2012/10/12 08:28:50 S6 726

CalPERS

Disability Retirement Election Application

888 CalPERS (or 888 225 7377) TTY for Speech and Hearing Impaired (916) 795-3240

Employer Information

☐ Check if this is an employer originated application
Employer must fill out and sign Section 12 on the last page of this application

Application Type

☐ Disability Retirement
☐ Service Pending Disability Retirement
~~☒ Industrial Disability Retirement~~
☒ Service Pending Industrial Disability Retirement
RC

Section 1

Information About You

Please provide your name as it appears on the Social Security card

Richard Jay Lewis
Name of Member (First Name Middle Initial Last Name) | Social Security Number

Address

City | CA State | ZIP | Country

Please display all dates in this order month/day/year

Birth Date (mm/dd/yyyy) | Gender | Home Phone | Work Phone

Section 2

Retirement Information

Please do not abbreviate your employer or position

RC 11/30/2012
Retirement Date (mm/dd/yyyy)

San Bernardino City | Fire Captain
Employer | Position Title

Do you have any final compensation period higher than the last consecutive 12 or 36 months?
☒ No ☐ Yes from _____ to _____
Beginning Date (mm/dd/yyyy) | Ending Date (mm/dd/yyyy)

Do not list Social Security military or railroad retirement as a California public retirement system

Are you a member of a California public retirement system other than CalPERS? ☒ No ☐ Yes provide

Name of System

Date of Retirement (mm/dd/yyyy) | Beginning Service Credit Date (mm/dd/yyyy) | Ending Service Credit Date (mm/dd/yyyy)

Section 3

Workers' Compensation Information

Local safety members should not complete Sections 3 & 4

Workers' Compensation Carrier

Name of Adjuster | Phone Number

Address

City | State | ZIP

Claim Number(s) Relating to Alleged Disability | Date of Injury (mm/dd/yyyy)

RECEIVED OCT 10 2012 CalPERS DISP SVCS CD

DDC - 5

2012 OCT 11 AM 10 44 CALIFORNIA PUBLIC EMPLOYEES' RETIREMENT SYSTEM

PERS BSD 369 D (1/11)

EXHIBIT
PENGAD 800-631-6989
R 13

Put your name and Social Security number at the top of every page

Richard Jay Lewis
Your Name

Social Security Number

Section 4 Disability Information

Please complete all the questions below If you need additional space attach separate sheets and be sure to include your name and Social Security number on all sheets

What is your specific disability when and how did it occur?

What is the complete name and address of your treating physician(s)?

Name of Treating Physician

Medical Record Number

Address

City

State

ZIP

( )
Phone Number

What are your limitations/preclusions due to your injury or illness?

How has your injury or illness affected your ability to perform your job?

Are you currently working in any capacity (full time part time or modified work)? If yes please explain

Other information you would like to provide

Did a third party cause your injury? ☐ No ☐ Yes (If yes CalPERS has a potential right of subrogation)

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Put your name and Social Security number at the top of every page

Your Name: Richard Jay Lewis

Social Security Number:

Section 5 Select Your Retirement Payment Option and Beneficiary

Select only one payment option Option 1 Option 2 Option 2W Option 3 Option 3W the Unmodified Allowance Option or one of the Option 4 types

By filling out this section, you are electing your Retirement Payment Option and designating your beneficiary Once you select a payment option you cannot change to another option Along with your option selection you must complete at least one of the beneficiary designations in Sections 5a 5d If you choose the Unmodified Allowance Option you do not need to specify a beneficiary Please refer to the detailed instructions in this publication for more information

☐ **Option 1** To complete this option choice you must also fill out Section 5d *Balance of Contributions Beneficiary(ies)*

☒ **Option 2** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*

☐ **Option 2W** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*

☐ **Option 3** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*

☐ **Option 3W** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*

☐ **Unmodified Allowance Option** If you select this option there is no return of your member contributions and no monthly benefits payable upon your death except the Survivor Continuance benefit if applicable There is no beneficiary designation for this option

These options apply to Option 4 Individual Lifetime Beneficiary only

☐ **Option 4, Individual Lifetime Beneficiary** If you select this option you must also select one of the following Individual Lifetime Beneficiary options below

