



CLAIMS CHRONOLOGY SHEET

CLAIMANT'S NAME	
AMOUNT CLAIMED: S 12 000 AT:	
DATE OF INCIDENT TAN 6 06 DATE CLAIM FILED:	JUL 8 06
DALE STATUS OF CASE	FOLLOW-UP DATE
14JUL OG ENTOLD JAGC 70 CPT.)(3)(b 30 Jul 06 New to check Six Acts No 55 Acts - New more into))(t
Possible MARLA Referral - New Cell # ceering - / Agencies 8046 No Mark Fred agency in F	
12/14/06 more information 13/14/08 12000 paid-dosed	

(b)(2)High

Tort and Special Claims-Pro Version

Home | Search | Administrator | Reports | Log Out | Request Assistance SSG (b)(3)(b)(6) NCOIC of Client Services Thursday, 04 January 2007

Closed Claims - Claim Data - 06157T002

(b)(6)

Fiscal Year: 01-Oct-2006 - 30-Sep-2007 Current Month: 01-Jan-2007 - 31-Jan-2007

157 - 157 (Iraq)

Who

157 (Iraq) Amount \$12,000.00

Printer Friendly Copy (MS Word) Printer Friendly (Adobe Acrobat) Printer Friendly-Expanded (Adobe Acrobat) Create File Labels (Avery 5162/5262 Compatible)

Claimant's Assertion
US Forces raided her hours and arrested her son and husband. Her husband died and left her with ten children. He was the main source of support.

Claimant Inform	ation	Claim Information	
Claimant	(b)(6)	Claim ID:	06I57T002
Insured, o Name		Companion Claim(s):	
of Deceased in Estate		Incident	None Entered.
		Incident Date:	06-Jan-06
SSN		Date Filed:	08-Jul-06
DOB:	DOB	Filed in This	157-157 (Iraq)
Home Phone:	(b)(6)	Current	157-157 (Iraq)
Address:		Chapters:	CHAPTER 10 - FOREIGN CLAIMS
		Damage	UNKNOWN
Claimant		Basis Codes:	UNKNOWN
Attorney:		Incident	OTHER
Amount	\$12,000,00		

mive sugator.	(b)(3),(b)(6)	Final Payment	16- Dec
The Army Team Field Office Investigator:	SSG (b)(3),(b)(6)	Final Disposition Action	Date
Claimant Attorney: Amount Claimed:	\$12,000.00	Basis Codes: Incident	UNKNOWN
		Daniage	DIAVIAGAAL

Investigator:	at (b)(3),(b)(6)	Final Payment	16- Dec
Field Office Attorney:	None Chosen. See POCs	Claim	06
Area Action Officer	None Chosen.	Uploaded Docu Document Uplo	
HQ	None Chosen. See POCs	Water contract contract	1950 0000
HQ	None Chosen. See POCs	Claim Retireme	nt Information
		Shipment	Box

levi	dard Folim 1034 sed October 1997 artment of the Treasury				OR PURCHASE				06-I04-7	
TF	M 4-2000		SERVICES	OTHER	R THAN PERSON	NAL				
034-121 J.S. DEPARTMENT, BUREAU, OR ESTABLISHMENT AND LOCATION DEPARTMENT OF THE ARMY					DATE VOUCHER PREPARED			8	SCHEDULE NO.	
Ca	th Finance Batta mp Liberty, Ira				CONTRACT NUMBER AND DATE			1	PAID BY 15th Finance Company	
	O AE 09344 ISN			192	REQUISITION NUMBER AND DATE		7	Camp Liberty, Iraq APO AE 09344 DSSN: 5779		
								Ì		
3	PAYEE'S NAME AND		(b)(6)			C	DATE INVOICE RECEIVED			
Α	ADDRESS							C	DISCOUNT TERMS	
								F	PAYEE'S ACCOUNT NUMBER	
SHI	PPED FROM		TO			٧	/EIGHT		GOVERNMENT B/L NUMBER	
	NUMBER AND DATE	DATE OF DELIVERY	(Enter description, item nur		act or Federal supply	QUAN- TITY	1000000	PRICE	AMOUNT	
_	OF ORDER	OR SERVICE	schedule, and other mi	formation dee	amed necessary)		COST	PER	(I)	
ولا	T004-		Final Payment of FCA	Claim#		1			\$ 12000.00	
In full settlement of the a Secretary of the Army, or an such purposed under author AR 27-20, Chapter 10 upon named claimant for property captured, or aband		on officer d ority of 31 on the clai y damaged	uly designed for U.S.C 3721 and m of the above lost, desuoyed,							
(U	se continuation sheet(s) if necessary)	(Payee m	nust NO	use the space be	elow)		TOTAL	12000.00	
P/	YMENT: PROVISIONAL	APPROVED F	=\$ /Z 000,00	EXCHAN	GE RATE =\$1.00	DIFFER	RENCES			
	PARTIAL	(b)(3),(b)(6) MSG							
	PROGRESS ADVANCE	TITLE Pay Agent				Amount	verified; cor	rrect for		
Pur	suant to authority ve		tify th		ment.			(b)(3),((b)(6)	
	161/2001	0	(b)(3),(b)(6)		CPT	Certifyir	ng Offic	cer 157/160	
	(Date)		[Mullionzed Certifying Offi	icer) :				Title)		
			AC	CCOUNTIN	G CLASSIFICATION					
ĄC	count Classific	ation Verified	(b)(2)High f: 1st CAV, 15th Finance	ce Office	, Disburing NCOI	C.				
BY	CHECK NUMBER		ON ACCOUNT OF U.S.	TREASURY	CHECK NUMBER			ON (Nan	ne of bank)	
PAID BY	CASH 5		DATE		(b)(6), Fore	ign Langua	age Text			
1 0 0	fficer will sign in the sp When a voucher is rec	d authority to appro- ace provided, over eipted in the name apacity in which he	ove are combined in one person, one	name of the	person writing the company	y or corporate	TITLE			
ravi	ous edition usable The	information reque	sted on this form is required under the	e provisions	CT STATEMENT of 31 U.S.C. 82b and 82c. fo	or the purpose	of disbursing	Federal mo	oney. The usappo vi	

PAYMENT REPORT

TO: DFAS, DSSN	Later	DATE: 16 Dec	06
A. Payment Data:		9	
	ency/office: 1	United States Army Claims Service	
(2) Office Code:			
		ress: MNC-I, OSJA, Camp Victory, Iraq	APO AF 09342
(4) Date Filed: 6			AL O AL 03342
(5) Claim Numb	COCK TO	OU Tost	
(5) Claim Numb	er. <u>06-1</u>	09-1009	
(6) Amount Clai	med: - /		
(7) Fund Cite:		(b)(2)High	
(8) Payee:			
(9) Address: IR/	4Q		
(10) SSN: <u>N/A</u> (11) Payment An	*	0 -40	
		2,000	
(12) Type Paymer	t. PF		
(13) For EFT Pays	nents: ABA	Routing Number:	
(14) For EFT Pays	nent: Accour	nt Name and Number:	
		and Address of financial institution:	
W. C. S.			
(16) For EFT I	avment: Acc	count is (checking) (savings) Circle appro	priate account
(10)	ayment ree	out is (vitouring) (sur ings) on the appro	printe decount
	9		
		his form should not be signed by the claimant if an	
13. Acceptance by Clair			other release is signed by the
	Claimani	t is attached.)	5 × 200
1. The claimant, do hereby acce	nt the within - st	tated award, compromise, or settlement as final and	conclusive on my heirs
		nat said acceptance constitutes a complete release b	
		emands, rights, and causes of action of whatsoever	
in the future from, and by reason	of any and all k	known and unknown, foreseen and unforeseen bodi	ly and personal injuries
		, breaches of contract or law, and any other acts or	
		rom the same subject matter that gave rise to the cl	
subject matter. I further agree to	reimburse, inde	emnify and hold harmless the United States, its age	
		ding wrongful deather that arise on	the acts or omissions that
gave rise to the claim(s) by reas	on or the same	(b)(6), Foreign Language Text	
Date: 14 Jec 06		(b)(o), i oroigii Lariguago Toxt	(Claimant)
Danc. 14 CACO			Ctaimant
C. AGENCY CERTIFYI	VC OFFICER		
C. AGENCY CERTIFYI	NG OFFICER		
	97	74 7 77 6	
Pursuant to authority veste	d in me, I cer	tify that this Payment Report in correct ar	O PERSON FOR PRINCIPLANT
11 1 01			id proper for payment
1014000		(b)(2) (b)(C)	d proper for payment
		(b)(3),(b)(6)	FCC
(Date)		(b)(3),(b)(6) Officer)	FCC
16 Dec 06 (Date)		Officer)	FCC
		Officer)	FCC
		Officer)	FCC
Date Payment Recorded in	Record:	16 Dec 06	FCC
Date Payment Recorded in	Record:	Officer)	FCC

This information is required in accordance with 31 U.S.C. 1304. The data you furnish will be used to certify your claim for payment. Failure to provide the information may result in your claim not being processes for payment.

I, the claimant by signing this document and accepting payment, am releasing the United States Military and the United States Government from any further liability resulting from this claim and accepting this payment as Name of Claimant: Claimant's Signature: final settlement on this claim. اللب) بالامضاء ر بالترقيع على تلك الاستمارة و المراقية على العرض (المبلغ) أنا الكامل ر الأعفاء الكامل للقوات العسا Amount Received: \$_ Date Received:)(3),(b)(i



HEADQUARTERS MULTI-NATIONAL CORPS – IRAQ BAGHDAD, IRAQ APO AE 09342

FCC 157

16 December 2006

CLAIM OF:

(b)(6)

CLAIM NUMBER: 06-I04-T006

REPLY TO ATTENTION OF:

Dear Sir or Ma'am:

This notice constitutes final administrative action on your claim against the United States.

Foreign Claims Commission (FCC) 157 has investigated and considered the claim under the Foreign Claims Act (FCA), Title 10, United States Code, Section 2734, as implemented by Army Regulation (AR) 27-20, Chapter 10. The claim is cognizable solely under the FCA as it concerns an inhabitant of Iraq. The Federal Tort Claims Act, Title 28, United States Code, Section 2680(k), is not applicable as it excludes claims arising in foreign countries. Under the FCA, a claim for death or personal injury may be allowed whether or not the negligent act complained of was made within the scope of employment.

FCC 157 offers you \$12,000 to settle your claim. To accept this settlement offer, please sign and return the enclosed forms and an appointment will be made to meet you and to issue payment.

If you are dissatisfied by this action, AR 27-20 provides that you may request that the decision be reconsidered. Any such request must be forwarded to this office for FCC consideration. There is no prescribed format for such a request. However, it should describe the legal and/or factual basis for relief. Any request for reconsideration must be made, in writing, within 30 days of receipt of this letter.

The FCC's action on reconsideration is final and conclusive by law.

