

MAR 05 2024

Date

**PASSED**

RESOLUTION NO. 110 (2024)

*A resolution for the Estate of Rebecca Owl Boyum-Allen.*

WHEREAS, Rebecca Owl Boyum-Allen (deceased April 6, 2020), enrolled member of the Eastern Band of Cherokee Indians left a Last Will and Testament, dated July 29, 2010; and

WHEREAS, William Boyum qualified as the Executor of the estate of Rebecca Owl Boyum-Allen in Cherokee Court Estate File No. 20-059; and

WHEREAS, the Tribal Realty Office has examined the deceased's Will, the records on file regarding the deceased's possessory holdings in Tribal trust land, and other documents, and has written this resolution so that Tribal Council may confirm the Last Will and Testament of the deceased and to provide for the distribution of the deceased's possessory holdings to their eligible heirs; and

NOW, THEREFORE, BE IT RESOLVED by the Eastern Band of Cherokee Indians in Council Assembled, at which a quorum is present that the Tribal Council of the Eastern Band of Cherokee Indians does hereby confirm the Last Will and Testament of Rebecca Owl Boyum-Allen dated July 29, 2010.

BE IT FURTHER RESOLVED that **Birdtown Community Parcel No. 752 (Remainder of Parcel No. 711)**, containing 1.440 acres, more or less, together with all improvements located thereon, be assigned to George Peter Boyum (enrolled), subject to Life Estate for Thann Rebecca Boyum (enrolled).

BE IT FURTHER RESOLVED that a 1/5<sup>th</sup> **UNDIVIDED INTEREST** in **Upper Cherokee Community Parcel No. 436 (Part of Parcel No. 29)**, containing 6.003 acres, more or less, be assigned to William Mark Boyum (enrolled).

BE IT FURTHER RESOLVED that a 1/30<sup>th</sup> **UNDIVIDED INTEREST** in **Upper Cherokee Community Parcel No. 494 (Part of Parcel No. 374)**, containing 10.304 acres, more or less, be assigned to William Mark Boyum (enrolled).

BE IT FURTHER RESOLVED that **Upper Cherokee Community Parcel No. 438 (Part of Parcel No. 29)**, containing 6.023 acres, more or less, be assigned to William Mark Boyum (enrolled).

BE IT FURTHER RESOLVED that the rest, remainder and residue of any possessory holdings in the estate shall be assigned to George Peter Boyum (enrolled), Thann Rebecca Boyum (enrolled), and William Mark Boyum (enrolled) as stated in the residuary clause of the will.

BE IT FINALLY RESOLVED that the Tribal Business Committee and the Tribal Realty Services are hereby authorized to carry out the intent of this resolution.

*Submitted by: Kaila Cucumber, Land Records Specialist, on behalf of Tribal Realty Services.*

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ADDRESSES

- George Peter Boyum  
RR#5904  
2525 Neal Ct. N.  
Stillwater, MN 55082
- Thann Rebecca Boyum  
RR#5911  
2662 Chesnee Road  
Columbus, North Carolina 28722
- William Mark Boyum  
RR#5926  
56 Contesky Drive  
Cherokee, North Carolina 28719

EASTERN BAND OF CHEROKEE INDIANS

File No. EST 20-059

Cherokee, North Carolina

EBCI  
CHEROKEE TRIBAL COURT  
CHEROKEE, NC

In The Cherokee Court  
Before the Clerk

IN THE MATTER OF THE ESTATE OF:

Name Rebecca Boyum-Allen 2020 AUG -7 P 2:12

LETTERS

FILED

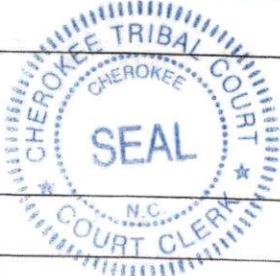
G.S. 28A-6-1; 28A-6-3; 28A-11-1; 36C-2-209 (as adopted and interpreted by the C.C.)

