITAL STATISTICS

B215542

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

Name CARDINAL, MARGERIE Sex FEMALE

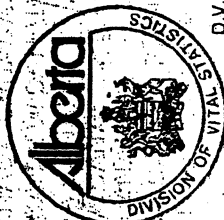
Date of Birth APR 09, 1945 Place of Birth HIGH PRAIRIE

Name of Father CARDINAL, GEORGE His Birthplace WABASCA, ALBERTA

Name of Mother LOYIE, ELISABETH Her Birthplace DRIFTPILE, ALBERTA

Registered at HIGH PRAIRIE on APR 23, 1945 Registration No. 1945-08-501099
(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.

Bill Gilroy
Director

799236

D.V.S. 24

CANADA
BRITISH COLUMBIA

**CERTIFICATE
OF DEATH**

PROVINCE OF BRITISH COLUMBIA
Vital Statistics Agency

20607192

This is to certify that the following is an extract from the registration on file with the Vital Statistics Agency, Victoria, British Columbia, concerning the death of

Name ELISABETH CARDINAL

Date of Death JUN 25, 1984

Sex FEMALE

Place of Death DAWSON CREEK

Age 63 YEAR(S)

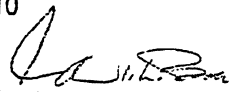
Registration No. 1984-59-010989

Birthplace ALBERTA, CANADA

Residence DAWSON CREEK, BRITISH COLUMBIA

Given under my hand at Victoria, British Columbia

this 07 day of JAN 2010


Chief Executive Officer
Vital Statistics Agency

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME		Sandra		Gay		Belcourt	
		First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS		Box 571		Hythe		Alta T0H 2C0 CAN.	
		Apt/P.O. Box		Street Address		Town	
DATE OF BIRTH		11		07		1961	
		Day		Month		Year	
				BIRTH CERTIFICATE ¹		1966-08-019342	
						Number	
PLACE OF BIRTH		Beaverlodge, Alta.		COUNTRY		Canada	
Telephone		780-356-2178		780-933-3986		sbelk@telus.net	
		Home Phone		Home Fax		Cell Phone	
				Work Phone		Email Address	
STATUS NUMBER		454		ARE YOU MARRIED TO A BAND-MEMBER?		IF YES, BAND NUMBER?	
		00316 01		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		NA	
				DID YOU ENFRANCHISE?		IF YES, WHEN, WHICH CATEGORY?	
				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		NA	
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.				NA			
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.		Landon Carter Letendre		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		NA	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		Registered with The Indian Registry status No. 454 00316 01					
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?		Accepted + Registered with the Indian Registry + the 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)		Married		Single		Divorced	
				Widowed		Common-Law	
						Other (Specify)	

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

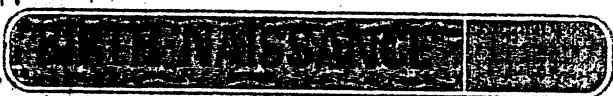
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit confirming the materials contained in the application with the application.

PARENTS INFORMATION												
NAME OF MOTHER			Margaret Belcourt			NAME OF FATHER			Gordon Belcourt			
DATE OF BIRTH			09 04 1945			DATE OF BIRTH			06 01 1944			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			status Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			metis			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			4540029901			
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			Box 583 Hwy 16 AB T0H 2C0			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			20 11 2006			
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			ELISABETH LOYIE			NAME OF MATERNAL GRANDFATHER			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 ^{2,3}			She would have been eligible deceased			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			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			Adelaide Belcourt			NAME OF PATERNAL GRANDFATHER			Clarence Belcourt			
DATE OF BIRTH			20 1st Feb 1921			DATE OF BIRTH			31 01 1921			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			Sandia Belcourt						DATE		Jan 15/2009	
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 (2008/91)

L. Beveridge
Laune 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

Belcourt

Given Names
Prénoms

Sandra Gay

Date of Birth
Date de naissance

Jul 11, 1966

Sex
Sexe F

Place of Birth
Lieu de naissance

Beaverlodge

Registration No.
N° d'enregistrement

1966-08-019342

Registration Date
Date d'enregistrement

Aug 11, 1966

Date Issued
Délivré le

Jan 13, 2010



A B 0 0 2 6 8 3 5 7

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Beverly <small>First Name(s)</small>		Sharon <small>Middle Name(s)</small>		Hommy (nee Belcourt) <small>Last Name(s)</small>		
MAILING ADDRESS	Box 745 <small>Apt/P.O. Box</small>	9821-108 st <small>Street Address</small>	Hythe <small>Town</small>	AB <small>Prov</small>	T0H2C0 <small>Postal Code</small>	Canada <small>Country</small>	
DATE OF BIRTH	22 <small>Day</small>	8 <small>Month</small>	1964 <small>Year</small>	BIRTH CERTIFICATE ¹ baptism	Copy enclosed <small>Number</small>		
PLACE OF BIRTH	Williams Lake, B.C.			COUNTRY	Canada		
Telephone	(780) 356-2056 <small>Home Phone</small>	N/A <small>Home Fax</small>	(780) 356-3077 <small>Cell Phone</small>	(780) 356-3077 <small>Work Phone</small>	bhommy@live.ca <small>Email Address</small>		
STATUS NUMBER	454003 17-01	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?	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. Grandmother registered				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Monique.C. Hommy Lawrence.D. Hommy Andrea.E. Hommy		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Registered with the Indian Registry Status no. 45400317-01						
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)	Married	Single	Divorced	Widowed	Common-Law	Married, but Separated 20 yrs <small>Other (Specify)</small>	

