



# City of Lawton

## Pension Trust Commission

Lawton City Hall  
212 SW 9th Street  
Lawton, Oklahoma  
73501-3944

### Agenda

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Thursday, April 23, 2026

9:00 AM

Lawton City Hall  
3rd Floor Conference Room

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#### Roll Call

#### Introduction of Guests

#### Consent Agenda

For the benefit of the audience, all matters listed under the consent agenda are considered to be routine by the pension commission and will be enacted by one motion. There will be no separate discussion of these items. If discussion is desired, that item will be removed from the consent agenda prior to roll call and will be considered separately.

1. Consider and take action to approve an application for Normal Retirement from Garland Bussey.
2. Consider and take action to approve an application for Normal Retirement from David Wiedeman.
3. Consider and take action to approve an application for Normal Retirement from Thierry Schroeder.
4. Receive and consider accepting a Memo of Information regarding the death of employee James Smith.
5. Receive and consider accepting a Memo of Information regarding the death of retiree Deborah Helene Long.
6. Receive and consider accepting a Memo of Information regarding the death of surviving spouse Deborah Helene Long.
7. Receive and consider accepting a Memo of Information regarding the death of surviving spouse Janice Wells.
8. Receive and consider accepting a Memo of Information regarding the death of surviving spouse Mary Untalan Cruz.
9. Consider and take action to approve the paid-in-full judgments to be released from the record.

#### New Business

1. Ratify the issuance of stop payment orders for check numbers 5227 and 5229, reported lost in transit, and approve any associated stop payment fees.
2. Receive the quarterly report on pension investments from Morgan Stanley.
3. Consider and take action to approve the City of Lawton Employees' Retirement System third quarter financial report for the period ending March 31, 2026.

### **Adjournment**

The City of Lawton encourages participation from all of its citizens. If participation at any public meeting is not possible due to a disability, notification to the City Clerk at (580) 581-3305 at least 48 hours prior to the scheduled meeting is encouraged to make the necessary accommodations. The City may waive the 48 hour rule if interpreters for the deaf (signing) is not the necessary accommodation."

**Item Title:**

Consider and take action to approve an application for Normal Retirement from Garland Bussey.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

City employee Garland Bussey was 65 years of age and had 25 years of service as of his requested retirement date of February 2, 2026. Therefore, he has met the requirements for Normal Retirement.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memo to Payroll Coordinator  
Retirement Application  
Benefit Option Selection Form  
Designation of Beneficiary

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Approve the retirement application for Garland Bussey in the amount of \$2,537.12 minus applicable taxes.

**ATTACHMENTS:**

1. Garland Bussey



# Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

## Memo

**TO:** Shari Rodrick, Payroll Coordinator

**CC:** Tammy Branstetter, Deputy City Clerk

**FROM:** Taressa Macias, Compensation Administrator

**DATE:** 2-26-2026

**RE:** Retirement – Garland Bussey

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City of Lawton employee Garland Bussey qualifies for a normal retirement. Mr. Bussey retired on February 2, 2026, and selected the Joint and 100% Survivor Option (\$2,537.12).

Mr. Bussey has declined insurance coverage.

Mr. Bussey will receive an initial payment of:

\$4,892.98 ( $\$2,537.12/28$  days in February = \$90.61 per day;  $28-2 = 26$  days retired x \$90.61 = \$2,355.86 for February plus \$2,537.12 for March 2026).

Mr. Bussey's retirement check beginning April 2026 and every month thereafter will be \$2,537.12 minus applicable taxes.

Thank you!

**Attachments:**

Retirement Application  
Benefit Option Selection  
Designation of Beneficiary

**RETIREMENT APPLICATION**

Employee Name: Garland Bussey Employee Birth Date: 10-29-60

Employee Hire Date: 8-1-2000

Name of Spouse: Kathleen Bussey Spouse Birth Date: \_\_\_\_\_

**I AM APPLYING FOR THE FOLLOWING TYPE OF RETIREMENT:**

Normal Retirement based on age and/or years of service. GB (Employee Initials)

Early retirement based on age and/or years of service. (NOTE: Early retirement benefits reduce 5/12ths of one percent for every month retired early.)  
\_\_\_\_\_ (Employee initials)

Disability retirement of the following type: \*\*

Job related. Date of Injury: \_\_\_\_\_

Non Job Related.

My retirement options were explained and I am electing to take a lump sum payment option in lieu of a monthly benefit.

**\*\*NOTE:** On disability retirements there are no payment options and benefits are payable for the life of the retiree only with no survivor benefits. All disabilities will require medical documentation from physicians selected by the retirement commission.

EMPLOYEE'S SIGNATURE: Garland Bussey DATE: 1-29-26

SPOUSE'S SIGNATURE: Kathleen Bussey DATE: 1-29-26

Employee Retirement System of the City of Lawton  
**BENEFIT OPTION SELECTION**

for

**Garland Bussey**

I have been advised of the benefit payment options available to me and have selected the option below which I consider most appropriate for my needs.

|  |                     |
|--|---------------------|
| <b>LUMP SUM PAYMENT</b> _____ <b>Initials</b>  | <b>\$190,203.10</b> |
| Refund of the employee contribution plus accrued interest and city contribution with 10 years or more. 20% FEDERAL TAXES will be deducted. No further benefit. |                     |

|   |                   |
|---|-------------------|
| <b>LIFETIME ONLY</b> _____ <b>Initials</b>                        | <b>\$2,951.86</b> |
| Payable for retiree's lifetime. Benefit stops at retiree's death. |                   |

|  |                   |
|--|-------------------|
| <b>TEN-YEAR CERTAIN</b> _____ <b>Initials</b>  | <b>\$2,815.07</b> |
| Payable for the retiree's lifetime. If retiree's death occurs during the ten-year period following the retirement date, the monthly payment will be continued to the retiree's beneficiary for the remainder of the ten-year period. |                   |

|  |                            |
|--|----------------------------|
| <b>JOINT AND 2/3 SURVIVOR</b> _____ <b>Initials</b>  | <b>\$2,661.78/1,774.53</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue to the retiree's spouse in an amount reduced to 2/3 of the retiree's monthly benefit. The reduced amount is payable for the spouse's lifetime and ceases on the spouse's death. |                            |

|   |                   |
|---|-------------------|
| <b>JOINT AND 100% SURVIVOR</b> <u>GB</u> <b>Initials</b>  | <b>\$2,537.12</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue in the same amount to the retiree's spouse during the spouse's lifetime. Benefits cease on spouse's death. |                   |

I have been advised by the Human Resources Department to complete a revised beneficiary designation form. The form is attached.

I have selected the benefit payment option which I consider most beneficial to my needs. I understand that once benefit payments are approved by the Board of Pension Commissioners, the option selection cannot be changed. I understand that I will not receive my first retirement check until the last Friday of the month following my retirement date.

Garland Bussey \_\_\_\_\_ 1-29-26  
 (Employee Signature) (Date)

Kathleen Bussey \_\_\_\_\_ 1-27-26  
 (Spouse Signature) (Date)

Vanessa Macias \_\_\_\_\_ 1-29-2026  
 (Witness Signature) (Date)

[Empty box for office use]

DATE OF EMPLOYMENT

**DESIGNATION OF BENEFICIARY**

For the City of Lawton, Oklahoma Retirement Pension Plan

MEMBER'S NAME Garland D. Bussey

ADDRESS \_\_\_\_\_

DATE OF BIRTH 10-29-1960

In the event of your death, any benefits shall be payable only to surviving spouse and/or children. If spouse is not alive and no children survive, then remaining benefits shall be payable to the member's father and/or mother; if living; otherwise to the legal representative of member's estate, unless designated otherwise.

**IMPORTANT:** List one or more Beneficiaries in sequence to receive member's benefits or payment benefits or payment will be made as listed in above paragraph.