- ☐ **Option 2W & Option 1 Combined** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*
- ☐ **Option 3W & Option 1 Combined** To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary* and Section 5d *Balance of Contributions Beneficiary(ies)*
- ☐ **Specific Dollar Amount to Beneficiary** $_____ (Dollars) To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*
- ☐ **Specific Percentage to Beneficiary** _____% (Percent) To complete this option choice you must also fill out Section 5a *Individual Lifetime Beneficiary*
- ☐ **Reduced Allowance for Fixed Period of Time** _____ (Percent or Dollars) **through** _____ (Date (mm/yyyy))
- ☐ **Reduced Allowance upon death of retiree or beneficiary** $_____ (Dollars) **reduction amount**

If you are naming a beneficiary under this option you must also fill out Section 5a *Individual Lifetime Beneficiary*

This option applies to Option 4 Multiple Lifetime Beneficiaries only

☐ **Option 4, Multiple Lifetime Beneficiaries** To complete this option choice you must also fill out Section 5b *Option 4 Multiple Lifetime Beneficiaries*

These options apply to Option 4 Court Ordered Community Property only

☐ **Option 4, Court Ordered Community Property** If you select this option you must also complete Section 5c *Court Ordered C P Beneficiary* and select one of the following Court Ordered Option 4 Community Property options

- ☐ **Option 4/Unmodified** There is no additional beneficiary designation for this option
- ☐ **Option 4/1** To complete this option choice you must also fill out Section 5d *Balance of Contributions Beneficiary(ies)*
- ☐ **Option 4/2W** To complete this option you must also fill out Section 5a *Individual Lifetime Beneficiary*
- ☐ **Option 4/3W** To complete this option you must also fill out Section 5a *Individual Lifetime Beneficiary*

Put your name and Social Security number at the top of every page

Your Name: Richard Jay Lewis

Social Security Number:

Section 5a — Option 2, 2W, 3, 3W or 4 Individual Lifetime Beneficiary

Designate one beneficiary and provide all of that person's information including full name

Complete this section only if you chose either Option 2, 2W 3 3W or Option 4 Individual Lifetime Beneficiary or Option 4/2W or 4/3W Court Ordered Community Property

Name (First Name Middle Initial Last Name):

Social Security Number:

Birth Date (mm/dd/yyyy):

Gender: ☒ Female

Relationship to You: Wife

Address:

City:

State:

ZIP:

Country: USA

Section 5b — Option 4 Multiple Lifetime Beneficiaries

If you want your beneficiaries to receive an equal share of your benefits do not specify a dollar or percentage of benefit

Complete this section only if you selected Option 4 Multiple Lifetime Beneficiaries

Name (First Name Middle Initial Last Name):

Social Security Number:

Birth Date (mm/dd/yyyy):

Gender: ☐ Male ☐ Female

Relationship to You:

Dollar/Percent of Benefit:

Address:

City:

State:

ZIP:

Country:

Name (First Name Middle Initial Last Name):

Social Security Number:

Birth Date (mm/dd/yyyy):

Gender: ☐ Male ☐ Female

Relationship to You:

Dollar/Percent of Benefit:

Address:

City:

State:

ZIP:

Country:

Name (First Name Middle Initial Last Name):

Social Security Number:

Birth Date (mm/dd/yyyy):

Gender: ☐ Male ☐ Female

Relationship to You:

Dollar/Percent of Benefit:

Address:

City:

State:

ZIP:

Country:

Section 5c — Court Ordered Option 4 Community Property Beneficiary

List only the Option 4 beneficiary that is required by your court order

Complete this section only if you selected Option 4 Court Ordered Community Property

Name (First Name Middle Initial Last Name):

Social Security Number:

Birth Date (mm/dd/yyyy):

Gender: ☐ Male ☐ Female

Relationship to You:

Address:

City:

State:

ZIP:

Country:

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Put your name and Social Security number at the top of every page

Your Name: Richard Jay Lewis

Social Security Number:

Section 5d

Option 1 Balance of Contributions Beneficiary(ies)

Designate up to three beneficiaries here. If you want to designate more than three beneficiaries see the information in this publication on completing the *Post Retirement Lump Sum Beneficiary Designation* form