The Court in the exercise of its jurisdiction of the probate of wills and the administration of estates, and upon application of the fiduciary, has adjudged legally sufficient the qualification of the fiduciary named below and orders that Letters be issued in the above estate.

The fiduciary is fully authorized by the laws of The Eastern Band of Cherokee Indians to receive and administer all of the assets belonging to the estate, and these Letters are issued to attest to that authority and to certify that it is now in full force and effect.

Witness my hand and the Seal of the Cherokee Court.

Name And Address Of Fiduciary 1 William Boyum 56 Contasky Drive Cherokee, NC 28719	Date Of Qualification 8-7-20
Title Of Fiduciary 1 Executor	Clerk Of Court K. DENISE HALLAUER-FOX
Name And Address Of Fiduciary 2	EX OFFICIO JUDGE OF PROBATE
Title Of Fiduciary 2	Date Of Issuance 8-7-20 Signature <i>Amy M Vasquez</i> <input checked="" type="checkbox"/> Deputy Clerk <input type="checkbox"/> Assistant Clerk <input type="checkbox"/> Clerk Of Court



SEAL

NOTE: This letter is not valid without the official seal of the Clerk of the Cherokee Court.

EBCI-E-403, Rev 7/06

**STATE OF NORTH CAROLINA**  
**CERTIFICATION OF VITAL RECORD**

**RUTHERFORD COUNTY**  
**OFFICE OF REGISTER OF DEEDS**

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES  
N.C. VITAL RECORDS

**CERTIFICATE OF DEATH**

REGISTRATION DISTRICT NO. <b>081-00</b>		LOCAL NO.	COUNTY OF DEATH <b>Rutherford</b>	STATE FILE NO.
DECEDENT'S LEGAL NAME				
1a. FIRST <b>Rebecca</b>	1b. MIDDLE <b>aka</b>	1c. LAST <b>Boyum-Allen</b>	1d. SUFFIX	1e. LAST NAME PRIOR TO FIRST MARRIAGE <b>Owl</b>
2. SEX <b>F</b>	3a. AGE- LAST BIRTHDAY (Yrs) <b>96</b>	3b. UNDER 1 YEAR Months Days Hours Minutes	3c. UNDER 1 DAY Hours Minutes	4. DATE OF BIRTH (Month/Day/Year) <b>04/27/1923</b>
5. BIRTHPLACE (County/State or Foreign Country) <b>Swain, NC</b>			6. DATE OF DEATH (Month/Day/Year) <b>04/06/2020</b>	
7a. IF DEATH OCCURRED IN A HOSPITAL <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA <input type="checkbox"/> Hospice facility <input checked="" type="checkbox"/> Nursing home/Long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify)				
7b. IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL <input type="checkbox"/> Facility name (if not institution, give street and number) <b>Holly Springs ALF Facility</b>				
7c. CITY OR TOWN <b>Rutherfordton</b>		7d. COUNTY OF DEATH <b>Rutherford</b>		
8. MARITAL STATUS <input type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE (Give name prior to first marriage) <b>Teacher</b>		10a. DECEDENT'S USUAL OCCUPATION (Do not use retired) <b>Teacher</b>
10b. KIND OF BUSINESS/INDUSTRY <b>Job Corps</b>		11. SOCIAL SECURITY NUMBER		
12a. RESIDENCE-STATE OR FOREIGN COUNTRY <b>NC</b>		12b. COUNTY <b>Rutherford</b>		12c. CITY OR TOWN <b>Rutherfordton</b>
12d. STREET AND NUMBER <b>1881 Big Island Rd</b>		12e. INSIDE CITY LIMITS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		12f. ZIP CODE <b>28139</b>
13. WAS DECEDENT EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		14. DECEDENT'S EDUCATION (Check the box that best describes the highest degree or level of school completed at the time of death) <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th-12th grade, no diploma <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input checked="" type="checkbox"/> Bachelor's degree (e.g., BA, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSw, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		