Spouse Kathleen Bussey Date of Birth \_\_\_\_\_

Dependent Children \_\_\_\_\_

Other \_\_\_\_\_

Date 1-29-2016 Member Signature Garland Bussey

Witness Jarissa Macias

In the event of your death, please list below the name of the person(s) you would like us to notify.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Item Title:**

Consider and take action to approve an application for Normal Retirement from David Wiedeman.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

City employee David Wiedeman was 62 years of age and had 16 years of service as of his requested retirement date of January 5, 2026. Therefore, he has met the requirements for Normal Retirement.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memo to Payroll Coordinator  
Retirement Application  
Benefit Option Selection Form  
Designation of Beneficiary

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Approve the retirement application for David Wiedeman in the amount of \$1,293.44 minus applicable taxes.

**ATTACHMENTS:**

1. David Wiedeman



# Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

## Memo

**TO:** Shari Rodrick, Payroll Coordinator

**CC:** Tammy Branstetter, Deputy City Clerk

**FROM:** Taressa Macias, Compensation Administrator

**DATE:** 2-12-26

**RE:** Retirement – David Wiedeman

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City of Lawton employee David Wiedeman qualifies for a normal retirement. Mr. Wiedeman retired on January 5, 2026, and selected the Joint and 100% Survivor Option (\$1,293.44).

Mr. Wiedeman has declined insurance coverage.

Mr. Wiedeman will receive an initial payment of:

\$2,378.16 ( $\$1,293.44/31$  days in January = \$41.72 per day;  $31-5 = 26$  days retired x \$41.72 = \$1,084.72 for January plus \$1,293.44 for February 2026).

Mr. Wiedeman's retirement check beginning March 2026 and every month thereafter will be \$1,293.44 minus applicable taxes.

Thank you!

**Attachments:**

Retirement Application  
Benefit Option Selection  
Designation of Beneficiary

**RETIREMENT APPLICATION**

Employee Name: David Wiedeman Employee Birth Date: 9-9-63

Employee Hire Date: 3-9-2009

Name of Spouse: Stephanie Wiedeman Spouse Birth Date:           

**I AM APPLYING FOR THE FOLLOWING TYPE OF RETIREMENT:**

Normal Retirement based on age and/or years of service. DW (Employee Initials)

Early retirement based on age and/or years of service. (NOTE: Early retirement benefits reduce 5/12ths of one percent for every month retired early.)  
\_\_\_\_\_ (Employee initials)

Disability retirement of the following type: \*\*

Job related. Date of Injury: \_\_\_\_\_

Non Job Related.

My retirement options were explained and I am electing to take a lump sum payment option in lieu of a monthly benefit.

**\*\*NOTE:** On disability retirements there are no payment options and benefits are payable for the life of the retiree only with no survivor benefits. All disabilities will require medical documentation from physicians selected by the retirement commission.

EMPLOYEE'S SIGNATURE: David Wiedeman DATE: 1-5-26

SPOUSE'S SIGNATURE: Stephanie Wiedeman DATE: 1-5-26

Employee Retirement System of the City of Lawton

**BENEFIT OPTION SELECTION**

for

**David Wiedeman**

I have been advised of the benefit payment options available to me and have selected the option below which I consider most appropriate for my needs.

|  |                      |
|--|----------------------|
| <b>LUMP SUM PAYMENT</b> _____ <b>Initials</b>  | <b>\$ 112,682.98</b> |
| Refund of the employee contribution plus accrued interest and city contribution with 10 years or more. 20% FEDERAL TAXES will be deducted. No further benefit. |                      |

|   |                   |
|---|-------------------|
| <b>LIFETIME ONLY</b> _____ <b>Initials</b>                        | <b>\$1,511.57</b> |
| Payable for retiree's lifetime. Benefit stops at retiree's death. |                   |

|  |                   |
|--|-------------------|
| <b>TEN-YEAR CERTAIN</b> _____ <b>Initials</b>  | <b>\$1,461.67</b> |
| Payable for the retiree's lifetime. If retiree's death occurs during the ten-year period following the retirement date, the monthly payment will be continued to the retiree's beneficiary for the remainder of the ten-year period. |                   |

|  |                          |
|--|--------------------------|
| <b>JOINT AND 2/3 SURVIVOR</b> _____ <b>Initials</b>  | <b>\$1,358.80/905.87</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue to the retiree's spouse in an amount reduced to 2/3 of the retiree's monthly benefit. The reduced amount is payable for the spouse's lifetime and ceases on the spouse's death. |                          |

|   |                   |
|---|-------------------|
| <b>JOINT AND 100% SURVIVOR</b> <u>DW</u> <b>Initials</b>  | <b>\$1,293.44</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue in the same amount to the retiree's spouse during the spouse's lifetime. Benefits cease on spouse's death. |                   |

I have been advised by the Human Resources Department to complete a revised beneficiary designation form. The form is attached.

I have selected the benefit payment option which I consider most beneficial to my needs. I understand that once benefit payments are approved by the Board of Pension Commissioners, the option selection cannot be changed. I understand that I will not receive my first retirement check until the last Friday of the month following my retirement date.

David Wiedeman  
(Employee Signature)

1-5-26  
(Date)

Stephanie Wiedeman  
(Spouse Signature)

1-5-26  
(Date)

Barbara Macias  
(Witness Signature)

1-5-2026  
(Date)

[Empty box for office use]

DATE OF EMPLOYMENT

**DESIGNATION OF BENEFICIARY**

For the City of Lawton, Oklahoma Retirement Pension Plan

MEMBER'S NAME David Wiedeman

ADDRESS \_\_\_\_\_

DATE OF BIRTH 9-9-1963

In the event of your death, any benefits shall be payable only to surviving spouse and/or children. If spouse is not alive and no children survive, then remaining benefits shall be payable to the member's father and/or mother; if living; otherwise to the legal representative of member's estate, unless designated otherwise.

**IMPORTANT:** List one or more Beneficiaries in sequence to receive member's benefits or payment benefits or payment will be made as listed in above paragraph.

Spouse Stephanie Wiedeman Date of Birth 7-8-1966

Dependent Children \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Date 1-5-26 Member Signature David Wiedeman

Witness Barbara Macias

In the event of your death, please list below the name of the person(s) you would like us to notify.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Item Title:**

Consider and take action to approve an application for Normal Retirement from Thierry Schroeder.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

City employee Thierry Schroeder was 61 years of age and had 30 years of service as of his requested retirement date of March 2, 2026. Therefore, he has met the requirements for Normal Retirement.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memo to Payroll Coordinator  
Retirement Application  
Benefit Option Selection Form  
Designation of Beneficiary

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Approve the retirement application for Thierry Schroeder in the amount of \$3,402.14 minus applicable taxes.

**ATTACHMENTS:**

1. Thierry Schroeder



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## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

# Memo

**TO:** Shari Rodrick, Payroll Coordinator

**CC:** Tammy Branstetter, Deputy City Clerk

**FROM:** Taressa Macias, Compensation Administrator

**DATE:** 4-2-2026

**RE:** Retirement – Thierry Schroeder

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City of Lawton employee Thierry Schroeder qualifies for a normal retirement. Mr. Schroeder retired on March 2, 2026, and selected the Lifetime Only Option (\$3,402.14).

Mr. Schroeder has declined insurance coverage.

Mr. Schroeder will receive an initial payment of:

\$6,584.89 ( $\$3,402.14/31$  days in March = \$109.75 per day;  $31-2 = 29$  days retired x \$109.75 = \$3,182.75 for March plus \$3,402.14 for April 2026).

Mr. Schroeder's retirement check beginning May 2026 and every month thereafter will be \$3,402.14 minus applicable taxes.

Thank you!

**Attachments:**

Retirement Application  
Benefit Option Selection  
Designation of Beneficiary

**RETIREMENT APPLICATION**

Employee Name: THOMAS J. [Signature] Employee Birth Date: 10-03-64

Employee Hire Date: 01-23-1986

Name of Spouse: N/A Spouse Birth Date: \_\_\_\_\_

**I AM APPLYING FOR THE FOLLOWING TYPE OF RETIREMENT:**

Normal Retirement based on age and/or years of service. JC (Employee Initials)

Early retirement based on age and/or years of service. (NOTE: Early retirement benefits reduce 5/12ths of one percent for every month retired early.)  
\_\_\_\_\_ (Employee initials)

Disability retirement of the following type: \*\*

Job related. Date of Injury: \_\_\_\_\_

Non Job Related.

