Comes now LOUISE A. RICHARD, being first duly sworn upon her oath and states as follows:

That the affiant is the owner in fee simple of the following described real estate located in Gary, Lake County, Indiana, more particularly described as follows:

Lot 23, 24, 25 and 26 in Block 5 in Woodlawn, as per plat thereof, recorded in Plat Book 19 page 35, in the Office of the Recorder of Lake County, Indiana.

More commonly referred to as 3862 Ellsworth Plc., Gary, IN, Lake County, Indiana 46408.

- That the affiant was married to HARRY T. RICHARD on ocument is April 19, 1952.
- That the affi RICHARD, now deceased, is Document is the property of vife at the time they acquired title to the the Lake County Recorder! were husband and abovementioned property as husband and wife, tenants by the entireties, by warranty deed of conveyance dated the 4th day of June 1973, and recorded in the Office of the Laker Coult RED FOR TAXABLE FOR TRANSFER. on the 8th day of June 1973 as document number 11/2 26 1996 205439 (See Exhibit "A" attached hereto).
- SAM ORLICH That the marital relationship which existed between the affiant and LOUISE A. RICHARD continued unbroken from the time they so acquired title to said real estate until the death of HARRY T. RICHARD on the September 15, 1995, at which time the affiant acquired title to the real estate as surviving tenant by the entireties. (See Exhibit "B" attached hereto).
- That the decedent, HARRY T. RICHARD, died testate on September 15, 1995.
- That the gross value of HARRY T. RICHARD'S estate as determined for the purposes of federal estate taxes was less than the value required for the filing of a federal estate tax return, and the decedent resided in Gary, Lake County, Indiana at the time of his death.
- That the affiant shall assume any and all inheritance tax liability which exists by reason of the death of said decedent and the resulting transfer of the abovementioned real

001432

estate.

8. That to the best of the affiant's knowledge, information and belief there are no liens, encumbrances and/or claims against the abovementioned real estate.

Further your affiant sayeth not.

Louise A. RICHARD, Affiant

I, LOUISE A. RICHARD, swear and affirm under the penalties of perjury that the foregoing Affidavit Of Survivorship And Ownership is true and accurate to the best of my knowledge, information and belief.

Documents 181. Schard

LOUISE A. RICHARD, Affiant

This Document is the property of

SUBSCRIBED and SWORN TO before me a Notary Public in Lake County, State of Indiana the 29th day of January, 1996.

Cynthia J. Wolfzen, Notary Public Residing in LAKE County, Indiana

My Commission Expires: 4/5/99.

This Instrument Prepared By:

Michael B. Haughee

Attorney At Law 219 North Broad Street

Griffith, IN 46319 (219) 924-0080

wills\Richard.aff

3

205439

WARRANTY DEED

This in	identure witnesseth	that IVAN EUGENE MOSS and husband and wife,	
of	Lake	County in the State of	Indiana,
	ys and warrants to		Indiana Tradition of the Indiana
the recei		County in the State of n Dollars (\$10.00) & other knowledged, the following Real Estate	Indiana, er good & valuable considerat ein Lake Count
	thereof, recoff the Recoff the Recoff the Recoff This	and 26 in Block 5 in Wooder of Lake County, Indicate the proposition of the County Records made subject to taxes in the proposition of the county Records of record.	erty of der!
	FOR TAXATION 7 - 1973		STATE OF INDIANAIS. S. NO. LAKE COUNTY FILED FOR RECORD JUN 8 8 50 AM '73
	Jose Androd MUDITOR LAKE COL	UNITY SEAL MOIANA	ANDREW J. MICENKO RECORDER
State of	Indiana. Lake	County, ss: Dated	this Day of June, 1973
	, the undersigned, a Notar this day of	y Public in and for said County June, 1973	van Eugene Moss
	N EUGENE MOSS an I'H R. MOSS, husb	-	dith R. Moss Seal
, r. (Seal Seal
whereof, 1		my name and affixed my of- anuary 11; 19)76.	Seal
	والمراجع والم والمراجع والمراجع والمراجع والمراجع والمراجع والمراجع والمراج	11 1 11 20	

This instrument was prepared by GEORGE R. PATE, ATTORNEY, Whiting, Indiana 46394.