15. DECEDENT OF HISPANIC ORIGIN? (Check the box that best describes whether the decedent is Spanish/Hispanic/Latino. Check the "No" box if decedent is not Spanish/Hispanic/Latino) <input checked="" type="checkbox"/> No, not Spanish/Hispanic/Latino <input type="checkbox"/> Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> Yes, Puerto Rican <input type="checkbox"/> Yes, Cuban <input type="checkbox"/> Yes, other Spanish/Hispanic/Latino (Specify)		16. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input checked="" type="checkbox"/> American Indian or Alaska Native (Name of the enrolled or principal tribe) <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Asian Indian <input type="checkbox"/> Japanese <input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Filipino <input type="checkbox"/> Vietnamese		
17. FATHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <b>George Allen Owl</b>		18. MOTHER/PARENT NAME (First, Middle, Last) (Last Name Prior to First Marriage) <b>Rebecca (Pond)</b>		
19a. INFORMANT'S NAME <b>William Boyum</b>		19b. RELATIONSHIP TO DECEDENT <b>Son</b>		19c. MAILING ADDRESS (Street and Number, City, State, Zip Code) <b>117 Dorchester Avenue, Asheville, NC 28806</b>
20a. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>Appalachian Crematorium</b>		20c. LOCATION (City or town and State) <b>Sylva, NC</b>
21a. SIGNATURE OF FUNERAL DIRECTOR <i>Anna M.../s/</i>		21b. LICENSE NUMBER <b>FS-2771</b>		21c. NAME OF EMBALMER <b>Not Embalmed</b>
21d. LICENSE NUMBER		22. NAME AND ADDRESS OF FUNERAL HOME <b>Long House Funeral Home Inc., 407 Wolftown Rd., Cherokee, NC 28719</b>		
23. PART I. Enter the chain of events (diseases, injuries or complications) that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology on lines b, c and/or d. Enter only one cause on a line. DO NOT ABBREVIATE. Approximate Interval: Onset to death				
IMMEDIATE CAUSE (Final disease or condition resulting in death) a. <i>Chronic obstructive pulmonary disease</i> Due to (or as a consequence of)				
b. _____ Due to (or as a consequence of)				
c. _____ Due to (or as a consequence of)				
d. _____ Due to (or as a consequence of)				
PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in PART I.				
24a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		24b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> No		
25. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending <input type="checkbox"/> Suicide <input type="checkbox"/> Cannot be determined		26a. WAS CASE REFERRED TO MEDICAL EXAMINER? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		26b. IF YES <input type="checkbox"/> Declined by Medical Examiner
27. TIME OF DEATH (Approximate) <b>9:30pm</b>		28. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Probably <input type="checkbox"/> No <input type="checkbox"/> Unknown		29. IF FEMALE: <input type="checkbox"/> Pregnant at time of death <input checked="" type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year
30. DATE PRONOUNCED (Month/Day/Year)		31a. DATE OF INJURY (Month/Day/Year)		31b. TIME OF INJURY
31c. INJURY AT WORK? <input type="checkbox"/> Yes <input type="checkbox"/> No		31d. PLACE OF INJURY-at home, farm, street, factory, office, building, etc.		31e. IF TRANSPORTATION INJURY SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)
31f. DESCRIBE HOW INJURY OCCURRED				
31g. LOCATION OF INJURY (Street/Number/City/State)				
32. CERTIFIER (Check only one) <input checked="" type="checkbox"/> Certifying physician/nurse practitioner/physician assistant - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner - On the basis of examination, and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated.				
33a. SIGNATURE AND TITLE OF CERTIFIER <i>Randa Patten FNL-C</i>		33b. LICENSE NUMBER <b>100690</b>		33c. DATE SIGNED (Month/Day/Year) <b>5/27/2020</b>
33d. NAME AND ADDRESS OF CERTIFIER (Print legibly) <b>Randa Patten FNL-C 374 Huddlewell Rd Forest City, NC 28043</b>		33e. DATE REGISTERED BY STATE		
34. FOR LOCAL REGISTRAR (Name) <b>Karen Powell / CLD</b>		35. DATE FILED (Month/Day/Year) <b>06/16/2020</b>		
DATE CORRECTED (Mo/Day/Yr)		ITEM(S) CORRECTED:		
DATE AMENDED (Mo/Day/Yr)		ITEM(S) AMENDED:		