My retirement options were explained and I am electing to take a lump sum payment option in lieu of a monthly benefit.

**\*\*NOTE:** On disability retirements there are no payment options and benefits are payable for the life of the retiree only with no survivor benefits. All disabilities will require medical documentation from physicians selected by the retirement commission.

EMPLOYEE'S SIGNATURE: [Signature] DATE: 03-08-26

SPOUSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Retirement System of the City of Lawton  
**BENEFIT OPTION SELECTION**  
 for

**Thierry Schroeder**

I have been advised of the benefit payment options available to me and have selected the option below which I consider most appropriate for my needs.

|  |                      |
|--|----------------------|
| <b>LUMP SUM PAYMENT</b> _____ <b>Initials</b>  | <b>\$ 215,721.65</b> |
| Refund of the employee contribution plus accrued interest and city contribution with 10 years or more. 20% FEDERAL TAXES will be deducted. No further benefit. |                      |

|   |                    |
|---|--------------------|
| <b>LIFETIME ONLY</b> <i>TS</i> _____ <b>Initials</b>              | <b>\$ 3,402.14</b> |
| Payable for retiree's lifetime. Benefit stops at retiree's death. |                    |

|  |                    |
|--|--------------------|
| <b>TEN-YEAR CERTAIN</b> _____ <b>Initials</b>  | <b>\$ 3,330.56</b> |
| Payable for the retiree's lifetime. If retiree's death occurs during the ten-year period following the retirement date, the monthly payment will be continued to the retiree's beneficiary for the remainder of the ten-year period. |                    |

|  |               |
|--|---------------|
| <b>JOINT AND 2/3 SURVIVOR</b> _____ <b>Initials</b>  | <b>\$ n/a</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue to the retiree's spouse in an amount reduced to 2/3 of the retiree's monthly benefit. The reduced amount is payable for the spouse's lifetime and ceases on the spouse's death. |               |

|   |               |
|---|---------------|
| <b>JOINT AND 100% SURVIVOR</b> _____ <b>Initials</b>  | <b>\$ n/a</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue in the same amount to the retiree's spouse during the spouse's lifetime. Benefits cease on spouse's death. |               |

I have been advised by the Human Resources Department to complete a revised beneficiary designation form. The form is attached.

I have selected the benefit payment option which I consider most beneficial to my needs. I understand that once benefit payments are approved by the Board of Pension Commissioners, the option selection cannot be changed. I understand that I will not receive my first retirement check until the last Friday of the month following my retirement date.

*Thierry Schroeder*  
 \_\_\_\_\_  
 (Employee Signature)

*03-08-2026*  
 \_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Spouse Signature)

*Janesoa Macias*  
 \_\_\_\_\_  
 (Witness Signature)

\_\_\_\_\_  
 (Date)

*3-8-2026*  
 \_\_\_\_\_  
 (Date)

[Empty box]

DATE OF EMPLOYMENT

**DESIGNATION OF BENEFICIARY**

For the City of Lawton, Oklahoma Retirement Pension Plan

MEMBER'S NAME Alicia / Alicia

ADDRESS \_\_\_\_\_

DATE OF BIRTH 03-01-1942

In the event of your death, any benefits shall be payable only to surviving spouse and/or children. If spouse is not alive and no children survive, then remaining benefits shall be payable to the member's father and/or mother; if living; otherwise to the legal representative of member's estate, unless designated otherwise.

**IMPORTANT:** List one or more Beneficiaries in sequence to receive member's benefits or payment benefits or payment will be made as listed in above paragraph.

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Date 03.01.20 Member Signature [Signature]  
Witness Alicia Macias

In the event of your death, please list below the name of the person(s) you would like us to notify.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Item Title:**

Receive and consider accepting a Memo of Information regarding the death of employee James Smith.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

City of Lawton employee James Smith passed away on January 22, 2026. James Smith was not married at the time of his death. La Toya McClellan, his only living child, will receive a lump sum of his accumulated contributions in the amount of \$146,617.50.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memorandum to Payroll Coordinator

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Accept the Memo of Information regarding the death of employee James Smith.

**ATTACHMENTS:**

1. James Smith



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# Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

## Memo

TO: Shari Rodrick, Payroll Coordinator

CC: Tammy Branstetter, Senior Deputy City Clerk  
La Toya McClellan – Beneficiary

FROM: Taressa Macias, Compensation Administrator

DATE: 3-11-2026

RE: Death of Employee James Smith

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City of Lawton employee James Smith passed away January 22, 2026. Per City Code Chapter 17 Death Benefits 17-3-4-347-E.; If there is no surviving spouse or dependent child at the death of a member who would otherwise be qualified for a benefit under subsection B or C, the benefit determined under subsection A shall be payable on behalf of such member.

Subsection A states if the employment of a member is terminated prior to the completion of ten (10) years of creditable service by reason of his death, for a reason other than death in the line of duty, there shall be payable to his designated beneficiary the member's accumulated contributions.

According to 17-3-4-348 – Designation of beneficiaries-B, If the member's spouse is not alive at his death, any payments to which he was entitled shall be paid to the living children of the member, or on their behalf if under eighteen (18) years of age.

James Smith was not married at the time of his death. La Toya McClellan, his only living child, will receive a lump sum of his accumulated contributions in the amount of \$146,617.50.

Thank you.

**Item Title:**

Receive and consider accepting a Memo of Information regarding the death of retiree Deborah Helene Long.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

City of Lawton retiree Deborah Helene Long passed away January 7th, 2026. Mrs. Long had chosen the "Lifetime Only" option at the time of her retirement. Her final pension check was issued on January 30, 2026.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memorandum to Payroll Coordinator  
Obituary  
Memorandum to Payroll Coordinator — Retirement  
Retirement Application  
Benefit Option Selection Form  
Designation of Beneficiary

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Accept the Memo of Information regarding the death of retiree Deborah Helene Long.

**ATTACHMENTS:**

1. Deborah Long (Death of Retiree)



## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

### MEMORANDUM

**TO: Shari Rodrick, Payroll Coordinator**  
**FROM: Rosalinda Torries, Administrative Assistant II**  
**RE: Death of Retiree – Deborah Helene Long**  
**DATE: 2/24/2026**

City of Lawton retiree Deborah Helene Long passed away January 7<sup>th</sup>, 2026. Mrs. Long had chosen "Lifetime Only" at the time of her retirement. Final pension check was January 30, 2026.

Confirmation of date of death was received by Lawton Ritter Gray Funeral Home. Obituary has also been made available on their website. There is no death certificate at this time.

Thank you.

Attachments

Obituary

Memo

Application

Benefit Option Selection

*Cc: City Clerk's Office  
Shari Rodrick, Compensation Administrator*

Providing efficient, effective, and responsive service. Promoting a quality of life based on harmony and cooperation.  
Creating leadership and opportunity for southwest Oklahoma.

## Funeral For Deborah Helene Long

Feb 18, 2026



Deborah Helene Long passed away on Wednesday, January 7, 2026 in Oklahoma City.

Arrangements  are under the direction of Lawton Ritter Gray Funeral Home.

She was born January 26, 1950 in Las Angeles, California. She lived in California, Wyoming, and Oklahoma.

Survivors include her son, Justin Montgomery and his fiancée' Shaquita, grandchildren Ethan, Aiden, Nassir, Noah, and Nyomi; Nieces and Nephews: Cherrie Gibson, Shannon Gibson Fuqua, Carl Fuqua, Serena Watson, Chris Gibson, Jeffrey May, Keri May, all of Lawton, Celestine, Kenneth III and LaLaina Burge, and Jenelle Vetterick, all of California; Brock, Kenneth IV and Ashley Burge, and Hope, Derik and Lacey Balangue, all of California; and Jace Balangue, California.

She was preceded in death by her Husband, Tyrone Webb, her brother Kenneth O. Burge II; brother, LeRoy Long II, sister, Cheryle M. Edwards, Mother; Marie Bell Camplin and Father LeRoy Long

Services to be held by Lawton Ritter Gray funeral home on February 21st, 2026 at 2 p.m.