Member of Indiana Bar Association

LTH

ATTENTION ESTATE: The Social Security of is ing requested by this state agency in order to issue its statutory responsibility. Disclosure is funtary and there will be no penalty for refusal.

Jeal No. 2. 152 - 15

THE RECORDS IN THIS SERVED.

INL. MA STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

cı	-		м	_		
20	aı	le	N	0		

ACK INK 492-24-8958 v 1944 1944 1945 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1944 1945 1945 1944 1945		THE RECOR	ROS IN THIS SE	RIES AN	E CONFIDENTIAL PE	RIC 16-1-19-3							
NAMASHN * Decompton quarter * August 1	PE/PRINT	1 DECEASED-	NAME (FIRM M	ddie Lam			2.	SEX		30 TIME OF DEATH	35 DATE	OF DEATH new	Dey Yel
ACK Now 492-24-858 1944			Harry	,	Thomas	Richard					Se	ptember	15, 1995
TO STATE OF THE PROPERTY OF TH	RMANENT			v.			The second line of the second li						
The second secon	JAON IIAN	SA WAS DECEDENT AN Y		BO YEA	A LAST SERVED IN	<u> </u>		90 PLACE OF DE		EATH (Check only one .	See merucoo	19)	
December	i	A US VETERANT				HOSPITAL EXIncetient				Nursing Home	······································		
Methodist Rospital - Southlake Merrillville Lake Lake Lake Merrill Lake Lake Lake Merrill Lake Lake Merrill Lake L		168	i 	13		□ ER/C	Outpetient DOA			Residence			
PARTIES 10 COUNTS OF STATE 15 COUNTS 15 CONTROL 15 STATE AND NUMBER 15 STATE AND NUMBE	CEDENT												
THERE The September Park 100 Colors 100		(Specify) (N		(# w	(If wife give maiden name)					N (Give kind of work not use retired)			
THE CARE OF THE STATE OF THE ST						· · · · · · · · · · · · · · · · · · ·				SA CIPCET AND AND	Lake kidge School		
The Process of the section of the se				1		· ·	COCATION						
The control of the						, , , , , , , , , , , , , , , , , , , 							
### A 18 COM & PART Low & Part Low & L		130 ZIP CODE											
ENIS If ZAMINES PARK From Annual 12 A		1.61.00	}						_				
Tables Note Tables Tab		40400	1 -		U.S.A.			4 9	Whi			• • • •	1
Harry J. Richard 130 Manholations is the residence of the property of the Surge of Calculated No. 100 Manholations is the residence of the Surge of Time Surge 2 Google 100 Manholations is the residence of the Surge of Time Surge 2 Google 100 Manholations is the residence of the Surge of Time Surge 2 Google 100 Manholations is the residence of the Surge of Time Surge 2 Google 100 Manholations is the residence of the Surge of Time Surge 2 Google 100 Manholations is the residence of Time Surge 2 Google 100 Manholations is the residence of Time Surge 2 Google 100 Manholations is the residence of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge of Time Surge 2 Google 100 Manholations is the surge 2 Google 100 Manholations is		IR FATHERS N		•		Docu	imen	MOTHER	NAME	First Middle Maiden Si	rnama)	·····	1
Louise Richard 3862 Elisworth PL. Gry, IN _ 46408 Husband	ENTS	Harı	гу	J.	Rich			Fran	ces	N/	'A		
The control of the	THAMP		- ,		11							1	
ESOLUTION Devices Comment Comme		Louise	Ri	char	d This D	3862	Ellswort	n PL.	Gai	cy, IN, 464	08	Ht	ısband
POSITION 226 LUBBALMER STATUS 1276 LUBBALMER STAT		218 METHOD 0	F DISPOSITION								LOCATIO	H-City or Town	State
POSITION 226 LUBBALMER STATUS 1276 LUBBALMER STAT		80% Bursel	C.emetron	□ Por	novar from Statethe	arrev place) Sc	eptember	tecoi	995	r!			
David Semplinsk! FD08600686 The Signature of Funeral Direction		Opnesion	Other (Speci		a define the Marie and the Completion of the com	Calumet	: Park Cei	meter	У	M	erril.	lville,	IN.
