

**RESOLUTION OF THE
WHITE MOUNTAIN APACHE TRIBE OF THE
FORT APACHE INDIAN RESERVATION**

- WHEREAS,** Van Johnson has dual membership with the White Mountain Apache Tribe and the Tonto Apache Tribe; and
- WHEREAS,** the White Mountain Apache Tribe prohibits dual enrollment according to Section 1-601 of the Membership Ordinance; and
- WHEREAS,** Van Johnson has requested that his tribal membership with the White Mountain Apache Tribe be relinquished in order to maintain his tribal enrollment with the Tonto Apache Tribe; and
- WHEREAS,** the necessary documents of relinquishment of headrights have been read and signed by Van Johnson in the presence of a Notary Public on the 13th day of September, 1993 and are attached hereto.

BE IT RESOLVED by the Tribal Council of the White Mountain Apache Tribe that it hereby grants the relinquishment of Van Johnson as a member of the White Mountain Apache Tribe.

The foregoing resolution was on October 20, 1993, duly adopted by a vote of six for and zero against by the Tribal Council of the White Mountain Apache Tribe, pursuant to authority vested in it by Article III, Section 3 of the Amended Constitution and Bylaws of the Tribe, ratified by the Tribe June 27, 1958, and approved by the Secretary of the Interior on May 29, 1958, pursuant to Section 16 of the Act of June 18, 1934 (48 Stat. 984).

RECEIVED

NOV 15 1993

FORT APACHE INDIAN RESERVATION
MEMBERSHIP SECTION


Chairman of the Tribal Council


Secretary of the Tribal Council

RELINQUISHMENT OF TRIBAL HEADRIGHTS
WHITE MOUNTAIN APACHE TRIBE
FORT APACHE INDIAN RESERVATION

I, VAN JOHNSON, an enrolled member of the WHITE MOUNTAIN APACHE TRIBE, do hereby of my own free will, as an adult over the age of eighteen years, voluntarily and with full knowledge of making this decision, request the TRIBAL COUNCIL of the WHITE MOUNTAIN APACHE TRIBE, FORT APACHE INDIAN RESERVATION, WHITERIVER, ARIZONA, to remove me from the Tribal Census Rolls of the White Mountain Apache Tribe to enable me to enroll with the

TONTON APACHE TRIBE

RAYSON, AZ.

Further, I realize that once my relinquishment is accepted by Tribal Council Resolution, it will be total and irrevocable, I will no longer have fishing or hunting privileges on the Fort Apache Indian Reservation; no rights to homesite or farmland assignments, claim or title to any resources of the WHITE MOUNTAIN APACHE TRIBE, or monies distributed pursuant to Judgment under the Indian Claims Commission Act. Further, that I must remove from the Fort Apache Indian Reservation within ninety (90) days after the resolution date accepting my relinquishment, all my livestock and personal property.

NAME: VAN JOHNSON DATE OF BIRTH: 8/27/46
SOCIAL SECURITY NO: 526-68-8514 IDENTIFICATION NO: _____
DEGREE OF INDIAN BLOOD: _____ 4/4

PARENTS: Father: JUSTIN JOHNSON (deceased) Degree of Indian Blood: 4/4
Mother: MAE JOHNSON (deceased) Degree of Indian Blood: 4/4

Guardian: _____

Signature: [Signature] Date: Sept. 13, 1993

Address: TONTON APACHE Res. #10 RAYSON, AZ. 85541

SUBSCRIBED AND SWORN to before me, the undersigned Notary Public, this 13th day of Sept, 1993.



[Signature]
Notary Public

My Commission Expires: _____

ATTEST:

[Signature]
Chairman, WHITE MOUNTAIN APACHE TRIBE

DATE: _____

for [Signature]
Secretary, WHITE MOUNTAIN APACHE TRIBE

DATE: 7 Nov. 10, 1993

The foregoing request was approved by RESOLUTION NO. 10-93-267
on October 20, 1993, at a (SPECIAL) (REGULAR) meeting of the
TRIBAL COUNCIL OF THE WHITE MOUNTAIN APACHE TRIBE.

[Signature]
DIRECTOR OF VITAL RECORDS

DATE: _____

CERTIFICATION

FULL NAME: _____ DATE: _____

OTHER NAMES YOU HAVE USED: _____

POSITION APPLYING FOR: _____

DEPARTMENT: _____

PERSONAL INFORMATION

Driver's License Number: _____ State: _____

Social Security Number: _____ Date of Birth: _____

Sex: Male Female

EDUCATION AND TRAINING (List most recent first)

School Name	Complete Address including phone #	Dates Attended mo/yr to mo/yr	Highest Grade Completed	Degree Date Received

(If additional space is needed, use extra paper)

EMPLOYMENT HISTORY (List most recent first)

Employer Name	Complete Address including phone #	Immediate Supervisor	Job Title	Start/Ending Date mo/yr to mo/yr	Reason for Leaving

(If additional space is needed, use extra paper)