Sincerely,

(b)(3),(b)(6)

CPT, U.S. Army FCC 157

UNITED STATES ARMED FORCES CLAIMS FORM

(N) (E)	
I. TO: United States Army Foreign Claims Commission To	odav's Date: 29/6/2006
II. FROM: Name (English): (b)(6)	
Name (Arabic)	
(a) Circle one: Claimant / Attorney/ Authorized representative	/ Parent/ Brother/Sister/ Son/Daughter
\rightarrow [Attorney or representative MUST attach proof of authorization	n.] Other:
(b) IRAQI IDENTIFICATION NUMBER:	
(c) DETAINEE IDENTIFICATION NUMBER	(b)(6)
III. ADDRESS of nerson filing claim:	
(English): (b)(6), Foreign Lang	uage Text
(Arabic):	
IV. HOME OR CELL PHONE NUMBER:	
(a) I, the above named claimant/attorney/representative, certify the	nat I (or the person on whose behalf I am
making this claim) am a resident of	
(b) I hereby make a claim against the UNITED STATES GOVE	RNMENT for damages or injuries caused
by the following military unit:	
(c) The property damaged is owned by: her husban	4
6/1/2006	,
(d) The incident happened on 1 at Fa	Muja
	n/neighborhood/highway name & number)
V. The facts of the incident are as follows: Asshe sai	1. She was sleeping
with her Family in their house - a	
The U.S. forces came to with 10	
the lauce becide their house. I	The second secon
(b)(6)	
atheir out side and check	every thing. The
U.S. Parces Put the lights i	I clace and
Shorthim in his chest. The	intered to the house
and destroyed every thing an	d arrested her husband
and her son after one week	the released hercon
but she found her husband	dead after Four months
in the hospital at &15/2006	She didn't check
with Holl Starces because u	hat was happend in
Eddis and she had (b)(6) chil	Ivenda feal than
[Use back of sheet if needed. Be sure to include any photograp	100
proving ownership of damaged or destroyed property, death certi	

Page 1 of 2

UNITED STATES ARMED FORCES CLAIMS FORM

damaged and replacement if destroyed: ITEM	PRICE
	TOTAIN 12 000
I had insurance for the following:	71.72
_	
N. Marianana Inc	
My insurer is:	
II. My total claim in U.S. Dollars against the United S	tates Government is: \$ 17
	and in Iraqi Dinars is:
***CLAIM WILL NOT BE VALID IF US DO	
	I also understand that if my claim is denied, I will ely need to provide new evidence in order to have
ave the opportunity to appeal the decision but will like	ely need to provide new evidence in order to have
ave the opportunity to appeal the decision but will like	
ave the opportunity to appeal the decision but will like	ely need to provide new evidence in order to have (b)(6), Foreign Language Text
ave the opportunity to appeal the decision but will like by claim approved.	(b)(6), Foreign Language Text (Signature of Claimant)
ave the opportunity to appeal the decision but will like	(b)(6), Foreign Language Text (Signature of Claimant)
ave the opportunity to appeal the decision but will like by claim approved. ***CLAIM WILL NOT BE VALID IF S	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK***
ave the opportunity to appeal the decision but will like my claim approved. ***CLAIM WILL NOT BE VALID IF S The claimant was assisted in completing this claim form	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK***
ave the opportunity to appeal the decision but will like by claim approved. ***CLAIM WILL NOT BE VALID IF S the claimant was assisted in completing this claim form	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK***
CLAIM WILL NOT BE VALID IF S the claimant was assisted in completing this claim form	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK
CLAIM WILL NOT BE VALID IF S the claimant was assisted in completing this claim form	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK
ave the opportunity to appeal the decision but will like my claim approved. ***CLAIM WILL NOT BE VALID IF S The claimant was assisted in completing this claim form Name)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK***
ave the opportunity to appeal the decision but will like by claim approved. ***CLAIM WILL NOT BE VALID IF S the claimant was assisted in completing this claim form Name)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK***
ave the opportunity to appeal the decision but will like my claim approved. ***CLAIM WILL NOT BE VALID IF S The claimant was assisted in completing this claim form Name)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK***
CLAIM WILL NOT BE VALID IF S The claimant was assisted in completing this claim form Name) Contact Information: e-mail, address, DSN/DNVT, etc.)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK
CLAIM WILL NOT BE VALID IF S The claimant was assisted in completing this claim form Name) Contact Information: e-mail, address, DSN/DNVT, etc.)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK
****CLAIM WILL NOT BE VALID IF S The claimant was assisted in completing this claim form Name) Contact Information: e-mail, address, DSN/DNVT, etc.)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK***
CLAIM WILL NOT BE VALID IF S The claimant was assisted in completing this claim form Name) Contact Information: e-mail, address, DSN/DNVT, etc.)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK
CLAIM WILL NOT BE VALID IF S the claimant was assisted in completing this claim form Name) Contact Information: e-mail, address, DSN/DNVT, etc.)	(b)(6), Foreign Language Text (Signature of Claimant) SIGNATURE IS LEFT BLANK







HEADQUARTERS MULTI-NATIONAL CORPS - IRAQ BAGHDAD, IRAQ APO AE 09342

FICI-JA-C

Claim of (b)(6) 06-I04-T006

ACTION

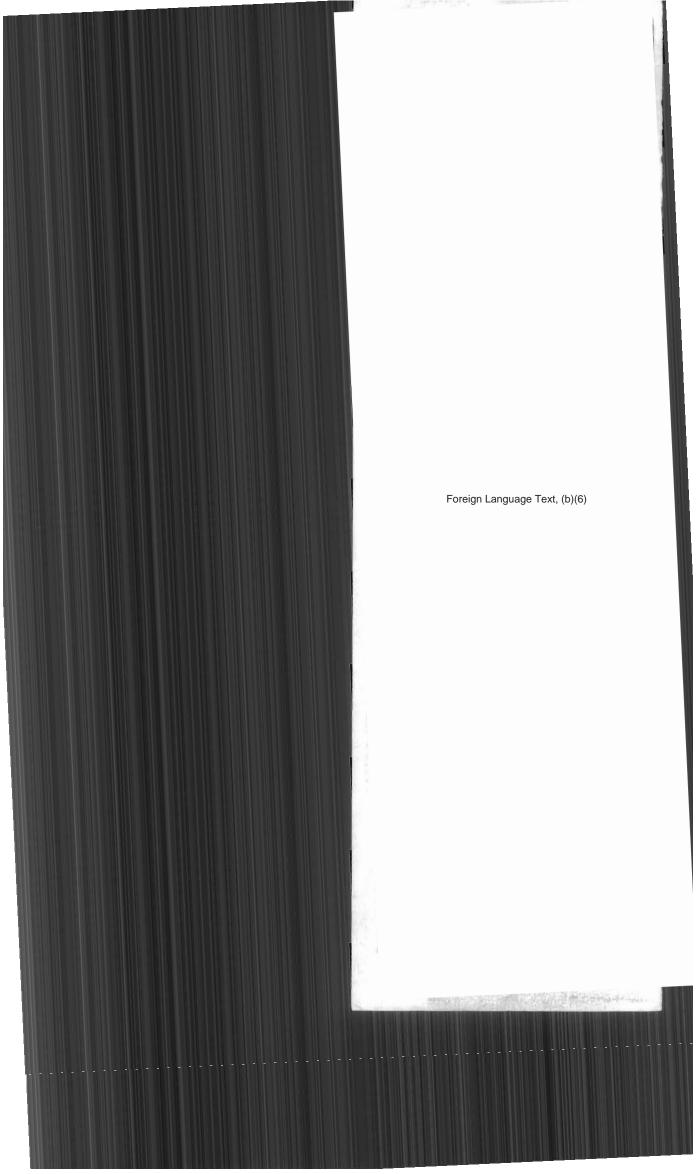
- 1. Facts: The claimant alleges that on 6 January 2006, U.S. Forces raided her house and arrested her son and her husband. They had a family of(b)(6) children. The U.S. Forces destroyed everything in her house. Her son was released a week later and her husband was found dead in the hospital four months later. The amount requested is \$12,000 for the claim.
- 2. Opinion: The FCA permits compensation for damages caused by the negligent and wrongful acts of US forces. Upon review of the claim, payment is granted.
- 3. Authority: The Foreign Claims Act (10 U.S.C. § 2734) as implemented by AR 27-20, Chapter 10.
- 4. Action: The claim will be raid in the amount of \$12,000

(b)(3),(b)(6)

CPT, U.S. Army FCC 157

UNCLASSIFIED/OFFICIAL USE ONLY

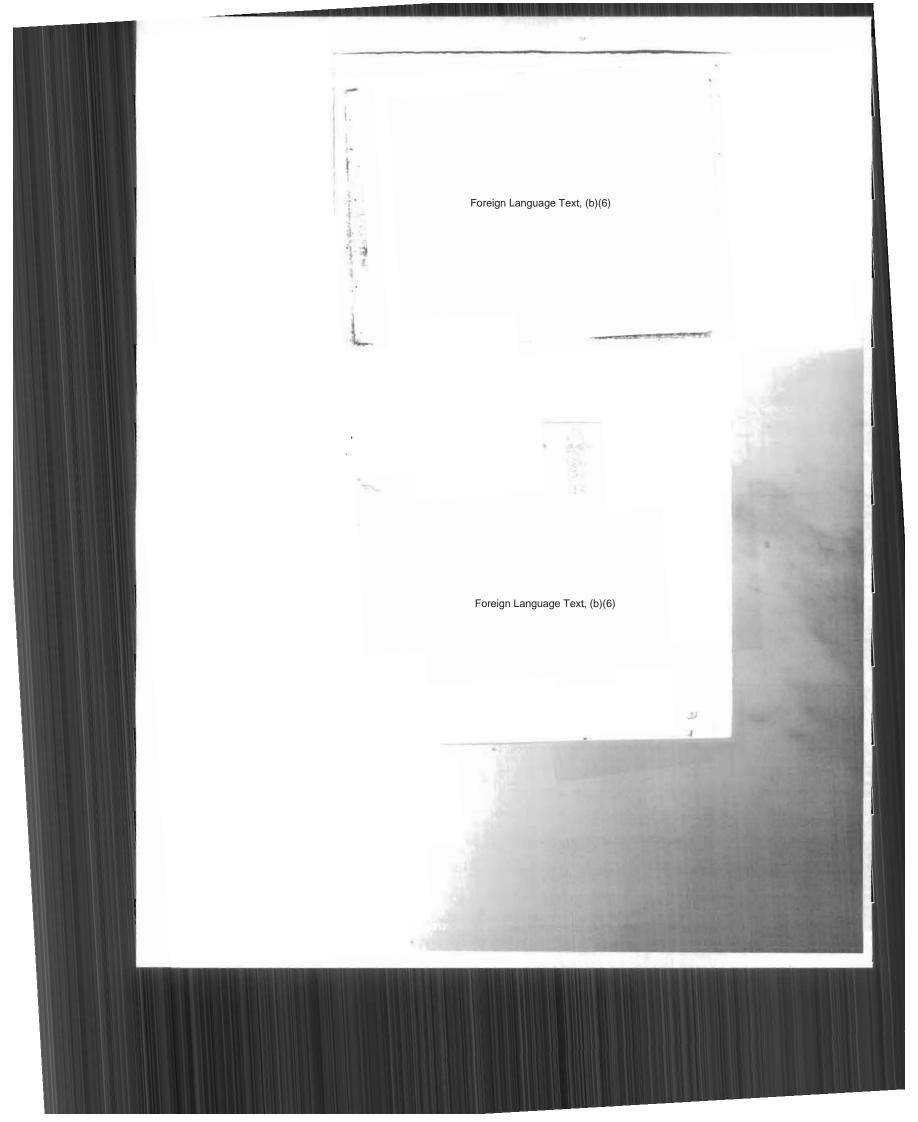


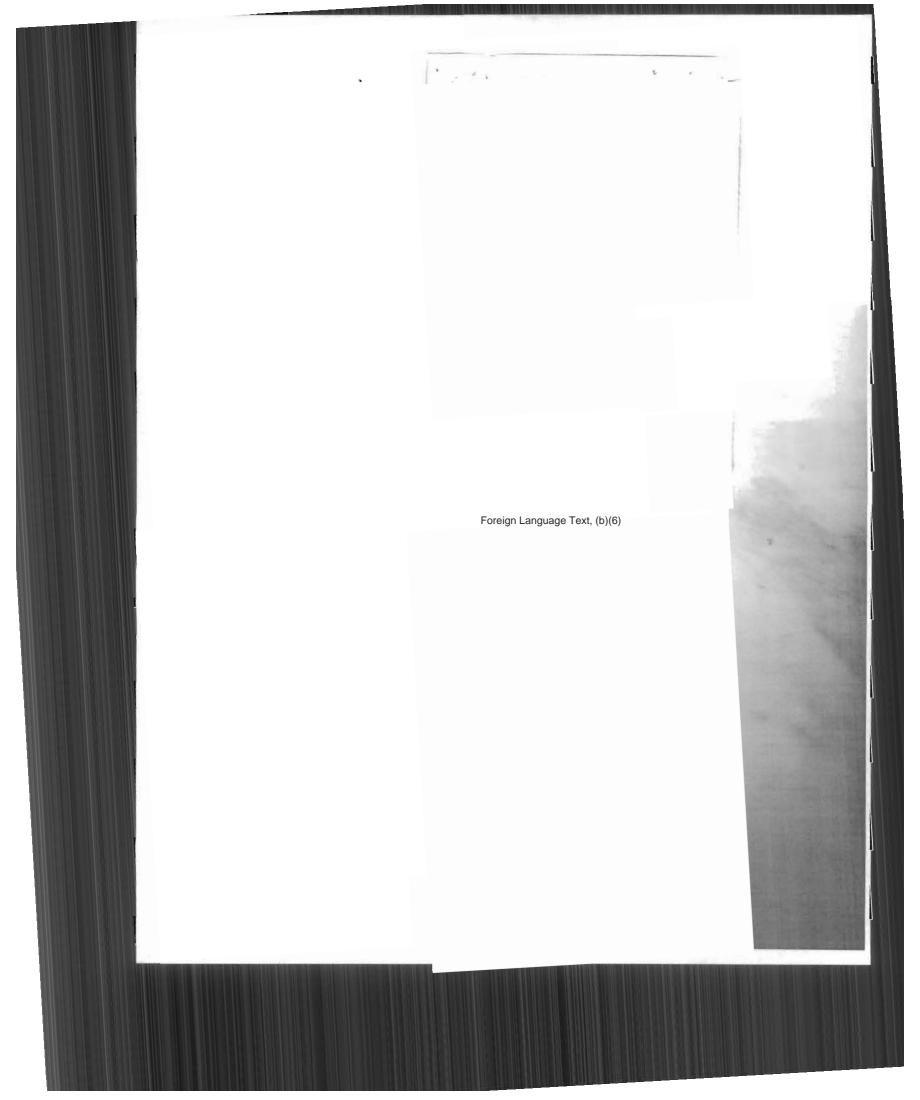


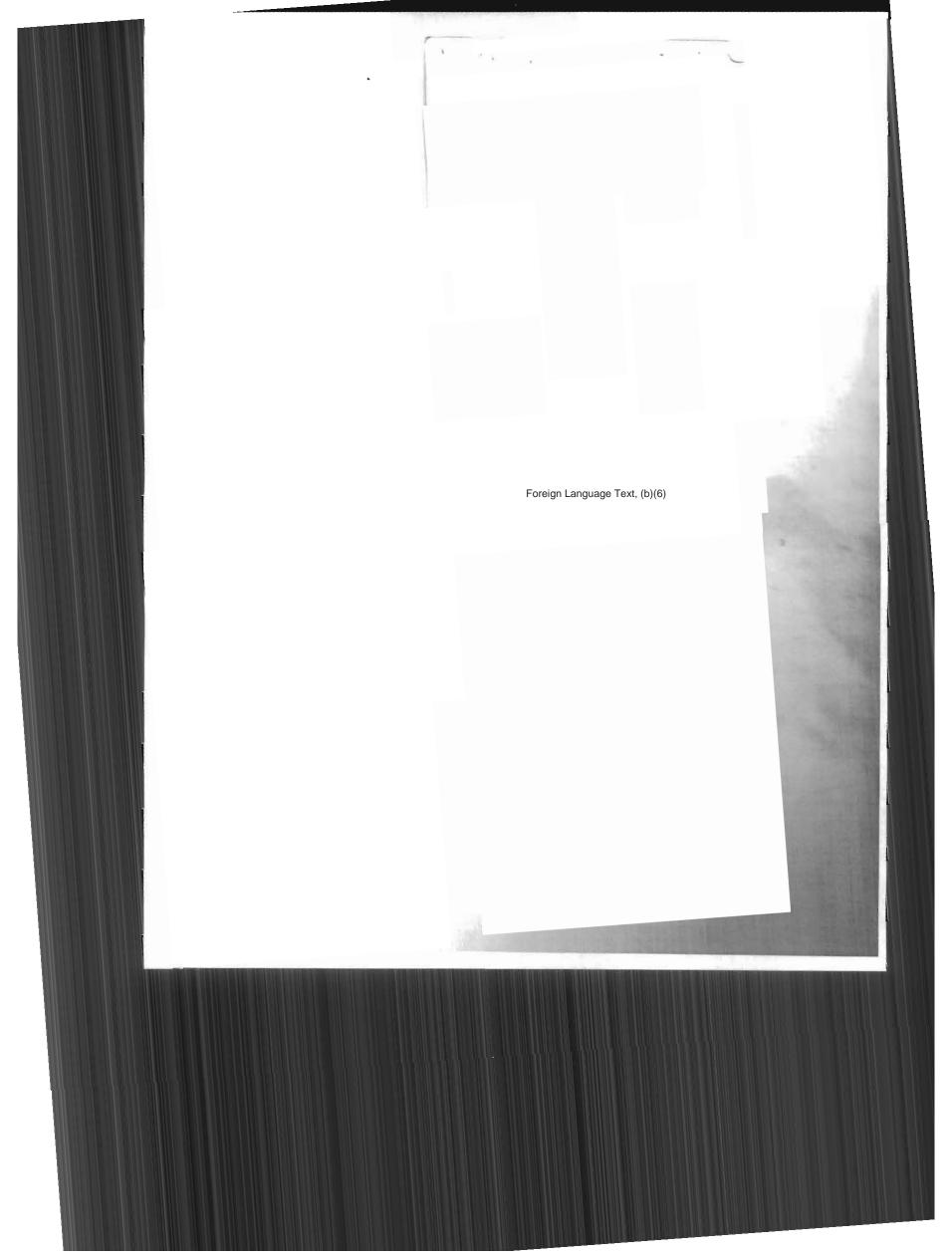


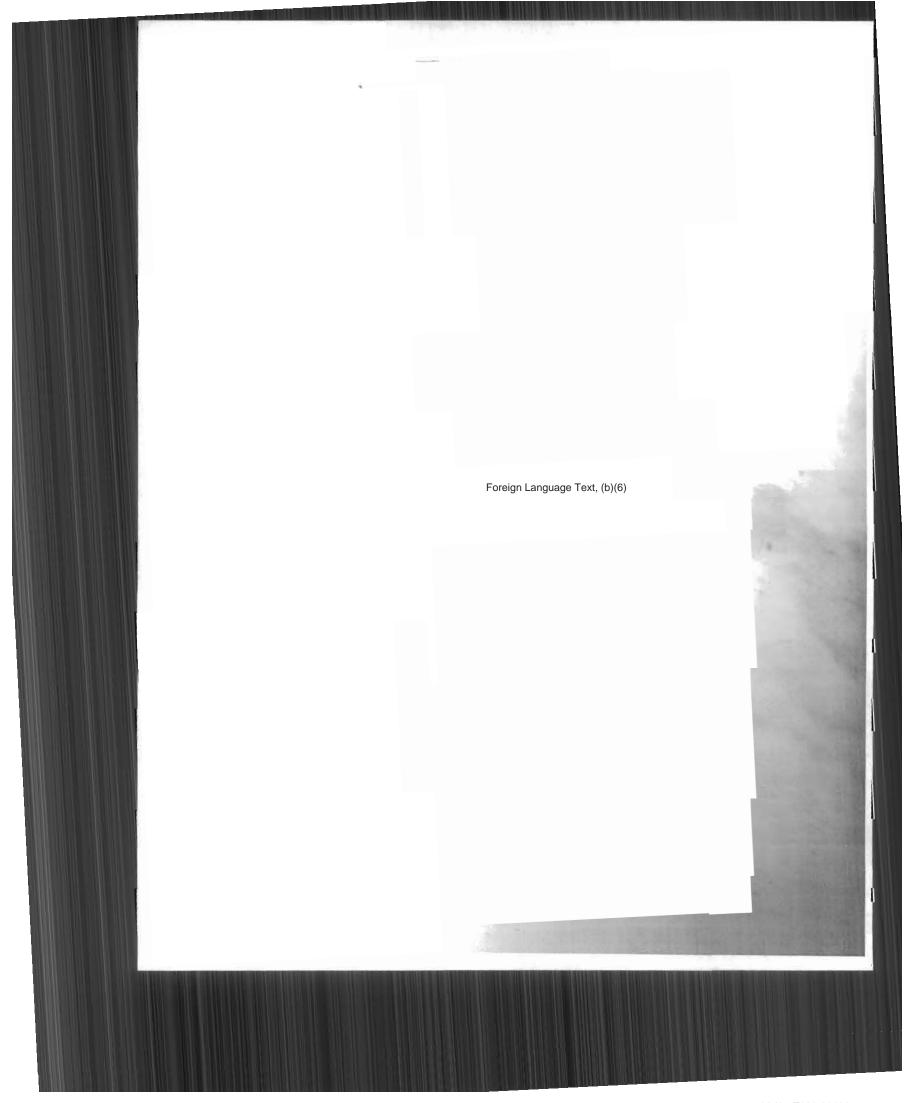
Pages 17 through 18 redacted for the following reasons:

Already Reviewed and Redacted for Release(b)(6) and Foreign Lang Text Already Reviewed and Redacted for Release, (b)(6) and foreign Language Text

