

P 656 276 106

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

U.S.G.P.O. 1983-403-517

Sent to  
FT. WORTH NAT. BANK IND.  
EXECUTOR-ESTATE OF JACK DE FOREST  
ACCOUNT No. 4164  
Street and No.  
P.O. BOX 2605  
P.O., State and ZIP Code  
FT. WORTH, TX. 76101  
Postage \$ 22  
Certified Fee 75  
Special Delivery Fee  
Restricted Delivery Fee  
Return Receipt Showing  
to whom and Date Delivered 70  
Return receipt showing to whom,  
Date, and Address of Delivery  
TOTAL Postage and Fees \$ 1.67  
Postmark of Date  
OCT 18 1985  
HOBBS, NM

PS Form 3811, July 1983 447-845

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.

## 3. Article Addressed to:

FT. WORTH NAT. BANK IND.  
EXECUTOR-ESTATE OF JACK DE FOREST  
ACCOUNT No. 4164 (P.O. BOX 2605)  
FT. WORTH, TX. 76101

## 4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

## Article Number

P 656 276 106

Always obtain signature of addressee or agent and  
DATE DELIVERED.

## 5. Signature - Addressee

X

## 6. Signature - Agent

X

## 7. Date of Delivery

## 8. Addressee's Address (ONLY if requested and fee paid)

P 656 276 104

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse) (ELK)

PS Form 3800, Feb. 1982

U.S.G.P.O. 1983-403-517

Sent to  
CYNTHIA JEAN POTTER  
5808 ROCKHILL ROAD  
Street and No.  
P.O., State and ZIP Code  
FT. WORTH, TX. 76112  
Postage \$ 22  
Certified Fee 75  
Special Delivery Fee  
Restricted Delivery Fee  
Return Receipt Showing  
to whom and Date Delivered 70  
Return receipt showing to whom,  
Date, and Address of Delivery  
TOTAL Postage and Fees \$ 1.67  
Postmark of Date  
OCT 18 1985  
HOBBS, NM

PS Form 3811, July 1983 447-845

## SENDER: Complete items 1, 2, 3 and 4. (ELK)

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.

## 3. Article Addressed to:

CYNTHIA JEAN POTTER  
5808 ROCKHILL ROAD  
FORT WORTH, TX. 76112

## 4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

## Article Number

P 656 276 104

Always obtain signature of addressee or agent and  
DATE DELIVERED.

## 5. Signature - Addressee

X

## 6. Signature - Agent

X

## 7. Date of Delivery

## 8. Addressee's Address (ONLY if requested and fee paid)

Same

DOMESTIC RETURN RECEIPT

P 656 276 105

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

(ELK)

PS Form 3811, July 1983 447-845

U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to	SUZANNE D. JOHNSON
Street and No.	5808 ROCKHILL ROAD
P.O., State and ZIP Code	FT. WORTH, TX. 76112
Postage	\$ 22
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	70
Return receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark for Date	

HOUSTON, TX. OCT 1 1985 U.S. POST OFFICE

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.

- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

## 3. Article Addressed to:

SUZANNE D. JOHNSON  
5808 ROCKHILL ROAD  
FT. WORTH, TX. 76112

## 4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

## Article Number

P 656 276 105

Always obtain signature of addressee or agent and  
**DATE DELIVERED.**

## 5. Signature - Addressee

X

## 6. Signature - Agent

X

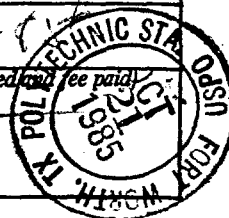
## 7. Date of Delivery

12-21-85

## 8. Addressee's Address (ONLY if requested and fee paid)

Same

DOMESTIC RETURN RECEIPT



P 656 276 103

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

(ELK)

U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to	PAMELA JOHNSON WREN
Street and No.	5808 ROCKHILL ROAD
P.O., State and ZIP Code	FORT WORTH, TX. 76112
Postage	\$ 22
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	70
Return receipt showing to whom Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 1.67
Postmark for Date	

HOUSTON, TX. OCT 1 1985 U.S. POST OFFICE

## SENDER: Complete items 1, 2, 3 and 4. (ELK)

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.

- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

## 3. Article Addressed to:

PAMELA JOHNSON WREN  
5808 ROCKHILL ROAD  
FORT WORTH, TX. 76112

## 4. Type of Service:

- ☐ Registered ☐ Insured  
☒ Certified ☐ COD  
☐ Express Mail

## Article Number

P 656 276 103

Always obtain signature of addressee or agent and  
**DATE DELIVERED.**

## 5. Signature - Addressee

X

## 6. Signature - Agent

X

## 7. Date of Delivery

## 8. Addressee's Address (ONLY if requested and fee paid)

Same

PS Form 3811, July 1983 447-845

DOMESTIC RETURN RECEIPT