Complete this section only if you selected Option 1, Option 4, 2W/1 or 3W/1 combined. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name) | Social Security Number
Birth Date (mm/dd/yyyy) | ☐ Male ☐ Female Gender | Relationship to You
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number
Birth Date (mm/dd/yyyy) | ☐ Male ☐ Female Gender | Relationship to You
Address
City | State | ZIP | Country

Name (First Name, Middle Initial, Last Name) | Social Security Number
Birth Date (mm/dd/yyyy) | ☐ Male ☐ Female Gender | Relationship to You
Address
City | State | ZIP | Country

Section 6

Retired Death Benefit

All Applicants must complete this section

Designate your beneficiary to receive your lump sum Retired Death Benefit

This section designates the person who will receive your lump sum Retired Death Benefit. You may change this beneficiary(ies) at any time. This designation automatically revokes when there is a change in your marital status, domestic partnership status, or when there is a birth or adoption of a child. Please refer to the detailed instructions in this publication for more information.

Name (First Name, Middle Initial, Last Name) | Social Security Number
Birth Date (mm/dd/yyyy) | ☐ Male ☒ Female Gender | Relationship to You: Wife
Address
City | State: CA | ZIP | Country: USA

Section 6 continues on page 6

Put your name and Social Security number at the top of every page

Your Name: Richard Jay Lewis

Social Security Number

Section 6, continued

Retired Death Benefit

All Applicants must complete this section

Designate your beneficiary to receive your lump sum Retired Death Benefit

RL

Name (First Name Middle Initial Last Name) | Social Security Number

Birth Date (mm/dd/yyyy) | ☐ Male ☒ Female | Relationship to You

Address

City | State | ZIP | Country

RL

Name (First Name Middle Initial Last Name) | Social Security Number

Birthdate (mm/dd/yyyy) | ☐ Male ☐ Female | Relationship to You

Address

City | State | ZIP | Country

Section 7

Survivor Continuance

Please answer all five questions and complete the information in each section where you answered Yes*

Please refer to the detailed instructions in this publication for more information

1 Will you be married on or before your disability retirement date? ☐ No ☒ Yes provide

Name of Spouse (First Name Middle Initial Last Name) | Social Security Number

Birth Date (mm/dd/yyyy) | ☐ Male ☒ Female | Date of Marriage

2 Will you be registered with the California Secretary of State as being in a domestic partnership on or before your disability retirement date? ☒ No ☐ Yes provide

Name of Domestic Partner (First Name Middle Initial Last Name) | Social Security Number

Birth Date (mm/dd/yyyy) | ☐ Male ☐ Female | Date of Registered Partnership (mm/dd/yyyy)

3 Do you have any natural or adopted unmarried children under age 18?
☐ No ☒ Yes provide

Name of Child (First Name Middle Initial Last Name) | Social Security Number | Birth Date (mm/dd/yyyy)

Name of Child (First Name Middle Initial Last Name) | Social Security Number | Birth Date (mm/dd/yyyy)

4 Do you have any unmarried children who were disabled prior to their 18th birthday and who are still disabled?
☒ No ☐ Yes provide

Name of Child (First Name Middle Initial Last Name) | Social Security Number | Birth Date (mm/dd/yyyy)

Name of Child (First Name Middle Initial Last Name) | Social Security Number | Birth Date (mm/dd/yyyy)

5 Are your parents dependent upon you for one half of their support? ☒ No ☐ Yes provide

Name of Parent (First Name Middle Initial Last Name) | Social Security Number | Birth Date (mm/dd/yyyy)

Name of Parent (First Name Middle Initial Last Name) | Social Security Number | Birth Date (mm/dd/yyyy)

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Put your name and Social Security number at the top of every page

Richard Jay Lewis
Your Name | Social Security Number

Section 8 **Last Day on Payroll**

Please enter the last day you received compensation _____
Last Day on Payroll (mm/dd/yyyy)

Section 9 **Employer Certification** (For service pending applications only)

Have your employer complete this section

Please refer to the detailed instructions in this publication for more information

