P 656 276 106

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

19-48-E17	XECUTOR-ESTATE OF JACCOUNT NO. 4164	ACK DE FORES
. t	P.O., State and ZIP Code	
* U.S.G.P.O. 1ਾਲ੍ਹ	FT. WORTH, TX. 761(Postage	\$ 22
*	Certified Fee	75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	70
1982	Return receipt showing to whom, Date, and Address of Delivery	
Feb.	TOTAL Postage and Fees ()	1.67
PS Form 3800, Feb. 1982	Postmark of Sale Sale Sale Sale Sale Sale Sale Sale	

P 656 276 104

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

(ELK)

		(ELK,	
3.517	Sent to CYNTHIA JEAN PO	OTTER]
83-40	Street a ROCKHILL F	ROAD	
U.S.G.P.O. 1983-403-517	P.O., State and ZIP Code FT. WORTH,	TX. 761	12
5.0.0	Postage	\$) >	12
*	Certified Fee	75	
	Special Delivery Fee		
	Restricted Delivery Fee		
F-	Return Receipt Showing to whom and Date Delivered	70	
-	Return receipt showing to whom, Date, and Address of Delivery		
۱.	31A. NO	\$ 1.67	
	Postmark of Sale OCT 18 1985 6 0 0 H		

reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. Show to whom, date and address of delivery. 447-845 2. Restricted Delivery. 3. Article Addressed to: FT. WORTH NAT. BANK IND. EXECUTOR-ESTATE OF JACK DE FOREST ACCOUNT No. 4164 Q. BOX 2605) FT. WORTH, TX. 4. Type of Service: Article Number ☐ Registered ☐ Insured Certified
Express Mail □ cop P 656 276 106 Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED</u>. 5. Signature - Addressee DOMESTIC 6. RETURN 7. Date of Delivery 8. Addressee's Address (ONLY i) RECEIPT

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Eathern to space on the reverse side. reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. X Show to whom, date and address of delivery. 2. Restricted Delivery. 3. Article Addressed to: CYNTHIA JEAN POTTER 5808 ROCKHILL ROAD FORT WORTH, TX. 76112 4. Type of Service: **Article Number** □ Registered ☐ Insured ☐ COD Certified
Express Mail P 656 276 104 Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED</u>. 5. Signature - Addressee DOMESTIC 6. Signature - Agent RETURN RECEIPT 7. Date of Delivery 8. Addressee's Address (ONLY if requested and fee paid)

P 656 276 105

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

(ELK)

		\/
3-517	Sent to SUZANNE D. JOHNS	
83-403	Street 5808 ROCKHILL RO	76112
* U.S.G.P.O. 1983-403-517	P.O. State and ZIP Code	72112
.S.G.F	Postage	\$ 22
) *	Certified Fee	75
	Special Delivery Fee)
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	70
1982	Return receipt showing to whom Date, and Address of Delivery	
Feb.	TOTAL POSTOS PARO POST	\$ 1.67
PS Form 3800, Feb. 1982	Postma from Date O	

Р 656 276 103

RECEIPT FOR CERTIFIED MA'L

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

	(See Heverse)	(ELK)
	Sent to PAMELA JOHNSON WE	REN
	Street 380% ROCKHILL ROA	AD AD
	P.O., State and ZIP Code FORT WORTH, TX.	7€112
5.0.0	Postage	\$ 22
÷	Certified Fee	_75
	Special Delivery Fee	
	Restricted Delivery Fee	
	Return Receipt Showing to whom and Date Delivered	70
292	Return receipt showing to wnom. Date, and Address of Delivery	
Fab 1092	TOTAL Postage and Fore	1.67
0	Postmark (10) (10) (10) (10) (10) (10) (10) (10)	

orm 3811, July 1983 447-845	Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested. 1. Show to whom, date and address of delivery. 2. Restricted Delivery.		
-845	3. Article Addressed to: SUZANNE D. JOHNS 5808 ROCKHILL RO	DAD	
	4. Type of Service: □ Registered □ Insured □ Certified □ COD □ Express Mail	Article Number P 656 276 105	
DOMESTI	Always obtain signature of ac DATE DELIVERED. 5. Signature – Addressee X 6. Signature – Agent	ddressee or agent and	
DOMESTIQ REJURN RECEIPT	7 Date of Delivery /	2-21-1 HINIC ST	

•	4186		
1_	The second of the property of the second of		
SF	SENDER: Complete items 1, 2, 3 and 4. (ELK)		
악	Put your address in the "RETURN TO" space on the		
38	reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide		
7,	you the name of the person delivered to and the date of delivery. For additional fees the following services are		
VIII	available. Consult postmaster for fees and check box(es) for service(s) requested.		
PS Form 3811, July 1983 447-845	1. Show to whom, date and address of delivery.		
4	2. Restricted Delivery.		
7-8.			
55	3. Article Addressed to:		
	PAMELA JOHNSON WREN		
	5808 ROCKHILL ROAD FORT WORTH, TX. 76112		
	TORT WORTH, TA. 70112		
	4. Type of Service: Article Number		
	☐ Registered ☐ Insured		
	Certified COD P 656 276 103		
	C Express iviali		
	Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED</u> .		
DC	5. Signature – Addressee		
M	K 6. Signature – Agent		
DOMESTIC	X Signature - Agent		
20 EQ.	7. Date of Delivery		
R	8. Addressed's Address (ONLY if requested and fee paid)		
URN RECEIP			
H H	Same 15 3		
4	41111/2		