Repass will be held at Providence Missionary Baptist Church following proceeds.



# Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

#91821  
Date 1/4/23

DOB 1/26/50 72yrs  
TC 62

## Memo

**TO:** Shari Rodrick, Payroll Coordinator

**CC:** Donalynn Blazek-Scherler, Senior Deputy City Clerk  
Deborah Long

**FROM:** Taressa Macias, Compensation Administrator

**DATE:** 1-24-23

**RE:** Retirement – Deborah Long

City of Lawton employee Deborah Long retired on January 3, 2023. Mrs. Long has selected the Lifetime Only Option (\$2,263.97).

Mrs. Long has chosen to continue medical, dental and vision insurance beginning January 2023.

Medical – Retiree 65+ Plan = \$471.50  
 Dental – Retiree = \$34.10  
 Vision – Retiree = \$9.26

Mrs. Long will receive an initial payment of:

\$4,308.81 (\$2,263.97/31 days in January = \$73.03 per day; 31-3 = 28 days retired x \$73.03 = \$2,044.84 for January plus \$2,263.97 for February 2023).

Mrs. Long’s retirement check beginning March 2023 and every month thereafter will be \$2,263.97 minus insurance premiums.

Thank you!

**Attachments:**  
 Retirement Application  
 Benefit Option Selection  
 Designation of Beneficiary

PART III

RETIREMENT APPLICATION

10. Employee Name: DEBORAH LONG Employee Birth Date: 01/26/1950
11. Employee Hire Date: 06/15/1999
12. Name of Spouse: TYRONE WEBB Spouse Birth Date:

I AM APPLYING FOR THE FOLLOWING TYPE OF RETIREMENT:

13.  Normal Retirement based on age and/or years of service. DL (Employee Initials)
14.  Early retirement based on age and/or years of service. (NOTE: Early retirement benefits reduce 5/12ths of one percent for every month retired early.)  
         (Employee initials)
15.  Disability retirement of the following type: \*\*
- Job related. Date of Injury:
- Non Job Related.
16.  My retirement options were explained and I am electing to take a lump sum payment option in lieu of a monthly benefit.

**\*\*NOTE:** On disability retirements there are no payment options and benefits are payable for the life of the retiree only with no survivor benefits. All disabilities will require medical documentation from physicians selected by the retirement commission.

EMPLOYEE'S SIGNATURE:  DATE: 1/4/2023

SPOUSE'S SIGNATURE:  DATE: 1/4/23

Employee Retirement System of the City of Lawton  
**BENEFIT OPTION SELECTION**

for

**Deborah Long**

I have been advised of the benefit payment options available to me and have selected the option below which I consider most appropriate for my needs.

|  |                      |
|--|----------------------|
| <b>LUMP SUM PAYMENT</b> _____ <b>Initials</b>  | <b>\$ 128,370.75</b> |
| Refund of the employee contribution plus accrued interest and city contribution with 10 years or more. 20% FEDERAL TAXES will be deducted. No further benefit. |                      |

|   |                    |
|---|--------------------|
| <b>LIFETIME ONLY</b> <u>DL</u> <b>Initials</b>                    | <b>\$ 2,263.97</b> |
| Payable for retiree's lifetime. Benefit stops at retiree's death. |                    |

|  |                    |
|--|--------------------|
| <b>TEN-YEAR CERTAIN</b> _____ <b>Initials</b>  | <b>\$ 2,029.65</b> |
| Payable for the retiree's lifetime. If retiree's death occurs during the ten-year period following the retirement date, the monthly payment will be continued to the retiree's beneficiary for the remainder of the ten-year period. |                    |

|  |                             |
|--|-----------------------------|
| <b>JOINT AND 2/3 SURVIVOR</b> _____ <b>Initials</b>  | <b>\$ 1,887.83/1,258.56</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue to the retiree's spouse in an amount reduced to 2/3 of the retiree's monthly benefit. The reduced amount is payable for the spouse's lifetime and ceases on the spouse's death. |                             |

|   |                    |
|---|--------------------|
| <b>JOINT AND 100% SURVIVOR</b> _____ <b>Initials</b>  | <b>\$ 1,743.26</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue in the same amount to the retiree's spouse during the spouse's lifetime. Benefits cease on spouse's death. |                    |

I have been advised by the Human Resources Department to complete a revised beneficiary designation form. The form is attached.

I have selected the benefit payment option which I consider most beneficial to my needs. I understand that once benefit payments are approved by the Board of Pension Commissioners, the option selection cannot be changed. I understand that I will not receive my first retirement check until the last Friday of the month following my retirement date.

|   |                           |
|---|---------------------------|
| <u>Deborah Long</u><br>(Employee Signature) | <u>1/4/2023</u><br>(Date) |
| <u>[Signature]</u><br>(Spouse Signature)    | <u>1-4-23</u><br>(Date)   |
| <u>Jessie Macias</u><br>(Witness Signature) | <u>1-4-23</u><br>(Date)   |

[Empty box for office use]

DATE OF EMPLOYMENT

**DESIGNATION OF BENEFICIARY**

For the City of Lawton, Oklahoma Retirement Pension Plan

MEMBER'S NAME DEBORAH LONG

ADDRESS \_\_\_\_\_

DATE OF BIRTH 01/26/1950

In the event of your death, any benefits shall be payable only to surviving spouse and/or children. If spouse is not alive and no children survive, then remaining benefits shall be payable to the member's father and/or mother; if living; otherwise to the legal representative of member's estate, unless designated otherwise.

**IMPORTANT:** List one or more Beneficiaries in sequence to receive member's benefits or payment benefits or payment will be made as listed in above paragraph.

Spouse \_\_\_\_\_ Date of Birth \_\_\_\_\_

Dependent Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_

Date 1/4/2023 Member Signature [Signature]  
Witness Jessica Macies

In the event of your death, please list below the name of the person(s) you would like us to notify.  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Item Title:**

Receive and consider accepting a Memo of Information regarding the death of surviving spouse Deborah Helene Long.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

Surviving spouse, Deborah Helene Long, passed away on January 7, 2026. Mrs. Long received a monthly pension after the death of her late husband, Tyrone Webb. The final pension check was issued on January 30, 2026. Because Mrs. Long passed away prior to receiving the remaining benefits, the final contribution amount will be made to beneficiary Justin Montgomery.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memorandum to Payroll Coordinator

Obituary

Memorandum to Payroll Coordinator — Death of Retiree Tyrone Webb

Memorandum to Payroll Coordinator — Retirement

Retirement Application

Benefit Option Selection Form

Designation of Beneficiary

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Accept the Memo of Information regarding the death of surviving spouse Deborah Helene Long.

**ATTACHMENTS:**

1. Deborah Long (Death of Surviving Spouse)



## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

### MEMORANDUM

**TO: Shari Rodrick, Payroll Coordinator**  
**FROM: Rosalinda Torries, Administrative Assistant II**  
**RE: Death of Surviving Spouse, Deborah Helene Long**  
**DATE: 2/24/2026**

Surviving spouse Deborah Helene Long passed away January 7, 2026. Mrs. Long received a monthly pension after the death of her late husband, Tyrone Webb. Final pension check was January 30, 2026. Because Mrs. Long passed prior to receiving the remaining benefits, final contribution amount will be made to beneficiary Justin Montgomery.

Confirmation of date of death was received by Lawton Ritter Gray Funeral Home. Obituary has also been made available on their website. There is no death certificate at this time.

Thank you.

Attachments  
Obituary  
Memo  
Retirement Application  
Benefit Option  
Designation of Beneficiary

*Cc: City Clerk's Office  
Shari Rodrick, Compensation Administrator*


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Creating leadership and opportunity for southwest Oklahoma.

## Funeral For Deborah Helene Long

Feb 18, 2026



Deborah Helene Long passed away on Wednesday, January 7, 2026 in Oklahoma City.

Arrangements  are under the direction of Lawton Ritter Gray Funeral Home.

She was born January 26, 1950 in Las Angeles, California. She lived in California, Wyoming, and Oklahoma.

