1-27-08

Hi, My Sweet Marty! ♡

Thank you for comforting me as we talked on the phone yesterday. I am so blessed to have you as my uncle, friend, and confidant.

Enclosed are the initial documents and contact information that seem most important to have. I still need to send a few more papers (beneficiary info and some other notes I have).

I realize the importance of having things in order (at least, as much as is possible!) just in case. I thank you for encouraging me in all the ways that you do. Your support, love, and kindness means the world to me!

I will be in touch soon, and by the time you get this I will probably have a new e-mail acct. I can access through work.

I Love You So Very Much,

Julie ♡

✓

San Diego & Imperial County Schools
Fringe Benefits Consortium

Enrollment Form for Group Life Insurance

Policy Number:		**District Name:** San Ysidro		
Employee's Last Name: Krend	First Name: Julie	M.I.: L.	Social Security Number: 562632881	
Employment Date (M/D/Y): 8/2000	Employee's Birth Date (M/D/Y): 12/15/73	Sex (M/F): F	Occupation: Teacher	Effective Date (M/D/Y):
Employee's Wages (Wk/Mo/Yr): $	Group Life Insurance Value: $50,000.00	AD&D Life Insurance Value: $		
Dependent Life Benefits: (District contracted option) ☐ Yes ☐ No (if yes, check eligible dependents)	☐ Spouse $ Date of Birth:	Children ☐ 1 child ☐ 2+ children Value per child $		

As a covered employee, you have the right to select a beneficiary in accordance with the provisions of your policy. You may also have the right to change the beneficiary designated. If more than one beneficiary is designated, payment of the death benefit will be made in equal share to each of the designated beneficiaries which survive the insured, unless some other allocation is specified by you in writing in accordance with the provisions of the policy. If no designated beneficiary survives the insured, settlement will be made in accordance with the terms of the policy.

Primary Beneficiary Name: Marty Hall Address: 1810 Tabor St. Eugene, OR 97401	Relationship: uncle	Social Security Number: 567886902 % of benefit 75 %
Contingent Beneficiary Name: Address:	Relationship:	Social Security Number: % of benefit
Additional Beneficiary: Mike Krend Address: 2878 Friendly St, Eugene, OR 97405	Relationship: brother	Social Security Number: 569637097 % of benefit 25 %
Additional Beneficiary: Address:	Relationship:	Social Security Number: % of benefit
Additional Beneficiary: Address:	Relationship:	Social Security Number: % of benefit

Common Beneficiary designations:

One Beneficiary Only:	Mary J. Smith, wife, friend, daughter, etc.
Two Or More Beneficiaries, Equal Amounts:	William S. Smith, father, Alice C. Smith, sister, and Richard B. Smith, brother, equally or to the survivors equally, or to the survivor.
Unequal Amounts:	50% to Mary J. Smith, wife, and 25% each to Alice C. Smith, sister, and Richard B. Smith, brother, the share of any deceased beneficiary to be paid in equal shares to the survivors, or to the survivor.
Primary & Contingent Beneficiary:	Mary J. Smith, wife, if living, otherwise the children born of the marriage of the insured to Mary J. Smith equally, or equally to the survivors, or to the survivor.
Trustee Beneficiary:	The Trust Company of Smith, Illinois as trustee under a Trust dated December 28, 1999.

I have read, understand, and agree to the provisions printed above and acknowledge that the information I have provided is accurate to the best of my knowledge. I further hereby authorize my employer to make necessary payroll deductions if required.

Insured's Signature: x Julie L Krend Date: 10/20/08

Your spouse MUST sign this form if you are a resident of CA **and** you have designated someone other than your spouse as beneficiary.

Spouse's Signature: x _____ Date: _____

CERTIFICATION OF VITAL RECORD

SANTA BARBARA COUNTY

SANTA BARBARA, CALIFORNIA

BOOK 239 PAGE 295

CERTIFICATE OF LIVE BIRTH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

4200 3441
LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER

STATE BIRTH CERTIFICATE NUMBER

THIS CHILD

1a. NAME OF CHILD—FIRST NAME: JULIE
1b. MIDDLE NAME: LOUISE
1c. LAST NAME: KREND
2. SEX: Female
3a. THIS BIRTH, SINGLE, TWIN, OR TRIPLET?: Single
3b. IF TWIN OR TRIPLET, THIS CHILD BORN 1ST, 2ND, 3RD?: —
4a. DATE OF BIRTH—MONTH, DAY, YEAR: December 15, 1973
4b. HOUR: 2:29 a M

PLACE OF BIRTH

5a. PLACE OF BIRTH—NAME OF HOSPITAL: Goleta Valley Community Hospital
5b. CITY OR TOWN: Santa Barbara
5c. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
5d. STREET ADDRESS (STREET AND NUMBER, OR LOCATION): 351 South Patterson Avenue
5e. COUNTY: Santa Barbara

