

F 7

F 1

NOTICE OF MISSING SOCIAL SECURITY CHECK <i>(Please note information on reverse side.)</i>		SSA USE ONLY	Regional Disbursing Center <i>(Circle one)</i> BR CH KC NY PH SF				
NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE <i>(PLEASE PRINT)</i>		SOCIAL SECURITY CLAIM NO.		DATE OF CHECK		ISSUED FOR MONTH OF	
The above described check was <i>(check applicable box)</i> . <input type="checkbox"/> Not Received							
Received, but (a) <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen (b) Was it endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you changed your mailing address in the past six weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No							
I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check. <i>(Both husband and wife must sign if co-payees of a combined check.)</i>							
SIGNATURE OF PAYEE Berda J. Johnson		ADDRESS (include zip code)				TELEPHONE	
SIGNATURE OF CO-PAYEE						DATE	

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (1)

NOTICE OF MISSING SOCIAL SECURITY CHECK <i>(Please note information on reverse side.)</i>		SSA USE ONLY	Regional Disbursing Center <i>(Circle one)</i> BR CH KC NY PH SF				
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Have you changed your mailing address in the past six weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No							
I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check. <i>(Both husband and wife must sign if co-payees of a combined check.)</i>							
SIGNATURE OF PAYEE Berda J. Johnson		ADDRESS (include zip code)				TELEPHONE	
SIGNATURE OF CO-PAYEE						DATE	

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (2)

NOTICE OF MISSING SOCIAL SECURITY CHECK <i>(Please note information on reverse side.)</i>		SSA USE ONLY	Regional Disbursing Center <i>(Circle one)</i> BR CH KC NY PH SF				
NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE <i>(PLEASE PRINT)</i>		SOCIAL SECURITY CLAIM NO.		DATE OF CHECK		ISSUED FOR MONTH OF	
The above described check was <i>(check applicable box)</i> . <input type="checkbox"/> Not Received							
Received, but (a) <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen (b) Was it endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you changed your mailing address in the past six weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No							
I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check. <i>(Both husband and wife must sign if co-payees of a combined check.)</i>							
SIGNATURE OF PAYEE Berda J. Johnson		ADDRESS (include zip code)				TELEPHONE	
SIGNATURE OF CO-PAYEE						DATE	

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (3)

NOTICE OF MISSING SOCIAL SECURITY CHECK <i>(Please note information on reverse side.)</i>		SSA USE ONLY	Regional Disbursing Center <i>(Circle one)</i> BR CH KC NY PH SF				
NAME OF INDIVIDUAL(S) TO WHOM MISSING CHECK IS PAYABLE <i>(PLEASE PRINT)</i>		SOCIAL SECURITY CLAIM NO.		DATE OF CHECK		ISSUED FOR MONTH OF	
The above described check was <i>(check applicable box)</i> . <input type="checkbox"/> Not Received							
Received, but (a) <input type="checkbox"/> Destroyed <input type="checkbox"/> Lost <input type="checkbox"/> Stolen (b) Was it endorsed? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you changed your mailing address in the past six weeks? <input type="checkbox"/> Yes <input type="checkbox"/> No							
I/we wish to make formal claim to the Treasury Department for stoppage of payment and the issuance of a substitute check. <i>(Both husband and wife must sign if co-payees of a combined check.)</i>							
SIGNATURE OF PAYEE X Berda J. Johnson		ADDRESS (include zip code)				TELEPHONE	
SIGNATURE OF CO-PAYEE						DATE	

FOR TREASURY DEPARTMENT USE ONLY

F-1-A-X (4)

Fill out the
SSA forms again
to change the
address. When the
checks start coming
here, write a
check for the
balance of the
account & follow
up with a
letter to close
the account. If
there are no checks
for some accounts
use a check from
another account & scratch
out the name & account #
& fill in the right account
F-I-A-X (S) a

number. ~~They~~ avoid ~~it~~
having the balances
go over \$1,500⁰⁰.

Checks should be
made payable
to "CASH" & endorsed
on the back also

I asked Randolph to
send down more of
these forms. Please
follow up to
see if they come.