David Semplinsk! FD08600686 The Signature of Funeral Direction	POSITION	27s FMRALMER	IS NAME		industrianis de la companya del companya de la companya del companya de la companya del la companya de la compa	22h FMBALMERS	LICENSE NO	······································	23				
249 SECRATURE OF FLORESCE COLORS AS A CONSEQUENCE OF THE PROPERTY OF THE PROPE	POSITION			iski		1				_		,,,,,	
THERE Control Control					PC00-14-11-11-11-11-11-11-11-11-11-11-11-11-			1				00 00 00 00 00 00	
THERE The property of the pro		346 SIGNATURI	E OF FUNERIAL O	HEC: OH				, i	SHAME	inout of &	U torr	of furieral ho	™ F113004455
Approximate the cardiac of reportably and residence of heart facure that cardiac of reportably and reportably and residence of heart facure that of the dry one could one seat him cardiac of reportably and reportably and residence of heart facure that of the dry one could one seat him cardiac of reportably and residence of heart facure that of the dry one could one seat him cardiac of reportably and residence of heart facure that of the dry one could one seat him cardiac of reportably and residence of heart of the dry of th		126	. 1.0										TM 46410
THERE TH		NUI	56111	111	JULY LIE	-			ردر	talt st.	merri	TIATITE	, IN. 40410
SEE OF THE CONTROL OF		26 PARTI					ter nonspecific terms	such ea car	diac or re	18 Dir atory			**
DUE TO CET AS A CONSEQUENCE OF THE PARTY OF OF THE PART						Δ Δ	LARCT					1	Onset and Death
TIFIER Condense of part which gave DUE TO ION AS A CONSEQUENCE OF							K OF						1 17 17 1
Conditions & any which give the interest cross and an interest and an interest cross and an interest cross and an interest and an interest cross and an interest and an interest cross and an interest	JSE OF	resulting in death)						· L	J'M (2- DISEAR	6	(~ VR(
DUE TO TOR AS A CONSEQUENCE OF COURSE SERVING PROPERTY OF TORS A CONSEQUENCE OF COURSE	TH	Conditions if any	which gave					ên.			7		
PART II Other significant condenses. Periodical community of search but not previously series in Part 21. WAS DECEDENT 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CONSTRUCTION 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CONSTRUCTION 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CONSTRUCTION 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CONSTRUCTION 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDINGS AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDING AVAILABLE PRIOR TO CAUSE OF DEATH (Yes or not) 1935 28. WAS AN AUTOPSY FINDING AVAILABLE PRIOR TO CAUSE		rige to the immedi	ete ceuee		CONGE	SILUE	HEART	FAI	<u>LU6</u>	F. T.			DYRC
PART II Other significant contended on the base of my bnowledge death occurred at the time date and place and due to the favorable and place and place and place and due to the favorable and place and p			/an g		DUE TO I	OR AS A CONSEQUENCE	CE OF1		i i i		#1481 (19)	UL AUD	
PART R. Other agnificant conditions contributing to deam but not previously reset in fell 22 WAS DECEDENT PREPARED 1286 WAS AN AUTOPSY PERFORMED? CARCINOMA CF Live Prostnam Condition Prostnam					0		SELL	3	- 61	or contrain	r is and t NS takk r	atti ti Timr v	
PRECHANT OR 90 DAYS PRECHANTOR PROCHANT OR 90 DAYS PRECHANTOR PROCHANT OR 90 DAYS PRECHANTOR PROCHANT OR 90 DAYS PROCHANTOR PRO	Î	PART II Other su	and care constance	Para	one contribution to deem	hus ont travously timed	o Part I	AE DECED	16	71 mg/34.1			TOREY FINDINGS
TIFIER 136 CERTIFIER			/			Will state of the	PI	REGNANT	OR 90 0			AVAILABI	E PRIOR TO