Employee's Last Day on Payroll (mm/dd/yyyy) | Employee's Separation Date (mm/dd/yyyy)

Do not detach from application

Balance of unused sick leave hours on employee's date of separation _____ Hours ÷ 8 = _____ Days

Balance of educational leave hours on employee's date of separation _____ Hours ÷ 8 = _____ Days

This certification is not required if you were separated from employment more than four months ago

By signing below you hereby certify under the penalty of perjury that the above information is true complete and correct to the best of your knowledge Any changes to this information must be submitted on an *Amended Employer Certification* form

Signature of Employer | Print Name (First Name Middle Initial Last Name)

Position Title of Employer | Phone Number of Employer | Date (mm/dd/yyyy)

Section 10 **Tax Withholding Election**

Do not complete for industrial disability retirement

Federal Income Tax information Please refer to the detailed instructions in this publication for more information

Please choose one only

- ☐ Do not withhold federal income tax
- ☐ Withhold federal income tax in the amount of $_____ Dollars per month
- ☒ Withhold federal income tax based on the tax tables for
  - ☒ A married individual with 2 Number tax withholding exemptions
  - ☐ A single individual with _____ Number tax withholding exemptions

  In addition to the amount withheld based on the tax tables withhold $_____ Dollars per month

State withholding is optional for out of state residents

State Income Tax information Please refer to the detailed instructions in this publication for more information

- ☐ Do not withhold State of California income tax
- ☐ Withhold State of California income tax in the amount of $_____ Dollars per month
- ☒ Withhold State of California income tax based on the tax tables for
  - ☒ A married individual with 2 Number tax withholding exemptions
  - ☐ A single individual with _____ Number tax withholding exemptions

  In addition to the amount withheld based on the tax tables withhold $_____ Dollars per month
- ☐ Withhold State of California income tax in the amount of 10 percent of the federal income tax withholding amount

Put your name and Social Security number at the top of every page

Your Name: Richard Jay Lewis

Social Security Number:

Section 11 Member Signature and Notary

This section must be completed or your application will be returned

If your spouse s or domestic partner s signature is not available See instructions in this publication on completing the *Justification for Absence of Signature* form Your signature and your spouse's or domestic partner s signature must be notarized by a notary public or witnessed by a CalPERS representative

I certify under the penalty of perjury, that the information submitted hereon is true and correct to the best of my knowledge I understand to cancel this application or to change the elected option or beneficiary I must notify CalPERS before the mailing of my first full monthly retirement allowance check

I understand that if I am married or in a registered domestic partnership, but do not name my spouse or partner as beneficiary they may still be entitled to a community property share of the Option 1 lump sum return of contributions benefit or a share of the monthly option death benefit allowance Their community property interest is 50% of the benefit based on the contributions or service credit earned for the period of CalPERS service during which we were married or in a registered partnership My non spouse or non partner designated beneficiary will receive the portion of the lump sum Option 1 benefit or monthly option allowance that is not payable to my spouse or domestic partner I understand that my spouse or domestic partner will have the right to disclaim entitlement to their community property interest in the death benefit at the time the benefit becomes payable if they so desire

More detailed information on this section is available in this publication

Are you legally married or do you have a legal domestic partner? ☒ Yes ☐ No

If yes your spouse or domestic partner must sign this election

If no, please indicate ☐ Never Married/or in Partnership ☐ Divorced/Annulled ☐ Widowed Or Termination of Domestic Partnership

Your Signature: [signature] Date (mm/dd/yyyy): 10/9/2012

Your Spouse s or Domestic Partner s Signature: [signature] Date (mm/dd/yyyy): 10/9/2012

State of California County of Riverside

On 10-09-2012 (Date) before me Jennifer Johnson, Notary Public (Name of Notary/Witness)

personally appeared Richard J Lewis Pagen Lewis who proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) ~~is~~/are subscribed to the within instrument and acknowledged to me that ~~he/she~~/they executed the same in ~~his/her~~/their authorized capacity(ies) and that by ~~his/her~~/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted executed the instrument

I certify under **Penalty of Perjury** under the laws of the State of California that the foregoing paragraph is true and correct

JENNIFER JOHNSON
Commission # 1909467
Notary Public California
Riverside County
My Comm Expires Oct 19 2014