Survivors include her son, Justin Montgomery and his fiancée' Shaquita, grandchildren Ethan, Aiden, Nassir, Noah, and Nyomi; Nieces and Nephews: Cherrie Gibson, Shannon Gibson Fuqua, Carl Fuqua, Serena Watson, Chris Gibson, Jeffrey May, Keri May, all of Lawton, Celestine, Kenneth III and LaLaina Burge, and Jenelle Vetterick, all of California; Brock, Kenneth IV and Ashley Burge, and Hope, Derik and Lacey Balangue, all of California; and Jace Balangue, California.

She was preceded in death by her Husband, Tyrone Webb, her brother Kenneth O. Burge II; brother, LeRoy Long II, sister, Cheryle M. Edwards, Mother; Marie Bell Camplin and Father LeRoy Long

Services to be held by Lawton Ritter Gray funeral home on February 21st, 2026 at 2 p.m.

Repass will be held at Providence Missionary Baptist Church following proceeds.

## Deborah Helene Long

Feb 17, 2026



Deborah Helene Long passed away Wednesday, January 7th 2025 in Oklahoma City.

Arrangements are by Lawton Ritter Gray Funeral Home.

She was born January 26th, 1950 in Las Angeles, California. She lived in California, Wyoming, and Oklahoma.

Survivors include her son, Justin Montgomery and his fiancée' Shaquita, grandsons Ethan, Aiden, Nassir.

Nieces and Nephews: Cherrie Gibson

Shannon Gibson Fuqua, Carl Fuqua, Serena Watson, Chris Gibson, Jeffrey May, Keri May, all of Lawton, Celestine, Kenneth III and LaLaina Burge, and Jenelle Vetterick, all of California; Brock, Kenneth IV and Ashley Burge, and Hope, Derik and Lacey Balangue, all of California; and Jace Balangue, California.

She was preceded in death by her Husband, Tyrone Webb, her brother Kenneth O. Burge II; brother, LeRoy Long II, sister, Cheryle M. Edwards, Mother; Marie Bell Camplin and Father LeRoy Long.

Services to be held by Lawton Ritter Gray Funeral Home on February 21st, 2025 at 2pm.

Repass will be held at Providence Missionary Baptist Church following proceeds.



## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

### MEMORANDUM

**TO:** Shari Rodrick, Payroll Coordinator  
**FROM:** Cindy Cornish, Administrative Assistant III  
**RE:** Death of Retiree Tyrone Webb  
**DATE:** September 6, 2023

City of Lawton retiree Tyrone Webb passed away August 28, 2023. Mr. Webb had chosen the "Joint and 100% Survivor" at the time of his retirement. Deborah Long is his designation of beneficiary. Information was obtained from Lawton Ritter Gray Funeral Home and no obituary will be posted.

If you have any questions, please call me at (580) 581-3392

Thank you.

#### Attachments

*Cc: City Clerk's Office*

Providing effective, responsive a quality of life based on and cooperation.  
Creating leadership and opportunity for southwest



## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

# Memo

**TO:** Sharl Rodrick, Payroll Coordinator

**CC:** Tammy Branstetter, Senior Deputy City Clerk  
Tyrone Webb

**FROM:** Taressa Macias, Compensation Administrator

**DATE:** 7-17-23

**RE:** Retirement – Tyrone Webb

---

City of Lawton employee Tyrone Webb retired on June 29, 2023. Mr. Webb has selected the Joint and 100% Survivor Option (\$1,162.90).

Mr. Webb has chosen to continue medical and dental insurance.

Medical – Retiree = \$471.50  
Dental – Retiree = \$34.10

Mr. Webb will receive an initial payment of:

\$1,201.66 (\$1,162.90/30 days in June = \$38.76 per day; 30-29 = 1 day retired x \$38.76 = \$38.76 for June plus \$1,162.90 for July 2023).

Mr. Webb's retirement check beginning August 2023 and every month thereafter will be \$1,162.90 minus insurance premiums.

Thank you!

**Attachments:**  
Retirement Application  
Benefit Option Selection  
Designation of Beneficiary

RETIREMENT APPLICATION

Employee Name: TYRONE WEBB Employee Birth Date: 7/9/1955  
Employee Hire Date: 3/6/2006  
Name of Spouse: DEBORA LONG Spouse Birth Date: \_\_\_\_\_

I AM APPLYING FOR THE FOLLOWING TYPE OF RETIREMENT:

Normal Retirement based on age and/or years of service. TW (Employee Initials)  
 Early retirement based on age and/or years of service. (NOTE: Early retirement benefits reduce 5/12ths of one percent for every month retired early.)  
\_\_\_\_\_ (Employee initials)

Disability retirement of the following type: \*\*

Job related. Date of injury: \_\_\_\_\_

Non Job Related.

My retirement options were explained and I am electing to take a lump sum payment option in lieu of a monthly benefit.

**\*\*NOTE:** On disability retirements there are no payment options and benefits are payable for the life of the retiree only with no survivor benefits. All disabilities will require medical documentation from physicians selected by the retirement commission.

EMPLOYEE'S SIGNATURE: Tyrone Webb - Deborah Long *as agent* DATE: 6/30/2023

SPOUSE'S SIGNATURE: Deborah Long DATE: 6/30/2023

Employee Retirement System of the City of Lawton  
**BENEFIT OPTION SELECTION**

for

Tyrone Webb

I have been advised of the benefit payment options available to me and have selected the option below which I consider most appropriate for my needs.

|  |                 |                     |
|--|-----------------|---------------------|
| <b>LUMP SUM PAYMENT</b>  | <b>Initials</b> | <b>\$ 95,183.84</b> |
| Refund of the employee contribution plus accrued interest and city contribution with 10 years or more. 20% FEDERAL TAXES will be deducted. No further benefit. |                 |                     |

|   |                 |                    |
|---|-----------------|--------------------|
| <b>LIFETIME ONLY</b>  | <b>Initials</b> | <b>\$ 1,296.56</b> |
| Payable for retiree's lifetime. Benefit stops at retiree's death. |                 |                    |

|  |                 |                    |
|--|-----------------|--------------------|
| <b>TEN-YEAR CERTAIN</b>  | <b>Initials</b> | <b>\$ 1,221.10</b> |
| Payable for the retiree's lifetime. If retiree's death occurs during the ten-year period following the retirement date, the monthly payment will be continued to the retiree's beneficiary for the remainder of the ten-year period. |                 |                    |

|  |                 |                           |
|--|-----------------|---------------------------|
| <b>JOINT AND 2/3 SURVIVOR</b>  | <b>Initials</b> | <b>\$ 1,204.23/802.82</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue to the retiree's spouse in an amount reduced to 2/3 of the retiree's monthly benefit. The reduced amount is payable for the spouse's lifetime and ceases on the spouse's death. |                 |                           |

|   |                           |                    |
|---|---------------------------|--------------------|
| <b>JOINT AND 100% SURVIVOR</b>  | <u>RP</u> <b>Initials</b> | <b>\$ 1,162.90</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue in the same amount to the retiree's spouse during the spouse's lifetime. Benefits cease on spouse's death. |                           |                    |

I have been advised by the Human Resources Department to complete a revised beneficiary designation form. The form is attached.

I have selected the benefit payment option which I consider most beneficial to my needs. I understand that once benefit payments are approved by the Board of Pension Commissioners, the option selection cannot be changed. I understand that I will not receive my first retirement check until the last Friday of the month following my retirement date.

Tyrone Webb - Deborah Hong as agent 6/30/2023  
 (Employee Signature) (Date)

Deborah Hong 6/30/2023  
 (Spouse Signature) (Date)

Jarissa Macias 6-30-23  
 (Witness Signature) (Date)

FOR OFFICE USE ONLY

[Empty box for office use]

DATE OF EMPLOYMENT

**DESIGNATION OF BENEFICIARY**

For the City of Lawton, Oklahoma Retirement Pension Plan

MEMBER'S NAME TYRONE WEBB

ADDRESS \_\_\_\_\_

DATE OF BIRTH 7/9/1955

In the event of your death, any benefits shall be payable only to surviving spouse and/or children. If spouse is not alive and no children survive, then remaining benefits shall be payable to the member's father and/or mother; if living; otherwise to the legal representative of member's estate, unless designated otherwise.