F-1-A-1(5)b

CLARKE & MARTIN,
Solicitors,
Patent and Trade Mark Agents

MAURICE ERIC CLARKE, J.P.
Commissioner for Oaths,
Notary Public

Associate Counsel

SIR KENNETH STOBY

JOHN THEOPHILUS CLARKE, S.C., J.P.

DUNCAN JOSEPH MOORE, LL.B. (Hons.)

(Lond.)

BONAR MAYO REAUCLERC ROBERTSON,
LL.B. (Hons.) U.W.I.

Cable Address "CLAMAR" Georgetown,
Guyana.
Telephones: 4895-4453

7, Brickdam & Marquet Place
Georgetown 11, Demerara,
Guyana.

3rd November, 1978

Mr. Eugene B. Chaiken
Peoples Temple Agricultural Project,
P.O. Box 893,
Georgetown.

Dear Gene,

This is in reply to your last letter to me (unfortunately
it is undated).

My opinion under the several heads are as follows:-

In case of VINCENT LOPEZ:

1. While the guardianship of Walter Jones is extant
he can have full legal authority to seize and claim his ward.

The authority of Jones would cease when Lopez attains the
age of maturity (18 years) or earlier if he married any time after his
16th birthday.

(To marry however Vincent would need the consent
of the guardian or of the Court).

2. Another way in which Jones' authority may be eroded
is for his de facto Guyana guardian to commence and succeed in adoption
proceedings. These proceedings may well result in a legal battle or
battles.

One of the legal clerks here is prepared to go through
the mechanics of adoption with any of your representatives.

The Social Security Funds:

The U.S. Cheques must be deposited into the Guyana Central
Bank by whoever is in possession of them; (a representative of your
Corporation). I presume the deposit would be in the Corporation's account).

I am prepared to draft a covering letter to the Central
Bank alerting the Bank of your future plans to apply for the re conversion
of this money into US dollars or Sterling for the purchase of equipment.
A list of the type of equipment to be purchased would help.

The chances are that it would be easy for the Bank to
later give its consent to the issue of the drafts.

F-1-A-X (6)

CLARKE & MARTIN (CONTINUATION SHEET)

-2-

3rd November, 1978

Mr. E. Chaiken.
Peoples Temple

More than this I do not see the Central Bank in the role of a collecting agency, You would collect, deposit, and apply to re-convert as the occasion warrants. You would lose or gain on re conversion.

Re Your Guyanese Company:

There is no legal requirement that the directors be Guyanese nationals.

You already have all the Directors who are resident in Guyana, thus you have a Company that can for all purposes be deemed to be domiciled and resident in Guyana.

On the question then of an "external account", no Guyanese Company can maintain such an account.

Transfer of your Lease and Georgetown Property:

If you would bring in your existing titles, my office can work on the transfers.

Regards.

Yours sincerely,

Eric Clarke

MEC:rdc

F-LAX (17)

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Ched No. 5,884,740
SYMBOL 3127

DO NOT FOLD, STAMP OR MUTILATE
AND YOUR ENDORSEMENT MUST BE IN THIS SPACE



United States Treasury ¹⁹⁴¹/₀₀₀

PAY TO THE

ORDER OF LELA H MURPHY
1029 GEARY #39

560-20-8425
40 A

DOLLAR	CTS
5***318	20

07 01 77 SAN FRANCISCO CA 94109 SOC SEC FOR JUN

Charles L. Taylor
OFFICIAL DISBURSING OFFICER

⑆0000⑉005⑆⑆

F-1-A-1 (8)

MURPHY, Lela H.
1029 Geary, #39 (Orelia Anderson, Florine Dyson, Ollie Harrington)
D. of B.: 7/17/97
SSA#: 560-20-8425
Claim #: 560-20-8425-A

Gold ~~no~~.
Green Yes 303² (?)

Miss. check card sub. 1/4 for Dec. SSA

Got 2 green checks Feb. (as per Ollie H.)

Mar 47 green - check with Vernelle?