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

Beverly Hommy (nee Belcourt)

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

PARENTS INFORMATION							
NAME OF MOTHER	Marjorie Belcourt (nee Cardinal)			NAME OF FATHER	Gordon Belcourt		
DATE OF BIRTH	09	04	1945	DATE OF BIRTH	06	01	1944
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Status bill - C - 31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Metis		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	454 002901	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	Box 583, Hlyhe, AB T0H 2C0 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	20	11	2006
	Day	Month	Year		Day	Month	Year
GRANDPARENTS INFORMATION							
NAME OF MATERNAL GRANDMOTHER	Elizabeth (nee Woyie) Woyie Cardinal			NAME OF MATERNAL GRANDFATHER	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 ^{2,3}	She would have been eligible deceased			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	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	ADELAIDE Belcourt (nee Campbell)			NAME OF PATERNAL GRANDFATHER	Clarence BELcourt		
DATE OF BIRTH	20	02	1921	DATE OF BIRTH	31	01	1921
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Metis			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Metis		
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	Beverly Hommy (nee - Belcourt)					DATE	Jun 10/2010
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

Certificate of Baptism

This is to Certify that

Child of *Robert Belcourt* and *Marjorie Cardinal*

born on the *22nd* day of *August* 19*64* at *Williams Lake, B.C.*

was BAPTISED on the *24th* day of *October* 19*64* at *Chapman, B.C.*

ACCORDING TO THE RITE OF THE ROMAN CATHOLIC CHURCH

by the Rev.

Fr. Joseph G. G. G.

Robert Belcourt

Sponsors,

St. Joseph's Home

as appears from the Baptismal Register of Said Church.

De. J. J. J. 24th 19*64*

Fr. Joseph G. G. PASTOR

FEB. 5. 1964

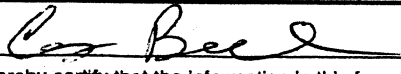
BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Conway		—		Belcourt		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	222	7401 poplar Drive		Grande Prairie	AB	T8V-5M7	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	25	05	1971	BIRTH CERTIFICATE ¹	1971-08-016535		
	Day	Month	Year		Number		
PLACE OF BIRTH	Beaverlodge AB			COUNTRY	Canada		
Telephone	780 830 3965		780-882-4051		Conwaybelcourt@hotmail.com		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	454-00312-01	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?
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	Maternal side of family is eligible to registered				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Kyle Belcourt / Gladys Kiersten Belcourt			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.	N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Registered with Indian Registry Stat no. 454-00312-01						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
MARITAL STATUS (check one)	Married	Single	<input checked="" type="checkbox"/> Divorced	Widowed	Common-Law	Other (Specify)	

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

RECEIVED MAR 0 5 2010

PARENTS INFORMATION												
NAME OF MOTHER			Marjorie Belcourt (nee Cardinal)			NAME OF FATHER			Gordon Belcourt			
DATE OF BIRTH			09 04 1945 Day Month Year			DATE OF BIRTH			06 01 1944 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			metis			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			454 0029901			
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			Box 583, Hwy. AB T04-2C0 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			Elisabeth Lovie			NAME OF MATERNAL GRANDFATHER			George Cardinal			
DATE OF BIRTH			22 03 1926 Day Month Year			DATE OF BIRTH			05 06 1921 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			She would have been eligible, Deceased			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			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			Adelaide Belcourt			NAME OF PATERNAL GRANDFATHER			Clarence Belcourt			
DATE OF BIRTH			20 2 1921 Day Month Year			DATE OF BIRTH			31 01 1921 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			 I 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		Feb 24/10	

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

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Conway		Middle Name(s)		Belcourt		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	222	7401 Poplar Dr.		Grande Prairie	AB	T8V5M7	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH				BIRTH CERTIFICATE ¹			
	Day	Month	Year		Number		
PLACE OF BIRTH				COUNTRY			
Telephone	17808303965	N/A	17808829051				
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER		ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?		DID YOU ENFRANCHISE?	<input 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 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.					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}							
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?							
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?		<input type="checkbox"/> YES <input 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

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



Alberta

BIRTH CERTIFICATE CERTIFICAT DE NAISSANCE



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

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

L. Beveridge
Laurie Beveridge
Director of Vital Statistics

REG 3413 (2008/91)