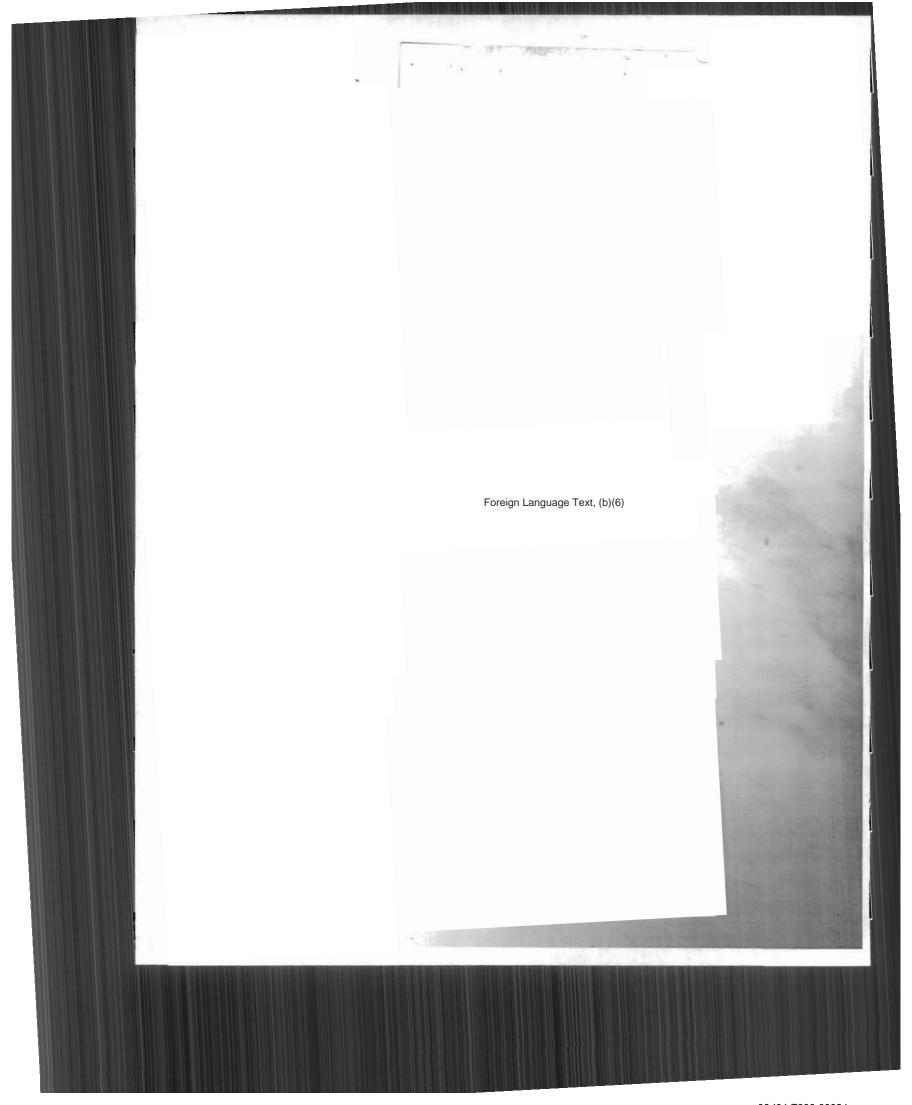








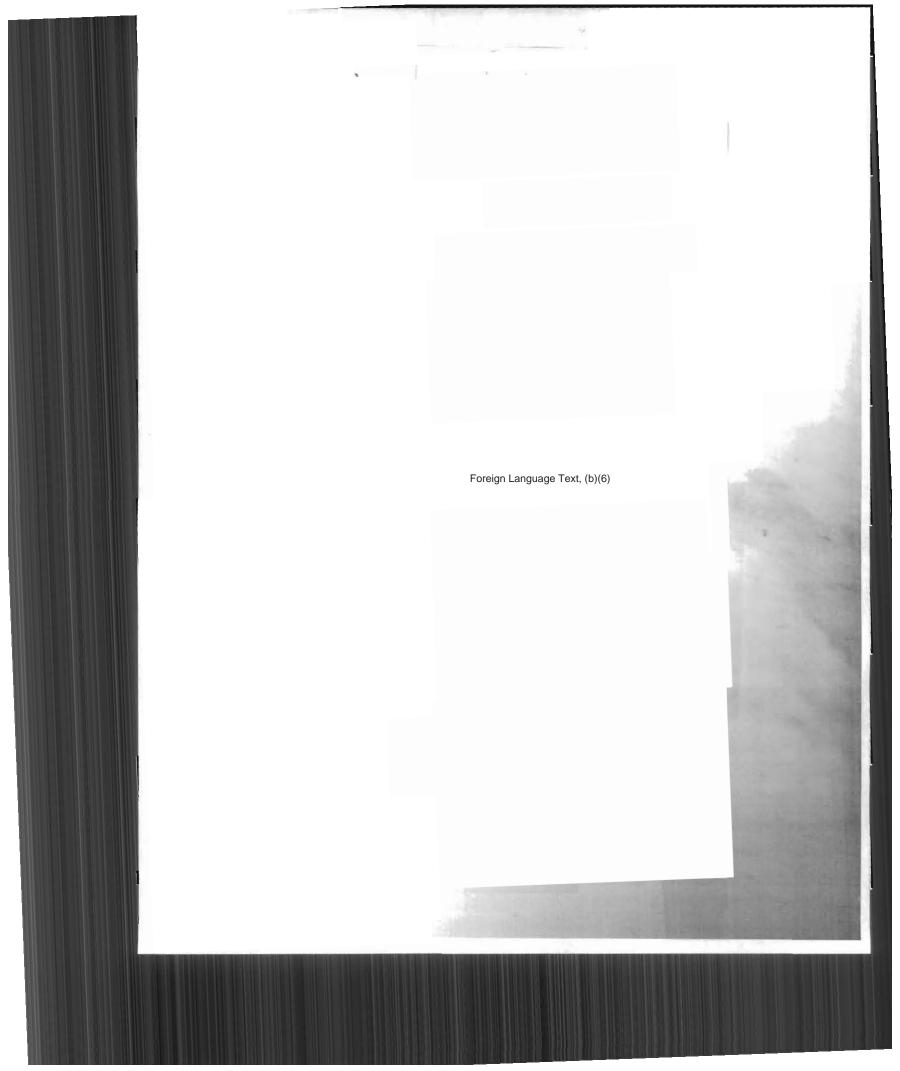


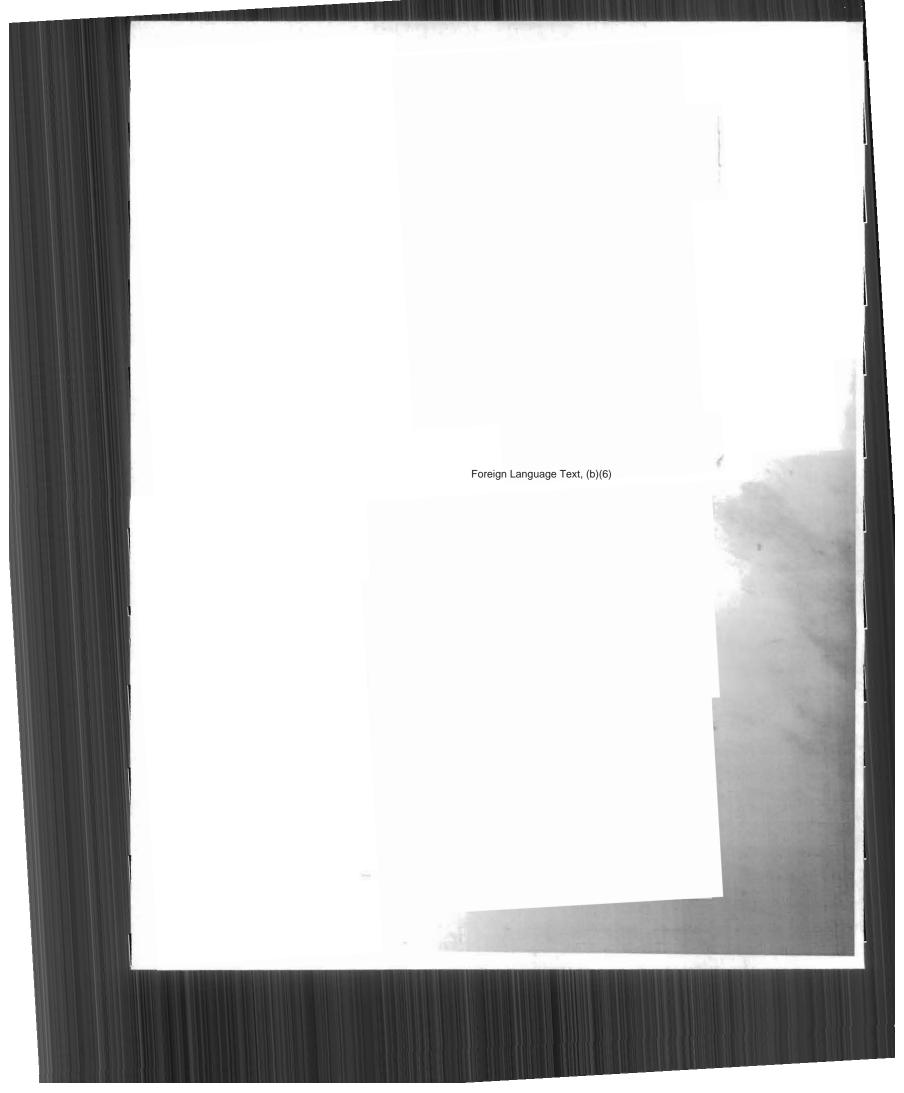






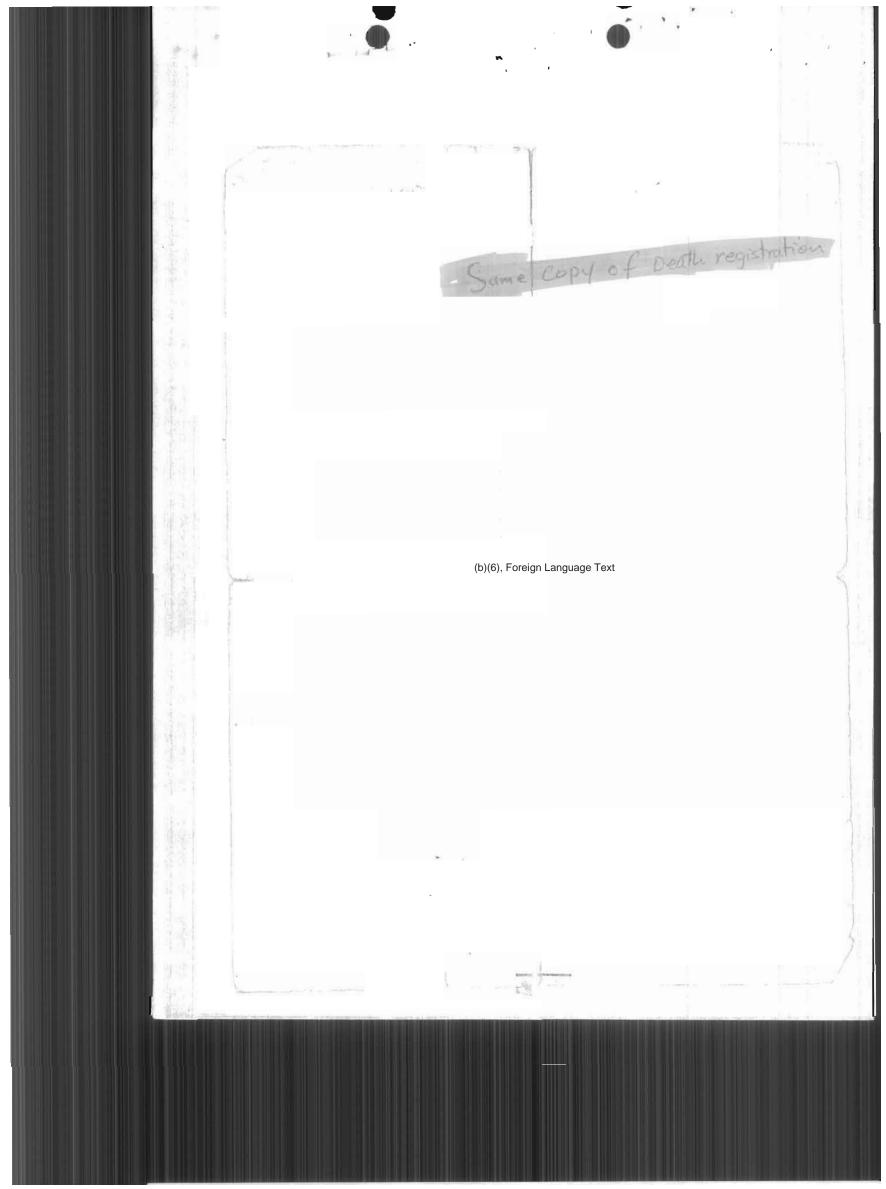






Pages 31 through 33 redacted for the following reasons:

Already Reviewed and Redacted for Release, (b)(6) and Foreign Language Text Already Reviewed and Redacted for Release, (b)(6) and foreign Language Text