Apr 177 Green OK to add.

4/77 SSA IN, 1029.

5/77 says checks OK

5/77 SSA IN - S.F. Box 3579 - 1029, #39.
From

F-1-A-X (a)



SUPPLEMENT TO CLAIM OF PERSON OUTSIDE THE UNITED STATES
(To be completed by or on behalf of person who is, was, or will be outside the U.S.)

For social security purposes a person is outside the United States if he is physically outside the 50 States, the District of Columbia, Puerto Rico, Virgin Islands, Guam, and American Samoa.

1.	NAME OF WORKER ON WHOSE EARNINGS THIS CLAIM IS BASED Lela Murphy	WORKER'S SOCIAL SECURITY NUMBER 560-20-8425-A
2.	PRINT YOUR NAME (If you are filing application on behalf of an incompetent adult, enter his or her name in this space and answer all subsequent questions on this questionnaire FOR him.) Lela Murphy	YOUR U.S. SOCIAL SECURITY NUMBER 560-20-8425

CITIZENSHIP

3.	(a) At the time of your birth, of what country (or countries) were you a citizen? Canada - note, this is a correction	NAME OF COUNTRY (or countries)
	(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," give the name of the country and explain how and when citizenship was acquired.	
	(c) Of what country (or countries) are you now a citizen?	NAME OF COUNTRY (or countries) U. S.
	(d) Do you have a valid passport? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give the following information:	
	DATE ISSUED 3/22/77	PASSPORT NUMBER H 727774
	NAME OF GOVERNMENT THAT ISSUED PASSPORT U. S.	
	IF YOU ARE A U.S. CITIZEN, answer (e) and (f) below. If you are not a U.S. citizen, go on to question 4.	
	(e) After becoming a U.S. citizen, have you ever been employed by a foreign government either in a civilian or military capacity? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain when and where.	
	(f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," explain what crime(s), when, and where.	

PHYSICAL PRESENCE IN THE U.S.

4.	(a) Have you ever been physically present in the U.S. at any time? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	(b) Are you now physically present in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," enter the date you plan to leave the U.S. _____	MONTH, DAY, YEAR 8/26/77
	If "No," enter the date you left the U.S. _____	MONTH, DAY, YEAR
	(c) When do you plan to return to the U.S.? _____	MONTH, DAY, YEAR ?
	(d) Did you enter or leave the U.S. at any time during the past 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," give the following information concerning each of your arrivals and departures only above	
	DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)
	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.	

F-1-A-X (10)

EMPLOYMENT - SELF-EMPLOYMENT

A person is employed if he performs services for someone else and receives cash payment or other compensation for these services. This includes any part-time work or summer work by a child, or work by a child as an apprentice.

A person is self-employed if he has a business either by himself or with one or more partners. Some examples of self-employment are raising fruit, crops or livestock for sale, taking in sewing or laundry, providing services as a tutor, lawyer, or physician, etc. The amount of earnings (or loss) has no effect on whether the person is considered self-employed.

5. (a) Have you been employed or have you engaged in self-employment outside the U.S. during any of the past 24 months including the present month? Yes No
- (b) If you are still in the U.S. will you engage in employment or self-employment outside the U.S.? Yes No

Give the following information about your employment or self-employment outside the U.S.

NAME AND ADDRESS OF EMPLOYER (If self employed, show "self" and name and address of your trade or business.)	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN-OR WILL BEGIN	DATE ENDED (If not ended, leave blank)
N/A			

CHANGES TO BE REPORTED PROMPTLY TO THE SOCIAL SECURITY ADMINISTRATION

Notify the Social Security Administration promptly if, while outside the U.S.:

- (1) you become employed or self-employed while under age 72
- (2) there is any change in your citizenship
- (3) you go into a different country for more than 1 month.