Surname
Nom **Belcourt**

Given Names
Prénoms **Conway**

Date of Birth
Date de naissance **May 25, 1971**

Place of Birth
Lieu de naissance **Beaverlodge**

Registration No.
N° d'enregistrement **1971-08-016535**

Registration Date
Date d'enregistrement **Jul 07, 1971**

Name of Mother
Nom de la mère **Cardinal, Marjorie**

Place of Birth
Lieu de naissance **Alberta**

Name of Father
Nom de père **Belcourt, Gordon**

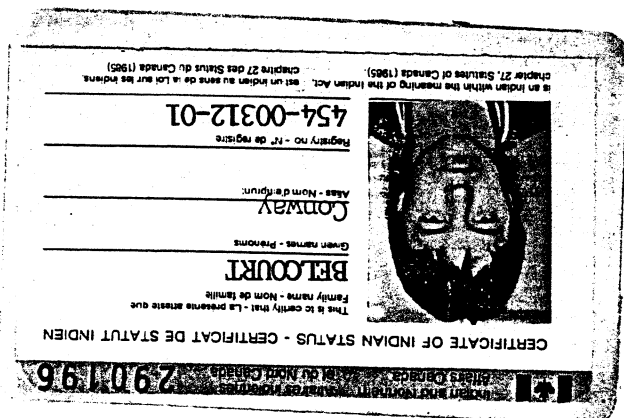
Place of Birth
Lieu de naissance **Alberta**

Sex
Sexe **M**

Date Issued
Délivré le **Feb 02, 2010**



A B 0 0 2 7 5 7 1 7



CERTIFICATE OF INDIAN STATUS - CERTIFICAT DE STATUT INDIEN

This is to certify that - La présente atteste que
 Family name - Nom de famille
BELCOURT
 Given names - Prénoms
Conway
 Alias - Nom d'emprunt
 Registry no. - N° de registre
454-00312-01

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



Date Issued Feb 02, 2010
 Délivré le



Sex M



Certified extract from
 Registration of Birth filed at
 Edmonton, Alberta, Canada.
 Extrait certifié conforme
 de l'enregistrement
 de naissance,
 Edmonton, Alberta, Canada.



L. Beveridge
 Laurie Beveridge
 Director of Vital Statistics

REG 3.113 (200801)

BIRTH CERTIFICATE
 CERTIFICAT DE NAISSANCE

Alberta



BIRTH
CERTIFICATE
CERTIFICAT
DE NAISSANCE



CANADA



IMPORTANT SECURITY INFORMATION

This certificate is a valuable foundation identity document. Theft or loss of this document could lead to identity theft or financial loss. This document:

- contains numerous security features for your protection;
- is irrevocable, if altered or laminated;
- should be stored in a secure place, and carried only when absolutely necessary.

This certificate has been issued under authority of the *Vital Statistics Act*. Use of this certificate is subject to the conditions of the Act. The certificate may be recalled, cancelled or invalidated in accordance with the Act.

RENSEIGNEMENTS IMPORTANTS SUR LA SECURITE

Ce certificat est un document d'identité de base très important. Le vol ou la perte de ce document peut entraîner une usurpation d'identité ou des pertes financières.

Ce document:

- compte de nombreux dispositifs de sécurité pour votre protection;
- devient nul s'il est modifié ou plastifié;
- doit être gardé dans un endroit sûr; ne le portez sur vous que si cela est absolument nécessaire.

Ce certificat a été délivré en vertu de la *Loi sur les statistiques de l'état civil* et son utilisation est régie par les conditions de cette Loi. Il peut être révoqué, annulé ou invalidé conformément à la Loi.


Date of birth - Date de naissance		May 25/71		Height - Grandeur		5' 6 1/2"		Weight - Poids		160 lb		Eyes - Yeux		Brown	
Sex - Sexe		male		Band - Bance				No - N°							
Holder's signature		[Signature]		Issuing officer's signature		[Signature]		Date of issue		Mar 1/93					
Signature de l'officier		[Signature]		Signature de l'officier		[Signature]		Date of issue		Mar 1/93					
Prior please return postage free to IMAC, Ottawa. Whenever possible, please return this document to the issuing office.															
83-4 (9-89) 7530-21-023-3673															
Ottawa, Canada K1A 0H4															
de post. au RMC, Ottawa. (Ottawa) Canada, K1A 0H4															

RECEIVED MAR 05 2010

RECEIVED MAR 11 2010 By Fax

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	Cormican			—			Belcourt		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	222 7401 poplar Drive			Grande Prairie			AB T8V-5M7 Canada		
	Ap/P.O. Box			Street Address			Town Prov Postal Code Country		
DATE OF BIRTH	25 05 1971			BIRTH CERTIFICATE ¹			1971-08-016535		
	Day Month Year						Number		
PLACE OF BIRTH	Beaverlodge AB			COUNTRY			Canada		
Telephone	780 830 3965			780-882-4051			Cormicanbelcourt@hotmail.com		
	Home Phone			Home Fax			Cell Phone Work Phone Email Address		
STATUS NUMBER	454-00312-01			ARE YOU MARRIED TO A BAND MEMBER?			IF YES, BAND NUMBER?		
	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.									
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS									
maternal side of family is eligible to registered									
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.									
Kyle Belcourt / Gladys Kiersten Belcourt									
DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.									
N/A									
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}									
Registered with Indian Registry Stat no. 454-00312-01									
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?									
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?									
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS									
MARITAL STATUS (check one)									
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Common-Law <input type="checkbox"/> Other (Specify)									