MOTHER OF CHILD

6a. MAIDEN NAME OF MOTHER—FIRST NAME: Victoria
6b. MIDDLE NAME: Gene
6c. LAST NAME (MAIDEN SURNAME): Hall
7. BIRTHPLACE (STATE OR FOREIGN COUNTRY): California
8. AGE OF MOTHER (AT TIME OF THIS BIRTH): 30 YEARS
8a. SOCIAL SECURITY NUMBER OF MOTHER: 573-56-5196
9. COLOR OR RACE OF MOTHER: Caucasian
10a. RESIDENCE OF MOTHER—STREET ADDRESS (STREET AND NUMBER, RURAL ADDRESS OR LOCATION): 7580 Cathedral Oaks #10
10b. INSIDE CITY CORPORATE LIMITS (SPECIFY YES OR NO): No
10c. RESIDENCE OF MOTHER—CITY OR TOWN: Goleta
10d. RESIDENCE OF MOTHER—COUNTY: Santa Barbara
10e. RESIDENCE OF MOTHER—STATE: California

FATHER OF CHILD

11a. NAME OF FATHER—FIRST NAME: Jeffrey
11b. MIDDLE NAME: Alan
11c. LAST NAME: Krend
12. BIRTHPLACE (STATE OR FOREIGN COUNTRY): Illinois
13. AGE OF FATHER (AT TIME OF THIS BIRTH): 29 YEARS
13a. SOCIAL SECURITY NUMBER OF FATHER: 552-62-8269
14. COLOR OR RACE OF FATHER: Caucasian
15a. PRESENT OR LAST OCCUPATION: Research Programmer
15b. KIND OF INDUSTRY OR BUSINESS: Electronics

INFORMANT'S CERTIFICATION

I HEREBY CERTIFY THAT I HAVE REVIEWED THE ABOVE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE
16a. PARENT OR OTHER INFORMANT—SIGNATURE (IF OTHER THAN PARENT, SPECIFY): ▶ Jeffrey A. Krend
16b. DATE REVIEWED AND SIGNED BY INFORMANT: December 17, 1973

ATTENDANT'S CERTIFICATION

I HEREBY CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THE CHILD WAS BORN ALIVE AT THE HOUR, DATE AND PLACE STATED ABOVE
17a. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) SIGNATURE—DEGREE OR TITLE: ▶ C. Broder MD
17b. DATE SIGNED BY PHYSICIAN OR OTHER ATTENDANT: December 16, 1973
17c. ADDRESS: 200 North La Cumbre Road, Suite F, Santa Barbara, California 93110
17d. PHYSICIAN'S CALIFORNIA LICENSE NUMBER: C 21284

LOCAL REGISTRAR

18.
19. LOCAL REGISTRAR—SIGNATURE: ▶ Joseph T. Nardo MD HS
20. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR: December 24, 1973

21b. DATE OF LAST LIVE BIRTH
21c. DATE OF LAST FETAL DEATH

S

140044

CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA
COUNTY OF SANTA BARBARA } ss

DATE ISSUED APR 19 1995

This is a true and exact reproduction of the document officially registered and placed on file in the office of the SANTA BARBARA COUNTY CLERK-RECORDER.

KENNETH A. PETTIT
COUNTY CLERK-RECORDER
SANTA BARBARA, CALIFORNIA

This copy not valid unless prepared on engraved border displaying seal and signature of County Clerk-Recorder.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Front of Health insurance card

PacifiCare®
A UnitedHealthcare Company

Advantage

PacifiCare Signature Value®

KREND, JULIE L.
6620413-01
DOB 12/15/1973
HMO - SJL

COPAY AMOUNTS	
OV	$10
HOSP	$0
ER	$100

POHL, LAWRENCE S (619) 295-3355
SHARP COMMUNITY MEDICAL GROUP 004395
PCP EFFECTIVE DATE 01/01/04
SHARP MEMORIAL HOSPITAL

Back of Health Insurance Card

www.pacificare.com **UnitedHealthcare Choice Plus Network**

EMERGENCY SERVICES: Call 911 or go to the nearest emergency room. Call your Physician within 24 hours.

ROUTINE CARE Call your Physician or Medical Group listed on the front of this card.

Customer Service Department: (800) 624-8822, (800) 442-8833 (TDHI)
Monday - Friday, 7:00 a.m. - 9:00 p.m.

Send medical claims to: P.O. Box 6006, Cypress, CA 90630-0006

To inquire about your behavioral health benefits, call 1-888-625-4809.

NOTICE TO PROVIDERS

Possession of this card does not guarantee eligibility.
To confirm eligibility call: (800) 542-8789

shared savings PHCS PRIVATE HEALTHCARE SYSTEMS

Behavioral health benefits are underwritten by PacifiCare Life and Health Insurance Company and administered by PacifiCare Behavioral Health

IMPORTANT - IDENTIFICATION CARDS

MUTL VOL

STATE FARM INSURANCE COMPANIES

CALIFORNIA INSURANCE CARD

State Farm Mutual Automobile Insurance Company
900 Old River Road Bakersfield CA 93311-0001
INSURED **KREND, JULIE**

MUTL
VOL

POLICY NUMBER **32 2074-B22-55C** EFFECTIVE
YR **2004** MAKE **DODGE** **FEB 22 2008** TO **AUG 22 2008**
MODEL **STRATUS** VIN **1B3EL36X84N363594**
AGENT **MARTY MILLER**
PHONE **(619)291-1787** NAIC # **25178**
COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.
COVERAGES A C D500 G500 H R1 U U1 S Z
SEE THE REVERSE SIDE FOR AN EXPLANATION.

