Aggregate Write-ins for

Other Than

Special Surplus

Surplus Notes

Surplus Total Liabilities

And Surplus

Gross Paid in

and Contributed

Surplus

Capital

and

Health Direct

PUBLIC NOTICE

0

45,331,212

221,230,614

PUBLIC NOTICE

Other Than Special Surplus Funds Surplus Notes Gross Paid in 0

and Contributed Surplus 3,014,269,406

Unassigned 6,364,594,894 funds (surplus)
Total Capital and 9,421,874,300 Surplus Total Liabilities, Capital And Surplus 32,013,736,835

NORTH DAKOTA BUSINESS FOR THE YEAR 2024

Total Direct 827,028 Premiums Earned Total Direct 329,464 Losses Incurred Total Accident Health Direct Premiums Earned Total Accident and Health Direct Losses Incurred STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of
Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement,
as officially filed by the Company in
this office. this office.
IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025

(SEAL).
JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its

duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified

filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

said,
NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance
of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have because set my head and seel at

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD
Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024**

of the Union Insurance Company In the state of Iowa 211.052.535

Total Assets Total Liabilities Aggregate

Aggregate write-ins 0 for special surplus funds Common Capital 5,000,000 Stock Preferred Capi-tal Stock 0

Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes

Gross Paid in and Contributed Surplus Unassigned 22,009,385 26,701,895 funds (surplus)
Total Capital and 53,711,280

Surplus Total Liabilities Capital And Surplus 211,052,535

NORTH DAKOTA BUSINESS ONLY **FOR THE YEAR 2024**

Total Direct Premiums Earned 654,518 Total Direct 680,296 Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident and Health Direct 0 Losses Incurred

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of
Insurance of the State of North Dakota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in this office

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025

(SEAL). **JON GODFREAD**

JON GODFHEAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its

duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

business of insurance and WHEREAS, the said company has

filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

said,
NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance
of the State of North Dakota, pursuant to the provisions of said laws, do
hereby certify that the above named
company is fully empowered through
its authorized agents and representatives to transact its appropriated tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A D 2026

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, (SEÁL) **JON GODFREAD**

PUBLIC NOTICE

Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 21 2001 **DECEMBER 31, 2024** of the

Clermont Insurance Company In the state of Iowa Total Assets Total Liabilities 28,775,872 2,305,461 Aggregate write-ins for special surplus funds Common Capital 4,200,000 Stock Preferred Capi-0 tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 13,500,000 Contributed Surplus Unassigned 8,770,411 funds (surplus)
Total Capital and 26,470,411 Surplus Total Liabilities, 28,775,872

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums Earned Total Direct 0 0 Losses Incurred Total Accident 0 and Health Direct Premiums Earned Total Accident Health Direct Losses Incurred

And Surplus

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL) JON GODFREAD

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed

in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-NOW THEREFORE, I, JON GOD-

FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025

JON GODFREAD

Commissioner of Insurance (Jun. 6 & 13 & 20, 2025)

25224 ABSTRACT OF STATEMENT YEAR ENDING DECEMBER 31, 2024 of the

Great Divide Insurance Company In the state of North Dakota Total Assets Total Liabilities 233,334,655 108,497,913 Aggregate write-ins for special surplus funds Common Capital 6,000,000 Stock Preferred Capital Stock

Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and Contributed 64,894,980 Surplus 53.941.762 Unassigned

funds (surplus) Total Capital and 124,836,742 Surplus Total Liabilities,

233,334,655 And Surplus NORTH DAKOTA BUSINESS ONLY

FOR THE YEAR 2024 Total Direct 194,059 Premiums 166,365 Losses Incurred Total Accident 0 and Health Direct Earned **Total Accident** 0 Health Direct Losses Incurred

STATE OF NORTH DAKOTA

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of
Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement,
se officially filed by the Company in as officially filed by the Company in IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 JON GODFREAD

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of

the laws of this State regarding the business of insurance and **WHEREAS**, the said company has filed in this office a duly certified copy of its charter with certificate of

PUBLIC NOTICE

organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April,

A.D. 2026. **IN TESTIMONY WHEREOF,** I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025)

36684 ABSTRACT OF STATEMENT FOR THE YEAR ENDING **DECEMBER 31, 2024** of the

Riverport Insurance Company In the state of Iowa 108,136,574 50,074,454 Total Assets Total Liabilities Aggregate write-ins for special surplus funds Common Capital 3,500,000 Stock Preferred Capi-0 tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in and 0 275,000,000 Contributed Surplus Unassigned 27.062.120 funds (surplus) Total Capital and 58,062,120 Surplus Total Liabilities,