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

PARENTS INFORMATION												
NAME OF MOTHER			Marjorie Belcourt (nee Cardinal)			NAME OF FATHER			Gordon Belcourt			
DATE OF BIRTH			09 04 1945 Day Month Year			DATE OF BIRTH			06 01 1944 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Metis			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			454 002901			
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			Box 583, Hwy. AB 704-200 Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS						
IF DECEASED - DATE OF DEATH			Day Month Year			IF DECEASED - DATE OF DEATH			Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			Elisabeth Lavie			NAME OF MATERNAL GRANDFATHER			George Cardinal			
DATE OF BIRTH			22 03 1926 Day Month Year			DATE OF BIRTH			05 06 1921 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			She would have been eligible, Deceased			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			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			Adelaide Belcourt			NAME OF PATERNAL GRANDFATHER			Clarence Belcourt			
DATE OF BIRTH			20 2 1921 Day Month Year			DATE OF BIRTH			31 01 1921 Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE			 I 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		Feb 24/10	

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

Alberta

BIRTH CERTIFICATE
CERTIFICAT DE NAISSANCE



Certified extract from
Registration of Birth Vitals
Edmonton, Alberta, Canada

Brevet certifié d'extraits
de l'enregistrement
de naissance
Edmonton, Alberta, Canada

L. Beveridge
Laura Beveridge
Director of Vital Statistics

Surname
Nom **Belcourt**

Given Names
Prénoms **Conway**

Date of Birth
Date de naissance **May 25, 1971**

Place of Birth
Lieu de naissance **Beaverlodge**

Registration No.
N° d'enregistrement **1971-08-016535**

Registration Date
Date d'enregistrement **Jul 07, 1971**

Name of Mother
Nom de la mère **Cardinal, Marjorie**

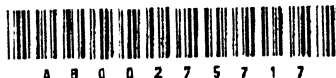
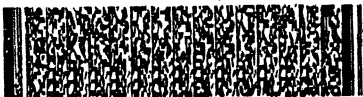
Place of Birth
Lieu de naissance **Alberta**

Name of Father
Nom de père **Belcourt, Gordon**

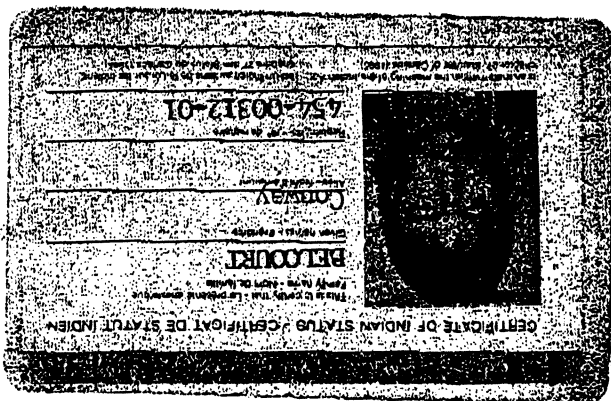
Place of Birth
Lieu de naissance **Alberta**

Sex
Sexe **M**

Date issued
Délivré le **Feb 02, 2010**



A B 0 0 2 7 5 7 1 7



BIRTH
CERTIFICATE
CERTIFICAT
DE NAISSANCE



CANADA

IMPORTANT SECURITY INFORMATION

This certificate is a verifiable non-union identity document. Theft or loss of this document could lead to identity theft or financial loss. This document:

- contains numerous security features for your protection;
- is invalid if altered or tampered with;
- should be stored in a secure place and carried only when absolutely necessary.

This certificate has been issued under authority of the *Vital Statistics Act*. Use of this certificate is subject to the conditions of the Act. The certificate may be recalled, suspended or invalidated in accordance with the Act.

RENSEIGNEMENTS IMPORTANTS SUR LA SÉCURITÉ

Ce certificat est un document d'identité de base très important. Le vol ou la perte de ce document peut entraîner une usurpation d'identité ou des pertes financières.

Ce document :

- compte de nombreux dispositifs de sécurité pour votre protection;
- devient nul s'il est modifié ou falsifié;
- doit être gardé dans un endroit sûr et ne le porter que si cela est absolument nécessaire.

Ce certificat a été délivré en vertu de la *Loi sur les statistiques de l'État* et son utilisation est régie par les conditions de cette loi. Il peut être révoqué, annulé ou invalidé conformément à la loi.

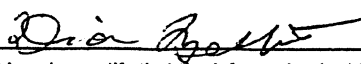
Name - Nom de naissance MAY 25/71		Sex - Sexe Male	
Date of Birth - Date de naissance MAY 25/71		Date of Issue - Date de délivrance MAY 1/93	
Signature <i>James Brown</i>		Signature of Registrar <i>[Signature]</i>	
Address - Adresse 160 16 BROWN		City - Ville BROWN	

BENEFICIARY APPLICATION FORM									
PERSONAL INFORMATION									
NAME	DION			WAYNE			BELCOURT		
	First Name(s)			Middle Name(s)			Last Name(s)		
MAILING ADDRESS	583	HYTHE			HYTHE		ALTA	TOH-200	CAN
	Apt/P.O. Box	Street Address			Town		Prov	Postal Code	Country
DATE OF BIRTH	16	09	67	BIRTH CERTIFICATE ¹		Number			
	Day	Month	Year						
PLACE OF BIRTH	Nykuspa, B.C.				COUNTRY				
Telephone	280-505-0127	280-505-0127							
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address				
STATUS NUMBER	45400	ARE YOU MARRIED TO A BAND MEMBER?		<input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	DID YOU ENFRANCHISE?	<input 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.		N/A							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 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.		BRADEN BELCOURT KALLY BELCOURT TYLOR CAROLAN			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A		
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	REGISTERED WITH THE INDIAN REGISTRY STATUS-NO- 454-0031301								
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 checked="" type="checkbox"/> Common-Law	Other (Specify)			

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

Dion Belcourt

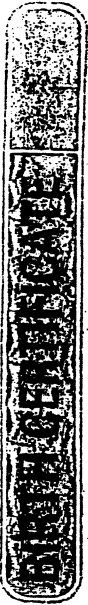
¹ A copy of the certificate of birth or baptism must be produced with the application. If no certificate is available, then applicants must produce an affidavit

PARENTS INFORMATION												
NAME OF MOTHER			Marjorie Belcourt			NAME OF FATHER			Gordon Belcourt			
DATE OF BIRTH			09 04 1945			DATE OF BIRTH			06 01 1944			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Status Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			metis			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?			<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			IF YES, WHAT IS HER BAND NUMBER?			4540029901			
DID YOUR MOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
ADDRESS			Box 583, Hythe, AB T0H 2C0			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			20 11 2006			
			Day Month Year						Day Month Year			
GRANDPARENTS INFORMATION												
NAME OF MATERNAL GRANDMOTHER			ELISA Beth Loyie			NAME OF MATERNAL GRANDFATHER			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 ^{2,3}			She would have been eligible - Deceased			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			Big Stone Cree Nation			
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			A Delaibe Belcourt			NAME OF PATERNAL GRANDFATHER			Clarence Belcourt			
DATE OF BIRTH			1921			DATE OF BIRTH			01 1921			
			Day Month Year						Day Month Year			
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}						
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?			<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			IF YES, WHEN AND IN WHICH CATEGORY?						
SIGNATURE									DATE		Jan 22 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



BRITISH COLUMBIA



Certified extract from
Registration of Births
final - British Columbia,
Canada

J. Sturges
Registrar General
Vital Statistics Agency

VSA 624045

BIRTH CERTIFICATE

Surname	BELCOURT	Sex	MALE
Given Name(s)	DION WAYNE		
Date of Birth	SEP 16, 1967		
Place of Birth	NAKUSP		
Registration Number	1967-59-024045		
Date of Registration	SEP 30, 1967	Date of Issue	FEB 12, 2010
Name of Parent	CARDINAL, MARJORIE		
Birthplace of Parent	ALBERTA, CANADA		
Name of Parent	BELCOURT, GORDON		
Birthplace of Parent	ALBERTA, CANADA		



B C 0 0 3 2 5 7 5 9



BENEFICIARY APPLICATION FORM

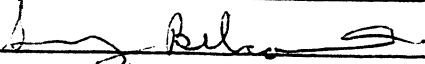
PERSONAL INFORMATION

NAME	GARRY		CHUCK		BELCOURT				
	First Name(s)		Middle Name(s)		Last Name(s)				
MAILING ADDRESS	45	9700-18 th ST		D. CREEK	BC	V1G 5A4	CAN		
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country		
DATE OF BIRTH	8	3	1969	BIRTH CERTIFICATE ¹	B032778/69-09-006104				
	Day	Month	Year						
PLACE OF BIRTH	NAKUSP, BC			COUNTRY	CANADA				
Telephone	250-782-1055		250-228-6573		belcourtgarry@live.ca				
	Home Phone	Home Fax	Cell Phone	Work Phone					
STATUS NUMBER	454	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES	IF YES, BAND NUMBER?	N/A	DID YOU ENFRANCHISE?	<input type="checkbox"/> YES	IF YES, WHEN, WHICH CATEGORY?	N/A
	00315-01		<input checked="" type="checkbox"/> NO				<input checked="" type="checkbox"/> NO		
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.		JOSHUA McDONALD SHAYNE HONMY		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		N/A			
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}		REGISTERED WITH THE INDIAN REGISTRY STATUS NO. 454 -00315-01 454							
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS						
MARITAL STATUS (check one)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)		
	Married	Single	Divorced	Widowed	Common-Law				

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

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

(nee CARDINAL)