6. (a) Do you agree to notify the Social Security Administration promptly when any of the above events occur? Yes No

FAILURE TO REPORT EMPLOYMENT OR SELF-EMPLOYMENT PROMPTLY AS AGREED
MAY RESULT IN THE LOSS OF MONTHLY BENEFITS

- (b) Do you also agree to return promptly any check for benefits received by you if you are not entitled to it? Yes No

MAILING ADDRESS

All social security checks are sent to the beneficiary's place of residence unless there is a valid reason for sending checks in care of another person or to another address.

7. (a) Give the complete address of residence abroad. (The place outside the U.S. where you now live or intend to live.)

Mission Village, N.W.R.
Guyana, South America

- (b) Show the address to which checks are to be sent.

C/O Mission Village
P.O. Box 893,
Georgetown, Guyana, South America

- (c) If you cannot receive checks at the place where you live, please explain why.

No reliable delivery to interior of country.

F-1-A-X (11)

INFORMATION ABOUT THE WORKER NAMED IN ITEM 1. (If you are the worker, give the information about yourself.)

8. (a) Did the worker live in the U.S. for at least 10 years (i.e., make his temporary or permanent home in the U.S.)? Yes No

If "Yes," check the block which indicates the total time the worker lived in the U.S.:

10-19 Years 20-29 Years 30-39 Years
 40-49 Years 50-59 Years 60-97 Years

and, indicate the address—or combination of addresses—which will describe 10 years of United States residence.

ADDRESS IN U.S. AT WHICH WORKER LIVED	DATE WORKER'S RESIDENCE BEGAN		DATE WORKER'S RESIDENCE ENDED	
	MONTH	YEAR	MONTH	YEAR
2826 Viola St. Oakland, Calif.	December	1948	May	1951
5881 Chabot Rd. Oakland, Calif.	November	1946	Dec	1948
2448 Park Blvd. Oakland, Calif.	May	1943	Nov	1946

(If additional space is needed, use REMARKS SECTION on last page.)

(b) If the worker named in Item 1 is now deceased, did he die while in the military service of the U.S. or as a result of disease or injury incurred or aggravated in the military service of the U.S.? Yes No

If "Yes," explain.

N/A

(c) Name the country of which the worker is a citizen. (If deceased, name the country of which he was a citizen at time of death.)

NAME OF COUNTRY OR COUNTRIES
U.S.

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet SSA-609, "Your Social Security Check--While You're Outside the United States"

YOU SHOULD, HOWEVER, MAKE SPECIAL NOTE OF THE FOLLOWING:

- I. Your benefits are not payable for any month in which:
- A. You (while under age 72) engage in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month, OR
 - B. The worker (while under age 72) on whose account you are receiving benefits engages in noncovered remunerative activity outside the United States on 7 or more different calendar days during a month.
- A person is engaged in noncovered remunerative activity on 7 or more different calendar days a month, regardless of the amount of earnings and the number of hours worked on any particular day, if:
- (1) he is carrying on a trade or business outside the United States as sole owner or partner on 7 or more different calendar days a month, and his net earnings from self-employment are not subject to United States social security taxes, OR
 - (2) he is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and his wages are not subject to United States social security taxes, OR
 - (3) any combination of (1) and (2), amounting to 7 or more days a month.
- II. If you are not a citizen or national of the United States, your benefits may not be payable for any month after you have been outside the United States for 6 consecutive calendar months. When your benefits are withheld for that reason, they cannot be resumed until you have been in the United States for a full calendar month.
- (Aliens receiving benefits on the earnings record of a deported wage earner will not receive benefits if they are outside the United States any part of a month following his deportation.)

(Over)

F-1-A-1 (12)

SUPPLEMENTARY MEDICAL INSURANCE

Medicare's Supplementary Medical Insurance helps pay doctor bills and other medical services. Except for certain unusual cases, however, involving medical care in Canada and Mexico, no Medicare services are provided outside the United States. There is a

monthly premium charged for Supplementary Medical Insurance. Since you may cancel your Supplementary Medical Insurance at any time, and thereby eliminate payment of the premium, you should consider whether you wish to retain Supplementary Medical Insurance.

9. (a) Are you now enrolled in Medicare's SUPPLEMENTARY MEDICAL INSURANCE (Part B)? Yes No
 If "Yes," answer (b).
 (b) Do you wish to terminate your enrollment to Supplementary Medical Insurance at this time? Yes No
 If your answer to 9(b) is "yes", and this is the second time you have terminated such enrollment, you will not again be permitted to enroll for Supplementary Medical Insurance.

REMARKS (You may use this space for any explanations. If you need more space, attach a separate sheet.)

546 24th St., Oakland, Calif.	May, 1942	May, 1943
1351 E. 25th St. Oakland, Calif.	Mar, 1942	May, 1942
2622 13th Ave. Oakland, Calif.	July, 1941	Mar, 1942
2400 A Harrison St. San Francisco, Calif.	June, 1940	July, 1941

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law, by fine, imprisonment or both. I affirm that all information I have given, in this document and elsewhere, is true.

SIGNATURE OF APPLICANT		Date (Month, day, year)
Signature (First name, middle initial, last name) (Write in ink)		8/25/77
SIGN HERE <i>Lela H Murphy</i>		Telephone Number(s) at which you may be contacted during the day
Mailing Address (Number and street, Apt. No., P.O. Box or Rural Route)		

C/O Mission Village, P.O. Box 893,		
City	Postal Code	Enter Name of Country in which you now live
Georgetown		Guyana, South America

Witnesses are required ONLY if this application has been signed mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, Country & Postal Code)	Address (Number and street, City, Country and Postal Code)

U.S. GPO: 1973-545-517/59
F-1-A-1 (13)

PO Box 893
Georgetown,
Guyana

Veteran's Administration
211 Main Street
San Francisco, Calif
94105

F-1-A-1 (14)

PO Box 893
Georgetown, Guyana
9 August, 1978

Veteran's Administration
211 Main Street
San Francisco, Calif 94105

Re: Willie Maude Harris (widow of Charles Thomas Harris)
Vet. # 14-835-547 (C.T. Harris)
custodian for minor child Dorothy Le. Harris

Dear Sirs,

I have not received my June, July nor August, 1978 Veteran Checks. I wanted to follow upon those checks immediately and also report a legal name change. My name has been changed in the Courts from Willie Maude Harris to Constance Nicole Harris. My daughter's name has been legally changed from Dorothy de Sheen Harris to Shaikhanna Le Harris. I hadn't reported this because it didn't affect the name of the Veteran, however, I would like for you to correct your records and send me any necessary forms to complete.

Thank you for your time and assistance.

Very sincerely,
Willie M. Harris
(Constance Nicole Harris)

F-1-A (15)

To: Father
From: Laurie Efrein

4/23/77

SOCIAL SECURITY - General Progress Report

April is the first month we have had anything like a quick and accurate tally from the Financial department on who has turned in what checks, so we are able to follow through more quickly. The last two meetings with social security went smoothly, the workers are cooperative, and Lucious Clark never followed through on his threats about questioning and undue documentation. We have got 18 "emergency loans" against missing gold checks in the last month, totalling about \$2,300, and even as the replacement checks come in, any pressure to repay comes through the Welfare Dept., which is backlogged months on it, and is also prohibited from cutting into continuing or future payments of any recipients to make up that money. Any money eventually considered non-collectable (like the person left the area), is replenished by the State of California. Chaikin and I agree to let all the "repayments" slide, as far as we can foresee, as this is a very minimum jeopardy situation.

File of signed paperwork: We are well into a file of paperwork to use as necessary when people leave:

1. Post office address change cards: to forward their checks from any possible address they have been coming to, securely to a P.O. Box until they can be transferred overseas.
2. "Authorization to Represent" forms, to be able to represent people to S.S. in their absence.
3. Extra missing check cards: So we can re-process work if S.S. doesn't follow through on back checks.
4. Gold check discontinuance letters: To send in if necessary, but not to the local District office, but to Birmingham, AL. where they are sent from. We can also just return checks (to Alabama) if they come.

F-I-A-X (16)

Back checks: Last month we had 14 people we knew of who had 3 or more checks backlogged. By now, seven of those people have received their back money, it is promised for four, still being processed for one, and one we think the lady is mistaken about her eligibility; another we need to check on.

