

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 2820 0001 4359 5333

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement P)

Barbara B Jelinek Tr
c/o Gerald C Kratz Tr
876 Rosemont Rd.
Oakland, CA 94610

Sr.
or PC
City, St.

PS Form 3811, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

Barbara B Jelinek Tr
c/o Gerald C Kratz Tr
876 Rosemont Rd.
Oakland, CA 94610

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Gerald C Kratz*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

Address different from item 1? Yes
or delivery address below: No

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

7009 2820 0001 4359 5333

PS Form 3811, July 2013

Domestic Return Receipt