PARENTS' INFORMATION							
NAME OF MOTHER	MARJORIE BELCOURT			NAME OF FATHER	GORDON BELCOURT		
DATE OF BIRTH	09	04	1945	DATE OF BIRTH	06	01	1944
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Bill C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	METIS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?	454002901	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	Box 583, HYTHE, AB T0H 2C0 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	20	11	2006
	Day	Month	Year		Day	Month	Year
GRANDPARENTS' INFORMATION							
NAME OF MATERNAL GRANDMOTHER	ELISABETH LOYIE			NAME OF MATERNAL GRANDFATHER	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 ^{2,3}	SHE WOULD HAVE BEEN ELIGIBLE - DECEASED			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	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	JOSEPHINE ADELAIDE BELCOURT			NAME OF PATERNAL GRANDFATHER	CLARENCE MAEL BELCOURT		
DATE OF BIRTH	20	2	1921	DATE OF BIRTH	03	1	1921
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE						DATE	Jan 22/2010
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

CANADA

BRITISH COLUMBIA

CERTIFICATE OF BIRTH

MINISTRY OF HEALTH — Division of Vital Statistics

B0327798

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 GARRY CHUCK BELCOURT

Date of Birth MAR 08, 1969

Sex MALE

Place of Birth NAKUSP

Date of Registration MAR 15, 1969

Registration No. 69-09-006104

Name of Father GORDON BELCOURT

Birthplace of Father ALBERTA, CANADA

Maiden Name of Mother MA RJ ORIE CARDINAL

Birthplace of Mother ALBERTA, CANADA

Given under my hand at Victoria, British Columbia

this 11 day of FEB, 1992



Director of Vital Statistics

HLTH 434 (REV. 83/12)


BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	GORDON <small>First Name(s)</small>		CHRISTOPHER <small>Middle Name(s)</small>		BELCOURT <small>Last Name(s)</small>		
MAILING ADDRESS	583 <small>Apt/P.O. Box</small>			HYTHE <small>Town</small>	ALTA <small>Prov</small>	T0H2C0 <small>Postal Code</small>	CANADA <small>Country</small>
DATE OF BIRTH	11 <small>Day</small>	1963 <small>Month</small>	1963 <small>Year</small>	BIRTH CERTIFICATE ¹		63-09-024566 <small>Number</small>	
PLACE OF BIRTH	DAWSON CREEK			COUNTRY		B.C.	
Telephone	780-882-6168 <small>Home Phone</small>						
STATUS NUMBER	454 0031401	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.		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.	STERLING BELCOURT JAMIE BELCOURT			DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		NO	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	REGISTERED WITH THE INDIAN REGISTRY STATUS NO. 454 0031401						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	ACCEPTED REGISTERED WITH INDIAN REGISTRY + FAMILY HISTORY CONNECTED TO SAWRIDGE INDIAN BAND ON MATERAL 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	Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION									
NAME OF MOTHER		MARGORIE BELCOURT			NAME OF FATHER		GORDON BELCOURT		
DATE OF BIRTH		09 04 1945 Day Month Year			DATE OF BIRTH		06 01 1944 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		STATUS BILL-C-31			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		METIS		
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		4540029901		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 type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?				DID YOUR FATHER ENFRANCHISE?		<input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS		BOX 583 HYTHE ALTA Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country T0H 2C0			ADDRESS				
IF DECEASED - DATE OF DEATH					IF DECEASED - DATE OF DEATH		20 11 2006 Day Month Year		
GRANDPARENTS INFORMATION									
NAME OF MATERNAL GRANDMOTHER		(NEELOVIE) ELIZABETH CARDINAL			NAME OF MATERNAL GRANDFATHER		GEORGE CARDINAL		
DATE OF BIRTH		22 03 1926 Day Month Year			DATE OF BIRTH		05 06 1921 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		SHE WAS ELISIBLE DECEASED			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		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
NAME OF PATERNAL GRANDMOTHER		(NEE CAMPBELL) ADELAIDE BELCOURT			NAME OF PATERNAL GRANDFATHER		CLARENCE BELCOURT		
DATE OF BIRTH		20 02 1921 Day Month Year			DATE OF BIRTH		31 01 1921 Day Month Year		
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		METIS			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}		METIS		
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		Jan 22 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

CANADA

BRITISH COLUMBIA

MINISTRY OF HEALTH — Division of Vital Statistics

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: GORDON, CHRISTOPHER
Date of Birth: AUG 11, 1963
Place of Birth: DAWSON, CREEK
Date of Registration: SEP 05, 1963

Name of Father: GORDON, BEL COURT
Birthplace of Father: ALBERTA, CANADA
Maiden Name of Mother: WARRIOR, CARDINAL
Birthplace of Mother: ALBERTA, CANADA

HLTH 434 (REV. 83/12)

CERTIFICATE OF BIRTH

B0328337

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: GORDON, CHRISTOPHER
Date of Birth: AUG 11, 1963
Place of Birth: DAWSON, CREEK
Date of Registration: SEP 05, 1963