We discovered two more situations of checks backlogged about five months, one our negligence, the other the lady kept saying it was O.K. and we're finally up on the financial records. But the work for both of these is going in this coming week, and represents (by May 1st) over \$3,600 for which these people should be definitely eligible.

Outstanding was that Lucille Payney was only owed \$390.60, and got paid \$1,058.10. Also Steve Addison is expecting \$1,865.00 social security back-payment any day, with a continuing benefit of \$466 a month the rest of his life.

We're catching up on the newly-communal L.A. people now, to see what's happening with their checks: CHARlotte King reportedly manipulated clearance from Marceline ^(will check directly with her) to go to L.A. after being explicitly turned down by four counsellors separately, and told NOT to go to Mother -- Then she cashed her checks instead of turning them in -- said she then turned ^{the cash} in, but it is highly suspicious that she has "loose money". She went down on the Greyhound on her own; and her non-member relatives drove her back. The Goodspeeds turned in their checks o.k.. Hester Johnson and Eddie Washington we had forwarded, and tracking down, but there isn't a problem with the people.

F-1-A-X (17)

Give to Tish - I do
not have the requested
info. in my files. I
have no records of her
ever receiving this type
of check F-1-A-1 (18)

UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND OCCUPATIONAL HEALTH,
WASHINGTON, D.C. 20415
July 17, 1978

0440 44 401 4 457-4

Eugenia Gernadt
P. O. Box 893
Georgetown Guyana
South America

We are returning your attached letter without taking the requested action because we need your claim number and certain other information to properly identify your case. Please read the instructions on the other side of this letter and then fill in the information requested below and return this letter to us with your attached correspondence to:

United States Civil Service Commission
Bureau of Retirement, Insurance, and
Occupational Health
Washington, D.C. 20415

We are sorry for the delay caused by our having to request this additional information. However, please remember that if you need to write to us again we must have the information requested below for prompt service.

W.E. Waddington

Wayne E. Waddington
Chief, Records Division

PLEASE PROVIDE YOUR CSA OR CSF CLAIM NUMBER. THANK YOU!

YOUR NAME (First or type)	YOUR DATE OF BIRTH	CLAIM NO. CSA-
EUGENIA A. GERNAJDT		CSF-
YOUR SIGNATURE (Do not print)		
IF YOU ARE A SURVIVOR ANNUITANT, GIVE NAME OF DECEASED HUSBAND OR WIFE		HIS OR HER DATE OF BIRTH
IF SIGNATURE IS MADE BY MARK (X), SIGNATURE AND ADDRESS OF WITNESS SHOULD BE SHOWN BELOW:		
_____ (Signature of witness)		_____ (Address, including ZIP Code, of witness)

F-1-A-1 (19)

BRI 49-318A
MARCH 1972

2nd

U. S. CIVIL SERVICE COMMISSION, Bureau of Retirement, Ins. & Occupational
Health, Washington, D. C., 20515...

RECEIVED

ANNUITANTS REPORT of 1977 Income:

(Read the enclosed instructions ^{carefully}. Report your total income from wages, self-employment or both for 1977: fill in, sign and mail this card before April 15, 1978. No stamp is needed unless you wish to use an envelope.

Civil Service Retirement Claim # CSA # 02-09001

Name Eugenia Gerhardt
c/o P. O. Box 873
Georgetown, Guyana
South America

RECEIVED

APR 10 P 2: 52

RECEIVED

Total income from WAGES, SELF-EMPLOYMENT, or BOTH: (If none, write none.)

\$ none

Date April 10, 1978

Signature Eugenia Gerhardt

F-1-A-X (20)

I hereby authorize my attorney, Charles Garry, to represent me in all matters pertaining to my social security benefits.

December __, 1977

X Sho Williams
(signed)

Social Security # 459-03 8056

I hereby authorize my attorney, Charles Garry, to represent me in all matters pertaining to my social security benefits.

