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Subscribed and sworn to before me, this13th day of February , 19__

My Commission expines: 2/15/99

Printed Name of Notary

My County of Residence is: LAKE COUNTY

Prepared By: Cornelia J. Jillson

* ATTENTION ESTATE: The Social Security # is being requested by this state agency in order to responsibility. Disclosure is

INDIANA STATE DEPARTMENT OF HEALTH

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