Sex: MALE

Registration No. 63-09-024566

Given under my hand at Victoria, British Columbia

this 21 day of FEB 1992

R. J. J. J.
Director of Vital Statistics

ENTERED JUL 26 2010

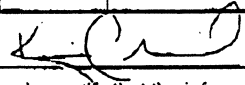
BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Kieran		Trevor		Cardinal		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	6	ARBOUR CREST HTS NW		CALGARY	AB	T3G 4V3	CANADA
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	20	MARCH		1985	BIRTH CERTIFICATE ¹ 1985-08-009653		
	Day	Month		Year	Number		
PLACE OF BIRTH	FORT McMURRAY ALBERTA			COUNTRY	CANADA		
Telephone	N/A	N/A	403-993-9256	403-477-2112	kerry@beyond.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address		
STATUS NUMBER	454 0041201	ARE YOU MARRIED TO A BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, BAND NUMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DID YOU ENFRANCHISE?	IF YES, WHEN, WHICH CATEGORY?
IF YOU ENFRANCHISED UNDER THE INDIAN ACT, PROVIDE DETAILS INCLUDING SHARE OF PER CAPITA MONIES RECEIVED.							
ARE YOU DESCENDED FROM, MARRIED TO OR ADOPTED BY ONE OF THE ORIGINAL SAWRIDGE TREATY 8 SIGNATORIES?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS					
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.			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	BAND MEMBER						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST-BENEFICIARY?	CONFIRMED BLOODLINE						
HAVE YOU OR YOUR ANCESTORS LIVED ON THE SAWRIDGE LANDS INCLUDING POST TREATY LANDS SET ASIDE FOR THE EXCLUSIVE USE OF THE SAWRIDGE BAND?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PROVIDE DETAILS	ANCESTORS, NOT MYSELF				
MARITAL STATUS (check one)	<input type="checkbox"/> Married	<input checked="" type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION							
NAME OF MOTHER	Pamela Masuda			NAME OF FATHER	Arnell Twinn		
DATE OF BIRTH	11	05	1968	DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Band 1			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
IS YOUR MOTHER A SAWRIDGE BAND MEMBER?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHAT IS HER BAND NUMBER?		IS YOUR FATHER A SAWRIDGE BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, WHAT IS HIS BAND NUMBER?	
DID YOUR MOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR FATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
ADDRESS	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	Rose Masuda			NAME OF MATERNAL GRANDFATHER	Bob Masuda		
DATE OF BIRTH	06	08	1948	DATE OF BIRTH	04	05	1941
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH	Bigstone (458 032 49-01) Band Member			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	N/A		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	N/A	DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	N/A
NAME OF PATERNAL GRANDMOTHER				NAME OF PATERNAL GRANDFATHER	Walter Twinn		
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
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 26/10
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

RECEIVED FEB 23 2008

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Sheena		Lee		Cardinal	
	First Name(s)		Middle Name(s)		Last Name(s)	
MAILING ADDRESS	9601 69 ave		Grand Prairie		AB	T8V 5E3 Canada
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country
DATE OF BIRTH	14 July 1986		BIRTH CERTIFICATE ¹		1986-59-021052	
	Day	Month	Year	Number		
PLACE OF BIRTH	Dawson Creek, B.C.		COUNTRY		Canada	
Telephone	780-357-1903				mana_bean@live.ca	
	Home Phone	Home Fax	Cell Phone	Work Phone	Email Address	
STATUS NUMBER	454	Common law ARE YOU MARRIED TO A BAND MEMBER?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, BAND NUMBER?	446-00649-01	DID YOU ENFRANCHISE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	00926-01					IF YES, WHEN, WHICH CATEGORY? NA
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.	Ronin Auger		DID YOU SUBSEQUENTLY RE-MARRY TO ANOTHER PERSON? IF YES, DETAIL NAMES OF CHILDREN AND SPOUSE.		No.	
YOUR STATUS UNDER INDIAN ACT OR PAY LIST AT TIME OF APPLICATION ^{2,3}	Registered with the Indian Registry Status no. 454-00926-01					
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)	Married	Single	Divorced	Widowed	<input checked="" type="checkbox"/> Common-Law	Other (Specify)

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

¹ A conv 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	Donna Darlene Regner			NAME OF FATHER	Dale Bernard Cardinal		
DATE OF BIRTH	23	December	1963	DATE OF BIRTH	02	August	1953
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	N/A			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Bill C-31		
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?	4540029701
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	Grundy, AB Apt/ P.O. Box, Street Address, Town, Province, Postal Code, Country			ADDRESS	Canada. Box 591 Dawson Creek B.C. V1G 4H4 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 Loyie			NAME OF MATERNAL GRANDFATHER	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 ^{2,3}	She would have been eligible - Deceased.			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Big Stone Cree Nation		
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 checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER				NAME OF PATERNAL GRANDFATHER			
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input 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	Sharon Cardinal					DATE	Feb 21/10.
I hereby certify that the information in this form is true and correct. I give permission to Sawridge Trusts to share this information with those who need it to determine my status as a beneficiary.							