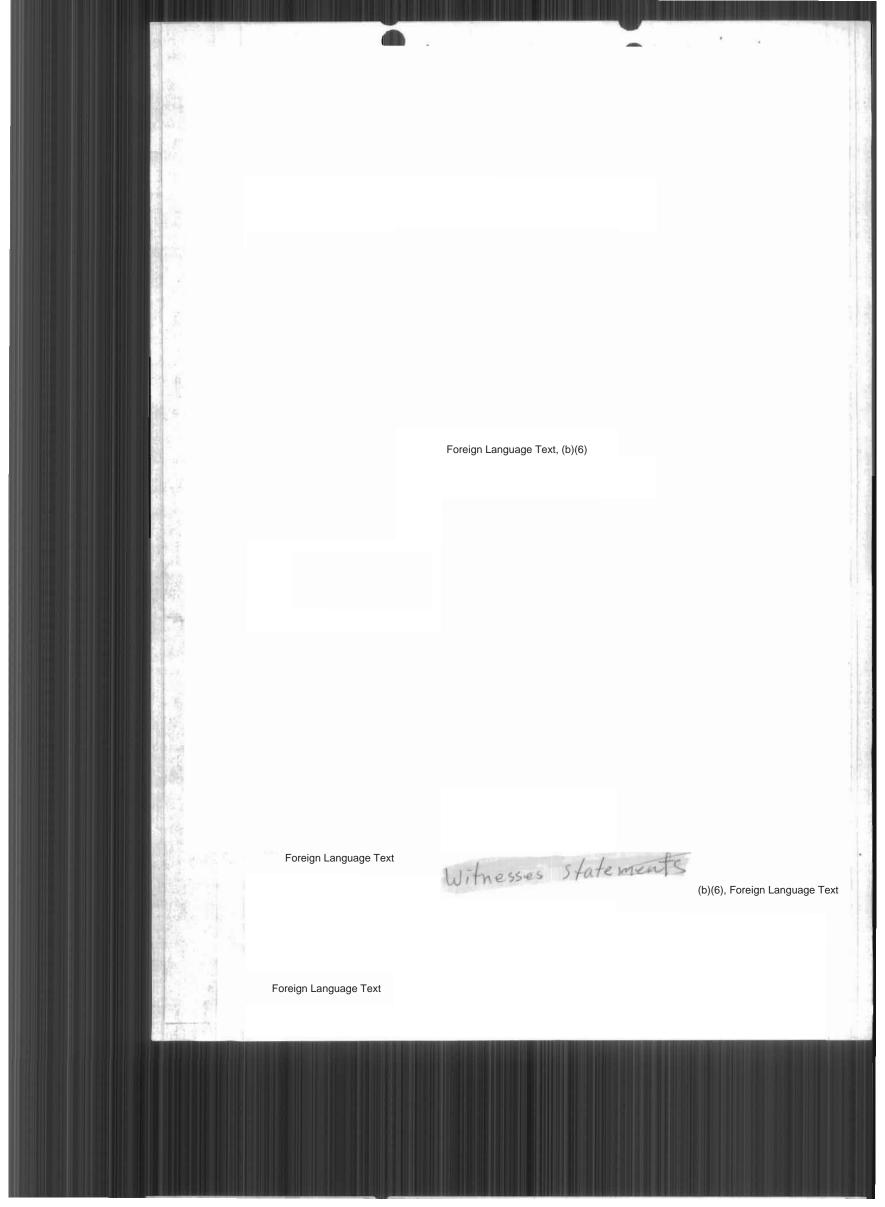


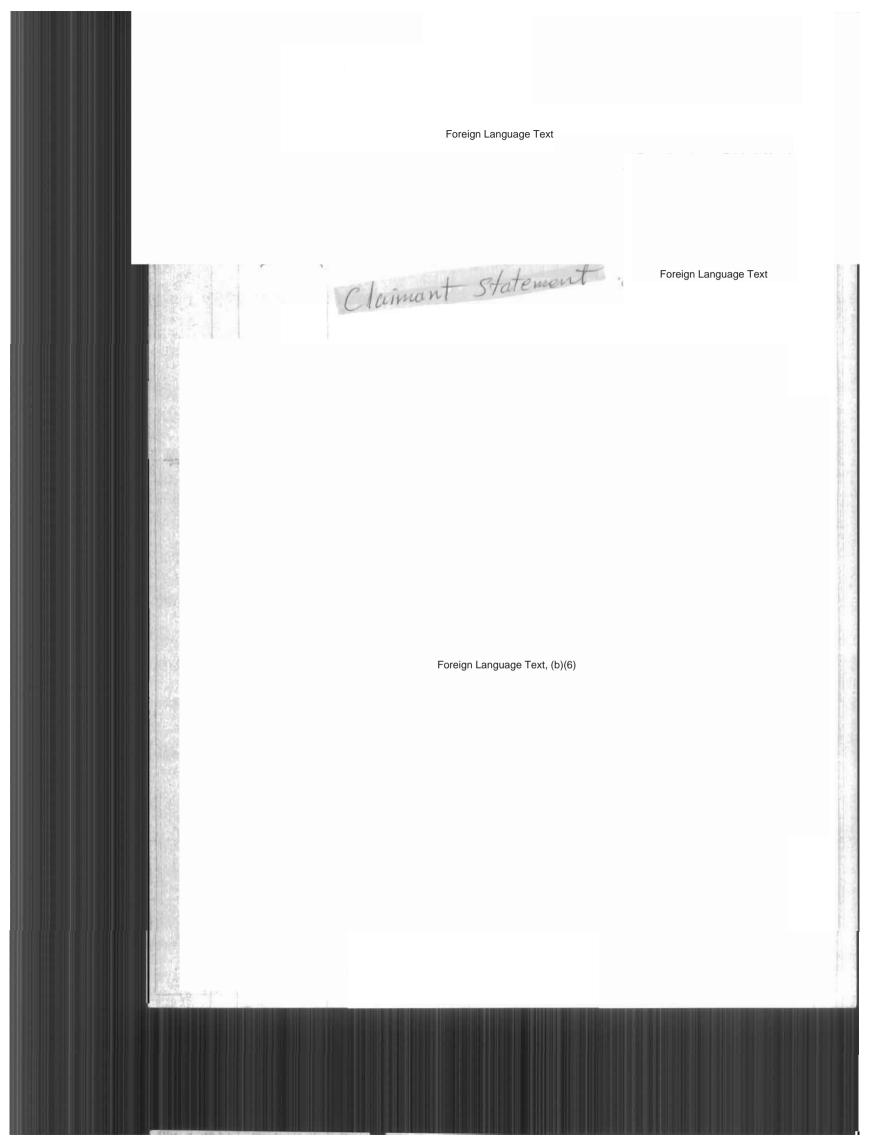
FOREIGN CLAIMS WORKSHEET

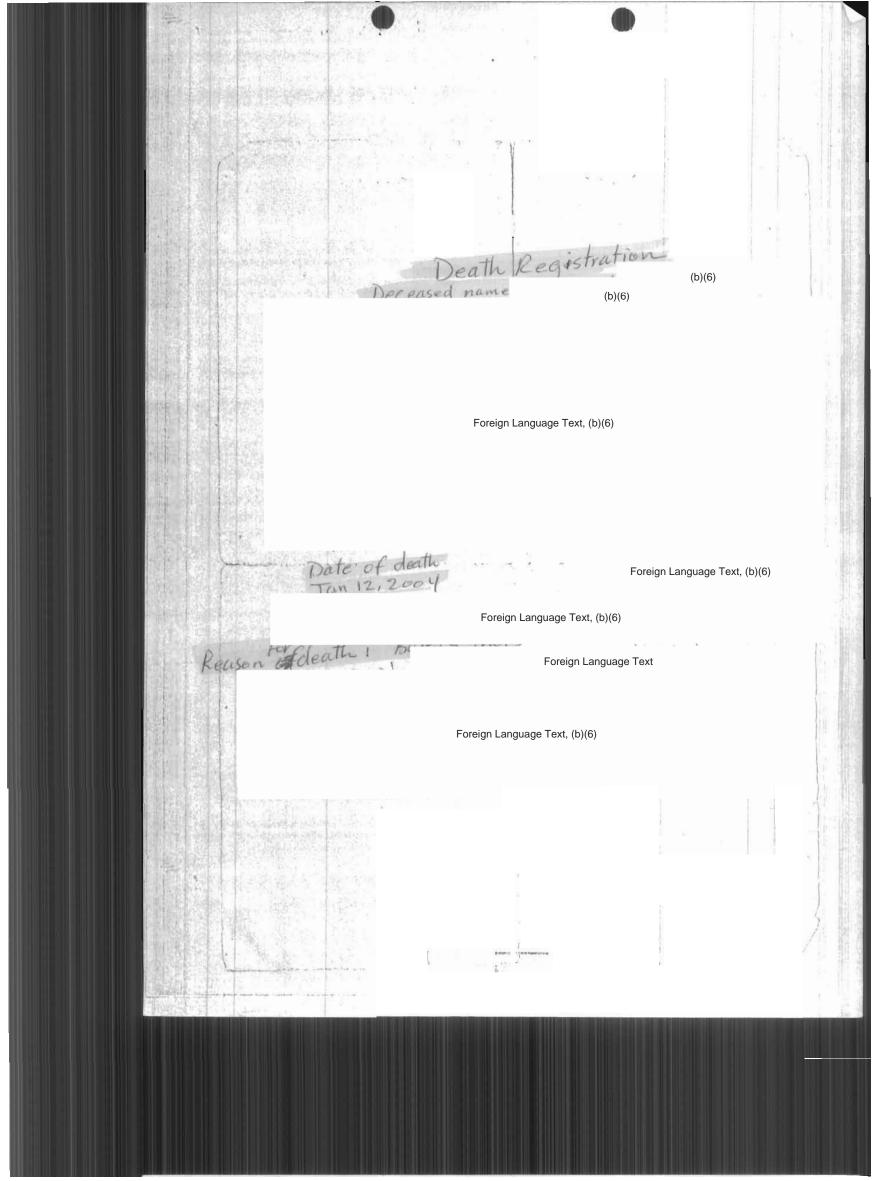
Amount Claimed: \$ 17,000	Date Reviewed:	30110
Date of Incident: 6 Sen 06		
Pay: \$		
Deny:		
Need more info:		
Need more translation		
NOTES:		
New to check Sig Acts		
Family - Medic House Distrayed.	Rebuilton new	land
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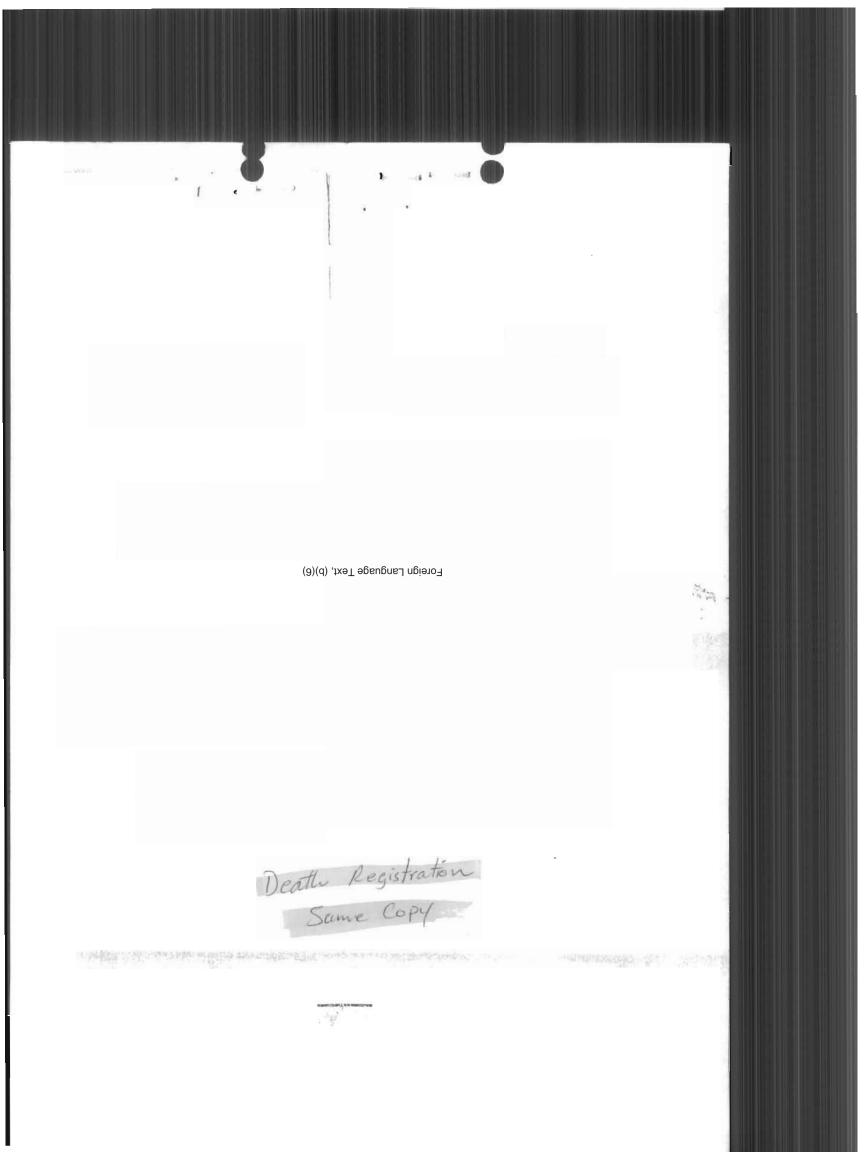
Page 36 redacted for the following reason:
----Foreign Language Text, (b)(6)

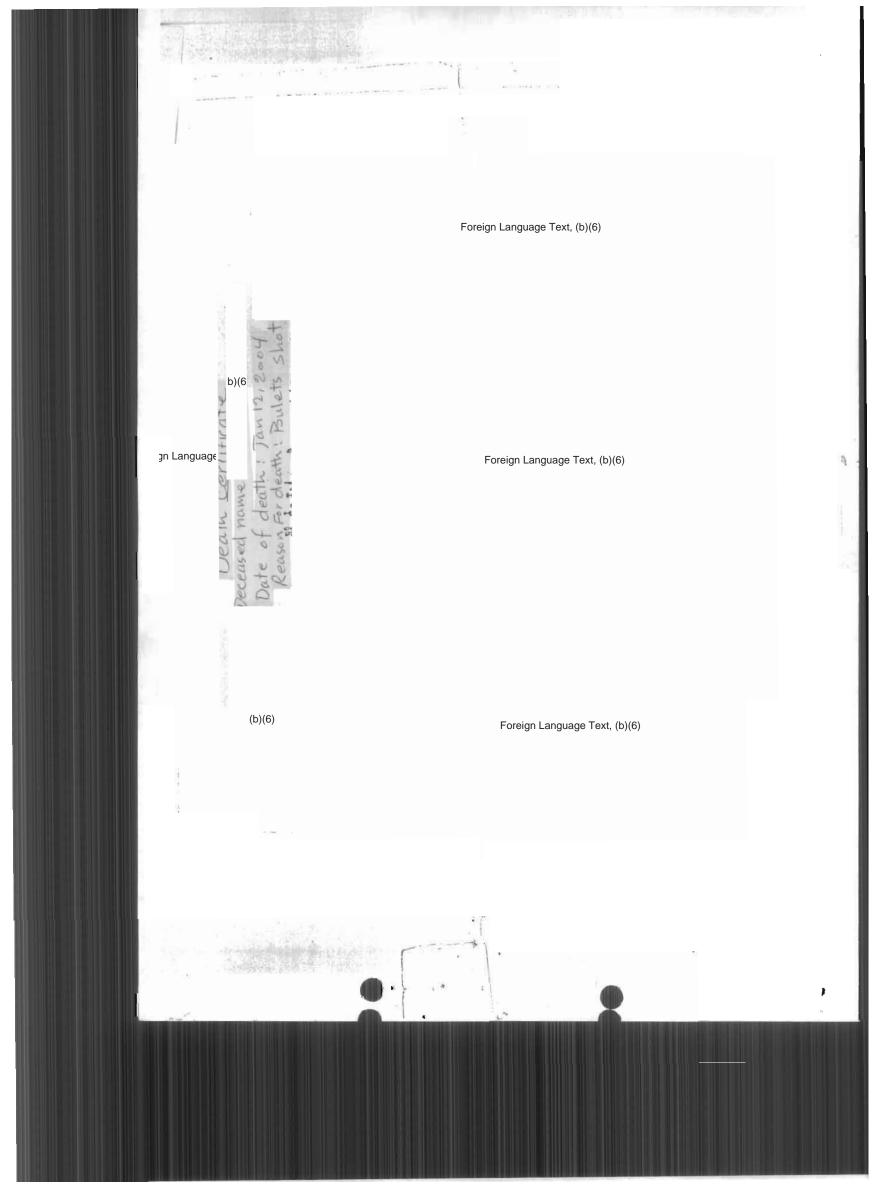
Date : Janza Witness Statement Name: DOB: occupation: (b)(6)Lives: After he took the oath he stated the following: On Jan 5th 2004 was (b)(6) Shot by US. Forces, He was treated by American Medic in their medical facility - On Jan 12, 2004 he was deceased for the result of his wond shot. Tudas Witness Witness statement Dute. Tim 76-2006 Name: DOB: (b)(6)(b)(6)After He took the oath he stated the folowing. passed away for the result of his wond-mat caused by shooting from Us-forces. who were took him to an American medical Facility witness Tuday

