

TYPE OR PRINT IN PERMANENT INK SEE HANDBOOK FOR INSTRUCTIONS

# MONTANA

## REPORT OF

DISSOLUTION OF MARRIAGE (FORMERLY DIVORCE)  
 INVALID MARRIAGE (FORMERLY ANNULMENT)

87 3202  
 STATE FILE NUMBER

Bureau of Records and Statistics, Montana Department of Health and Environmental Sciences  
 1978 Revision

**HUSBAND**

1 <u>Alfred H. Roullier</u> HUSBAND - NAME First Middle Last			2 <u>11/3/24</u> DATE OF BIRTH (Month, Day, Year)		3 <u>Montana</u> STATE OF BIRTH (if not in U.S.A., name country)		
USUAL RESIDENCE - CITY, TOWN OR LOCATION			4b <u>Lake</u> <sup>24</sup> COUNTY		4c <u>Montana</u> STATE		
4a <u>Ronan</u> RACE - HUSBAND		EDUCATION - Specify Highest Grade Completed		NUMBER OF THIS MARRIAGE		IF PREVIOUSLY MARRIED, HOW MANY ENDED BY	
White, Black, American Indian, etc. (Specify)		Elementary or Secondary (0-12)		College (1-4 or 5+)		DEATH?	
5 <u>Amer. Ind.</u>		6 <u>10</u>		7 <u>4th</u>		8a <u>0</u>	

**WIFE**

9 <u>Barbara J. Oliver</u> WIFE - MAIDEN NAME First Middle Last			10 <u>4/14/37</u> DATE OF BIRTH (Month, Day, Year)		11 <u>Montana</u> STATE OF BIRTH (if not in U.S.A., name country)		
USUAL RESIDENCE - CITY, TOWN OR LOCATION			12b <u>Lake</u> <sup>24</sup> COUNTY		12c <u>Montana</u> STATE		
12a <u>St. Ignatius</u> RACE - WIFE		EDUCATION - Specify Highest Grade Completed		NUMBER OF THIS MARRIAGE		IF PREVIOUSLY MARRIED, HOW MANY ENDED BY	
White, Black, American Indian, etc. (Specify)		Elementary or Secondary (0-12)		College (1-4 or 5+)		DEATH?	
13 <u>Amer. Ind.</u>		14 <u>12</u>		15 <u>2nd</u>		16a <u>0</u>	

17a <u>Ronan</u> PLACE OF THIS MARRIAGE - CITY		17b <u>Lake</u> COUNTY		17c <u>Montana</u> STATE (if not in U.S.A., name country)		17d <u>Lake</u> COUNTY WHERE LICENSE ISSUED	
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17e <u>8/16/77</u> DATE OF THIS MARRIAGE (Month, Day, Year)			18 <u>3/87</u> DATE COUPLE SEPARATED (Month, Day, Year)		
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19a <u>0</u> NUMBER OF CHILDREN EVER BORN ALIVE OF THIS MARRIAGE (Specify)		19b <u>0</u> CHILDREN UNDER 18 IN THIS FAMILY (Specify)		20 <u>Husband</u> PETITIONER - HUSBAND, WIFE, BOTH OR OTHER (Specify)		21 <u>n/a</u> LEGAL GROUNDS FOR INVALID MARRIAGE	
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22a <u>Representative Patricia E. Lyles</u> ATTORNEY FOR PETITIONER - NAME (Type or print)			22b <u>P.O. Box 278</u> ADDRESS STREET OR RFD NO		22c <u>Pablo, MT</u> CITY OR TOWN STATE		22d <u>59855</u> ZIP	
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**DECREE**

23a <u>Oct. 23, 1987</u> I certify that the marriage of the above named persons was dissolved on: Month Day Year			23b <u>Oct. 27, 1987</u> DATE OF ENTRY Month Day Year		
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23c <u>Lake</u> COUNTY OF DECREE		23d <u>Tribal Court</u> JUDICIAL DISTRICT OR TRIBAL COURT		23e <u>DA-245-87</u> CASE NUMBER	
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23f. (Signature and Title) P.R. Abonzo Clerk of Court