**IMPORTANT:** List one or more Beneficiaries in sequence to receive member's benefits or payment benefits or payment will be made as listed in above paragraph.

Spouse DEBORAH LONG Date of Birth 1/26/1950

Dependent Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other \_\_\_\_\_  
\_\_\_\_\_

Date 6/30/2023 Member Signature Tyrone Webb Deborah Long as agent  
Witness Jarissa Meines

In the event of your death, please list below the name of the person(s) you would like us to notify.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Item Title:**

Receive and consider accepting a Memo of Information regarding the death of surviving spouse Janice Wells.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

Surviving spouse, Janice Wells, passed away on February 18, 2026. Mrs. Wells received a monthly pension after the death of her late husband, Doug Wells. The final pension check was issued on February 27, 2026.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memorandum to Payroll Coordinator

Obituary

Memorandum to Payroll Coordinator — Death of Retiree Doug Wells

Benefit Option Selection Form

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Accept the Memo of Information regarding the death of surviving spouse Janice Wells.

**ATTACHMENTS:**

1. Janice Wells



## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

### MEMORANDUM

**TO:** Shari Rodrick, Payroll Coordinator  
**FROM:** Rosalinda Torries, Administrative Assistant II  
**RE:** Death of Surviving Spouse- Janice Wells  
**DATE:** 2/24/2026

Surviving spouse Janice Wells passed away February 18, 2026. Mrs. Wells received a monthly pension after the death of her late husband, Doug Wells. Final pension check will be February 27, 2026.

Confirmation of date of death was received by Becker-Rabon Funeral Home. Obituary has also been made available on their website. There is no death certificate at this time.

Thank you.

#### Attachments

Obituary

Memo

Benefit Option Selection

*Cc: City Clerk's Office  
Shari Rodrick, Compensation Administrator*

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Creating leadership and opportunity for southwest Oklahoma.

# Janice Wells | 1945 - 2026 | Obituary



## SEND A CARD

Show Your Sympathy  
to the Family

(<https://www.beckerfuneral.com/obituary/janice-wells/cards?campaign=obituary-cards-cta-leftside>)

### **[Funeral Service \(/obituary/janice-wells#serviceinfo\)](/obituary/janice-wells#serviceinfo)**

Saturday, Feb 28, 2026

10:30 AM-11:30 AM

## Janice Wells

May 19, 1945 - February 18, 2026

View details at <https://www.beckerfuneral.com/obituary/janice-wells#serviceinfo>  
(<https://www.beckerfuneral.com/obituary/janice-wells#serviceinfo>)

Sign Guestbook | View Guestbook Entries (</guestbook/janice-wells>) |  
Send Sympathy Card (<https://www.beckerfuneral.com/obituary/janice-wells/cards?campaign=obituaryInline-cards-textLink-header>)

Funeral service for Janice Wells will be 10:30 a.m. Saturday, February 28, 2026 in Calvary Temple, Cyril, Oklahoma, with Kip Ackley officiating.

Interment will take place at a later date in the Fort Sill National Cemetery under direction of Becker-Rabon Funeral Home.

Janice Wells died Wednesday, February 18, 2026, in Lawton, Oklahoma, at the age of 80. She was born May 19, 1945, in Cyril, Oklahoma, to Clinton and Bycie (Ford) Cribbs. She spent her early years on a family farm near Apache, Oklahoma and graduated from Apache High School. She later attended Oklahoma City University.

On February 25, 1967, Janice married Douglas A. Wells in Lawton. They shared many devoted years together until his death on May 24, 2023.

Janice retired from Civil Service at Fort Sill following a dedicated career. She was a member of Lawton First Assembly and found great joy in crafting.

She is survived by her son and daughter-in-law, Wade and Linda Wells, Altus, Oklahoma; her daughter, Heide Hill, Bloomington, Illinois; her granddaughter, Dr. Adrienne Wells; and her brother-in-law, Bill Patterson.

Her parents, her son-in-law, Randy Hill, two brothers and six sisters, preceded her in death.

## SERVICES

### **Funeral Service**

Saturday, February 28, 2026

10:30 AM - 11:30 AM

*Calvary Temple*

Cyril, OK 73029

[Get Directions on Google Maps \(\)](#)

 [Print Obituary \(/obituaries/print?o\\_id=9561285\)](/obituaries/print?o_id=9561285)

## Sign Guestbook

**Name \***

Name

**Email**

Email

**Message \***

Personal Message

500 words remaining

**More Guestbook Options** 



I'm not a robot

reCAPTCHA  
Privacy - Terms

Submit Guestbook entry

**Becker-Rabon Funeral Home (/location/7182)**

**1502 NW Fort Sill Blvd.**

**Lawton, OK 73507**

**p: (580) 353-3030 (tel:(580) 353-3030)**

**Becker-Rabon Funeral Home (Snyder) (/location/snyder)**

**622 E Street**

**Snyder, OK 73566**

**p: (580) 569-2400 (tel:(580) 569-2400)**

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**(<https://www.beckerfuneral.com/privacy>)**

** [Login \(/admin/?fh\\_id=15355\)](/admin/?fh_id=15355)**



## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

### MEMORANDUM

**TO: Shari Rodrick, Payroll Coordinator**  
**FROM: Cindy Cornish, Administrative Assistant III**  
**RE: Death of Retiree Doug Wells**  
**DATE: May 30, 2023**

City of Lawton retiree Doug Wells passed away May 24, 2023. Mr. Wells had chosen the "Joint and 2/3 Survivor" at the time of his retirement. Janice Wells is his designation of beneficiary. All pertinent information is attached for your information.

If you have any questions, please call me at (580) 581-3392

Thank you.

Attachments  
Memo  
Obituary

*Cc: City Clerk's Office*

Employee Retirement System of the City of Lawton  
**BENEFIT OPTION SELECTION**  
 for

**DOUGLAS A WELLS**

I have been advised of the benefit payment options available to me and have selected the option below which I consider most appropriate for my needs.

|  |                      |
|--|----------------------|
| <input type="checkbox"/> <b>LUMP SUM PAYMENT</b>   | <b>\$ 141,297.22</b> |
| Refund of the employee contribution plus accrued interest and city contribution with 10 years or more. No further benefit. |                      |

|   |                    |
|---|--------------------|
| <input type="checkbox"/> <b>LIFETIME ONLY</b>                   | <b>\$ 3,235.89</b> |
| Payable for retirees lifetime. Benefit stops at retirees death. |                    |

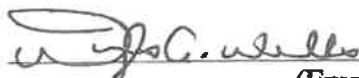
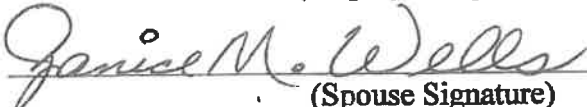
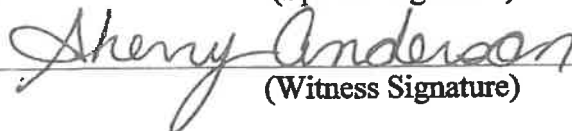
|   |                    |
|---|--------------------|
| <input type="checkbox"/> <b>TEN YEAR CERTAIN</b>  | <b>\$ 3,022.32</b> |
| Payable for the retirees lifetime. If retiree death occurs during the ten year period following the retirement date, the monthly payment will be continued to the retiree beneficiary for the remainder of the ten year period. |                    |

|   |                          |
|---|--------------------------|
| <input checked="" type="checkbox"/> <b>JOINT AND 2/3 SURVIVOR</b>   | <b>\$2822.08/1881.48</b> |
| Payable for the retirees lifetime. Following the retirees death, payments continue to the retirees spouse in an amount reduced to 2/3 of the retiree monthly benefit. The reduced amount is payable for the spouses lifetime and ceases on the spouses death. |                          |

|   |                    |
|---|--------------------|
| <input type="checkbox"/> <b>JOINT AND 100% SURVIVOR</b>   | <b>\$ 2,652.39</b> |
| Payable for the retirees lifetime. Following the retirees death, payments continue in the same amount to the retiree spouse during the spouses lifetime. Benefits cease on spouses death. |                    |

I have been advised by the Human Resources Department to complete a revised beneficiary designation form. The form is attached.