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

MAIL APPLICATION AND DOCUMENTS TO:

Sawridge Trusts
801, 4445 Calgary Trail NW

CANADA
BRITISH COLUMBIA

**CERTIFICATE
OF BIRTH**

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

11354193

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 **SHEENA LEE CARDINAL**

Date of Birth **JULY 14, 1986**

Sex **FEMALE**

Place of Birth **DAWSON CREEK**

Date of Registration **JULY 28, 1986**

Registration No. **1986-59-021052**

Name of Father **DALE BERNARD CARDINAL**

Birthplace of Father **ALBERTA, CANADA**

Maiden Name of Mother **DONNA DARLENE REGNER**

Birthplace of Mother **ALBERTA, CANADA**

Given under my hand at Victoria, British Columbia

this 17TH day of MARCH, 1988

HLTH 434 (REV 91/11)

R. J. Mendenhall
Director of Vital Statistics

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Sheena		Lee		Cardinal		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	9601 69 ave Grande Prairie AB T8V 5E3 Canada						
	Apt/P.O. Box	Street Address	Town	Prov	Postal Code	Country	
DATE OF BIRTH	14	07	1986	BIRTH CERTIFICATE ¹	Number		
	Day	Month	Year				
PLACE OF BIRTH	Dawson Creek			COUNTRY			
Telephone	780-357-1903				mama_bean@live.ca		
	Home Phone	Home Fax	Cell Phone	Work Phone			
STATUS NUMBER	454 00297 02	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	Maternal side of family is Eligible				
IF MARRIED, DID YOUR MARRIAGE PRODUCE AND CHILDREN? IF YES, DETAIL NAMES OF CHILDREN.	Ronin Hunter 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 ^{2,3}	Not Registered (pending) Registered with in progress Indian Status No. 45400297-02						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	Family History Connected to Sawridge can 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)	Married	Single	Divorced	Widowed	<input checked="" type="checkbox"/> Common-Law	Other (Specify)	

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

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

CANADA
BRITISH COLUMBIA

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

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 SHEENA LEE CARDINAL

Date of Birth JULY 14, 1986

Place of Birth DAWSON CREEK

Date of Registration JULY 28, 1986

Name of Father DALE BERNARD CARDINAL

Birthplace of Father ALBERTA, CANADA

Maiden Name of Mother DONNA DARLENE REGNER

Birthplace of Mother ALBERTA, CANADA

Registration No. 1986-59-021052

Sex FEMALE

Given under my hand at Victoria, British Columbia

this 17TH day of MARCH, 1998

R. M. [Signature]
Director of Vital Statistics

HLTH 434 (REV 91/11)

1135541E3

BENEFICIARY APPLICATION FORM

PERSONAL INFORMATION

NAME	Owen		Louis		Cardinal		
	First Name(s)		Middle Name(s)		Last Name(s)		
MAILING ADDRESS	Box 591			Dawson Creek	BC	V1G4H4	Canada
	Apt/P.O. Box	Street Address		Town	Prov	Postal Code	Country
DATE OF BIRTH	26	Aug	1964	BIRTH CERTIFICATE ¹	64-09-025875		
	Day	Month	Year				
PLACE OF BIRTH	Prince George BC			COUNTRY	Canada		
Telephone	250						
	782-5694						
	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?
	00296 01						
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.	Debra Williams Kayla Williams Brett Williams			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}	454-00296-01						
WHY DO YOU FEEL YOU ARE ELIGIBLE AS A TRUST BENEFICIARY?	My mother Elizabeth Loyie 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	<input checked="" type="checkbox"/> Single	Divorced	Widowed	Common-Law	Other (Specify)	

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

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

PARENTS INFORMATION

NAME OF MOTHER	Elisabeth Loyie			NAME OF FATHER	George Cardinal		
DATE OF BIRTH	27	03	1926	DATE OF BIRTH	05	06	1921
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	Sawridge Indian Band			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	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?		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	25	June	1984	IF DECEASED - DATE OF DEATH	13	May	2009
	Day	Month	Year		Day	Month	Year

GRANDPARENTS INFORMATION

NAME OF MATERNAL GRANDMOTHER	FLAmine Ward			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 ^{2,3}	?			STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}	?		
DID YOUR MATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR MATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
NAME OF PATERNAL GRANDMOTHER	Josephine Letendre			NAME OF PATERNAL GRANDFATHER	Olivier Cardinal		
DATE OF BIRTH				DATE OF BIRTH			
	Day	Month	Year		Day	Month	Year
STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}				STATUS UNDER INDIAN ACT OR PAY LIST AT BIRTH ^{2,3}			
DID YOUR PATERNAL GRANDMOTHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?		DID YOUR PATERNAL GRANDFATHER ENFRANCHISE?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	IF YES, WHEN AND IN WHICH CATEGORY?	
SIGNATURE	Olivier Cardinal					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 — Division of Vital Statistics

60230149

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 OWEN LOUIS CARDINAL

Date of Birth AUGUST 26, 1964

Sex MALE

Place of Birth PRINCE GEORGE

Date of Registration SEPTEMBER 25, 1964

Registration No. 64-09-025875

Name of Father GEORGE CARDINAL

Birthplace of Father WABASCA, ALBERTA

Maiden Name of Mother ELIZABETH LOYIE

Birthplace of Mother DRIFTPILE, ALBERTA

Given under my hand at Victoria, British Columbia

this 24TH day of APRIL

1991

HLTH 434 (REV. 83/12)

R. M. Anderson
Director of Vital Statistics