

Social Security Award Certificate

Department of Health, Education, and Welfare
Social Security Administration

Date **11/24/75**

Name and Address of Payee as the Claimant
Or as Representative of the Claimant

Claim Number **471-44-2616 D**

Type of
Benefit

Date of
Entitlement

Monthly
Benefit

**GUNHILD ERICKSON
APT 3
20958 HOLT AVE
LAKEVILLE MN 55044**

WIDOW 11/75 \$229.20

Amount of First Check:

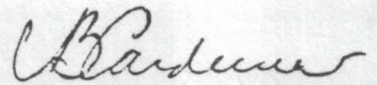
\$255.00

THE BENEFIT AMOUNT WAS CHANGED IN THE MONTH SHOWN ABOVE BECAUSE OF THE DEATH OF THE INSURED PERSON.

A CHECK FOR \$255.00, WHICH REPRESENTS THE LUMP SUM DEATH PAYMENT, WILL BE SENT TO YOU IN A FEW DAYS.

YOUR NEXT CHECK HAS BEEN ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS NOW DUE OR PAID IN ADVANCE. THEREAFTER, THE PREMIUM WILL BE DEDUCTED FROM YOUR REGULAR MONTHLY BENEFIT CHECK.

This certifies that you (or the person(s) on whose behalf you applied), became entitled under the Social Security Act to the social insurance benefits shown.


JAMES B. CARDWELL
COMMISSIONER OF SOCIAL SECURITY