I have selected the benefit payment option which I consider most beneficial to my needs. I understand that once benefit payments are approved by the Board of Pension Commissioners, the option selection cannot be changed. I understand that I will not receive my first retirement check until the last Friday of the month following my retirement date.

|   |         |
|---|---------|
|  | 6/17/04 |
| (Employee Signature)  | (Date)  |
|  | 6/17/04 |
| (Spouse Signature)  | (Date)  |
|  | 6-17-04 |
| (Witness Signature)   | (Date)  |

**Item Title:**

Receive and consider accepting a Memo of Information regarding the death of surviving spouse Mary Untalan Cruz.

**Initiator:** Craig Akard, Director

**Information Source:** Craig Akard, Director

**Background:**

Surviving spouse, Mary Untalan Cruz, passed away on January 28, 2026. Mrs. Cruz received a monthly pension after the death of her late husband, Felix A D Cruz. The final pension check was issued on January 30, 2026.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Memorandum to Payroll Coordinator

Obituary

Memo to Fiscal Technician — Death of Retiree Felix A D Cruz

Benefit Option Selection Form

Designation of Beneficiary

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Accept the Memo of Information regarding the death of surviving spouse Mary Untalan Cruz.

**ATTACHMENTS:**

1. Mary Cruz



## Human Resources Department

212 SW 9<sup>th</sup> Street  
Lawton, OK 73501  
580-581-3392

### MEMORANDUM

**TO:** Shari Rodrick, Payroll Coordinator  
**FROM:** Rosalinda Torries, Administrative Assistant II  
**RE:** Death of Surviving Spouse, Mary Untalan Cruz  
**DATE:** 2/4/2026

Surviving spouse Mary Untalan Cruz passed away January 28, 2026. Mrs. Cruz received a monthly pension after the death of her late husband, Felix A D Cruz. Final pension check was January 30, 2026

Confirmation of date of death was received by obituary and Becker-Rabon Funeral Home. There is no death certificate at this time.

Thank you.

Attachments  
Obituary  
Memo  
Benefit Option

*Cc: City Clerk's Office*

# Mary Untalan Cruz | 1938 - 2026 | Obituary



## SEND A CARD

Show Your Sympathy  
to the Family

(<https://www.beckerfuneral.com/obituary/mary-cruz/cards?campaign=obituary-cards-cta-leftside>)

### **Mass (/obituary/mary-cruz#serviceinfo)**

Wednesday, Feb 4, 2026

11:00 AM-12:00 PM

## Mary Untalan Cruz

September 3, 1938 - January 28, 2026

Untalan

[View details at https://www.beckerfuneral.com/obituary/mary-cruz/details](https://www.beckerfuneral.com/obituary/mary-cruz/details) | <https://www.beckerfuneral.com>

[Sign Guestbook](#) | [View Guestbook Entries \(/guestbook/mary-cruz\)](#) | [Send Sympathy Card \(https://www.beckerfuneral.com/obituary/mary-cruz/cards?campaign=obituary-cards-text\)](https://www.beckerfuneral.com/obituary/mary-cruz/cards?campaign=obituary-cards-text)

Funeral Mass for Mary Cruz will be 11:00 a.m. Wednesday, February 4, 2026, at Holy Family Catholic Church with Rev. Philip Seeton, Pastor officiating.

Wednesday, February 04, 2026

11:00 AM - 12:00 PM

*Holy Family Catholic Church*

1010 NW 82nd Street

Lawton, OK 73505

[Get Directions on Google Maps \(\)](#)

 [Print Obituary \(/obituaries/print?o\\_id=9545874\)](/obituaries/print?o_id=9545874)

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**Name \***

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500 words remaining

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# Memo

**To:** Fiscal Technician Kristin Duggins  
**From:** Personnel Technician Cathy Hipp *CH*  
**Date:** December 27, 2010  
**Re:** Retiree Felix A D Cruz

---

We have been informed of the death of retiree Felix A D Cruz who passed away on December 15, 2010. Mr. Cruz selected the Joint and 100% Survivor Option.

Please continue the monthly payment of \$2,128.00 effective January 1, 2011, to his surviving spouse, Mary U. Cruz.

Please find attached a W-4P and Direct Deposit Request.

Thanks!

*KJD 1-17-11*  
*KJD 1-17-11*

Employee Retirement System of the City of Lawton  
**BENEFIT OPTION SELECTION**  
 for

**FELIX A D CRUZ**

I have been advised of the benefit payment options available to me and have selected the option below which I consider most appropriate for my needs.

|  |                     |
|--|---------------------|
| <input type="checkbox"/> <b>LUMP SUM PAYMENT (approximate)</b>                 | <b>\$105,661.43</b> |
| Refund of the employee contribution plus accrued interest. No further benefit. |                     |

|  |                    |
|--|--------------------|
| <input type="checkbox"/> <b>LIFETIME ONLY</b>                    | <b>\$ 2,596.14</b> |
| Payable for retiree's lifetime. Benefit stops at retiree's death |                    |


|  |                    |
|--|--------------------|
| <input type="checkbox"/> <b>TEN YEAR CERTAIN</b>   | <b>\$ 2,424.79</b> |
| Payable for the retiree's lifetime. If retiree death occurs during the ten-year period following the retirement date, the monthly payment will be continued to the retiree beneficiary for the remainder of the ten-year period. |                    |

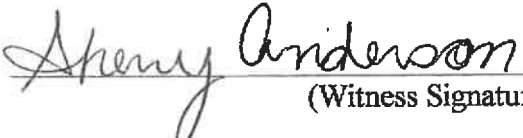
|   |                          |
|---|--------------------------|
| <input type="checkbox"/> <b>JOINT AND 2/3 SURVIVOR</b>  | <b>\$2264.15/1509.51</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue to the retiree's spouse in an amount reduced to 2/3 of the retiree monthly benefit. The reduced amount is payable for the spouse's lifetime and ceases on the spouses death. |                          |

|   |                    |
|---|--------------------|
| <input checked="" type="checkbox"/> <b>JOINT AND 100% SURVIVOR</b>  | <b>\$ 2,128.00</b> |
| Payable for the retiree's lifetime. Following the retiree's death, payments continue in the same amount to the retiree spouse during the spouse's lifetime. Benefits cease on spouse's death. |                    |

I have been advised by the Personnel Department to complete a revised beneficiary designation form. The form is attached.

I have selected the benefit payment option, which I consider most beneficial to my needs. I understand that once benefit payments are approved by the Board of Pension Commissioners, the option selection cannot be changed. I understand that I will not receive my first retirement check until the last Friday of the month following my retirement date.

|  |                            |
|--|----------------------------|
| <br>_____<br>(Employee Signature) | 7/24/98<br>_____<br>(Date) |
|--|----------------------------|

|   |                            |
|---|----------------------------|
| <br>_____<br>(Witness Signature) | 7-24-98<br>_____<br>(Date) |
|---|----------------------------|



**Item Title:**

Consider and take action to approve the paid-in-full judgments to be released from the record.

**Initiator:** Kaitlin Golden, Accountant

**Information Source:** Kaitlin Golden, Accountant

**Background:**

Because of the Pension Trust Commissions concerns with the management and disposition of City of Lawton employee pension funds, the Trust is provided notification of final judgment payments. It in turn provides the Finance Director the authority to request a release for said judgments from the record.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

List of judgments paid and pending release.

**Key Issues:**

N/A

**Funding Source:**

City Employee Retirement System

**Recommended Action:**

Authorize the release of the attached paid-in-full judgments.

