



October 4, 2018

Michael Celentano
[REDACTED]
[REDACTED]

Dear Mr. Celentano,

This letter is in response to your letter of appeal dated October 1, 2018, attached, submitted in response to my letter of September 12, 2018, attached, which included all documents from the member file of your spouse that relate in any way to your Claim and any defense, the MCERA Administrative Hearing Policy, and my previous letter dated July 30, 2018, attached, in which your appeal of the administrative decision to require the submission of a certified marriage certificate to MCERA in order to initiate your survivor benefit after the death of your wife was denied.

In accordance with the MCERA Administrative Hearing Policy I am accepting your request to proceed with an administrative hearing and will place your hearing on the October 17, 2018 Board of Retirement meeting agenda for consideration. The Board materials regarding your hearing will include the Statement of Claim, Response(s) and Reply(s), and any evidentiary material provided. If you wish to submit other written materials for the Board prior to the meeting, those must be received at least 5 days in advance of the meeting.

According to the Administrative Hearing Policy, you may present arguments to the Board for up to 10 minutes. Please let Judy Zeller, Administrative Assistant, know if you plan on being present for the meeting. If you have any questions regarding the process for appealing this decision, please refer to the MCERA Administrative Hearing Policy, attached or available on the MCERA website or you may contact Judy Zeller, Administrative Assistant.

Respectfully,

James Wilbanks, Ph.D.
Executive Director

Attachments

Oct 1, 2018

RECEIVED

OCT 03 2018

Mendocino County Employees
Retirement Association

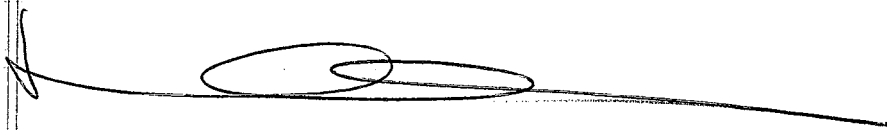
James Wilbanks, PhD
MCERA

Dear Mr Wilbanks

I am appealing your decision that a certified marriage license is necessary for me to receive my survivor benefits. After reading all the documents I cannot see any written requirement for the certified marriage license at the time of her retirement. This requirement I feel is unnecessary and should be deleted from your policies. Other Counties do not have this requirement.

I would like to schedule a meeting to discuss this further

Michael A. Pelentano, CPA





September 12, 2018

Michael Celentano



Dear Mr. Celentano,

This letter is in response to your Statement of Claim form dated September 4, 2018, attached. Your Statement of Claim was submitted in response to my letter of July 30, 2018, attached, in which I denied your appeal of the administrative decision to require the submission of a certified marriage certificate to MCERA in order to initiate your survivor benefit after the death of your wife.

In my letter of July 30, 2018, I state that the MCERA Administrative Hearing Policy, attached, specifies that you have 14 days from receipt of my letter to file a Statement of Claim. Your Statement of Claim is dated 35 days after my letter denying your appeal, which is untimely and grounds to deny your appeal. Nevertheless, I am willing to allow your appeal to continue as I am sure this has been a difficult time for you.

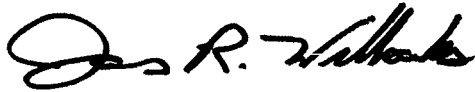
In accordance with the MCERA Administrative Hearing Policy I am providing all documents from the member file of your spouse that relate in any way to your Claim and any defense. Attached are the following documents:

- Application for Service Retirement of Sharon Celentano, dated March 3, 1998;
- Retirement Benefit Estimate for Sharon Celentano, dated March 3, 1998;
- Election of Retirement Allowance of Sharon Celentano;
- Member's Enrollment Affidavit of Sharon Shrader Dixon, dated March 25, 1979;
- Request for Change of Beneficiary of Sharon Celentano;
- Unofficial Certificate of Marriage of Michael Celentano and Sharon Dixon, dated November 19, 1988;
- Letter to Michael Celentano regarding documents required to initiate survivor benefits, dated June 25, 2018;
- Death Benefit Claimant Statement of Michael Celentano, dated July 17, 201;
- Direct Deposit Authorization of Michael Celentano, dated July 17, 2018;

- Tax Withholding Election of Michael Celentano, dated July 17, 2018;
- Photocopy of Certified Death Certificate of Sharon Celentano with verification, dated June 21, 2018;
- Photocopy of Passport of Michael Celentano with verification, dated July 17, 2018; and
- Photocopy of Certificate of Registry of Marriage without verification, dated November 19, 1988.

As outlined in the MCERA Administrative Hearing Policy Section D(2), you have 30 days from the date of this letter to submit a written notice of intent to proceed with an administrative appeal. If you have any questions regarding the process for appealing this decision, please refer to the MCERA Administrative Hearing Policy, attached or available on the MCERA website.

Respectfully,

A handwritten signature in black ink, appearing to read "James R. Wilbanks". The signature is fluid and cursive, with the first name "James" and the last name "Wilbanks" clearly distinguishable.

James Wilbanks, Ph.D.
Executive Director

Attachments



SCANNED

STATEMENT OF CLAIM

RECEIVED

SEP 10 2018

Mendocino County Employees
Retirement Association

Member Name: Michael A. Celestano

Section 1: Member Information. The following information will be redacted prior to public disclosure.

[Redacted]		[Redacted]
Home Phone Number	Work Phone	Cell Phone Number
[Redacted]	[Redacted]	[Redacted]
Email Address		
[Redacted]		

Section 2: Claim Information. Please provide the following information regarding the claim.

Date of Administrative Decision	Date of Administrator Denial of Appeal
7/30/18	

Nature of Administrative Decision
Will not process without certified marriage certificate

Documents Requested
After reading Sharon Celestano's Application for retirement service dated 3/13/98 I cannot see any requirement for a certified marriage certificate as in that agreement she states that she has been married for more than one year and this agreement was accepted by you. If the certified marriage certificate was required, it should have been submitted then. This requirement was made mandating after

her retirement and should not affect my receiving survivor
By filing this Statement of Claim, I understand that I am waiving any claim of confidentiality related to this claim and the documents requested above. I also understand that I am waiving any claim of confidentiality related to benefit any documents necessary for the defense of the administrative decision.