TIFIER CERTIFIER CERTIFIER CERTIFIER Common and or investigation in my opinion death occurred at the time date and place and due to the sounds) as stated			- [KON	n Casci	Anmo -C			M7	(1 poo on ng)	1995		
TIFIER CORONER OTTO bases of examination and/or investigation in my opinion death occurred at the time dist indiffere limb blird (No. 1)			/	CV	II CITICI	NOTHE CE	LUM:			No		0.00	
TIFIER CORONER OTTO bases of examination and/or investigation in my opinion death occurred at the time dist indiffere limb blird (No. 1)				1									
TIFIER CORONER OTTO bases of examination and/or investigation in my opinion death occurred at the time dist indiffere limb blird (No. 1)			30 00	CHILLAN	GPHTSICIAN 10 IN4	est of my knowledge day	en occurred at the time				16.7	.e. b	
TIFIER 296 SIGNATURE AND THILE OF CERTIFIES 296 MEDICAL LICENSE NO 296 DATE SIGNED (Month Day, Year) 296 MEDICAL LICENSE NO 296 DATE SIGNED (Month Day, Year) 296 MEDICAL LICENSE NO 296 DATE SIGNED (Month Day, Year) 30 NAME AND ADDRESS OF PERSON WITE COMPLETED TRUSE OF CEATH (ITERLES) (I.g., Print) Dr. B. Barai 125 E. 89th Megri Vivi I.Le., IN. 46410 736–2800 31 HEALTH OFFICERS SIGNATURE 32 DATE FILED (Month Day, Year) 33 MANNER OF DEATH 346 DATE OF INJURY (Month Cay, Year) 347 PLACE OF INJURY — At home farm street factory office 347 LOCATION (Street and Number or flural Route Number, City or Town Street) 348 PLACE OF INJURY — At home farm street factory office 349 DATE SIGNED (Month Day, Year) 32 DATE FILED (Month Day, Year) 32 DATE FILED (Month Day, Year) 33 MANNER OF DEATH (Month Cay, Year) 346 DESCRIBE HOW INJURY OCCUMYD 347 LOCATION (Street and Number or flural Route Number, City or Town Street) 348 DATE SIGNED (Month Day, Year)		one)											
30 NAME AND ADDRESS OF PERSON WHO COMPLETED CRUSE OF DEATH (ITERAPE) (I.g. o Print) Dr. B. Barai 125 E. 89th Metri VIVI (I.e., IN). 46410 736-2800 31 HEALTH OFFICERS SIGNATURE 33 MANNER OF DEATH 340 DATE OF INJURY (Month Day, Year) Accident Neture Pending Invasingation Accident Invasingation Accident Invasingation Accident Invasingation Determined Invasingation Determined Invasingation Accident Injury At home farm street factory office 341 LOCATION (Street and Number or flural flouris Number, City or Town Store)			<u>U 9</u>	OPONER	Option bears of examin	stion and/or investigation	in my opinion death o	occurred at t	the time o	this and disce and bust	P And COMPOSIO	· · · · · · · · · · · · · · · · · · ·	
31 HEALTH OFFICERS SIGNATURE 32 MANNER OF DEATH 34 DATE OF INJURY 34 DATE OF INJURY (Monch Cey, Year) 34 PLACE OF INJURY — At home farm street factory office (Monch Cey and Number or Rural Route Number, City or Fawn, State) 34 LOCATION (Street and Number or Rural Route Number, City or Fawn, State)	TIEIED	296 SIGNATURE	E AND TITLE OF	CERTIFIE	N.m	.1			1		9	-	· ·
Dr. B. Barai 125 E. 89th Metri II valle, IN. 46410 736-2800 31 HEALTH OFFICERS SIGNATURE 32 DATE FILED (Market Day Year) 33 MANNER OF DEATH 34 DATE OF HAJURY 34 DATE OF HAJURY 34 DATE OF HAJURY 34 DATE OF HAJURY (Month Cay, Year) 34 PLACE OF INJURY—At home farm street factory office 34 LOCATION (Street and Number or Rural Route Number, City or Town, State) 34 DATE FILED (Market Day Year) 35 DATE FILED (Market Day Year) 36 DATE FILED (Market Day Year) 37 DATE FILED (Market Day Year) 38 DATE FILED (Market Day Year) 48 DATE OF INJURY—At home farm street factory office 38 DATE FILED (Market Day Year) 38 DATE FILED (Market Day Year) 38 DATE FILED (Market Day Year) 48 DATE OF INJURY—At home farm street factory office 38 DATE FILED (Market Day Year)	TIP IEN				MANNE				10	103010	<u> </u>	9-20	5-91