Volume \_\_\_\_\_ Page \_\_\_\_\_

This is to certify that this is a true and correct reproduction or abstract of the official record filed in this office.

**081-60496**

**Rachel Thomas**  
Register of Deeds  
Rutherford County

Witness my hand and official seal

this the 29<sup>th</sup> day of June, 2020

By: *Kayla Johnson*  
Deputy Assistant Register of Deeds

DHHS 3914 (REVISED 8/15) NC VITAL RECORDS

Any alteration or erasure voids this certificate. Do not accept unless on security paper with Register of Deeds seal clearly embossed in left corner.



**EASTERN BAND OF CHEROKEE INDIANS**

File No. **EST 20-059**

Cherokee, North Carolina

EBCI  
CHEROKEE TRIBAL COURT  
CHEROKEE, NC

**The Cherokee Court**  
Before the Clerk

2021 FEB 12 11:11

**IN THE MATTER OF THE ESTATE OF**

Decedent: **REBECCA BOYUM-ALLEN**  
R01719  
DOD: 04/06/2020

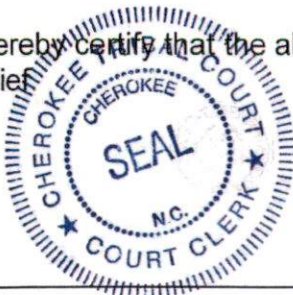
**FILED**

**Heir Information**

Pursuant to Cherokee Code Sec. 28-1(c), the following individuals are hereby declared the legal heirs of the above-named decedent for purposes of inheritance of personal property. This final determination is based on Tribal Enrollment descendant lists and legal documentation.

Kinship	Name	DOB	Roll #
Surviving spouse	No surviving spouse	N/A	N/A
Surviving children	George Peter Boyum	01/05/1944	R05904
	Thann Rebecca Boyum	09/08/1954	R05911
	William Mark Boyum	09/01/1959	R05926

I hereby certify that the above information is true and correct to the best of my knowledge and belief.



*Amy M. Wesley*  
Clerk of Court, by Assistant Clerk

2/12/2021  
Date

**EASTERN BAND OF CHEROKEE INDIANS**

File No.

EST 20-059

Cherokee, North Carolina

**IN THE CHEROKEE COURT**  
Before The Clerk

EBCI  
CHEROKEE TRIBAL COURT  
CHEROKEE, NC

**IN THE MATTER OF THE ESTATE OF: CHEROKEE, NC**

Name Of Decedent

REBECCA BOYUM-ALLEN

2020 AUG -7 P 2:47

**CERTIFICATE OF PROBATE**

Date Of Purported Will

07/29/2010

FILED

G.S. 28A-2A-6 (as adopted and interpreted by the C.C.)

Date(s) Of Codicil(s)

N/A

A paper-writing dated as indicated above, purporting to be the Last Will and Testament or codicil(s) thereto of the above-named decedent, has been exhibited before me. Sufficient proof of the due execution thereof has been taken in the self-proving paper-writing or as set forth in the accompanying affidavits which are incorporated and made a part hereof.

It is adjudged that the paper-writing and every part thereof is the Last Will and Testament or codicil(s) thereto of the decedent, and the same is ordered admitted to probate.