Member Signature: [Signature]

Date: 9/4/18



MENDOCINO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION

July 30, 2018

Michael Celentano


Dear Mr. Celentano,

I would like to offer the condolences of the Mendocino County Employees Retirement Association (MCERA) Board and staff on the recent passing of your spouse.

This letter is in response to your appeal of the administrative decision regarding the MCERA requirement regarding proof of marriage prior to initiating a continuance benefit. As you know, MCERA requires a certified copy of a marriage certificate to prove both the existence of a legal marriage, as well as to establish the date of the marriage.

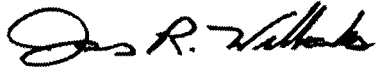
In fulfilling our fiduciary duty to all members of MCERA, we must take all reasonable steps to protect against paying benefits beyond those allowed by the law and our other plan documents. The requirement for members to produce a certified marriage certificate is intended to ensure that members, and their beneficiaries, receive the benefits to which they are legally entitled.

For your reference, the current MCERA service retirement application checklist, available on the MCERA website, states that members must provide a certified marriage certificate in order to complete their retirement application. A retirement application that is missing a certified marriage certificate, if applicable, is rejected and the member cannot retire until the document is provided. While the certified marriage certificate was not required prior to retirement when your spouse retired with MCERA, it was always required prior to the inception of a continuance benefit.

Based on the primacy of fulfilling our fiduciary duty to all members of MCERA, and ensuring compliance with state law, I reject your appeal of the administrative decision to require a certified marriage certificate to pay the continuance benefits.

Attached to this letter is a Statement of Claim form that you may file within 14 days of this letter to obtain any documents pertaining to your claim. Upon receipt of a completed Statement of Claim form, MCERA will provide the requested documents to you. After the documents are provided, you then have 30 days to notify MCERA, in writing, if you wish to proceed to an administrative hearing. If you have any other questions regarding the process for appealing this decision, please refer to the MCERA Administrative Hearing Policy, found on the MCERA website.

Respectfully,

A handwritten signature in black ink, appearing to read "James R. Wilbanks". The signature is fluid and cursive, with the first name "James" and last name "Wilbanks" clearly distinguishable.

James Wilbanks, Ph.D.
Retirement Administrator



RECEIVED

JUL 23 2018
MENDOCINO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION
Mendocino County Employees
Retirement Association

STATEMENT OF CLAIM

Member Name: Michael A Celentano / Spouse of Sharon A Celentano

Section 1: Member Information. The following information will be redacted prior to public disclosure.

[Redacted]		Social Security Number	[Redacted]
[Redacted]		[Redacted]	[Redacted]
Home Phone Number	[Redacted]	Cell Phone Number	()
Email Address [Redacted]			

Section 2: Claim Information. Please provide the following information regarding the claim.


Date of Administrative Decision	Date of Administrator Denial of Appeal
7/17/18	

Nature of Administrative Decision
wanted certified marriage certificate

Documents Requested
None

I am enclosing copies of documents presented on 7/17/18 to Nora Morgan. I do not feel that a certified copy of marriage certificate is necessary to transfer benefits. I ask that the copies enclosed be accepted in lieu of certified copy

By filing this Statement of Claim, I understand that I am waiving any claim of confidentiality related to this claim and the documents requested above. I also understand that I am waiving any claim of confidentiality related to any documents necessary for the defense of the administrative decision.

Member Signature: Date: 7/19/18

Michael Celentano

From: Nora Morgan <Nora.Morgan@mendocinocounty.org>
Sent: Wednesday, July 18, 2018 3:17 PM
To: [REDACTED]
Subject: Administrative Hearing Process

Hello Michael,

Here is a copy of the administrative hearing policy that provides instructions for appealing our process of requiring a certified marriage certificate. Let me know if you have any questions.

Thank you,

Nora



MENDOCINO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION

Nora Morgan | Retirement Specialist II

(707) 467-6018 - Office | (707) 467-6472 - Fax

nora.morgan@mendocinocounty.org



ADMINISTRATIVE HEARING POLICY

I. PURPOSE

The purpose of this Policy is to provide an administrative appeal process on matters other than disability retirement applications as to which the MCERA Board of Retirement (“Board”) or Retirement Administrator (“Administrator”) determines that such an appeal right is warranted.

II. OBJECTIVE

The primary objective of this Policy is to provide an administrative appeal process that complies with constitutional requirements to due process to any MCERA member, beneficiary or successor-in-interest (collectively referred to herein as “Member”) who challenges an administrative determination made by the Administrator, except for disability retirement matters that follow a separate MCERA Policy. For example, appeals under this Policy may address, among other topics: (i) determinations of whether a pay item is “compensation earnable” under Government Code section 31461 or “pensionable compensation” under Government Code section 7522.34; (ii) an adverse action with respect to a retired Member who seeks to, or does, work in excess of 960 hours during a fiscal year; (iii) felony forfeiture of benefits as provided in Government Code sections 7522.72, 7522.74; (iv) adjustment of overpaid benefits, and/or under-collected contributions, or otherwise.

III. GUIDELINES AND PROCEDURES

A. Filing a Timely Appeal

A Member or other claimant (such as MCERA’s plan sponsor the County of Mendocino and participating districts the Mendocino County Superior Court and the Russian River Cemetery District) (collectively, “Claimant”) may appeal any MCERA staff administrative decision in writing to the Administrator within 30 days of MCERA’s notification of the decision (“Appeal”).

B. Administrative Response to Appeal

The Administrator will respond in writing to the Appeal, either (i) reconsidering the staff decision and modifying or overturning it; or (ii) reasserting and further explaining the factual and/or legal basis for the decision and informing the Claimant that the administrative decision may be appealed to the Board under this Policy, if appropriate. The Administrator shall also inform the Claimant in that response whether MCERA is aware of any other party who opposes the Appeal (“Adverse Party”). Further, the Administrator will inform the Claimant that the Claimant and any Adverse

Party, including MCERA (collectively, the “Parties”), may be represented by an attorney licensed to practice in the State of California with respect to the Claim at the sole expense of that party. Once MCERA has notice that an attorney is representing any Party, all notices and other papers shall be served on the attorney for that Party.

C. Statement of Claim and Limited Waiver of Confidentiality

1. Within 14 days of receiving written notice from MCERA of the Administrator’s decision in response to the Appeal, the Claimant may challenge that decision by filing a completed Statement of Claim with the Administrator and shall provide a copy of the Statement of Claim to the Adverse Party. The Statement of Claim shall be on the form provided by MCERA, and must include all information and documents requested on the form. A Statement of Claim may, but is not required to be, filed jointly by any Claimants who are jointly represented by counsel.
2. By filing a Statement of Claim, a Claimant waives confidentiality with respect to any documents in Claimant’s MCERA file that relate in any way to Claimant’s Claim and any defense.

D. Response to Statement of Claim

1. Upon Claimant's filing of a Statement of Claim, MCERA will provide Claimant and any Adverse Party with all documents in Claimant's file that relate in any way to the Claim and any defense.
2. Within 30 days of providing the information as defined in D(1) above, the Claimant shall provide the Administrator a written notice of intent to proceed with an administrative appeal. The written notice of intent to proceed with an administrative appeal shall include the Claimant’s basis for challenging the decision.
3. Upon receipt of the Claimant's written notice of intent to proceed, the Administrator will either agendize consideration of the Claim for a Board of Retirement meeting, or will set the matter for hearing as contemplated by Government Code section 31533 and as further provided herein, as appropriate under the circumstances as determined by the Administrator.

E. Administrative Hearing Before the Board

1. If the Claim is agendized for a Board meeting, then, at least 10 days before the Board meeting, the Adverse Party and/or the Administrator may provide a written response to the Statement of Claim (“Response”) to MCERA and shall timely provide a copy of the Response to the Claimant. The Adverse Party may then provide a reply to the Response (“Reply”) at least 5 days before the Board meeting. The Board agenda materials regarding the Claim shall include the Statement of Claim, Response(s) and Reply, and any evidentiary material provided.
2. The Board may hear the Appeal itself or refer it to a hearing officer for a recommendation to the Board for a final decision as provided in Government Code section 31533.
3. If the Board hears the Appeal itself, the Claimant may present arguments to the Board during open session for up to 10 minutes, and the Adverse Party and MCERA may present rebuttal evidence and argument for a total of 10 minutes, unless the Board Chair provides each side with additional time.

4. The Board shall make a final administrative decision on the Appeal by majority vote.
5. MCERA will notify the Claimant and any Adverse Parties, other than itself, in writing of the Board's final administrative decision within 10 days of the Board meeting at which the Board makes a decision on the Appeal.

F. Administrative Hearing Before a Hearing Officer

1. If the Claim is set for hearing, a member of the Board or another hearing officer duly appointed by the Board shall preside over the hearing as contemplated by Government Code section 31533 ("Hearing Officer").
2. The Hearing Officer shall make all rulings necessary for fair and efficient proceedings, including the admissibility of evidence, conduct of witnesses and parties and scheduling. Parties and their counsel are prohibited from having communication with Board members or Hearing Officers regarding matters related to the hearing without the presence or knowledge of the other side.
3. The Claimant has the burden of proof and shall present its case first, followed by MCERA and any other Adverse Party. In all cases, the presentation may include:
 - a. Opening statements;
 - b. Testimony of witnesses and presentation of documentary evidence;
 - c. Cross examination of witnesses;
 - d. Rebuttal evidence;
 - e. Closing statements
4. The Parties may submit written evidence and argument to the Hearing Officer. Each side will provide copies of the materials proposed to be offered at the Hearing to the other side at least 10 days before the Hearing is held.
5. Witnesses must testify under oath or affirmation administered by the Hearing Officer. Each party is responsible for obtaining those subpoenas it deems necessary for the presentation of its evidence at hearing. All subpoenas are to be issued in accordance with Government Code section 31535.
6. The Hearing need not be conducted according to technical rules relating to evidence and witnesses. Any relevant evidence shall be admitted if it is the sort of evidence on which reasonable persons are accustomed to rely in the conduct of serious affairs regardless of the existence of any common law or statutory rule which might make improper the admission of such evidence over objection in civil actions. The rules of privilege shall be effective to the extent that they are otherwise required by statute to be recognized at the Hearing. The Hearing Officer has discretion to admit relevant and reliable evidence and to exclude irrelevant or repetitious evidence. The record shall be closed to new evidence at the conclusion of the final day of Hearing unless each party stipulates to leave the record open.

7. Following the Hearing, the Hearing Officer shall transmit to the Board written proposed findings of fact, conclusions of law, and recommendations.

G. Board Consideration and Action after Administrative Hearing

1. Upon receiving the Hearing Officer's proposed findings of fact and recommendations, the Board may do one of the following pursuant to Government Code section 31534:
 - a. Approve and adopt the proposed findings and recommendations; or
 - b. Require a transcript or summary of all the testimony, plus all other evidence received by the Hearing Officer. Upon receipt thereof the Board shall take such action in its opinion is indicated by such evidence; or
 - c. Refer the matter back to the Hearing Officer with instructions for further proceedings; or
 - d. Set the matter for hearing before the Board. At such hearing, the Board shall hear and decide the matter as if it had not been referred to the Hearing Officer.
2. MCERA will notify the Parties in writing of the Board's determination within 10 days of the hearing.

IV. POLICY REVIEW

The Board shall review the Administrative Hearing Policy at least every three years to ensure that it remains relevant and appropriate.

V. POLICY HISTORY

The Board adopted this policy on July 18, 2018.



Death Benefit Claimant Statement

RECEIVED

JUL 17 2018

Mendocino County Employees
Retirement Association

Name of Claimant: Michael A Celentano
(If claimant is an estate/trust, please attach a copy of the legal estate/trust documents.)

Mailing Address: [REDACTED]

City, State, Zip: [REDACTED]

Phone: [REDACTED]

Relationship to Deceased: Spouse

Name of Decedent: Sharon A Celentano

Birth Date: [REDACTED] Date of Death: 6/16/18

(Please attach a certified copy of the death certificate.)

If this claim is made by spouse or registered domestic partner, the date of the marriage or registered domestic partnership is:

(Please attach certified copies of your marriage certificate or California Certificate of Registration of Domestic Partnership and birth certificates.)

The city and state where the marriage or registered domestic partnership took place is:

Ukiah CA

I acknowledge that 20% of the taxable amount will be withheld for Federal Income Tax. I understand that the taxable amount may be subject to CA State Tax. Choose and initial one of the options below regarding CA State Tax.

 I elect to have 2% CA State Tax Withheld.

 X Do not withhold CA State Tax.

[Signature]
Signature of Claimant

7/17/18
Date

[Signature]
Signature of Witness

7/17/18
Date



Direct Deposit Authorization



RECEIVED

JUL 17 2018


Mendocino County Employees
Retirement Association

I hereby authorize the Mendocino County Employees Retirement Association to deposit all pension/annuity payments due to me from MCERA directly into the account identified below. This authority will remain in effect until I notify MCERA in writing to terminate this authorization. I understand that I must give MCERA enough notice to allow reasonable time to act on my instructions. In the event an overpayment from MCERA is credited to my account during or after my lifetime, I authorize MCERA to direct my financial institution to refund the same to MCERA and charge such payment to my account. I understand that I will not receive a check stub by mail with Direct Deposit but can obtain this information online at MemberDirect or by contacting MCERA.

Member Information

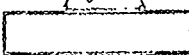
First Name <i>Michael</i>	Middle Name <i>A</i>	Last Name <i>Celentano</i>
		
Retiree Signature 		Date <i>7/12/18</i>

Financial Institution


MICHAEL CELENTANO



2607
90-4181/1211
1008

Date

Pay to the Order of *VOID* \$ 

Dollars

 1-866-4UMPQUA
(1-866-486-7782)

For 

MP

Hartland Clarke



MCERA

Tax Withholding Election

RECEIVED

JUL 17 2018

Mendocino County Employees
Retirement Association

Michael A Celentano

Street Address

City/State

Zip Code

*If mailing address is a P.O. Box your street address is required.

Federal Tax Withholding Certificate for Pension or Annuity Payments (W-4P)

Make only one election, sign and return:

- ☒ Do not withhold Federal Income Tax.
- ☐ Withhold Federal Income Tax based on the tax tables for:
- ☐ Married, with _____ tax withholding allowances.
(enter a number from 0 to 10)
 - ☐ Single, or Married (with two or more incomes), with _____ tax withholding allowances.
(enter a number from 0 to 10)
 - ☐ In addition to the amount withheld based on the tax tables, withhold \$ _____ monthly.

CAUTION: There are penalties for not paying enough taxes during the year. Estimated tax requirements and penalties are explained in IRS Publication 505.

State of California (EDD) Tax Withholding Certificate for Pension or Annuity Payments (DE-4P)

Make only one election, sign and return:

- ☒ Do not withhold State of California Income Tax.
- ☐ Withhold this designated amount of State of California Income Tax. I want \$ _____ withheld monthly.
- ☐ Withhold State of California Income Tax based on the tax tables for:
- ☐ Married, with _____ tax withholding allowances.
(enter a number from 0 to 10)
 - ☐ Single, or Married (with two or more incomes), with _____ tax withholding allowances.
(enter a number from 0 to 10)
 - ☐ Head of Household, with _____ tax withholding allowances.
(enter a number from 0 to 10)
 - ☐ In addition to the amount withheld based on the tax tables, withhold \$ _____ monthly.

Signature

Date

7/17/18

Phone Number

Email Address

This combination Federal Tax Withholding Certificate (W-4P) and State of California Tax Withholding Certificate (DE-4P) is being provided for you to make your tax withholding elections. This form may be used for both federal and state tax withholding. Please make one election for each and be sure to sign the certificate before returning it to MCERA.

Federal Tax Withholding Information

Federal regulations require all payees whose allowances are taxable to either make a specific election for no withholding or make an election using the tax tables based on marital status and exemption allowances. If no election is filed, MCERA is required by law to withhold taxes based on tax tables for married with three exemptions. Taxes will not be withheld unless your gross benefit exceeds the minimum amount listed on the tax table for that filing status.

IRS Code requires MCERA to automatically withhold federal income tax at the married and claiming three tax withholding allowances rate from:

- Individuals who provide a PO Box as their home address and
- US citizens and resident aliens who are living outside of the United States.

To have MCERA withhold federal tax at a rate other than married with three allowances or to elect not to have tax withheld, use this form to submit a US home address with a street number. *(In the event of an IRS audit, it will be your responsibility to substantiate your residence.)* This rule applies to federal income tax only.

We are required to remind you that there are penalties imposed by the IRS for not paying enough taxes during the year. Established tax requirements and penalties are explained in IRS Publication 505. Additionally, Publication 575, Pension and Annuity Income may also be of assistance.

State of California Tax Withholding Information

Unless you elect otherwise, the law requires that personal income tax be withheld, using the marital status and withholding allowance claimed on your W-4P. In compliance with Federal law, California income tax is not to be withheld from pension recipients who reside outside of California.

IF YOU HAVE PREVIOUSLY FILED A TAX WITHHOLDING ELECTION FORM, THE CALIFORNIA WITHHOLDING ELECTION WILL REMAIN IN EFFECT UNTIL A NEW WITHHOLDING CERTIFICATE IS FILED.

If you prefer to use the Federal and State issued withholding forms, please see your tax advisor or contact us at (707) 463-4328.

Service Connected Disabilities

If you were granted a Service Connected Disability, withholding tax will be based solely on the taxable portion (if any) of your retirement allowance. If your allowance is equal to 50 percent of your final compensation at retirement, your allowance qualifies as fully non-taxable. If your allowance exceeds 50 percent of your final compensation at retirement, the portion of your allowance over 50 percent is taxable.

NOTE: Failure to properly complete the withholding form will result in MCERA rejecting your form.

Return completed form to: MCERA, 625-B Kings Court, Ukiah, CA 95482 or fax (707) 467-6472.

COUNTY OF HUMBOLDT

EUREKA, CALIFORNIA 95501

3052018127623

CERTIFICATE OF DEATH

3201812000604

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1 NAME OF DECEDENT - FIRST (Given)		2 MIDDLE	
SHARON		ANN	
3 LAST (Family)			
CELENTANO			
AKA, ALSO KNOWN AS - Include full AKA (FIRST, MIDDLE, LAST)			
4 BIRTH STATE/FOREIGN COUNTRY		5 AGE Yr	
CA		70	
6 SEX		F	
7 DATE OF DEATH mm/dd/yyyy		8 HOUR (24 Hour)	
06/16/2018		0754	
9 BIRTH STATE/FOREIGN COUNTRY		10 MARITAL STATUS/DATE (If Type of Death)	
CA		MARRIED	
11 EVER IN U.S. ARMED FORCES?		12 DECEASED'S RACE - Up to 3 races may be listed (see worksheet on back)	
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>		WHITE	
13 EDUCATION - Highest Level Degree		14/15 YES/NO DECEASED HAD ANY LATINO/ASIAN/SPANISH? (If yes, see worksheet on back)	
BACHELOR		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
16 USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED		17 KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.)	
PROBATION OFFICER		GOVERNMENT	
18 YEARS IN OCCUPATION		30	
19 DECEASED'S RESIDENCE (Street and number, or location)			
20 STATE/FOREIGN COUNTRY			
21 INFORMANT'S NAME, RELATIONSHIP			
MICHAEL CELENTANO, HUSBAND			
22 NAME OF SURVIVING SPOUSE/ROSP-FIRST			
MICHAEL			
23 MIDDLE			
ANTHONY			
24 LAST (BIRTH NAME)			
CELENTANO			
25 NAME OF FATHER/PARENT-FIRST			
ROBERT			
26 MIDDLE			
DONALD			
27 LAST (BIRTH NAME)			
SHRADER			
28 BIRTH STATE			
KS			
29 NAME OF MOTHER/PARENT-FIRST			
IRENE			
30 MIDDLE			
BARBARA			
31 LAST (BIRTH NAME)			
SHUREN			
32 BIRTH STATE			
MI			
33 DISPOSITION DATE mm/dd/yyyy			
06/20/2018			
34 TYPE OF DISPOSITION(S)			
CR/RES			
35 NAME OF FUNERAL ESTABLISHMENT			
AYRES FAMILY CREMATION			
36 LICENSE NUMBER			
FD 2087			
37 SIGNATURE OF LOCAL REGISTRAR			
DONALD BAIRD, MD			
38 DATE mm/dd/yyyy			
06/20/2018			
39 PLACE OF DEATH			
ST. JOSEPH HOSPITAL			
100 CITY			
EUREKA			
101 IF HOSPITAL, SPECIFY ONE			
<input checked="" type="checkbox"/> P <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input type="checkbox"/> Hospice <input type="checkbox"/> Nursing Home/LTC <input type="checkbox"/> Decedent's Home <input type="checkbox"/> Other			
102 FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location)			
2700 DOLBEER STREET			
103 CAUSE OF DEATH			
104 DEATH REPORTED TO CORONER?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
105 UNDERLYING CAUSE (Final disease or condition resulting in death)			
A ACUTE SYSTOLIC HEART FAILURE			
B CRITICAL AORTIC STENOSIS			
C END STAGE RENAL DISEASE			
D CALCIPHYLAXIS			
106 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107			
SEVERE PERIPHERAL VASCULAR DISEASE			
107 WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (If yes, list type of operation and date)			
NONE KNOWN			
108 IF FEMALE, PRESIDENT IN LAST YEAR			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
109 I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
110 SIGNATURE AND TITLE OF CERTIFIER			
WILLIAM S SAGEMAN M.D.			
111 LICENSE NUMBER			
G58846			
112 DATE mm/dd/yyyy			
06/19/2018			
113 I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED			
114 MANNER OF DEATH			
Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined <input type="checkbox"/>			
115 INJURED AT WORK?			
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK <input type="checkbox"/>			
116 DATE OF INJURY mm/dd/yyyy			
117 HOUR (24 Hour)			
118 PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)			
119 DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)			
120 LOCATION OF INJURY (Street and number, or location, and city, and zip)			
121 SIGNATURE OF CORONER / DEPUTY CORONER			
122 DATE mm/dd/yyyy			
123 TYPE NAME, TITLE OF CORONER / DEPUTY CORONER			
STATE REGISTRAR			
A B C D E			
FAX AUTH.			
CENSUS TRACT			

This is a true and exact reproduction of the document officially registered and placed on file in the office of the Humboldt County Local Registrar.

DONALD I. BAIRD, MD
HEALTH OFFICER AND LOCAL REGISTRAR
HUMBOLDT COUNTY, CALIFORNIA

JUN 21 2018

DATE ISSUED

000105530

This copy is not valid unless prepared on an engraved border, displaying the date, seal and signature of the County Health Officer.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE



RECEIVED

JUL 17 2018

Mendocino County Employees

Certified Copy
Verified & Returned

CAHUMBOLD

We the People

Of the United States,
in Order to form a more perfect Union,
establish Justice, insure domestic Tranquillity,
provide for the common defence,
promote the general Welfare, and secure
the Blessings of Liberty to ourselves and
our Posterity, do ordain and establish this
Constitution for the United States of
America.

3
Signature of Bearer / Signature of the Titular

PASSPORT
PASSEPORT
PASAPORTE



UNITED STATES OF AMERICA

Type / Type / Tipo / Code / Code / Código / No. du Passeport / No. de Pasaport

P USA

Surname / Nom / Apellidos

CELENTANO

Given Names / Prénoms / Nombres

MICHAEL ANTHONY

Nationality / Nationalité / Nacionalidad

UNITED STATES OF AMERICA

Date of birth / Date de naissance / Fecha de nacimiento

14 Feb 2012

Date of issue / Date de délivrance / Fecha de expedición

13 Feb 2022

Authority / Autorité / Autoridad

Department of State

SEE PAGE 27



Certified Copy
Verified & Returned
[Signature]

RECEIVED

JUL 17 2018

Mendocino County Employees
Retirement Association

CERTIFICATE OF REGISTRY OF MARRIAGE

(PERSONAL DATA, LICENSE TO MARRY, CERTIFICATION OF MARRIAGE)

	STATE FILE NUMBER	(PERSONAL DATA, LICENSE TO MARRY, CERTIFICATION OF MARRIAGE)				LOCAL REGISTRAR'S NUMBER
GROOM PERSONAL DATA	1a NAME OF GROOM—FIRST NAME	1b MIDDLE NAME		1c LAST NAME		2 DATE OF BIRTH—MONTH DAY YEAR
	MICHAEL		ANTHONY		CELENTANO	[REDACTED]
	3 AGE—LAST BIRTHDAY	4 NUMBER OF THIS MARRIAGE		5 IF PREVIOUSLY MARRIED		6 BIRTHPLACE—STATE OR FOREIGN COUNTRY
	[REDACTED]		[REDACTED]		[REDACTED]	California
	7a RESIDENCE OF GROOM—STREET ADDRESS		7b CITY OR TOWN		7c COUNTY—IF OUTSIDE CALIFORNIA, LIST	
BRIDE PERSONAL DATA	[REDACTED]		Ukiah		Mendocino	
	8a PRESENT OR LAST OCCUPATION		8b KIND OF INDUSTRY OR BUSINESS		9 HIGHEST SCHOOL GRADE COMPLETED	
	Accountant		Service		16	
	10a NAME OF FATHER OF GROOM		10b BIRTHPLACE OF FATHER		11a MAIDEN NAME OF MOTHER OF GROOM	
	Michael A. Celentano		California		Betty Stoermer	
AFFIDAVIT OF BRIDE AND GROOM	12a NAME OF BRIDE—FIRST NAME		12b MIDDLE NAME		12c LAST NAME	
	SHARON		ANN		DIXON	
	14 AGE—LAST BIRTHDAY	15 NUMBER OF THIS MARRIAGE		16a DATE LAST MARRIAGE ENDED		17 BIRTHPLACE—STATE OR FOREIGN COUNTRY
	[REDACTED]		[REDACTED]		[REDACTED]	California
	18a PRESENT OR LAST OCCUPATION		18b KIND OF INDUSTRY OR BUSINESS		20 HIGHEST SCHOOL GRADE COMPLETED	
LICENSE TO MARRY	Probation Officer		Mendocino Co.		21 BIRTH NAME OF BRIDE	
	22a NAME OF FATHER OF BRIDE		22b BIRTHPLACE OF FATHER		23a BIRTH NAME OF MOTHER OF BRIDE	
	[REDACTED]		[REDACTED]		[REDACTED]	
	24a BRIDE (SIGNATURE)		24b GROOM (SIGNATURE)			
	[Signature]		[Signature]			
WITNESSES	<p>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</p>					
	25a SUBSCRIBED AND SWORN TO BEFORE ME ON		25b DATE LICENSE ISSUED		25c LICENSE NUMBER	
	10/25/88		10/25/88		333	
	25d EXPIRATION DATE		25e COUNTY OF ISSUE OF LICENSE		25f COUNTY CLERK	
	1/22/89		Mendocino		MARSHA A. YOUNG	
CERTIFICATION OF PERSON PERFORMING CEREMONY	26a SIGNATURE OF WITNESS		26b ADDRESS OF WITNESS—STREET ADDRESS		26c ADDRESS OF WITNESS—CITY OR TOWN AND	
	[Signature]		[REDACTED]		Ukiah CA	
	27a SIGNATURE OF WITNESS		27b ADDRESS OF WITNESS—STREET ADDRESS		27c ADDRESS OF WITNESS—CITY OR TOWN AND	
	[Signature]		[REDACTED]		UKIAH, CA	
	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		29a SIGNATURE OF PERSON PERFORMING CEREMONY AND OFFICIAL TITLE			
LOCAL REGISTRAR OF MARRIAGES	ON		19		88	
	AT		MENDOCINO		CALIFORNIA	
	CITY OR TOWN		COUNTY		29b NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT)	
	UKIAH		MENDOCINO		CARVER V. PLITT	
	30. DATE ACCEPTED FOR REGISTRATION		31. LOCAL REGISTRAR—SIGNATURE			
[REDACTED]		[Signature]				

Certificate of Marriage

This Certifies That
on the 19th day of November

in the year of our Lord 1988

Mike Calentano
of Ukiah, California
and

Sharon Dixon
of Ukiah, California

were by me

United in Marriage

at Faith Lutheran Church
560 Park Blvd., Ukiah, CA

according to the Ordinance of God
and the Laws of California

Carol V. Platt

Pastor

Witnesses:

Susan Reid
Ronald Schebler

*What therefore
God hath joined
together, let not
man put asunder.*

Matthew 19:6.



MENDOCINO COUNTY EMPLOYEES
RETIREMENT ASSOCIATION

June 25, 2018

Michael Celentano
[REDACTED]

Dear Michael,

We, the staff of the Mendocino County Employees Retirement Association, offer our condolences for the loss of your loved one.

Enclosed are a claimant statement, a direct deposit form, and a voluntary tax withholding form. Please complete all forms, attach certified copies of the death certificate, your birth certificate or passport, and your marriage certificate, and return them to the retirement office (certified copies and original documents will be returned to you). Once this information is received, we will begin your monthly benefit continuance. Please contact us if you have any questions or need assistance.

Sincerely,

The Mendocino County Employees Retirement Association

Enclosure(s)

Mendocino County
Employees' Retirement Association
APPLICATION FOR SERVICE RETIREMENT

Date 3-13, 1998

To the Board of Retirement
County of Mendocino
Ukiah, California

In accordance with the provisions of the County Employees' Retirement Act of 1937 and the By-Laws and Regulations governing the Retirement System, I, Sharon Celentano, hereby make application for retirement from active service as a Deputy Probation Officer II Probation Dept.
Title or position Department
of the County of Mendocino.

I request that my retirement become effective on the 5th day of March, 1998. I have completed 18,2911 years of continuous service for the County of Mendocino.

I was born [redacted]
Month Day Year

My present home address is [redacted]

I nominate as my beneficiary Michael Celentano who is 9548
my husband and whose date of birth is
Relationship

[redacted]
Month Day Year

Beneficiary's address [redacted]
95482

Signature of Applicant Sharon Celentano

Signature of Witness Luan Thornhill Date 3/13/98

EMPLOYEES' RETIREMENT ASSOCIATION
COUNTY OF MENDOCINO
COURTHOUSE, ROOM 107
UKIAH, CALIFORNIA 95482

At the 1963 session of the State Legislature Section 31789.1 was added to the Government Code providing that upon the death of any person after retirement and while receiving a retirement allowance from this system, there shall be paid to his estate or to such person as he shall nominate by written designation, duly executed and filed with the Retirement Board, the sum of \$750.00. This section of the retirement law was adopted by the Mendocino County Board of Supervisors to become operative in this County July 1, 1964.

Please name the beneficiary you wish to receive said death benefit at the bottom of this page or write in the word "estate", sign (having your signature witnessed) and return to this office at your earliest convenience.

Michael Celentano
Beneficiary

Husband
Relationship

██████████
Street Address
Ukiah, Ca. 95482
City, State and Zip

I, Sharon Celentano, do hereby appoint the above beneficiary for such purposes.

[Signature]
Signature of Witness

Sharon Celentano
Signature of Member

3-5-98
Date

March 3, 1998

SHARON A CELENTANO
[REDACTED]

SSN: [REDACTED]

In response to your request, we have prepared a retirement estimate which assumes full-time, fully paid service until your date of retirement.

The unmodified service retirement allowance is the basic or highest monthly retirement allowance payable to you. There are several alternatives to the unmodified retirement allowance that let you reduce your retirement allowance to provide continuing benefits for your survivors/beneficiary(ies) upon your death.

If you are planning to retire within the next sixty (60) days, please contact the Retirement Office at (707) 463-4321 to schedule a retirement interview appointment.

Sincerely,

Retirement Deputy

enclosure(s)

MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Estimates

Member: SHARON A CELENTANO

SSN: [REDACTED]

Sex: F Date of Birth: [REDACTED]

Membership: General Tier: 1

Type: Service Retirement

Date of Retirement: ^{3/5}03/16/1998

Years of Service Non Integrated Integrated Total

General Tier 1 0.0000 18.3185 18.3185

12 Mo Average Salary:\$ 2,981.60/month Contributions Normal:\$ 53,220.72

36 Mo Average Salary:\$ 0.00/month COL:\$ 18,562.59

Social Security at age 62:\$ 700.00/month

Beneficiary: MICHAEL CELENTANO

Relationship: spouse

Sex: M

Date of Birth: [REDACTED]

Monthly Benefits

	Annuity	Pension	Total	Continuance to Beneficiary
Unmodified	\$ 393.67	\$ 258.32	\$ 651.99	\$ 391.19
Before age 62	\$ 527.86	\$ 346.38	\$ 874.24	
After age 62	\$ 105.21	\$ 69.03	\$ 174.24	
Option 1	\$ 386.36	\$ 258.32	\$ 644.68	
Before age 62	\$ 386.36	\$ 378.49	\$ 764.85	
After age 62	\$ 386.36	\$ 0.00	\$ 386.36	
Option 2	\$ 365.84	\$ 240.06	\$ 605.90	\$ 605.90
Before age 62	\$ 500.03	\$ 328.12	\$ 828.15	
After age 62	\$ 77.38	\$ 50.77	\$ 128.15	

Option 3 Not applicable

Reserves

Normal	\$ 53,220.72	\$ 34,923.11	\$ 4,021.47
COL	\$ 18,562.59	\$ 14,751.49	\$ 3,974.53

Interest: 8.00%

Mortality: (214, -2;214, -2)

Calc by: SUSAN

Date: 03/03/1998

MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Retirement Allowance Worksheet

Page 1

Member: SHARON A CELENTANO
 SSN: [REDACTED]
 Type: Service Retirement Membership: General
 Termination Date: 07/25/1997 Tier: 1
 Date of Retirement: 02/16/1998
 Date of Birth: [REDACTED]
 Age: [REDACTED]

Beneficiary: MICHAEL CELENTANO
 SSN: 000-00-0000
 Beneficiary Type: spouse
 Date of Birth: [REDACTED]
 Age: [REDACTED]

Information Through Pay Period: 03/03/1998

	Service			Contributions		
	Non Int	Integ	Total	Normal	COL	Total
Gen Tier 1	0.0000	18.3185	18.3185	53,220.72	18,562.59	71,783.31
Total			18.3185	53,220.72	18,562.59	71,783.31

Name: SHARON A CELENTANO

Calc by: SUSAN

MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION
RETIREMENT ESTIMATE

The amounts shown are based on the following information and assume full-time, fully paid service until your projected retirement date.

Member: SHARON A CELENTANO

SSN: [REDACTED]

Sex: F Date of Birth: [REDACTED]

Membership: General Tier: 1

Type: Service Retirement

Date of Retirement: 02/16/1998

Years of Service	Non Integrated	Integrated	Total
General Tier 1	0.0000	18.3185	18.3185

12 Mo Average Salary: \$ 2,981.60/month Contributions Normal: \$ 53,220.72

36 Mo Average Salary: \$ 0.00/month COL: \$ 18,562.59

Social Security at age 62: \$ 700.00/month

Beneficiary: MICHAEL CELENTANO

Relationship: spouse

Sex: M

Date of Birth: [REDACTED]

Benefit Options	Your Estimated Benefit	Beneficiary's Estimated Benefit
Unmodified Option - This is the basic or highest monthly retirement allowance payable to you. The basic 60% continuance allowance provided to an eligible surviving spouse for members who die after retirement is calculated based on this option. The surviving spouse is eligible for this continuance only if the spouse is married to the member at least one year prior to retirement and is named sole primary beneficiary. If there is no eligible spouse, the 60% continuance is payable to eligible children if they are under the age of 18 or through 21, remain unmarried, and are full-time students enrolled in an accredited school.	\$ 651.99 per month	\$ 391.19 per month
Option 1 - Lump Sum Benefit. Your unmodified allowance is reduced during your lifetime so that any unpaid contributions remaining in your account will be paid in a lump sum to your named beneficiary at your death. You may change your beneficiary at any time under Option 1 which makes this an attractive choice for retirees who do not have a spouse or minor children eligible for a continuance allowance.	\$ 644.68 per month	Not Applicable
Option 2 - 100% of benefit. Your unmodified allowance is reduced during your lifetime to provide the same monthly allowance at your death for the lifetime of your named beneficiary.	\$ 605.90 per month	\$ 605.90 per month
Option 3 - 50% of benefit. Your unmodified allowance is reduced during your lifetime to provide half of your monthly allowance at your death for the lifetime of your named beneficiary	Not Applicable	Not Applicable

March 3, 1998

MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Ukiah, California 95482

ELECTION OF RETIREMENT ALLOWANCE

Page 1

Retirement effective: February 16, 1998 Date Signed _____

In accordance with the provisions of the "County Employees' Retirement Act of 1937" providing for the election of a modified retirement allowance, I hereby elect that my allowance be paid under the conditions indicated by my signature below.

I hereby designate as my beneficiary, my spouse, MICHAEL CELENTANO, who was born on [REDACTED] (Beneficiary's Soc Sec No: 000-00-0000)

I understand that this election is final, except that if Option 1 below is elected and the beneficiary named above dies before me, a new beneficiary may be designated.

If either Option 2 or 3 is elected and my beneficiary predeceases me, I understand that no new beneficiary may be designated and that the reduced allowance will be continued only throughout my life.

UNMODIFIED OPTION

I hereby elect to receive a retirement allowance of \$651.99 per month payable throughout my life under Section 31760.1 of the Government Code which provides a 60% continuance to a spouse or minor children.

If, at my death, there is no one qualified for this continuance, I wish to designate,

, 00000

as my beneficiary for my accumulated normal contributions less the sum of the actual retirement allowances received by me.

(Witness' signature)

(Member's signature)

MENDOCINO COUNTY EMPLOYEES RETIREMENT ASSOCIATION

Ukiah, California 95482

ELECTION OF RETIREMENT ALLOWANCE

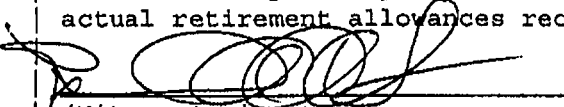
Page 2

UNMODIFIED OPTION AND COORDINATED WITH SOCIAL SECURITY BENEFITS

I hereby elect to receive a retirement allowance of \$874.24 per month payable until age 62 and reduced to \$174.24 after age 62 for the remainder of my life with the provision that upon my death an allowance of \$391.19 shall continue during the lifetime of the above designated spouse to whom I have been married for more than one year preceding the date hereof. If, at my death there is no one qualified for this continuance I wish to designate

00000

as beneficiary for my accumulated normal contributions less the sum of the actual retirement allowances received by me.


(Witness' signature)


(Member's signature)

OPTION 1

I hereby elect to receive a retirement allowance of \$644.68 per month payable throughout my life with the provision that my accumulated contributions of \$53,220.72 less the sum of the actual monthly annuity payments of \$386.36 per month received by me shall be paid upon my death to the above designated beneficiary.

(Witness' signature)

(Member's signature)

OPTION 1 AND COORDINATED WITH SOCIAL SECURITY BENEFITS

I hereby elect to receive a retirement allowance of \$764.85 per month payable until age 62 and reduced to \$386.36 after age 62 for the remainder of my life, with the provision that my accumulated contributions of \$53,220.72 less the sum of the actual monthly annuity payments of \$386.36 per month received by me shall be paid upon my death to the above designated beneficiary.

(Witness' signature)

(Member's signature)

SHARON A CELENTANO

MENDOCINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

REQUEST FOR CHANGE OF BENEFICIARY

In accordance with the provisions of the County Employee's Retirement Law of 1937, I hereby revoke the nomination of my present beneficiary:

BENEFICIARY TO BE REVOKED

Alicia Dixon
Name

and hereby Nominate as my beneficiary, to receive any benefits payable under Article 12, Section 31780 through 31782 of said Law in the event of my death prior to retirement, the following person:

BENEFICIARY TO BE NOMINATED IN LIEU OF ABOVE:

Michael Celentano
NAME

B

Relationship
RELATIONSHIP

CONTINGENT BENEFICIARIES:

Alicia Dixon
NAME

B

Relationship
RELATIONSHIP

NAME

ADDRESS

BIRTH DATE

RELATIONSHIP

NAME

ADDRESS

BIRTH DATE

RELATIONSHIP

-----Sharon Celentano-----

Sharon Celentano

MEMBER NAME (PRINT or TYPE)

TITLE

Sharon Celentano
DEPARTMENT

WITNESS

DATE

CELENTANO, SHARON A.

TIER 1

Section 31676.11

1 Year Final Comp

MEMBER'S ENROLLMENT AFFIDAVIT

MENDOCINO COUNTY EMPLOYEES' RETIREMENT ASSOCIATION

Date of Birth _____ Month _____ Day _____ Year _____ Male _____ Female ☒
Date Entered County Service 3-25-79 Month Day Year

Date entered Retirement System 4 1 79 PP# 21
Month Day Year (To be filled in by Retirement Department)

Beneficiary
Type name

Date of birth

The undersigned, being duly sworn, deposes and says that the foregoing statements are true and correct to the best of his knowledge and belief.

Subscribed and sworn to before me this

Signed

Sharon Shrader DIXON

6th day of April, 1979

Viola Richardson, County Clerk

Title Deputy Clerk

Name SHRADER Sharon

Dept.

Juvenile Hall

Age

31

%

6.01

1.51

2.26

Monthly Salary 432.00 Bi-Weekly

Integrated %