

DR. ORLY TAITZ, ESQ,
PRESIDENT
DEFEND OUR FREEDOMS FOUNDATION
29839 SANTA MARGARITA, STE 100
RANCHO SANTA MARGARITA, CA 92688

08.08.2013

ATTN DAWN WIGGINS

FOIA OFFICER

SOCIAL SECURITY ADMINISTRATION

APPEAL OF THE DENIAL OF SS-5 APPLICATION FOR HARRY BOUNEL, BORN IN 1890.

Dear Ms. Wiggins

I am in receipt of your July 29, 2013 letter where you stated that you are unable to provide the SS-5 of Harrison (Harry) J. Bounel, as you could not find his information and you believed that it might have been written differently in the application.

Please, find attached as an Exhibit 1 your own November 16 2012 letter, where you found the information for Harry Bounel, so you are clearly mistaken and you have Harry Bounel's information.

The only difference between my 05.13.2013 FOIA request and your own letter is in that in your letter you do not have a middle initial for Mr. Bounel. I would assume you would check under the first and last name without a middle initial as well. Apparently, you did not do it, so I am requesting a SS-5 Social Security application of Harry Bounel (no middle initial).

Please, note that in your November 16, 2012 letter you erroneously denied a request for the numident, claiming considerations of privacy. Please, note that Harry Bounel was born in 1890 and according to the 120 year rule of Social Security Administration, SS-5 applications of "extremely aged individuals" of 120 years old or older have to be released to members of the public under 5US 552 FOIA requests without consent of the individual and without proof of death.

As such I am requesting SS-5 of Harry Bounel, born in 1890 under 5US 552 Freedom of Information Act, as a SS-5 of an extremely aged individual of 120 years old or older.

Please, note that I already paid the fee for the production of documents. In the abundance of caution I am paying the fee again and attaching a check to expedite the process.

Per 5USC 552 response has to be provided within 20 business days. Current request is sent by Federal Express and will be received in your office tomorrow morning, on August 9, 2013. SS-5 of Harry Bounel

has to be mailed to me by September 6, 2013. Court allowed time for mail delivery is 3 days and the SS-5 in question has to be in my office on September 9, 2013. In order to expedite the receipt of the SS-5 in question, you can e-mail a copy to me as an attachment to the e-mail address orly.taitz@hushmail.com and send the paper copy by mail. This is the matter of outmost importance, as you are well aware that Mr. Bounel's Social Security number is being fraudulently used by another individual. If I do not receive SS-5, Harry Bounel's Social Security application by September 9, I will be seeking further legal action.

Respectfully,

/s/ Dr. Orly Taitz, ESQ

A handwritten signature in blue ink, appearing to read 'Orly Taitz', is written over the typed name.

President of Defend Our Freedoms Foundation

Exhibit 1



SOCIAL SECURITY

Refer to:
S9H: AI7967

November 16, 2012

This letter is in response to your Internet request for a Numident for Mr. Harry Bounel.

The Privacy Act of 1974 (5 U.S.C. § 552a) restricts disclosure of the information you requested. The only exception that might permit us to disclose these records to you without consent would be the exception for disclosure required by the Freedom of Information Act (FOIA) (5 U.S.C. § 552).

When we receive a request from a member of the public to release personal information about another individual from our records, we must balance the individual's privacy interest in withholding the information against the public interest in disclosing the information. We must determine whether disclosure would affect a personal privacy interest. There is clearly a substantial privacy interest in the personal details furnished to the Government. The only public interest we must consider is if the information sought would shed light on the way an agency performs its statutory duties. We may not consider the identity of the requester or the purpose for requesting the information. While there clearly is a public interest in knowing how the Social Security Administration administers the Social Security Act, disclosing records containing personal information about named individuals would not shed light on how the agency performs its statutory duties. Therefore, disclosing this information would be a clearly unwarranted invasion of personal privacy, and the FOIA (5 U.S.C. § 552(b)(6)) does not require disclosure.