Notary Seal

Witness my hand and official seal or authorized CalPERS representative signature

Signature of Notary or CalPERS Representative: Jennifer Johnson Position Title: Notary Public Date (mm/dd/yyyy): 10-09-2012

Print Name: Jennifer Johnson CalPERS Office (if applicable): Ø

Section 12 Employer-Originated Application

To be completed if the employer is submitting the application on behalf of the member

Signature of Employer

Print Name of Employer

Position Title of Employer Phone Number ( ) Date (mm/dd/yyyy)

Mail to: CalPERS Benefit Services Division • PO Box 942711, Sacramento California 94229 2711

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BOOK 206 PAGE 115

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

REGISTRATION DISTRICT 3000 CERTIFICATE NUMBER 11145

THIS CHILD	1. NAME OF CHILD—FIRST NAME: Fagen	MIDDLE NAME: Marie	LAST NAME: Williams
	2. SEX: Female	3. TWIN: Single	4. DATE OF BIRTH: July 27, 1963 — 5. HOUR: 7 39 P M
PLACE OF	5. PLACE OF BIRTH—NAME OF HOSPITAL: Garden Park General Hospital		6a. STREET ADDRESS: 5922 Gilbert Street
	6b. CITY OR TOWN: Anaheim		6c. COUNTY: Orange
MOTHER OF CHILD	8. MAIDEN NAME OF MOTHER: Betty	9. FIRST NAME: Alice	10. MAIDEN NAME: Love — 7. COLOR OR RACE OF MOTHER: Cauc.
	8. AGE OF MOTHER AT LAST BIRTHDAY: 27	9. BIRTHPLACE: Mississippi	10. MAILING ADDRESS OF MOTHER: Same
USUAL RESIDENCE OF MOTHER	11. USUAL RESIDENCE OF MOTHER: 13761 Jamaica		11. IF INSIDE CORPORATE LIMITS: X CHECK HERE — 11. OUTSIDE CITY CORPORATE LIMITS: ON A FARM / NOT ON A FARM
	11b. CITY OR TOWN: Garden Grove		11c. COUNTY: Orange — 11d. STATE: California
FATHER OF CHILD	13. NAME OF FATHER: Charles	13. MIDDLE NAME: Robert	13. LAST NAME: Williams — 13. COLOR OR RACE OF FATHER: Cauc.
	14. AGE OF FATHER: 30	15. BIRTHPLACE: Missouri	16. PRESENT OR LAST OCCUPATION: Car Salesman — 16a. KIND OF INDUSTRY OR BUSINESS: Courtesy Car Co.
INFORMANT'S CERTIFICATION	I HAVE REVIEWED THE ABOVE INFORMATION AND HEREBY CERTIFY THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	17. PARENT OR OTHER INFORMANT: [signature]	17. DATE SIGNED BY INFORMANT: 7-30-63
ATTENDANT'S CERTIFICATION	I HEREBY CERTIFY THAT I ATTENDED THE BIRTH OF THIS CHILD AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE	18. PHYSICIAN: [signature] M.D.	ADDRESS: R. B. Meisen, M. D. Anaheim, California
REGISTRAR'S CERTIFICATION	19. DATE ON WHICH NAME ALLEGED TO SUPPLY MENTAL HEALTH REPORT	20. LOCAL REGISTRAR: [signature]	21. DATE RECEIVED BY LOCAL REGISTRAR: AUG 1 9 1963

I CERTIFY THAT IF THIS SEAL IS AFFIXED IN PURPLE INK THIS IS A TRUE AND CORRECT COPY OF THE PERMANENT RECORD FILED OR RECORDED IN THIS OFFICE