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024 **Total Direct**

108,136,574

Premiums 3,446,596 Total Direct 2.613.877 Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident Health Direct Losses Incurred

Capital

And Surplus

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.
IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 JON GODFREAD

Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement ex-

in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

said, NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April,

A.D. 2026. IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD

Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025) ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024

of the State Farm Mutual Automobile Insurance Company
In the state of Illinois

239,888,927,927 94,699,059,289 Total Assets

Total Liabilities Aggregate write-ins 117,837,757,231

for special surplus funds Common Capi-tal Stock Preferred Capi- 0 tal Stock Aggregate Write-ins for 10,000,000 Other Than Special Surplus Funds Surplus Notes Gross Paid in and

Contributed Surplus Unassigned 27,342,111,407 funds (surplus) Total Capital 145,189,868,638 and Surplus Total Liabilities 239,888,927,927 Capital And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Total Direct Premiums 91,495,283 Total Direct Losses 53,557,891 Incurred Total Accident 4.280.063 and Health Direct Premiums Earned Total Accident 3,794,425 Health Direct Losses Incurred

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

OF INSURANCE
I, Jon Godfread, Commissioner of
Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement,
as officially filed by the Company in
this office.
IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed

PUBLIC NOTICE

the seal of this office at Bismarck, the first day of March, A.D. 2025 JON GODFREAD

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its
state or country of domicile, has filed
in this office a sworn statement exhibiting its condition and business for
the year ending December 31, 2024

the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has

filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

said,
NOW THEREFORE, I, JON GODFREAD, Commissioner of Insurance
of the State of North Dakota, pursuant to the provisions of said laws, do
hereby certify that the above named
company is fully empowered through
its authorized agents and representatives to transact its appropriated tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

(Jun. 6 & 13 & 20, 2025)

FOR THE YEAR ENDING DECEMBER 31, 2024 of the Firemen's Insurance Company Of

21784 ABSTRACT OF STATEMENT

Washington DC In the state of Delaware Total Assets Total Liabilities 132,063,774 94,265,650 Aggregate write-ins 0 surplus funds Common Capital 3,500,000 Stock
Preferred Capi- 0

tal Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 0 and Contributed 19,717,835 Surplus Unassigned 14,580,259 funds (surplus)
Total Capital and 37,798,094

Surplus

Capital

Total Liabilities

And Surplus

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

132,063,744

Total Direct 143,703 Premiums Earned Total Direct -36,244 Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident and 0 Health Direct Losses Incurred

STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of
Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement,
as officially filed by the Company in

as officially filed by the Company in this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025

JON GODFREAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

COMPANY'S CERTIFICATE OF AUTHORITY
WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid,

NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and representatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April,

IN TESTIMONY WHEREOF, I have hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

Commissioner of Insurance (Jun. 6 & 13 & 20, 2025)

In the state of Iowa

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Key Risk Insurance Company

Total Assets 105.121.709 Total Liabilities 67,700,507 Aggregate write-ins for special surplus funds Common Capital 4,500,000 Stock Preferred Capi- 0 tal Stock
Aggregate
Write-ins for
Other Than Special Surplus Funds Surplus Notes Gross Paid in 0 and 20.750.000 Contributed Surplus 12,171,202 Unassigned funds (surplus)
Total Capital and 37,421,202 Surplus Total Liabilities. 105,121,709

NORTH DAKOTA BUSINESS ONL FOR THE YEAR 2024 **Total Direct**

Premiums 284,939 Earned

And Surplus

PUBLIC NOTICE

Total Direct 200,112 Incurred Total Accident Health Direct Premiums Earned Total Accident and Health Direct

Losses Incurred

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the fore-going is a true Abstract of Statement, as officially filed by the Company in

as official, life by the Company in this office.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 JON GODFREAD

JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of list
state or country of domicilla has filed

state or country of domicile, has filed in this office a sworn statement ex-hibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law aforesaid. NOW THEREFORE, I, JON GOD-NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursu-ant to the provisions of said laws, do hereby certify that the above named

company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A D 2026 IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD Commissioner of Insurance

(Jun. 6 & 13 & 20, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2024 of the Intrepid Insurance Company In the state of Iowa

Total Assets 92,134,486 Total Liabilities 57,801,106 Aggregate write-ins for special surplus funds Common Capital 10,000,000 Stock Preferred Capital Stock Aggregate Write-ins for Other Than Special Surplus Funds Surplus Notes Gross Paid in 0 20,000,000 and Contributed Surplus Unassigned 4,333,380 funds (surplus) Total Capital and 34,333,380