If you disagree with this decision, you may request a review. Mail your appeal within 30 days after you receive this letter to the Social Security Administration, Office of Privacy and Disclosure, 617 Altmeyer Building, 6401 Security Boulevard, Baltimore, Maryland 21235. Mark the envelope "Freedom of Information Appeal."

Sincerely,

Dawn S. Wiggins

Dawn S. Wiggins
Freedom of Information Officer



SOCIAL SECURITY

July 29, 2013

Refer to:
S9H: AL0414

Dr. Orly Taitz, Esquire
Defend Our Freedoms Foundation
29839 Santa Margarita Parkway
Suite 100
Rancho Santa Margarita, CA 92688

Dear Dr. Taitz:

Thank you for your April 26, 2013 request for a copy of the original Applications for a Social Security Card (Form SS-5s) and any and all Social Security benefits received by Mr. Tamerlan Tsarnaev, Mr. Harrison J. Bounel, and Ms. Stanley Ann Dunham or their dependents.

We did not receive your request until June 6, 2013. We apologize for the delay in responding to your request and any inconvenience this may have caused.

I have enclosed a copy of the SS-5s for Mr. Tsarnaev and Ms. Dunham. We cannot disclose the parents' names listed on Mr. Tsarnaev's application without their written consent or acceptable proof of their death. The Privacy Act of 1974 (5 U.S.C. § 552a) provides the guidelines and limitations for disclosing the information you have requested. The information requested is also exempt from disclosure under the FOIA (5 U.S.C. § 552(b)(6)). Exemption 6 of the FOIA does not require agencies to disclose information that would be a clearly unwarranted invasion of personal privacy.

With your request, you submitted \$37.00 as payment; however, the total cost for the two SS-5s we have enclosed is \$58.00. Please submit an additional payment of \$21.00 to cover the cost of processing this request.

You can pay by credit card. We accept Visa, MasterCard, Discover, American Express, and Diner's Club. To pay by credit card, complete and sign the enclosed form. Include your credit card number and expiration date. We also accept checks or money orders payable to the Social Security Administration. Submit your payment to:

Social Security Administration
Office of Privacy and Disclosure
617 Altmeyer Building
6401 Security Boulevard

Application for a Social Security Card

Form Approved
OMB No. 0950-0088

1	NAME TO BE SHOWN ON CARD Full Name at Birth IF OTHER THAN ABOVE OTHER NAMES USED	First Name DZHOKHAR Last Name TSARNAEV Middle Name ANZOROVICH	First Name DZHOKHAR Last Name TSARNAEV Middle Name ANZOROVICH
2	MAILING ADDRESS (Do Not Abbreviate)	Street Address, Apt. No., PO Box, Rural Route No. 410 NORFOLK ST, APT 3 City CAMBRIDGE State MA Zip Code 02139	
3	CITIZENSHIP (Check One)	☐ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien Not Allowed To Work (See Instructions On Page 1) ☒ Other (See Instructions On Page 1)	
4	SEX	☒ Male ☐ Female	
5	RACE/ETHNIC DESCRIPTION (Check One Only - Voluntary)	☐ Asian, Asian-American or Pacific Islander ☐ Hispanic ☐ Black (Not Hispanic) ☐ North American Indian or Alaskan Native ☒ White (Not Hispanic)	
6	DATE OF BIRTH Month, Day, Year	7	PLACE OF BIRTH (Do Not Abbreviate) City TOKMAK State or Foreign Country KIRGYZISTAN FCI ☐ Office Use Only
8	A. MOTHER'S MARRIAGE NAME	[Redacted]	
8	B. MOTHER'S SOCIAL SECURITY NUMBER	[Redacted]	
9	A. FATHER'S NAME	[Redacted]	
9	B. FATHER'S SOCIAL SECURITY NUMBER	[Redacted]	
10	Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? ☐ Yes (If "yes", answer questions 11-13.) ☒ No (If "no", go on to question 14.) ☐ Don't Know (If "don't know", go on to question 14.)		
11	Enter the Social Security number previously assigned to the person listed in item 1. [Redacted]		
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. First Middle Name Last		
13	Enter any different date of birth if used on an earlier application for a card. Month, Day, Year		
14	TODAY'S DATE Month, Day, Year	15	DAYTIME PHONE NUMBER Area Code Number
14	10/07/2002	15	617 547 6016
16 YOUR SIGNATURE 17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: ☐ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☒ Other (Specify) FATHER			
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)			
NPN		DOC	ATI
PSC		EVC	PRA
EVIDENCE SUBMITTED		SIGNATURE AND TITLE OF EMPLOYER'S REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW	
Entered as employee A 9588 7193		[Signature]	
Some verified 200222 14510765		DATE	
		DATE	

RE FURNISHED COMPLETED APPLICATION
TO NEAREST SOCIAL SECURITY
ADMINISTRATION DISTRICT OFFICE

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER
REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT
READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

535-40-8522

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN."

1 PRINT NAME YOU GIVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED STANLEY ANN		MIDDLE NAME (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE—) ANN		LAST NAME DUNHAM	
2 MAILING ADDRESS (NO AND ST., P. O. BOX OR RFD) (CITY) (ZONE) (STATE) 3206 E. LEXINGTON MEECE ST., WASH.		3 PRINT FULL NAME GIVEN YOU AT BIRTH STANLEY ANN DUNHAM			
4 AGE OR LAST BIRTHDAY 16		5 DATE OF BIRTH (MONTH) (DAY) (YEAR) NOVEMBER 29, 1942		6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) WICHITA KANSAS	
7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD STANLEY ARMOUR DUNHAM		8 MOTHER'S FULL NAME BEFORE EVEN MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD MADELYN LEE PAYNE			
9 (MARK (X) WHICH) SEX: MALE ☒ FEMALE ☐ RACE: ☒ WHITE ☐ NEGRO ☐ OTHER ☐		10 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES ☐ NO ☒ DON'T KNOW ☐			
11 BUSINESS NAME OF EMPLOYER IF UNEMPLOYED, WRITE "UNEMPLOYED" unemployed		12 IF ANSWER IS "YES", PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN STATE _____ DATE _____			
13 EMPLOYER'S ADDRESS (NO AND STREET) (CITY) (ZONE) (STATE) unemployed		14 ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT ACCOUNT NUMBER _____			
15 TODAY'S DATE May 27, 1954		16 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) Stanley Ann Dunham			

DO NOT WRITE IN THIS SPACE

REQUEST FOR CHANGE
IN SOCIAL SECURITY RECORDS

Form Approved Budget Bureau No. 72-R 121.6

SOCIAL SECURITY ACCOUNT NUMBER

535-40-85226

Read Instructions On Back Before Filling In Form. Print in dark ink or use typewriter.

1 IF REQUESTING NAME CHANGE Print NEW NAME HERE EXACTLY AS YOU WILL USE IT AT WORK		(First Name) ANN (Middle Name or Initial - if none, draw line —) (Last Name) DUNHAM OBAMA
2 Print YOUR NAME AS SHOWN ON YOUR LAST CARD		(First Name) STANLEY (Middle Name or Initial - if none, draw line —) (Last Name) ANN DUNHAM
3 DATE OF BIRTH (Month) Nov (Day) 29 (Year) 42	4 BIRTH DATE PREVIOUSLY REPORTED (If different from Item 3) (same)	
5 PLACE OF BIRTH (City) WICHITA (County) SEDGWICK (State) KANSAS	6 SEX MALE ☐ FEMALE ☒	7 COLOR OR RACE WHITE ☒ NEGRO ☐ OTHER ☐
8 MOTHER'S FULL NAME AT HER BIRTH MADELYN LEE PAYNE		9 FATHER'S FULL NAME (Regardless of whether living or dead) STANLEY ARMOR DUNHAM
10 HAVE YOU LOST YOUR CARD? YES ☒ NO ☐	11 WHERE AND WHEN DID YOU GET YOUR FIRST CARD? (State) WASHINGTON (Year) 1959	
12 PRESENT MAILING ADDRESS (Number and Street) 2277 KAMEHAMEHA AVE. (City) HONOLULU (Zone) 14 (State) HAWAII		13 TODAY'S DATE JAN. 3, 1963
14 Write YOUR NAME AS YOU USUALLY WRITE IT (Do Not Print or Type—Use dark ink.) Ann Dunham Obama		

DO NOT
WRITE IN
THIS SPACE

☐ DUP.
ISSUED

☐ EMPLOYEE
CORRESP.

8510943

SOCIAL SECURITY ADMINISTRATION Application for a Social Security Card

Form Approved
GSA GEN. REG. NO. 27

INSTRUCTIONS

88

- Please read "How To Complete This Form" on page 2.
- Print or type using black or blue ink. **DO NOT USE PENCIL.**
- After you complete this form, take or mail it along with the required documents to your nearest Social Security office.
- If you are completing this form for someone else, answer the questions as they apply to that person. Then, sign your name in question 16.

1	NAME To Be Shown On Card	STANLEY ANN DUNHAM FIRST MIDDLE NAME LAST																	
	PULL NAME AT BIRTH IF OTHER THAN ABOVE	SAME FIRST MIDDLE NAME LAST																	
	OTHER NAMES USED	OBAMA, SOETORO (MARRIED NAMES)																	
2	MAILING ADDRESS (Do Not Abbreviate)	1617 SOUTH BERETANIA, APARTMENT 1008 STREET ADDRESS, APT. NO., PO BOX, RURAL ROUTE NO. HONOLULU HAWAII 96826 CITY STATE ZIP CODE																	
3	CITIZENSHIP (Check One)	☒ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien Not Allowed To Work ☐ Foreign Student Allowed Restricted Employment ☐ Conditionally Legalized Alien Allowed To Work ☐ Other (See Instructions On Page 2)																	
4	SEX	☐ Male ☒ Female																	
5	RACE/ETHNIC DESCRIPTION (Check One Only—Voluntary)	☐ Asian, Asian-American Or Pacific Islander ☐ Hispanic ☐ Black (Not Hispanic) ☐ North American Indian Or Alaskan Native ☒ White (Not Hispanic)																	
6	DATE OF BIRTH	NOV 29 1942 MONTH DAY YEAR	7	PLACE OF BIRTH (Do Not Abbreviate)															
				WICHITA, KANSAS CITY STATE OR FOREIGN COUNTRY															
8	MOTHER'S MAIDEN NAME	MADELYN LEE POYNE FIRST MIDDLE NAME LAST NAME AT HER BIRTH																	
9	FATHER'S NAME	STANLEY ARMOUR DUNHAM FIRST MIDDLE NAME LAST																	
10	Has the person in item 1 ever received a Social Security number before? ☒ Yes (If "yes", answer questions 11-13.) ☐ No (If "no", go on to question 14.) ☐ Don't Know (If "don't know", go on to question 14.)																		
11	Enter the Social Security number previously assigned to the person listed in item 1. 5 2 5 - 4 0 - 8 5 2 2																		
12	Enter the name shown on the most recent Social Security card issued for the person listed in item 1. ANN DUNHAM OBAMA FIRST MIDDLE NAME LAST																		
13	Enter any different date of birth if used on an earlier application for a card. MONTH DAY YEAR																		
14	TODAY'S DATE	JUNE 14 1995 MONTH DAY YEAR																	
15	DAYTIME PHONE NUMBER	(808) 946-6808 AREA CODE																	
(FURNISHING OR CAUSING TO BE FURNISHED) FALSE INFORMATION ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT, OR BOTH.																			
16	YOUR SIGNATURE	17 YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: ☒ Self ☐ Natural Or Adoptive Parent ☐ Legal Guardian ☐ Other (Specify)																	
Stanley Ann Dunham																			
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)																			
<table border="1"> <tr> <td>NPN</td> <td>DOC</td> <td>NTT</td> <td>CAN</td> <td>ITV</td> </tr> <tr> <td>PBC</td> <td>EVI</td> <td>EVA</td> <td>EVC</td> <td>PRA</td> </tr> <tr> <td>N</td> <td>Y</td> <td>N</td> <td>N</td> <td></td> </tr> </table>					NPN	DOC	NTT	CAN	ITV	PBC	EVI	EVA	EVC	PRA	N	Y	N	N	
NPN	DOC	NTT	CAN	ITV															
PBC	EVI	EVA	EVC	PRA															
N	Y	N	N																
EVIDENCE SUBMITTED US PP # 6155268 issued 3/31/95 - SHOWS DUNHAM DI VOLE DECREE # 57972 Honolulu HI. SHOWS OBAMA			SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING EVIDENCE AND/OR CONDUCTING INTERVIEW CR 6/15/95 DATE																
			DCL DATE																

ORIGINAL SECURITY INFORMATION Application for a Social Security Card

280

Form Approved
OMB No. 0990-0062

1. NAME TO BE SHOWN ON CARD		DZHOKHAR		ANZOROVICH		TSARNAEV	
FULL NAME AT BIRTH IF OTHER THAN ABOVE		DEMOKHAR		ANZOROVICH		TSARNAEV	
OTHER NAMES USED		N/A					
2. MAILING ADDRESS (Do Not Abbreviate)		410 NORFOLK ST, APT. 3 CITY: CAMBRIDGE MA ZIP CODE: 02139					
3. CITIZENSHIP (Check One)		☐ U.S. Citizen ☐ Legal Alien Allowed To Work ☐ Legal Alien Not Allowed To Work (See Instructions On Page 1) ☒ Other (See Instructions On Page 1)					
4. SEX		☒ Male ☐ Female					
5. RACE/ETHNIC DESCRIPTION (Check One Only - Voluntary)		☐ Asian, Asian American or Pacific Islander ☐ Hispanic ☐ Black (Not Hispanic) ☐ North American Indian or Alaskan Native ☒ White (Not Hispanic)					
6. DATE OF BIRTH 07/22/1943		7. PLACE OF BIRTH		TOKMAK		KYRGYZISTAN	
A. MOTHER'S MARRIED NAME		B. MOTHER'S SOCIAL SECURITY NUMBER		[REDACTED]			
A. FATHER'S NAME		B. FATHER'S SOCIAL SECURITY NUMBER		[REDACTED]			
10. Has the applicant or anyone acting on his/her behalf ever filed for or received a Social Security number card before? ☐ Yes (If "yes", answer questions 11-13.) ☒ No (If "no", go on to question 14.) ☐ Don't Know (If "don't know", go on to question 14.)							
11. Enter the Social Security number previously assigned to the person listed in item 1.		[REDACTED]					
12. Enter the name shown on the most recent Social Security card issued for the person listed in item 1.		[REDACTED]					
13. Enter any different date of birth if used on an earlier application for a card.		[REDACTED]					
14. TODAY'S DATE 10/07/2002		15. DAYTIME PHONE NUMBER		617 547 6016			
16. YOUR SIGNATURE		17. YOUR RELATIONSHIP TO THE PERSON IN ITEM 1 IS: ☒ FATHER					
DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)							
NPN		DOC 032		CST		CAN	
PSC		EVI		EVA		EVC	
EVIDENCE SUBMITTED		Signature and Title of Employee's Reviewing Evidence and/or Conducting Interview		DATE			
Entered as sample A95487193		[Signature]		10/10/02			
same verified 20022214510765		[Signature]		DATE			

APPLICATION FOR REPLACEMENT SOCIAL SECURITY NUMBER CARD REF: 02297038640

APPLICANT NAME: DZHOKHAR/ANZOROVICH/TSARNAEV
NAME TO BE SHOWN ON CARD: DZHOKHAR ANZOROVICH
TSARNAEV

APPLICANT'S MAILING ADDRESS: 410 NORFOLK STREET
APT 3
CAMBRIDGE MA 02139

SEX: M BIRTH DATE: 07/22/1993
PLACE OF BIRTH: TOKMAK, SR FOREIGN BORN
MOTHER'S NAME AT HER BIRTH:

FATHER'S NAME:

HAS THE APPLICANT OR ANYONE ACTING ON HIS/HER BEHALF EVER FILED FOR OR RECEIVED
A SOCIAL SECURITY NUMBER CARD BEFORE? YES LAST SSN: 020-86-0491

NAME ON LAST CARD: DZHOKHAR ANZOROVICH TSAVNAEV

CITIZENSHIP: LEGAL ALIEN ALLOWED TO WORK

RACE/ETHNIC DESCRIPTION: WHITE

APPLICANT'S TELEPHONE: (617) 547-6016

WARNING

DELIBERATELY FURNISHING (OR CAUSING TO BE FURNISHED) FALSE INFORMATION
ON THIS APPLICATION IS A CRIME PUNISHABLE BY FINE OR IMPRISONMENT OR BOTH

SIGNATURE:

DATE:

YOUR RELATIONSHIP TO APPLICANT: () SELF () OTHER (SPECIFY)

WITNESS (IF SIGNED BY MARK X):

WITNESS (IF SIGNED BY MARK X):

DO NOT WRITE BELOW THIS LINE (FOR SSA USE ONLY)

DATE APPLICATION ENTERED: 10/24/02 DOC: 032
UNIT: SR3

SIGNATURE AND TITLE OF EMPLOYEE(S) REVIEWING
EVIDENCE AND/OR CONDUCTING INTERVIEW:

DATE:

DATE:

IN-PERSON INTERVIEW CONDUCTED? NO

ACCEPTABLE EVIDENCE OF CITIZENSHIP/ALIEN STATUS, IDENTITY, AND AGE SUBMITTED.
ACCEPTABLE EVIDENCE OF PERMANENT RESIDENCE STATUS SUBMITTED.
TYPES OF EVIDENCE SUBMITTED: EVIDENCE PREVIOUSLY SUBMITTED CYD 10/16/
2002, TYPOGRAPHICAL ERROR ON LAST NAME AND EVIDENCE SUBMITTED WAS CODED CORR
ECTLY ON SS5 BUT ENTERED WRONG ON MRS. ASYLEE PRA FIELD SHOULD BE Y.

YOU CAN MAKE YOUR PAYMENT BY CREDIT CARD

As a convenience, we offer you the option to make your payment by credit card. However, regular credit card rules will apply.
You may also pay by check or money order.

We Honor Most Major Credit Cards

Please fill in all the information below and return it with your request.

Note: Please read Privacy Act Notice

CHECK ONE ----- > MasterCard _____ Visa _____ Discover _____
American Express _____ Diners Card _____

Credit Card Holder's Name ----- >

Print First, Middle Initial, Last Name

Credit Card Holder's Address ----- >

Number & Street

City, State, Zip Code

Daytime Telephone Number ----- >

Area Code _____ Telephone Number _____

Amount Charged \$ _____

Credit Card Number

Credit Card Expiration Date

Month _____ Year _____

Credit Card Holder's Signature ----- >

Authorization

DO NOT WRITE IN THIS SPACE

OFFICE USE ONLY ----- >

Name

Date

PRIVACY ACT STATEMENT

The Social Security Administration (SSA) has authority to collect the information requested on this form under § 205 of the Social Security Act. Giving us this information is voluntary. You do not have to do it. We will need this information only if you choose to make payment by credit card. You do not need to fill out this form if you choose another means of payment (for example, by check or money order).

If you choose the credit card payment option, we will provide the information you give us to the banks handling your credit card account and SSA's account. We may also provide this information to another person or government agency to comply with federal laws requiring the release of information from our records. You can find these and other routine uses of information provided to SSA listed in the Federal Register. If you want more information about this, you may call or write any Social Security Office.

