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(5-24)

**NAME OF SOLDIER:** *Mautte, John (alias)*  
*Mautte, John*

**NAME OF DEPENDENT:** *Widow,*  
*Minor,*

**SERVICE:** *2. 11 Com. Inf.*

DATE OF FILING	CLASS	APPLICATION NO.	CERTIFICATE NO.	STATE FROM WHICH FILED
<i>12/9/20</i>	<i>Invalid,</i>	<i>318006</i>	<i>620050</i>	
	<i>Widow,</i>			
	<i>Minor,</i>			

**PROPERTY:**

**AMOUNT:** *100.897783*