Date

08/07/2020

Signature

*Amy M Vasquez*

Assistant Clerk

Deputy Clerk

Clerk Of Court

# Last Will and Testament

OF

**REBECCA BOYUM-ALLEN**

I, REBECCA BOYUM-ALLEN, of the County of Swain, State of North Carolina do hereby revoke all former Wills and Codicils heretofore made by me and do hereby make, publish and declare this to be my LAST WILL AND TESTAMENT in manner and form as follows:

## ITEM ONE

I direct that all of my just debts, funeral expenses, administrative expenses, and any and all inheritance or estate taxes which may be assessed against my estate be paid by my Executor, hereinafter named, as soon as practical after my death.

## ITEM TWO

I will, devise and bequeath all of my real property or interest in real property, including any possessory holdings, located in the Birdtown Township of the Cherokee Indian Reservation, unto my daughter, THANN BOYUM for and during the term of her natural life, and I will, devise and bequeath the remainder interest in said real property or interest in real property, unto my son, PETER BOYUM, absolutely and in fee simple.

## ITEM THREE

I will, devise and bequeath all of my real property or

\*\*Page 1 of 4 Pages\*\*

RBT

interest in real property, including any possessory holdings, located in the Yellow Hill Township of the Cherokee Indian Reservation, unto my son, WILLIAM BOYUM, absolutely and in fee simple.

ITEM FOUR

I will, devise and bequeath all of the rest and remainder of my property of every sort, kind and description, both real and personal, tangible and intangible and wheresoever situate unto my sons WILLIAM BOYUM and PETER BOYUM and unto my daughter THANN BOYUM, in equal shares and absolutely and in fee simple.

ITEM FIVE

I constitute and appoint my son, WILLIAM BOYUM as Executor of this my Last Will and Testament and if the said WILLIAM BOYUM be unwilling or unable to serve as Executor, then and in that event I constitute and appoint my son, PETER BOYUM, to be the Executor of this my Last Will and Testament.

And I do hereby give and grant unto my said Executor all of those powers contained in North Carolina General Statutes Section 32-27 and those powers are intended to be in addition to and not in substitution of the powers conferred by law. And I do further direct that my said Executor shall serve without the necessity of giving any bond or other legal surety whatsoever.

ITEM SIX

I am an enrolled member of the Eastern Band of Cherokee Indians, B01719.

RBT



IN TESTIMONY WHEREOF, I, REBECCA BOYUM-ALLEN, have hereunto set my hand and seal to this my Last Will and Testament on this the 29 day of July 2010 and being first duly sworn, do hereby declare to the undersigned authority that I sign and execute this instrument as my Last Will and that I sign it willingly, that I execute it as my free and voluntary act for the purposes therein expressed, and that I am eighteen years of age or older, of sound mind and under no constraint or undue influence.

Rebecca Boyum-Allen (SEAL)

We, Elizabeth Brigham, and Fred H. Mady, Jr., the witnesses, sign our names to this instrument, being duly sworn, and do hereby declare to the undersigned authority that the Testator signs and executes this instrument as her Last Will and that she signs it willingly, and that each of us in the presence and hearing of the Testator, hereby sign this Will as witness to the Testator's signing, and that to the best of our knowledge the Testator is eighteen years of age or older, of sound mind and under no constraint or undue influence.

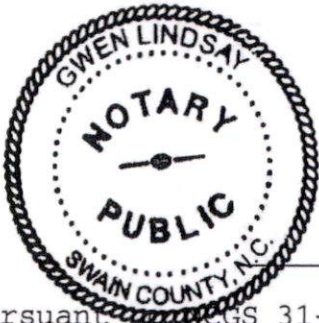
Elizabeth Brigham  
Witness

Fred H. Mady, Jr.  
Witness

STATE OF NORTH CAROLINA  
COUNTY OF SWAIN

Subscribed, sworn to and acknowledged before me by REBECCA  
BOYUM-ALLEN, the Testator, and subscribed and sworn to before me by  
Elizabeth Brigham, and Fred H. Moody, Jr.,  
witnesses, this 29<sup>th</sup> day of July 2010.