DR. ORLY TAITZ, ESQ

PRESIDENT

DEFEND OUR FREEDOMS FOUNDATION

29839 SANTA MARGARITA PKWY, STE 100

RANCHO SANTA MARGARITA CA 92688

04.26.2013

Social Security Administration

OEO FOIA Workgroup

300 N. Green Street

P.O. Box 33022

Baltimore, MD 21290-3022

via certified mail, fee attached

Dear Sir/Mdm,

I am requesting under the Freedom of Information act 5US 552 following documents:

1. A copy of the SS-5 application for Social Security number for deceased Tamerlan Tsarnaev, 26 years old, immigrant from Russia, last known residence Boston MA area. Additionally I am requesting any and all information available in the SSA file for the deceased. Please, advise if additional fee is required. Specifically I am requesting any and all documentation pertaining to any and all payments or aid provided by the Social Security administration to the deceased and his family.
2. I am hereby requesting SS-5 application and any and all documentation for Harrison (Harry) J. Bounel, immigrant from Russia, born in 1890, arrived in the U.S. in and around 1912, received Social Security number in the state of CT in and

around March 28, 1977, SSN 042-68-4425. I am seeking any and all documentation on any Social Security benefits received by Mr. Bounel for himself and any and all known dependants

3. I am seeking a SS-5 application for Stanley Ann Dunham, born in 1942 Wichita KS, deceased 1995, Honolulu HI. I am seeking any and all documentation for any and all Social Security benefits received by Mr. Dunham for herself and any and all dependants.

A handwritten signature in blue ink, appearing to read 'Orly Taitz', with a long horizontal stroke extending to the right.

Sincerely,

Dr. Orly Taitz ESQ.- President of
Defend our Freedoms Foundation

29839 Santa Margarita Pkwy, ste 100
Rancho Santa Margarita Ca 92688

cc Congressman Darrell Issa
Chairman

House Oversight Committee
2347 Rayburn House Building
Washington DC, 20515

cc Congressman Mike Rogers
Chairman

House Intelligence Committee

Office of the United Nations High Commissioner for Human Rights (OHCHR)

Special Rapporteur on the Situation of Human Rights Defenders

The Honorable Mrs. Margaret Sekaggya

Palais des Nations

CH-1211 Geneva 10, Switzerland

International Criminal bar Hague

United Nations Commission for

Civil Rights Defenders

Orsolya Toth (Ms)

Human Rights Officer

Civil and Political Rights Section

Special Procedures Division

Office of the High Commissioner for Human Rights

tel: + 41 22 917 91 51

email: ototh@ohchr.org

133 Cannon House Office building

Washington DC 20515

cc Congressman Sam Johnson

Chairman

House Subcommittee on Social Security

House Ways and Means Committee

2929 N Central Expy, 240

Richardson, TX 75080

cc Congressman Bob Goodlatt

Chairman of the House Committee on the Judiciary

2309 Rayburn HOB

Washington, D.C. 20515

Phone: (202) 225-5431

Fax: (202) 225-9681

Public Integrity Section

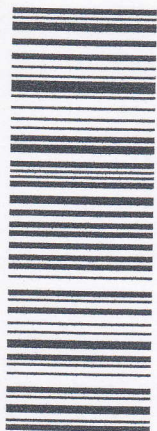
Department of Justice

950 Pennsylvania Ave, NW

Washington DC 20530-0001

Law Offices of Orly Taitz, Esq.
 29839 Santa Margarita Pkwy, Ste 100
 Rancho Santa Margarita, CA 92688

CERTIFIED MAIL™
 OF THE RETURN ADDRESS, FOLD AT DOTTED LINE



7012 0470 0000 5943 0994



Social Security Admin'st
OEO FOIA Workgroup
300 N. Green St.
P.O. Box 33022
Baltimore, MD 21290-3022

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sent To *SSA*
 Street, Apt. No., or PO Box No. *300 N. Green St.*
 City, State, ZIP+4 *P.O. Box 33022, Bal*

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to: *SSA*
OEO FOIA workgroup
300 N. Green St.
P.O. Box 33022
Baltimore, MD
21290-3022

2. Article Number (Transfer from service label) *7012 0470 0000 5943 0994*

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☒ Agent
☒ Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) ☐ Yes