State of California
Secretary of State

APOSTILLE
(Convention de La Haye du 5 octobre 1961)

1. Country: Pays / País:	United States of America
This public document Le présent acte public / El presente documento público	
2. has been signed by a été signé par ha sido firmado por	*Olin E. Rust*
3. acting in the capacity of agissant en qualité de quien actúa en calidad de	*Notary Public, State of California*
4. bears the seal / stamp of est revêtu du sceau / timbre de y está revestido del sello / timbre de	*Olin E. Rust , Notary Public, State of California*

Certified
Attesté / Certificado

5. at à / en	Sacramento, California	**6. the** le / el día	*12th day of October 2015*
7. by par / por	Secretary of State, State of California		
8. N° sous n° bajo el número	*79663*		
9. Seal / stamp: Sceau / timbre: Sello / timbre:		**10. Signature:** Signature: Firma:	

This Apostille is the trilingual model Apostille Certificate as suggested by the Permanent Bureau and developed in response to the 2009 Special Commission on the practical operation of the Hague Apostille Convention.
This Apostille only certifies the authenticity of the signature and the capacity of the person who has signed the public document, and, where appropriate, the identity of the seal or stamp which the public document bears.
This Apostille does not certify the content of the document for which it was issued.
This Apostille is not valid for use anywhere within the United States of America, its territories or possessions.
To verify the issuance of this Apostille, see: www.sos.ca.gov/business/notary/apostille-search/.

Cette apostille est le modèle d'Apostille trilingue tel que suggéré par le Bureau Permanent et élaboré en réponse à la Commission spéciale de 2009 sur le fonctionnement pratique de la Convention de La Haye Apostille.
Cette Apostille atteste uniquement la véracité de la signature, la qualité en laquelle le signataire de l'acte a agi et, le cas échéant, l'identité du sceau ou timbre dont cet acte public est revêtu. Cette Apostille ne certifie pas le contenu de l'acte pour lequel elle a été émise.
L'utilisation de cette Apostille n'est pas valable en / au États-Unis d'Amérique, ses territoires où possessions.
Cette Apostille peut être vérifiée à l'adresse suivante: www.sos.ca.gov/business/notary/apostille-search/.

Esta apostilla es el modelo trilingüe Certificado de Apostilla según lo sugerido por la Oficina Permanente y desarrollado en respuesta a la Comisión especial de 2009 sobre el funcionamiento práctico del Convenio de La Haya sobre Apostilla
Esta Apostilla certifica únicamente la autenticidad de la firma, la calidad en que el signatario del documento haya actuado y, en su caso, la identidad del sello o timbre del que el documento público esté revestido.
Esta Apostilla no certifica el contenido del documento para el cual se expidió.
No es válido el uso de esta Apostilla en Estados Unidos de América, sus territorios o posesiones.
Esta Apostilla se puede verificar en la dirección siguiente: www.sos.ca.gov/business/notary/apostille-search/.

OFFICE SECRETARY

CERTIFICATION BY DOCUMENT CUSTODIAN

I, Antonio Fiorentino Di Stefano hereby swear (or affirm) that the attached SSA current Social Security Benefits Statement is true, correct and complete.

Signature

769 Center Blvd #69
Fairfax, CA 94930
Address

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sacramento

Subscribed and sworn to (or affirmed) before me on this 12th day of Oct., 2015, by Antonio Fiorentino Disefano proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

OLIN E. RUST
COMMISSION # 2040563
NOTARY PUBLIC - CALIFORNIA
ALAMEDA COUNTY
MY COMM. EXP. SEPT. 7, 2017

Social Security Administration

ANTONIO F DI STEFANO
769 CENTER BLVD
NO 69
FAIRFAX CA 94930-1764

Date: October 11, 2015
Claim Number: XXX-XX-5885A

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning December 2014, the full monthly Social Security benefit before any deductions is $1,450.60.

We deduct $104.90 for medical insurance premiums each month.

The regular monthly Social Security payment is $1,345.00.
(We must round down to the whole dollar.)

Social Security benefits for a given month are paid the following month. (For example, Social Security benefits for March are paid in April.)

Your Social Security benefits are paid on or about the fourth Wednesday of each month.

Information About Past Social Security Benefits

From December 2013 to November 2014, the full monthly Social Security benefit before any deductions was $1,426.40.

We deducted $104.90 for medical insurance premiums each month.

The regular monthly Social Security payment was $1,321.00.
(We must round down to the whole dollar.)

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is October 24, 1942.

Medicare Information

You are entitled to hospital insurance under Medicare beginning October 2007.
You are entitled to medical insurance under Medicare beginning October 2007.

Suspect Social Security Fraud?

Please visit http://oig.ssa.gov/r or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

If You Have Questions

We invite you to visit our web site at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-331-7761. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
3RD FLOOR
1001 LOOTENS PLACE
SAN RAFAEL, CA 94901

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Social Security Administration