23 MANNER OF DEATH 23 MANNER OF DEATH 34 DATE OF INJURY 34 DATE OF INJURY 34 DATE OF INJURY 34 DATE OF INJURY (Month Cey. Year) 13 MANNER OF DEATH 34 DATE OF INJURY (Month Cey. Year) 14 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 32 DATE JILEO (Manner Dey Year) (Month Cey. Year) 34 DESCRIBE HOW INJURY OCCUPY.D (Year or no) 34 DESCRIBE HOW INJURY OCCUPY.D 35 DESCRIBE HOW INJURY OCCUPY.D 36 DESCRIBE HOW INJURY OCCUPY.D 37 DATE JILEO (Manner Dey Year) 15 DESCRIBE HOW INJURY OCCUPY.D 37 DATE JILEO (Manner Dey Year) 16 DESCRIBE HOW INJURY OCCUPY.D 37 DATE JILEO (Manner Dey Year) 17 DESCRIBE HOW INJURY OCCUPY.D 37 DATE JILEO (Manner Dey Year) 18 DESCRIBE HOW INJURY OCCUPY.D 38 DATE OF INJURY AT WORK? 18 DATE OF INJURY AT WORK? 18 DATE OF INJURY AT WORK? 19 DATE JILEO (Manner Dey Year) 2		OHA SMAN OF	ADDRESS OF PER	ison wii a f 1	D COMPLETED CAUSE	OF DEATH STEIL POLIT	grafimi PLe. J.N.	46410) 7 3	6-2800			
THE CER 34 DATE OF INJURY (Month Cey. Year) 34 DATE OF INJURY (Month Cey. Year) 34 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 10 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 11 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 12 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 13 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 14 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 15 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 16 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 17 DESCRIBE HOW INJURY OCCUPY.D (Month Cey. Year) 18 DESCRIBE HOW INJURY OCCUPY.D (Mon		<i>D</i> .,	D. Dar			1 5	37.5						
33 MANNER OF DEATH 34 DATE OF INJURY (Month Cey, Year) Neturel Pending Investigation Accident Suicide Could not be Determined Determined Determined Determined Determined Suicide Could not be Determined	LIM	31 HEALTH OFF	ICER'S SIGNATU	PE.	lieve		Particularly age	, M.				32 DAJE JILED	MAN) 26 198
Natural Pending Investigation	}	J3 MANNER OF	DEATH		340 DATE OF HUJUF	Y J46 TIME OF	34c INJURY	AT WORK	,	344 DESCRIBE HOW	DO YRULNI	sunyo	7//
Investigation Accident Suicide Could not be Determined Homicide Investigation 349 PLACE OF INJURY—At home farm street factory office building site (Specify) 349 LOCATION (Street and Number or flural Route Number, City or Fawn, State)	ļ				(Month Day, Yes	YAULMI (1)	(Yes or	no)	1			V	
Accident Suicide Could not be Determined Momicide 349 PLACE OF INJURY—At home farm street factory office 349 LOCATION (Street and Number or Rural Route Number, City or Favin, State)		☐ Natural											1
Suicide Cauld not be building atc (Specify) Homicide building atc (Specify)		Investigation			140 DI ACE OF 151 A	u tectory office	14	LOCA	TION (Street and Number	ne or Burni Bouta Number Cdv or Town State)			
☐ Homeide		Surcide		•		n ractory arrich	"		· · · · · · · · · · · · · · · · · · ·	un numerica	fural Houle Number, City or Town, Surer		
349 DATE PRONOUNCED DEAD (Month Cay Year) 34h MOTOR VEHICLE ACCIDENT? (Year or not If year specify driver passenger pedestrien, etc.		☐ Homicide	Determined										
THE WOLDH ASHICLE OF THE LEGIS 1940 WOLDH ASHICLE WOLDS IN A STACK A DIVA. Dessanded begassing ass	}	144 DATE 0001	OUNCED DEAD	Mare C	1	0 VENIC: E &CCIDE****	IVan or not Manage	1000411 411	w paces	Mar nadarkar ar			
	ŀ	NORY SIAU PE	CONCEU UEAU (month Ci	r reers Jeh MUTO	n verille AUGIDENT	cresornos myes:	*Per* A GUA	er. p e119 7	An benestied sit			į