(Notary's seal)



Gwen Lindsay  
Notary's signature

Gwen Lindsay  
Notary's printed name

3-27-2015  
Date Notary's Commission Expires

Pursuant to G.S. 31-4.2, this will was drafted by:  
Fred H. Moody, Jr.  
MOODY & BRIGHAM, PLLC  
PO Box 670  
28 Everett Street  
Bryson City, NC 28713  
(828) 488-2147

Parcel No. 546

Parcel No. 51

141.6' 1/4 Sec. 11

N80° 33' E  
181.16'

IP (79.10)  
361.16 (260.26)

S86° 33' W  
(100.90')

Parcel No. 530  
10.022 Acres ±.

Rebecca Boyum  
Parcel No. 752  
1.440 Acres ±.

Parcel No. 545

N28° 01' W  
110.24'

80.50'  
151.32'  
200.52' N122°

15.00' Access Rd. R/W  
3.128 Acres ±.

Parcel No. 751  
0.683 Acres ±.

Parcel No. 503  
1.367 Acres ±.

Parcel No. 544  
0.777 Acres ±.

Parcel No. 529  
0.308 Acres ±.

Deonaftee River





# Book 6 of Surveys,

NORTH CAROLINA  
SWAIN COUNTY

I, James Doyle Maxwell  
CERTIFY THAT THIS IS A TRUE AND CORRECT PL  
Parcel No. 373, 374  
Upper Cherokee Communi.  
IS IN ALL RESPECTS CORRECT AND WAS PREPARED  
MADE ON 24th DAY OF April

REGISTERED PROFESSIONAL

Division of Parcel No. 374  
in Accordance with Council Resolution  
No. 100 Dated Feb. 6, 1976

