

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

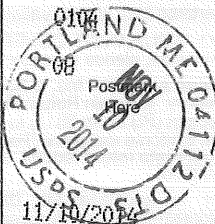
7010 0780 0001 1493 0090

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

SOUTH PORTLAND ME 04106

OFFICIAL USE

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
057 K019 Total Postage & Fees	\$	\$6.49



Sent To **HEIRS**
 Street, Apt. No., or PO Box No. **418 BROADWAY**
 City, State, ZIP+4 **S. PORTLAND ME 04101**

PS Form 3800, 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.

1. Article Addressed to:

**HEIR OF ELIZABETH DABROSKY
 CLOWES
 412 BROADWAY
 SOUTH PORTLAND ME 04101**

**RE: 057 K019
 INSP**

2. Article Number
 (Transfer from service label)

7010 0780 0001 1493 0090

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Carol Clowes Addressee

B. Received by (Printed Name) *Carol Clowes* C. Date of Delivery *11-15-14*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes