

P 656 276 106

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to
FT. WORTH NAT. BANK IND.
 EXECUTOR-ESTATE OF JACK DE FORES
 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

PS Form 3800, Feb. 1982
 * U.S.G.P.O. 1983-403-517



PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

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:
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: Article Number
 Registered Insured
 Certified COD **P 656 276 106**
 Express Mail

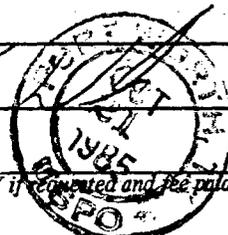
Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 X *[Signature]*

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



P 656 276 104

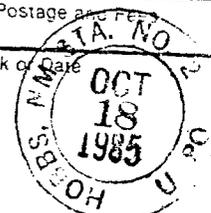
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse) (ELK)

Sent to
CYNTHIA JEAN POTTER
 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 of Date

PS Form 3800, Feb. 1982
 * U.S.G.P.O. 1983-403-517



PS Form 3811, July 1983 447-845 DOMESTIC RETURN RECEIPT

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

4. Type of Service: Article Number
 Registered Insured
 Certified COD **P 656 276 104**
 Express Mail

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

5. Signature - Addressee
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 X *[Signature]*

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

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 FT. WORTH, TX. 76112
P.O., State and ZIP Code	FT. WORTH, TX. 72112
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 or Date	

HOBBY TECHNIC STA. OCT 1985 U. PO.

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:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 656 276 105

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Suzanne D. Johnson*

7. Date of Delivery
12-21-85

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

HOBBY TECHNIC STA. OCT 1985 U. PO.

P 656 276 103

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	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 or Date	

HOBBY TECHNIC STA. OCT 1985 U. PO.

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:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail	P 656 276 103

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
X

6. Signature - Agent
X *Pamela Johnson Wren*

7. Date of Delivery
12-21-85

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

HOBBY TECHNIC STA. OCT 1985 U. PO.