Standing deer  
Parcel No. 370

Parcel No. 492  
10.304 Acres ±  
3-21-84

Owle  
Parcel No. 374  
41.216 Acres

Parcel No. 493  
10.304 Acres ±  
3-21-84

Lloyd Owle Heirs  
Parcel No. 494  
10.304 Acres ±  
3-21-84

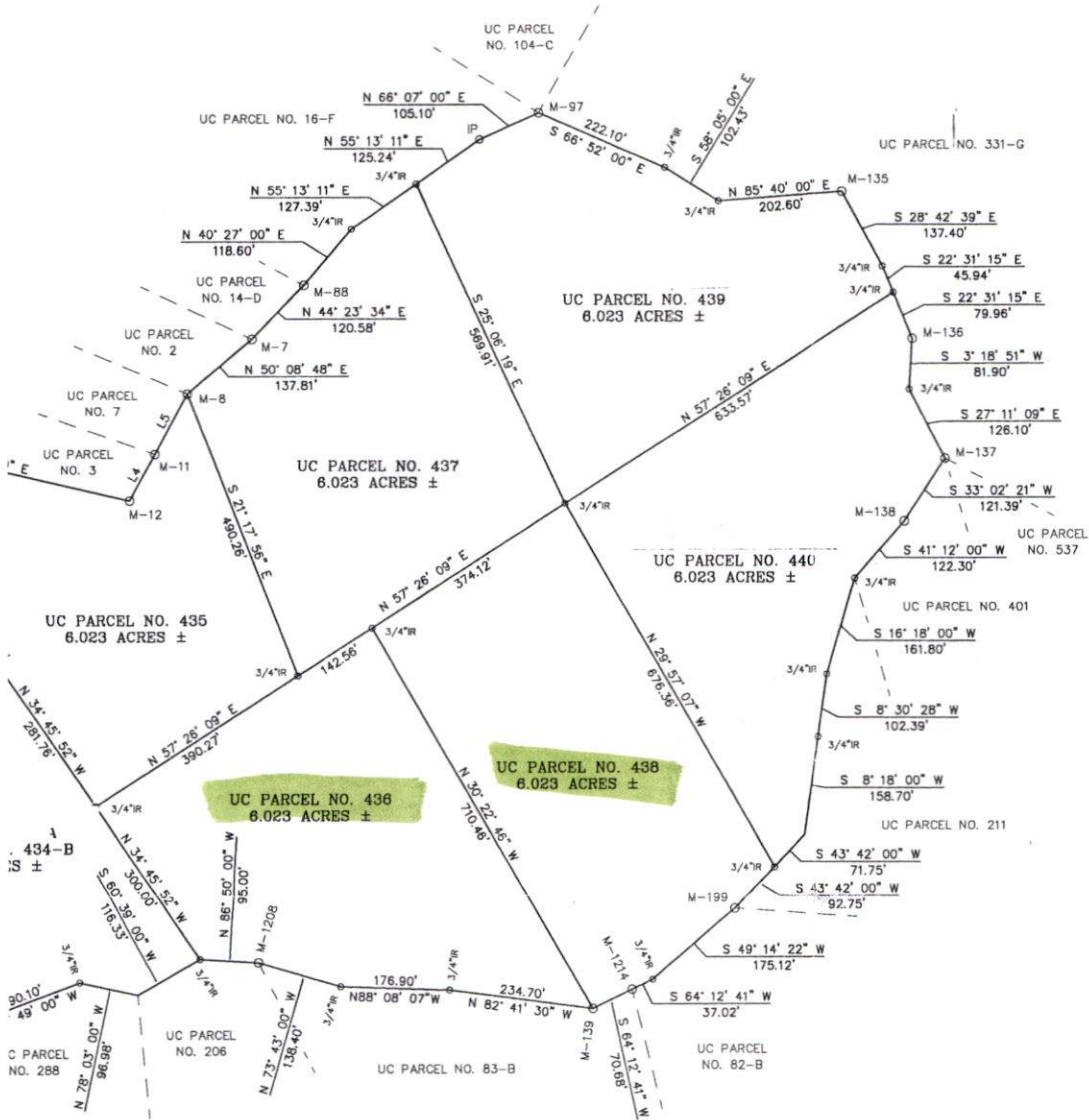
Parcel No. 495  
10.294 Acres ±  
3-21-84

Parcel No. 230  
1/2 w Brass Cap

Parcel No. 239  
1/2 w Brass Cap

Cemetery  
238.63'  
556° 35' W

Top of Rattle Snake



PORTIONS OF THIS MAP ARE DRAWN FROM BIA RECORDS.

MAP DATE 07-12-2006

REVISION SUBJECT AND DATE:  
 REVISION SUBJECT AND DATE:  
 REVISION SUBJECT AND DATE:

The attached Resolution/Ordinance No. 110 dated March 5, 2024 was:

PASSED ( X )

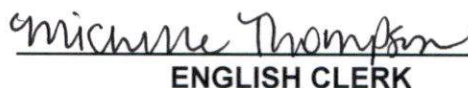
KILLED ( )

and ratified in open Council on MARCH 5, 2024 by 94 voting for the act and 0 members voting against it as follows:

VOTE	FOR	AGAINST	ABSTAIN	ABSENT
Richard French	X			
Perry Shell	X			
Boyd Owle	X			
Bucky Brown	X			
Tom Wahnetah	X			
David Wolfe	X			
Adam Wachacha	X			
Mike Parker	X			
Bo Crowe	X			
Jim Owle	X			
Dike Sneed				X
Michael Stamper	X			
	94	0	0	6



TRIBAL COUNCIL CHAIRMAN



ENGLISH CLERK



PRINCIPAL CHIEF

APPROVED ( ✓ ) VETOED ( )

VETO UPHeld ( ) VETO DENIED ( )

DATE: 3-21-24

I hereby certify that the foregoing act of the Council was duly:

PASSED ( )

KILLED ( )

and ratified in open Council after the same has been interpreted by the Official Interpreter and has been fully and freely discussed.

INTERPRETED ( )

OMITTED ( )