6458/

KEEP A CARD IN YOUR CAR

(o1j031sa)

CALIFORNIA INSURANCE CARD

State Farm Mutual Automobile Insurance Company
900 Old River Road Bakersfield CA 93311-0001
INSURED **KREND, JULIE**

MUTL
VOL

POLICY NUMBER **32 2074-B22-55C** EFFECTIVE
YR **2004** MAKE **DODGE** **FEB 22 2008** TO **AUG 22 2008**
MODEL **STRATUS** VIN **1B3EL36X84N363594**
AGENT **MARTY MILLER**
PHONE **(619)291-1787** NAIC # **25178**
COVERAGE PROVIDED BY THE POLICY MEETS THE MINIMUM LIABILITY LIMITS PRESCRIBED BY LAW.
COVERAGES A C D500 G500 H R1 U U1 S Z
SEE THE REVERSE SIDE FOR AN EXPLANATION.

SUBMIT THIS CARD, OR A PHOTOCOPY OF THIS CARD, WITH YOUR VEHICLE REGISTRATION RENEWAL.

M 3-M
Sys Pends

SS #: 562632881

DMV CALIFORNIA DMV

DRIVER LICENSE

EXPIRES 12-15-08 D2201860 CLASS: C

JULIE LOUISE KREND
1061 CHALCEDONY ST APT 6
SAN DIEGO CA 92109

SEX:F HAIR:BLN EYES:GRN
HT:5-05 WT: 125 DOB: 12-15-73

RSTR: CORR LENS

Julie Krend
11/19/2003 23S RB FD/08

SOCIAL SECURITY

562-63-2881

THIS NUMBER HAS BEEN ESTABLISHED FOR

JULIE LOUISE KREND

Julie L. Krend
SIGNATURE

Contact names/numbers (friends, family)

↳ family outside of our immediate one.

Carol (619) 504-5233

Susie (858) 442-9331

Angie (310) 403-1067

Jenny F. (818) 438-3606

Jenny L. (707) 465-1299

Jenny W. (619) 997-3163

Abel (585) 766-1695

Austin (949) 842-1011

Todd (808) 926-1463

Jason (951) 970-7070

Eric (909) 702-5315

Nora, dooda21@yahoo.com (in Ecuador)

Bill and Margie (559) 696-6664 (cell)
(559) 582-3787 (home)

Dad (860) 338-1764

Xochitl (partner at school) (619) 587-2695

Work: La Mirada School :) (619) 428-4424 principal: José Torres

Isabela (in London) iniculae@hotmail.com

Michelle (619) 246-8952

Callie www.ThinkingTravel.com (her website)

Les Kulmanek (sp?) (734) 730-1003
(cousin on my Grandma Irene's side)

Other Contact Information:

Oreo's Vet: Turquiose Animal Hospital — Dr. Jackman (858) 488-0658

My Employer: San Ysidro School District — (619) 428-4476

My primary doctor: Dr. Lawrence Pohl (Mission Valley Medical Center) — (619) 295-3355
(I have Pacificare insurance) group # 6620413-01
* Sharp Memorial Hospital (HMO)

State Farm car insurance: Agent Marty Miller
phone #: (619) 291-1787
acct. # (policy #) 32-2074-B22-55C

Ameri Credit (bank who financed my car)
* They have the title.
acct # 425203809
phone # 1(800) 411-2884

Bank of America
Checking acct # 0599843569
Savings acct. # 0599141354
debit card # 4217661373923796 Exp. 8/10
phone # 1(800) 622 8731 or (858) 452 8400

STRS:
State Teacher's Retirement System (for Life insurance, beneficiary info)
phone # 1(800) 228-5453
client ID # 1546220035

Apartment: Landlords
Roger (858) 245-7636
Helen (619) 295-7796

Great American/United Teachers Insurance Company (TSA)
phone # 1(866) 423-7283
policy # 23293
Group # ODC033

Other Contact Information (continued)

Express Loan Servicing (student loans) phone # 1(888) 811-7101

* I am currently applying for a loan forgiveness program through the above company, since I have worked in a "Title I" school for 8 years.

Social Security Benefits (I think this is seperate from the State Teachers' Retirement System's benefits) phone # 1(800) 772-1213

Taxes: Mr. Travis McCann phone # (858) 274-9800
(I have been going to him for about 6 years)

* My Drivers License and Health insurance card are in my wallet in purse; car registration in glove compartment of car

* My original Social Security Card, Birth Certificate, passport, and most current paperwork (for social security, STRS, etc.) is in a pink file folder in my apartment Labeled "SAVE."/"Important documents"