DATE OCT 27 1989 FEE

COUNTY RECORDER ORANGE COUNTY CALIFORNIA

COUNTY RECORDER

Lee A. Branch

ORANGE COUNTY STATE OF CALIFORNIA

POOR QUALITY ORIGINAL

Aplication of Richard Jay Lewis

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

COUNTY OF RIVERSIDE

RIVERSIDE, CALIFORNIA

2012/10/12 08:28:52 S6 731

LICENSE AND CERTIFICATE OF MARRIAGE

MUST BE LEGIBLE-MAKE NO ERASURES WHITEOUTS, OR OTHER ALTERATIONS

STATE FILE NUMBER

420063300385 3

LOCAL REGISTRATION NUMBER

GROOM PERSONAL DATA

1A NAME OF GROOM (FIRST (GIVEN))	1B MIDDLE	1C LAST (FAMILY)	2 DATE OF BIRTH (MONTH DAY YEAR)
RICHARD	JAY	LEWIS	09/22/1951

3A RESIDENCE – STREET AND NUMBER	3B CITY	3C ZIP CODE	3D COUNTY – OUTSIDE CALIFORNIA, ENTER STATE	4 STATE OF BIRTH
16790 LAKE KNOLL PKWAY	RIVERSIDE	92503	RIVERSIDE	CA

5 MAILING ADDRESS (IF DIFFERENT)	6 NUMBER OF PREVIOUS MARRIAGES	7A LAST MARRIAGE ENDED BY	7B DATE (MONTH, DAY YEAR)
-- --	03	☐ DEATH ☒ DISSOLUTION ☐ ANNULMENT	06/13/2004

8A USUAL OCCUPATION	8B USUAL KIND OF BUSINESS OR INDUSTRY	9 EDUCATION YEARS COMPLETED
FIREFIGHTER	COUNTY GOVERNMENT	14

10A FULL NAME OF FATHER	10B STATE OF BIRTH	11A FULL MAIDEN NAME OF MOTHER	11B STATE OF BIRTH
RICHARD-JAY LEWIS	NA	CAROL JOAN EASTMAN	CA

BRIDE PERSONAL DATA

12A NAME OF BRIDE (FIRST (GIVEN))	12B MIDDLE	12C CURRENT LAST (FAMILY)	12D MAIDEN LAST (FAMILY) (IF DIFFERENT THAN 12C)	13 DATE OF BIRTH (MONTH DAY YEAR)
PAGEN	MARIE	WILLIAMS	--	07/27/1963

14A RESIDENCE – STREET AND NUMBER	14B CITY	14C ZIP CODE	14D COUNTY – OUTSIDE CALIFORNIA, ENTER STATE	15 STATE OF BIRTH
16790 LAKE KNOLL PKWAY	RIVERSIDE	92503	RIVERSIDE	CA

16 MAILING ADDRESS (IF DIFFERENT)	17 NUMBER OF PREVIOUS MARRIAGES	18A LAST MARRIAGE ENDED BY	18B DATE – MONTH, DAY YEAR
-- -- --	01	☐ DEATH ☒ DISSOLUTION ☐ ANNULMENT	07/--/2003

19A USUAL OCCUPATION	19B USUAL KIND OF BUSINESS OR INDUSTRY	20 EDUCATION YEARS COMPLETED
SALES CLERK	RETAIL	13

21A FULL NAME OF FATHER	21B STATE OF BIRTH	22A FULL MAIDEN NAME OF MOTHER	22B STATE OF BIRTH
CHARLES ROBERT WILLIAMS	MO	BETTY ALICE LOVE	MO

AFFIDAVIT

WE THE UNDERSIGNED AN UNMARRIED MAN AND UNMARRIED WOMAN STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOW TO THE ISSUANCE OF A LICENSE IS KNOWN TO US AND FORMERLY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.

23 SIGNATURE OF GROOM ▶ [signature] | 24 SIGNATURE OF BRIDE ▶ [signature]

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE

25A ISSUE DATE (MONTH DAY YEAR)	25B LICENSE EXPIRES (MONTH DAY YEAR)	25C LICENSE NUMBER	25D COUNTY OF ISSUE
05/01/2006	07/29/2006	R-40633001996	▶ RIVERSIDE

25E NAME OF COUNTY CLERK	25F SIGNATURE OF DEPUTY CLERK (IF APPLICABLE)
LARRY W WARD	BY ▶ [signature] DEPUTY

WITNESS(ES) (ONE REQUIRED)