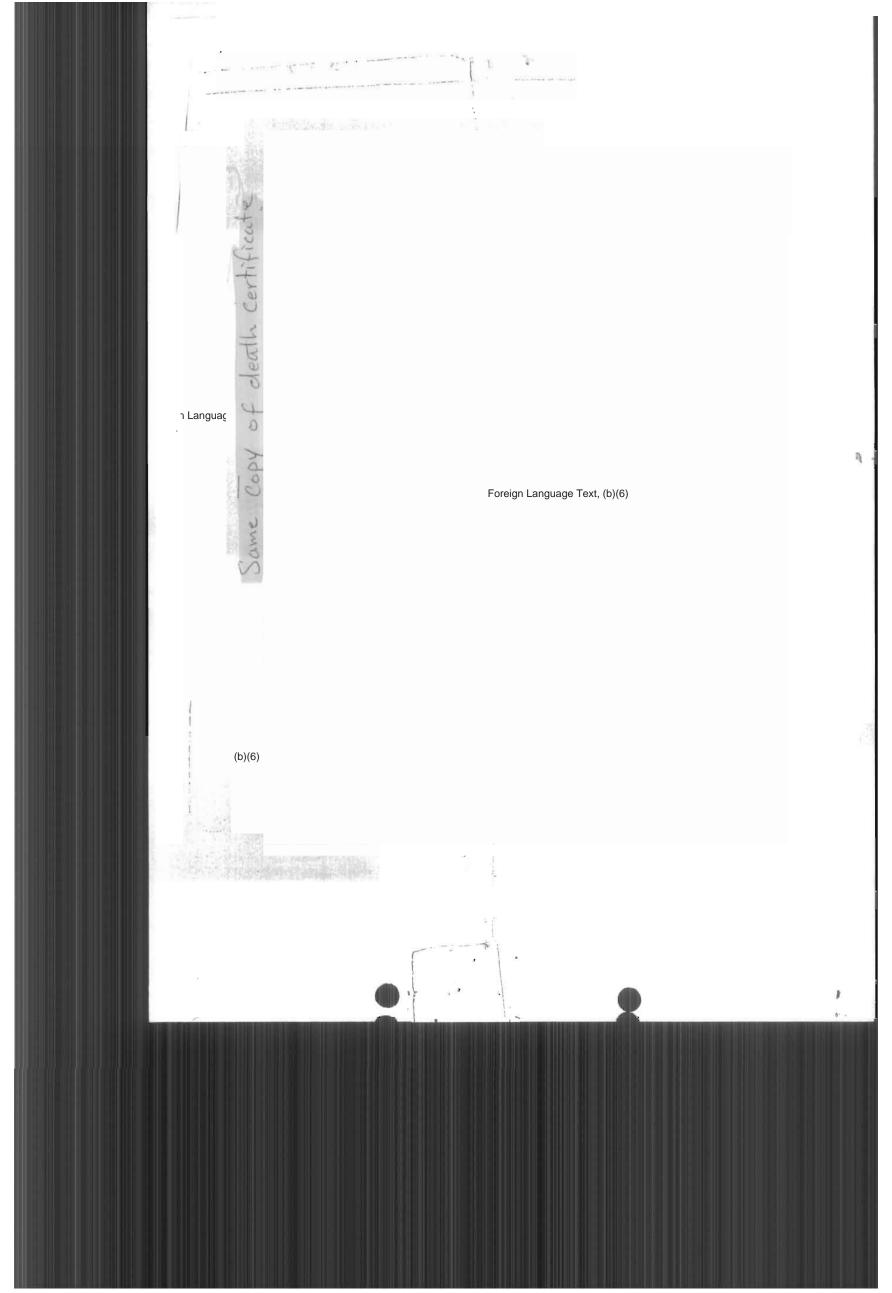




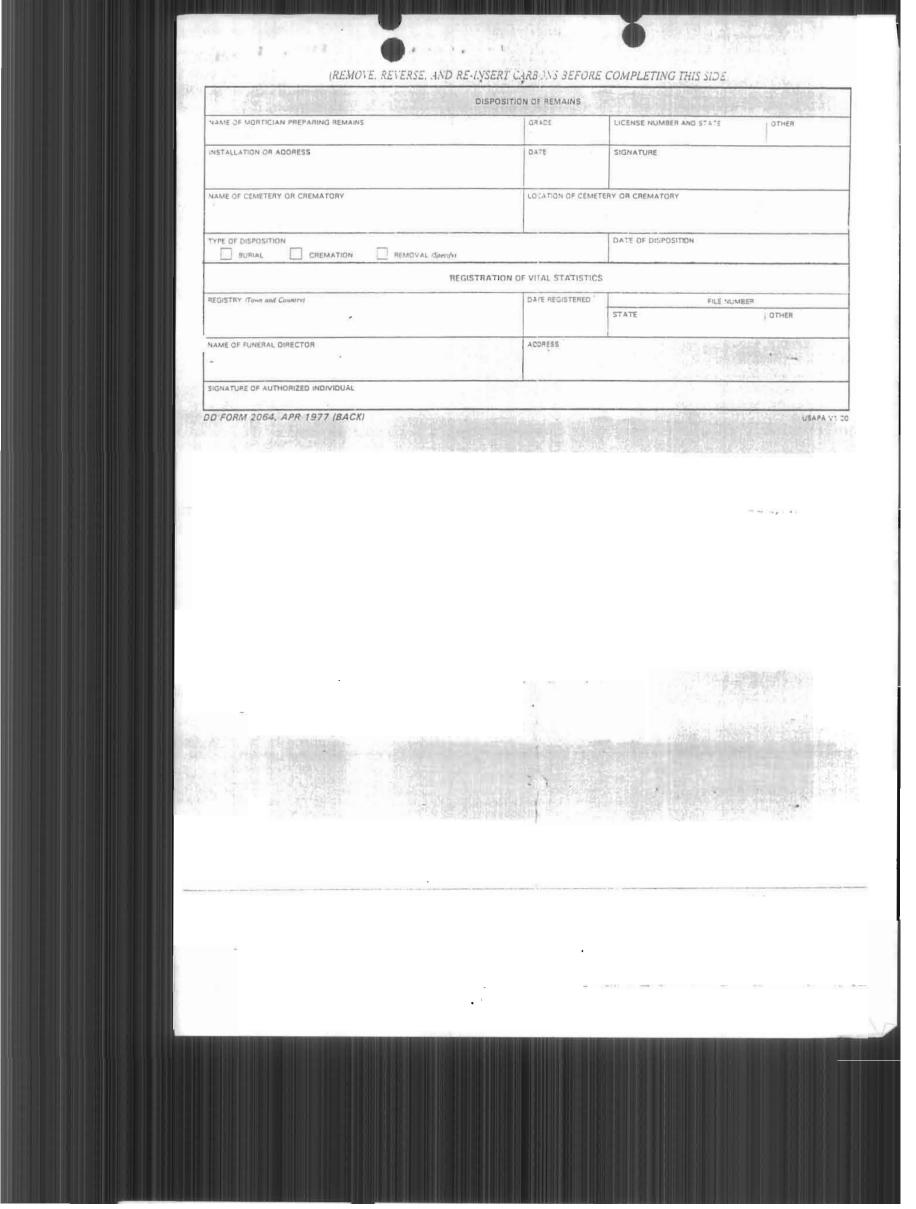








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NAME OF DECEASED	(b)(6)	cade (Nom et prenoms)	GRADE Grade	BRANCH OF SERVICE	SCCIAL SECURITY NUMBER (b)(6)	
ORGANIZATION DEPARTMENTON		No. Colored Colored	NATION IS. S United States)	DATE OF BIRTH	(D)(O)	
ORGANIZATION Organization		- Complete selection of the selection of	Pavs	Date de naissance	MALE Masculin	
				NM	FEMALE Féminin	
	V/A	,	TIAL			
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NEGROID Negr	dide	MARRIED Marié		CATHOLIC Catholicus		
OTHER (Specifier)		WIDOWED Yeuf	SEPARATED Séparé	JEWISP Jul		
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		u décès (N'indiquer qu'une cause			Intervalle entre	
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précurseurs de la mort	GIVING RISE TO PRIMARY		2			
	Raison fondamentare 1'il via litu svant suscité la zause orimaire		drastle He	found name of	Page	
OTHER SIGNIFICANT C						
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Condition de decès	MAJOR FINDINGS OF AUTOPSY	Conclusions principales de l'éurop	Sed	EXTERNAL CAUSES Circonstances de la mort su	ACTION CON CAUSES exterioures	
Mort naturelle						
ACCIDENT Mort accidentella						
SUICIDE Suicide	NAME OF PATHOLOGIST Nom du	gatnologiste	51		1	
HOMICIDE	SIGNATURE Signature	7 5 60	DATE Date	AVIATION ACCIDENT Accident & Avion		
ATE OF DEATH (Hour, ote de décès (l'heure, le	day, month, year)	PLACE OF DEATH Lieu de	dec	YES Out	NO Non	
12 Jan 7	1017	PARHOAD IN	TU -		N. S. Burra	
	VE VEIWED THE REMAINS OF THE D al exemine les restes mortels du défu					
AME OF MEDICAL OFF		ou du médicin sanitaire	TITLE OR DEGREE Titre ou	diplôme		
(b)(6), (INSTALLATION	CA ADDRESS Installation ou		0		
ATE Date	ZEH (CSI+ BANHDAC	11240			
12 Jan 0	4	(b)(3),(b)(6)				
2. State conditions con	y or complication which caused d nethusing to the death, but not recoted to t de la maiadte, de la blessure ou de la com			ON UN CETTE OU COME.		
	de la maiadie, de la biessure ou de la com 1 qui a contribué à la mort, mais n'ayant i	procession and a constitute a sa more, the	me men in moment be mount. Telle	an ar et un coeur, me		



	CERTIFICATE OF	EATH (OVERSE IS) (D'Outre-Mer)		
NAME DE DECEASED (Last. First, Middle) Nom	Acte de déci-	RADE Grade	BRANCH OF SERVICE	500 L. SECURITY MUMBES
(b)(6)	1.1-	Anne N/A	SCC A. SECURITY NUMBER	
(D)(O)	WITION > 2 Linear States	DATE OF BIRTH	(b)(6)	
The state of the s	All the state of t	NA.	Date de naixaance	MALE Masculin
			NIS	FEMALE Férnious
N/A:		T.L. C.		1
RACE Race	MARITAL STA	y in	PROTESTANT	GION CUITA OTHER (Specify)
CAUCASOID Caucasique	SINGLE Célibataire	DIVORCED	Protestant	Autre (Specifiers
NEGROID Négroine	MARRIED Marié	SEPARATED	CATHOLIC	
GTHER (Specify)	WIDDIVED Veul	Secare	JEWISH Jul	
CAME IF NEXT OF XIN Nom du plus croche pare	ent	ATIONS P TO DECEASE	D Parente du décene éres	is finance
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INSTALLATION OR ADDRESS	DATE	SIGNATURE	
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TYPE OF DISPOSITION CREMATION REMOVAL S	pecifyi	DATE OF DISPOSITION	1 1
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NAME OF FUNERAL DIRECTOR			
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Pages 49 through 50 redacted for the following reasons:

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	DISPOSITION TEMAINS		
NAME OF MORTICIAN PREPARING REMAINS	GRADE	LICENSE NUMBER AF	ND STATE OTHER
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NAME OF FUNERAL DIRECTOR	ADDRESS		
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INSTALLATION OR ADDRESS	DATE	RIGNATURE						
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NAME OF FUNERAL DIRECTOR	ADDRESS							
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REGISTRY /Times an	nd Country)		DATE REGISTERED	STATE	FILE NUMI	OTHER
NAME OF FUNERA	DIRECTOR		ACDRESS			
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SIGNATURE OF AL	JTHORIZED INDIVIDUAL				a śn	N AV
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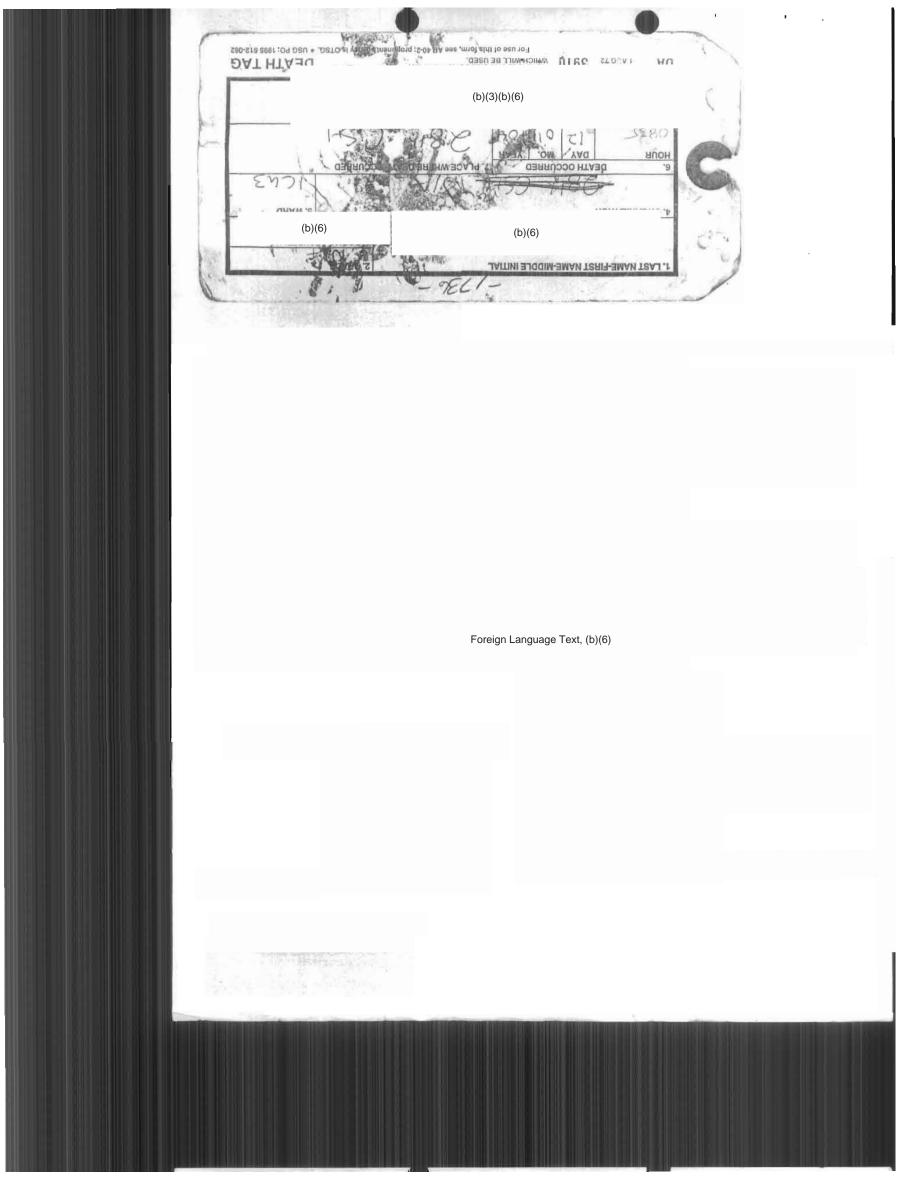
Pages 56 through 57 redacted for the following reasons:

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MANIE OF MORTICIAN PREPARING REMAINS	DISPOSITION REMAINS		
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INSTALLATION OR ADDRESS	DATE	SIGNATURE	
NAME OF CEMETERY, OR CREMATORY	LOCATION OF CEM	ETERY OR CREMATORY	
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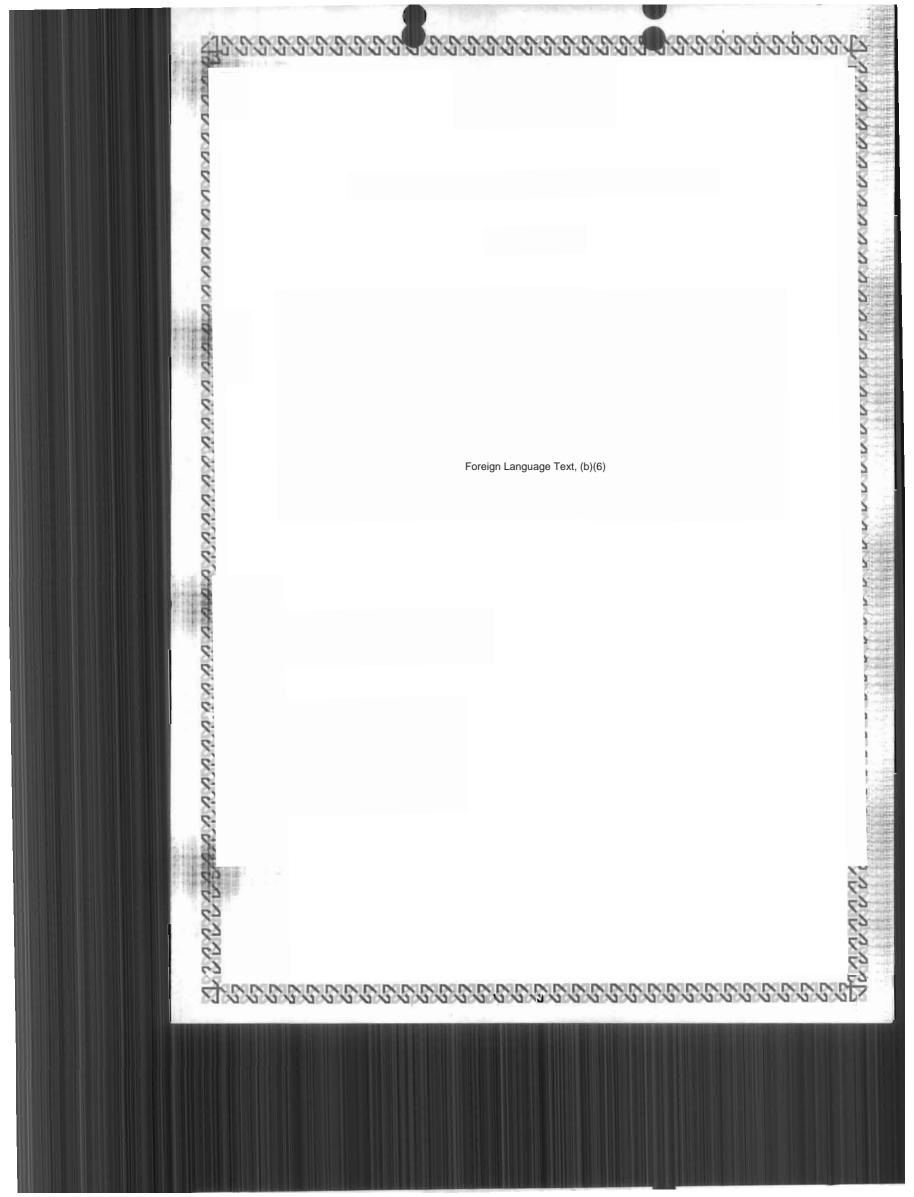
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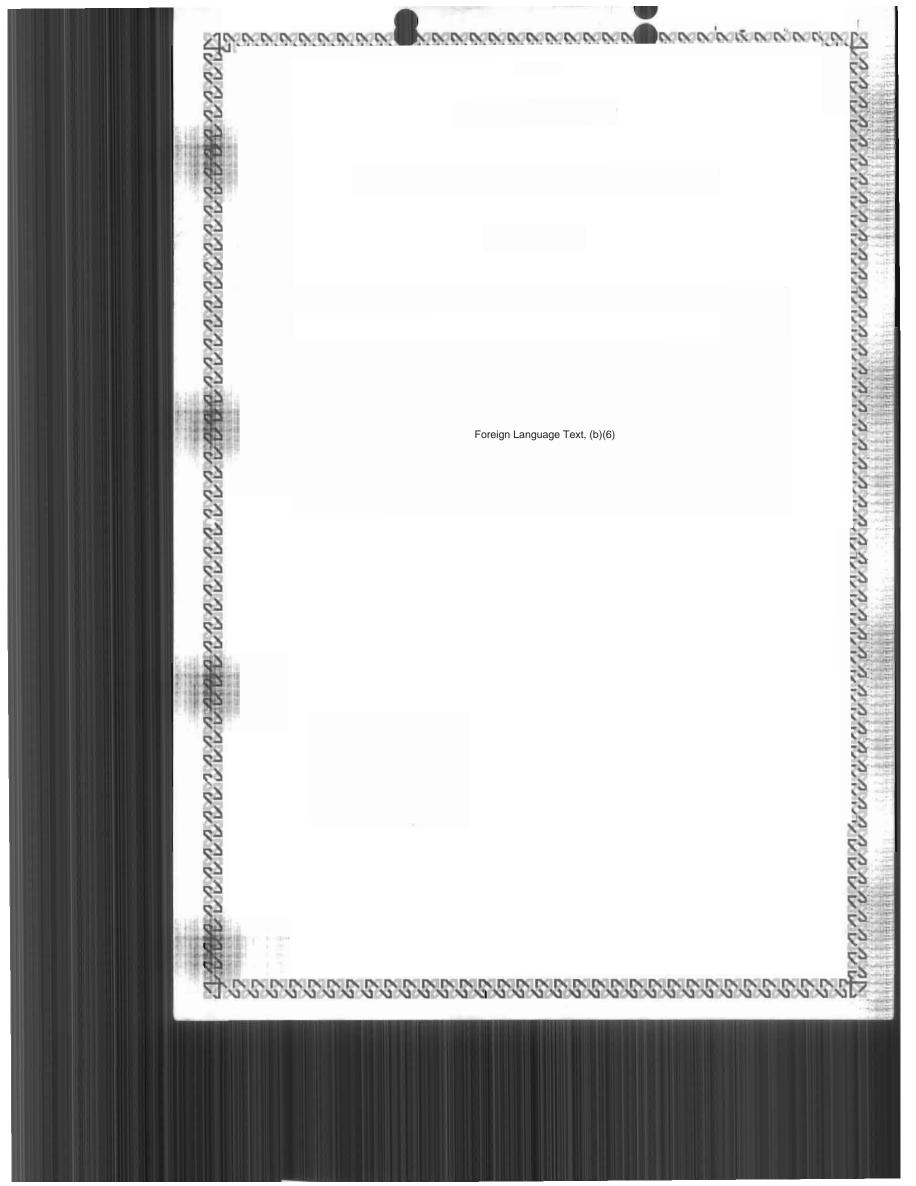
(b)(6), Foreign Language Already Reviewed and Redacted for Release, Foreign Language Text

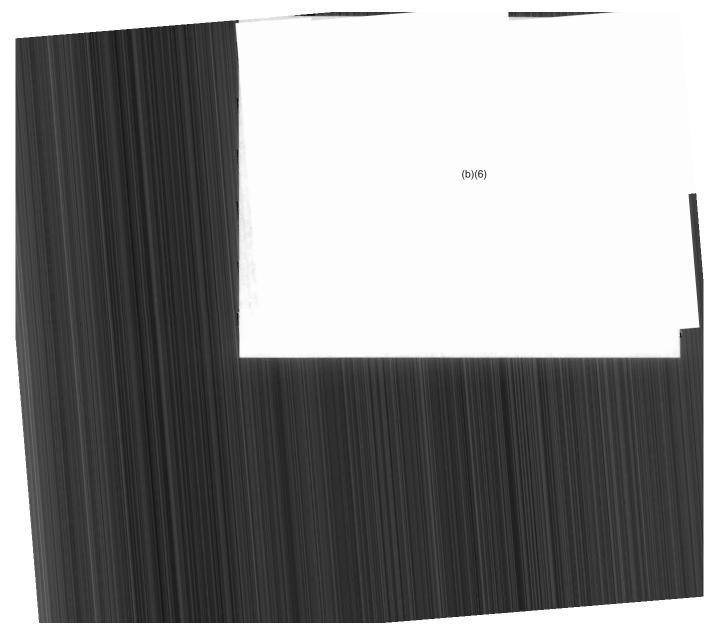


Page 62 redacted for the following reason:

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