**ATTACHMENTS:**

1. FY25-26 3rd Quarter Releases

**City of Lawton Judgments Paid-In-Full and Prepared to be Released  
Fiscal Year 2025-2026 Third Quarter**

| <b>January 2026</b> |                         |                     |                      |               |              |                      |             |
|---------------------|-------------------------|---------------------|----------------------|---------------|--------------|----------------------|-------------|
| <i>Case</i>         | <i>Name</i>             | <i>Release Date</i> | <i>Interest Rate</i> | <i>Amount</i> | <i>Judge</i> | <i>Payment Years</i> | <i>Type</i> |
| CJ-2022-629         | MULLER FAMILY DENTISTRY | 3                   | 9.50%                | \$ 14,763.00  | TAYLOE       | 24/25/26             | PROPERTY    |
| CJ-2023-50          | YMCA                    | 31                  | 9.50%                | \$ 25,000.00  | MEADERS      | 24/25/26             | PROPERTY    |

| <b>February 2026</b> |                |                     |                      |               |              |                      |             |
|----------------------|----------------|---------------------|----------------------|---------------|--------------|----------------------|-------------|
| <i>Case</i>          | <i>Name</i>    | <i>Release Date</i> | <i>Interest Rate</i> | <i>Amount</i> | <i>Judge</i> | <i>Payment Years</i> | <i>Type</i> |
| CV-2023-24           | DYLAN LaFRANCE | 1                   | 9.50%                | \$ 13,860.00  | MEADERS      | 24/25/26             | WRKS COMP   |

**March 2026**  
\*No Checks for March 2023\*

**Item Title:**

Ratify the issuance of stop payment orders for check numbers 5227 and 5229, reported lost in transit, and approve any associated stop payment fees.

**Initiator:** Timothy Wilson, Deputy City Attorney

**Information Source:** Kaitlin Golden, Accountant

**Background:**

Check numbers 5227 and 5229 were issued in connection with a workers' compensation claim and mailed to the intended recipient but were not received and have been found to be lost in transit after remaining outstanding for an extended period.

Stop payment orders were issued to prevent negotiation of the instruments. Ratification by the Pension Trust Commission is requested to confirm this action and to approve any fees incurred in connection with the stop payment orders.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

N/A

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Ratify the issuance of stop payment orders for check numbers 5227 and 5229 and approve any associated stop payment fees.

**ATTACHMENTS:**

None

**Item Title:**

Receive the quarterly report on pension investments from Morgan Stanley.

**Initiator:** Teri Bayones, Chairperson

**Information Source:** Perry Warren, Morgan Stanley

**Background:**

Morgan Stanley has prepared the quarterly pension investment report, and it is ready to be presented to the Pension Trust Commission.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

Quarterly Pension Investment Report – (to be distributed at the meeting, and placed on file in the City Clerk’s Office)

**Key Issues:**

N/A

**Funding Source:**

Employee Retirement System

**Recommended Action:**

No action is needed on this item.

**ATTACHMENTS:**

None

**Item Title:**

Consider and take action to approve the City of Lawton Employees' Retirement System third quarter financial report for the period ending March 31, 2026.

**Initiator:** Chevonne Asenap

**Information Source:** Chevonne Asenap

**Background:**

The attached report summarizes the Retirement System's financial position and activity for the third quarter ending March 31, 2026.

**Correlation to the True North Statement:**

Transparency and Trust

**Exhibit:**

3rd Quarter Financial Report

**Key Issues:**

N/A

**Funding Source:**

Pension Retirement System

**Recommended Action:**

Approve the City of Lawton Employees' Retirement System third quarter financial report for the period ending March 31, 2026.

**ATTACHMENTS:**

1. Finance 3rd Quarter Retirement Report\_03.31.2026

**City of Lawton**  
**City Employees' Retirement System**  
**Balance Sheet**  
**Ending 03/31/2026**

**ASSETS**

|   |    |                         |
|---|----|-------------------------|
| Cash in Bank and Money Market Funds         | \$ | (1,202,489.92)          |
| Investments U.S. Govt Obligations (At Book) |    | 747,458.26              |
| Net Appreciation Fair Value                 |    | -                       |
| Mutual Funds                                |    | 48,977,158.23           |
| Stocks                                      |    | 10,314,434.27           |
| Judgments                                   |    | 4,939,199.40            |
| Interest & Accounts Receivable              |    | <u>91,711.75</u>        |
| Total Assets                                |    | <u>\$ 63,867,471.99</u> |

**LIABILITIES AND FUND EQUITY**

|                                       |    |                         |
|---------------------------------------|----|-------------------------|
| Liabilities                           |    |                         |
| Accounts Payable -                    |    |                         |
| Employee Refunds/Tax Payable 03/31/26 | \$ | <u>1,154,013.43</u>     |
| Total Liabilities                     |    | <u>\$ 1,154,013.43</u>  |
| Fund Equity                           |    | <u>\$ 62,713,458.56</u> |
| Total Liabilities and Fund Equity     |    | <u>\$ 63,867,471.99</u> |

City of Lawton  
City Employees' Retirement System  
Statement of Revenue and Expense  
Ending 03/31/2026

|  | <u>3RD QUARTER</u>       | <u>YEAR TO DATE</u>     |    |              |
|--|--------------------------|-------------------------|----|--------------|
| <b>REVENUE</b>                           |                          |                         |    |              |
| Contributions - City                     | \$ 528,721.19            | \$ 1,667,424.76         |    |              |
| Contributions - Employees                | \$ 183,668.66            | \$ 588,740.49           |    |              |
| Miscellaneous Revenue                    | \$ -                     | \$ -                    |    |              |
| Realized Gain/Loss on Morgan Stanley     | \$ 1,657,904.43          | \$ 2,090,411.91         |    |              |
| Dividends on Morgan Stanley              | \$ 292,258.47            | \$ 3,281,659.26         |    |              |
| Unrealized Gain/Loss on Morgan Stanley   | \$ (3,259,625.45)        | \$ (2,046,666.37)       |    |              |
| Interest                                 | \$ 23,612.68             | \$ 91,992.21            |    |              |
| <b>Total Revenue</b>                     | <b>\$ (573,460.02)</b>   | <b>\$ 5,673,562.26</b>  |    |              |
| <b>EXPENDITURES</b>                      |                          |                         |    |              |
| Benefits of Participants                 | \$ 1,654,596.32          | \$ 4,967,654.00         |    |              |
| Refunds                                  | \$ 213,507.78            | \$ 494,760.05           |    |              |
| Other                                    | \$ -                     | \$ -                    |    |              |
| Investment Fees                          | \$ 92,180.79             | \$ 282,800.38           |    |              |
| Audit fees                               | \$ -                     | \$ 27,000.00            |    |              |
| Actuary fees                             | \$ -                     | \$ -                    |    |              |
| Safekeeping Fees                         | \$ -                     | \$ -                    |    |              |
| Insurance                                | \$ -                     | \$ -                    |    |              |
| Filing fee for Audit                     | \$ -                     | \$ -                    |    |              |
| Bank Charges                             | \$ 257.99                | \$ 938.19               |    |              |
| Death Audit System                       | \$ -                     | \$ -                    |    |              |
| <b>Total Expenditures</b>                | <b>\$ 1,960,542.88</b>   | <b>\$ 5,773,152.62</b>  | \$ | 5,773,152.62 |
| <b>Net Increase (Decrease)</b>           | <b>\$ (2,534,002.90)</b> | <b>\$ (99,590.36)</b>   | -  |              |
| <b>Fund Balance at Beginning of Year</b> |                          | <b>\$ 62,813,048.92</b> |    |              |
| <b>Fund Balance at March 31, 2026</b>    |                          | <b>\$ 62,713,458.56</b> |    |              |

**City of Lawton  
City Employees' Retirement System  
Employee Refunds Made from Retirement System  
Ending 03/31/26**

| <b>Date:</b> | <b>To Whom Paid:</b> | <b>Amount:</b> | <b>Tax Withheld:</b> |
|--------------|----------------------|----------------|----------------------|
| 01/16/26     | Derek Stanfield      | \$ 66,699.36   | \$ 13,339.87         |
| 03/13/26     | Scott Green          | \$ 6.99        | \$ -                 |
| 03/13/26     | Conor Ash            | \$ 71,221.99   | \$ 1.40              |
| 03/27/26     | Cale Hoch            | \$ 69,043.85   | \$ 13,808.77         |
| 03/27/26     | Justin Montgomery    | \$ 6,535.59    | \$ 1,307.11          |

**TOTAL**    \$ 213,507.78