And Surplus NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

92,134,486

Total Direct 208,083 Earned Total Direct 47,079 Incurred Total Accident 0 Health Direct Premiums Earned Total Accident and Health Direct

Surplus Total Liabilities,

Capital

STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE

I, Jon Godfread, Commissioner of Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement, as officially filed by the Company in this office.

this office.
IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL). JON GODFREAD

JON GODFREAD Commissioner of Insurance STATE OF NORTH DAKOTA OFFICE OF THE COMMISSIONER OF INSURANCE COMPANY'S CERTIFICATE OF AUTHORITY WHEREAS, the above corporation duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement ex-

in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and

WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the requirements of insurance law afore-

NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026. IN TESTIMONY WHEREOF, I have

hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL) JON GODFREAD

Commissioner of Insurance (Jun. 6 & 13 & 20, 2025)

ABSTRACT OF STATEMENT FOR THE YEAR ENDING DECEMBER 31, 2004 **DECEMBER 31, 2024** of the Midwest Employers Casualty Com-

pany In the state of Delaware 221.230.614 Total Assets Total Liabilities 84,728,356 Aggregate write-ins for special surplus funds Common Capital 3,531,000

Preferred Capi- 0

tal Stock

NORTH DAKOTA BUSINESS ONLY FOR THE YEAR 2024

Unassigned 87,640,046 funds (surplus)
Total Capital and 136,502,258

Total Direct 0 Premiums Farned -66 Losses Incurred Total Accident and Health Direct Premiums Earned Total Accident

Losses Incurred STATE OF NORTH DAKOTA

0

OFFICE OF THE COMMISSIONER
OF INSURANCE
I, Jon Godfread, Commissioner of
Insurance of the State of North Dakota, do hereby certify that the foregoing is a true Abstract of Statement,
so officially filed by the Company in as officially filed by the Company in this office.
IN TESTIMONY WHEREOF, I have

hereunto set my hand and affixed the seal of this office at Bismarck, the first day of March, A.D. 2025 (SEAL).
JON GODFREAD
Commissioner of Insurance
STATE OF NORTH DAKOTA
OFFICE OF THE COMMISSIONER
OF INSURANCE
COMPANY'S CERTIFICATE OF
AUTHORITY
WHEREAS, the above corporation
duly organized under the laws of its

duly organized under the laws of its state or country of domicile, has filed in this office a sworn statement exhibiting its condition and business for the year ending December 31, 2024 conformable to the requirements of the laws of this State regarding the business of insurance and WHEREAS, the said company has filed in this office a duly certified copy of its charter with certificate of organization in compliance with the

requirements of insurance law aforesaid, NOW THEREFORE, I, JON GOD-FREAD, Commissioner of Insurance of the State of North Dakota, pursuant to the provisions of said laws, do hereby certify that the above named company is fully empowered through its authorized agents and represen-

tatives, to transact its appropriated business of authorized insurance in the state according to the laws thereof, until the 30th day of April, A.D. 2026.

IN TESTIMONY WHEREOF, I have because set my hand and seal at hereunto set my hand and seal at Bismarck this first day of March, A.D., 2025 (SEAL)

JON GODFREAD Commissioner of Insurance (Jun. 6 & 13 & 20, 2025)

IN THE DISTRICT COURT OF STUTSMAN COUNTY STATE OF NORTH DAKOTA In the Matter of the Estate of Wilfred Carl Mehlhoff, aka Wilfred C. Mehlhoff, aka Wilfred Mehlhoff, De-

Probate No. 47-2025-PR-00053
Notice to Creditors is Hereby Given
That the undersigned have been appointed personal representative of
the above estate. All persons having
claims against the deceased are required to present their claims within
three (3) months after the date of the first publication of this notice or to those known creditors whom a mailing of the notice of creditors has been sent or said claims will be forever barred. Claims must be presented to Pamela Watters personal representative of the

ters personal representative of the estate, at the below addresses, or to Lawrence P. Kropp, Attorney for the personal representative, at 105 Tenth Street SE, Jamestown, ND 58401, or filed with the Clerk of District Court at the following address: 511 2nd Ave SE, Jamestown, ND 58401 Dated this 4th day of June, 2025. Pamela Watters

Pameia watters
Personal Representative
1006 Western Park Vlg
Jamestown, ND 58401
(530) 953-7793
KROPP LAW OFFICES, PC
105 Tenth Street SE
Jamestown, ND 58401
(701) 26, 5605 (701) 252-5505 kropplaw@csicable.net Attorney for the Personal Representative (Jun. 6 & 13 & 20, 2025)



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