26A SIGNATURE OF WITNESS	26B ADDRESS – STREET AND NUMBER	26C CITY STATE AND ZIP CODE
▶ [signature]	16790 Lake Knoll Pkwy	Riverside CA 92503
27A SIGNATURE OF WITNESS	27B ADDRESS – STREET AND NUMBER	27C CITY STATE AND ZIP CODE
▶		

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

28 I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA

ON MAY 20 (MONTH) 2006 (DAY, YEAR)

AT 16790 Lake Knoll Pkwy Riverside (CITY OR TOWN, COUNTY) CALIFORNIA

29A SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B RELIGIOUS DENOMINATION (IF ANY)
▶ [signature]	Wed Christian
29C NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT)	29D OFFICIAL TITLE
DAVID ROBERT CORNAHAN	REVEREND
29E MAILING ADDRESS	29F ZIP CODE
5395 LeRoy	92404

LOCAL REGISTRAR OF MARRIAGES (OFFICIALLY RECORDED)

30A SIGNATURE OF LOCAL REGISTRAR	30B SIGNATURE OF DEPUTY (IF APPLICABLE)	31 DATE ACCEPTED FOR REGISTRATION
▶ LARRY W WARD	BY ▶ [signature] DEPUTY	JUN 28 2006

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES OFFICE OF STATE REGISTRAR

VS-11 (1-00)

POOR QUALITY ORIGINAL

Aplication of Richard Jay Lewis

MEMBER SUBMITTED HIS/HER RETIREMENT APPLICATION ON DATE 10/10/2012

RECEIVED OCT 10 2012 CalPERS/C SLD SBR

CalPERS

Direct Deposit Authorization

888 CalPERS (or 888 225 7377) TTY for Speech and Hearing Impaired (916) 795-3240 Fax (916) 795 3934

2012/10/12 08:18:04 S6 693

RECEIVED SACRAMENTO CALPERS DDC-#2 2012 OCT 11 PM

Section 1 — Information About You

A separate form must be completed for each type of retirement benefit to be sent by Direct Deposit

You will receive a confirmation letter with the effective date once CalPERS has processed this completed form You can review your statement online or receive it by mail from the California State Controller s Office In order to receive important information about benefits payees should keep CalPERS informed of any address changes

Name (First Name Middle Initial Last Name): Richard Jay Lewis
Social Security Number:
Address:
Daytime Phone:
City:
State: CA
ZIP Code:

Section 2 — Information About Your Account

If you are authorizing your payment to your savings account or do not have pre printed personalized checks please have your financial institution complete this section

☒ Checking ☐ Savings ☒ Individual ☐ Joint (If so Complete Section 3) ☐ Trust Account *

Routing Number (nine digits): 121000358
Account Number: 1000443039 22 for Electronic Transfer

Please use tape to attach your voided pre printed personalized check (Do not staple or paper clip No deposit slips)

Name of Financial Institution:
Branch Phone Number:
Address:
City:
State:
ZIP Code:

* Trust Accounts
You will need to complete a CalPERS trust form which can be obtained by contacting CalPERS

RECEIVED SACRAMENTO CALPERS DDC-#2 2012 OCT 11 PM

You confirm the identity of the above named payee and the account number As a representative of the above named financial institution you certify the financial institution agrees to receive and deposit the payment identified above

Signature of Representative:
Print Representative s Name:
Date (mm/dd/yyyy):

Section 3 — Information About Joint Account Holder (If applicable)

for electronic Transfer

Name:
Social Security Number or Date of Birth (mm/dd/yyyy):
Address:
City:
State:
ZIP Code:

Section 4 — Certification

Signature required

I certify I am entitled to the payment identified above In signing this form I authorize my payment to be sent to my financial institution and deposited to my designated account I authorize amounts transferred after my death or transmitted in error to be debited from my account

Signature of Payee: Richard Lewis
Date (mm/dd/yyyy): 09/05/2012

Direct Deposit statements are available online Don t have a Username? Register online at www calpers ca gov

☒ I elect to view my statement online ** or
☐ I elect to receive my statement by mail

PAIN _____ (CalPERS Use Only)

Mail to: CalPERS Benefit Services Division • PO Box 942716 Sacramento California 94229 2716

RICHARD J LEWIS
16790 LAKE KNOLL PKWY
RIVERSIDE, CA 92503

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