December __, 1977

X _____
(signed)

Social Security # _____

I hereby authorize my attorney, Charles Garry, to represent me in all matters pertaining to my social security benefits.

December __, 1977

X _____
(signed)

Social Security # _____

F-1-A-3 (21)

Social Security Award Certificate

Department of Health, Education, and Welfare
Social Security Administration

Date **3/17/77**

Name and Address of Payee as the Claimant
Or as Representative of the Claimant

Claim Number **545-60-7505-C1**

Type of Benefit	Date of Entitlement	Monthly Benefit
CHILD'S	10/76	EACH \$351.80

PHYLLIS HOUSTON FOR
CHLRN DR R H HOUSTON
998 DIVISADERO
APT 305
SAN FRANCISCO CA 94115

Amount of First Payment: **\$3518.00**

THE INFORMATION GIVEN IN THIS NOTICE CONCERNS JUDY AND PATRICIA.

BENEFITS HAVE BEEN COMBINED IN ONE CHECK, SHORTLY AFTER 3/14/77, YOU WILL RECEIVE YOUR FIRST CHECK WHICH WILL INCLUDE ALL BENEFITS DUE YOU THROUGH 2/77. A CHECK FOR \$703.60 WILL BE SENT TO YOU ON OR ABOUT 4/03/77. AFTER THAT, A CHECK FOR \$703.60 WILL BE SENT TO YOU EACH MONTH.

NOTE TO REPRESENTATIVE PAYEE: PLEASE READ THE ENCLOSED PAMPHLET FOR DETAILED INSTRUCTIONS ON YOUR RESPONSIBILITIES AS A REPRESENTATIVE PAYEE.

F-1-A-4 (22)

ENCL SSA-779.
C

This certifies that you (or the person(s) on whose behalf you applied), became entitled under the Social Security Act to the social security benefits shown.

James B. Cardwell
James B. Cardwell
Commissioner of Social Security

SSA-30 (3-76) Important: See other side for information about your rights and responsibilities ▶

Phyllis:

You have your receipts for the airfares in August.. and we are enclosing the charge sheet for the children from here. You should keep records also of what you spent there, the items you sent them, etc. Your Head of household status requires that you keep some records of your own share of their support.

If you need anything further, let us know.
Paula --by tl

EX

F-1-A-~~4~~ (23)

F-1-A-3
(24)

Phyllis ^{J258.3}
Houston

Dear Phyllis:

Following is a list of the expenses for the children: (Patricia and Judy)

	1977				
	August	September	October	November	December
Housing	120.00	120.00	120.00	120.00	120.00
Food (%)	126.00	97.00	135.00	129.87	165.00
Vitamins (%)*	16.90	21.02	15.86	19.77	20.01
Clothing	42.06	81.90	135.70	148.02	476.10
Shoes	23.65	--	10.90	--	85.65
Glasses	--	155.00	--	--	--
Books	176.20	10.78	--	--	201.20
School Supplies	35.35	5.70	1.90	10.67	42.62
Entertainment	65.00	1.02	10.00	26.26	18.90
Riding classes	75.00	75.00	75.00	75.00	75.00
Transportation	5.00	17.50	10.25	18.90	32.30
Private school	150.00	150.00	150.00	150.00	150.00
and tutorial	22.65	10.90	10.50	25.00	15.00
Treats	10.98	5.00	3.85	10.10	26.97
Medical and dentl.	120.00	50.00	50.00	172.80	--
Allowance & Pers.**	25.00	25.00	25.00	25.00	25.00
Laundry & misc.	9.40	8.70	15.65	9.73	23.63
	<u>974.67</u>	<u>834.52</u>	<u>769.00</u>	<u>811.12</u>	<u>1037.38</u>

You presently have a balance of 683.00 and will need you to send another supplement check to clear up their account. Their expenses this month will run over 1200. with the medical and dental work we had done for them. Their check doesn't cover this, so would appreciate your sending another \$500. By then their check should be arriving again.

Thanks for your consideration in this matter. All is well and I trust things are well with you. They will be talking to you soon again by phone. Incidentally, there is another large phone bill to be covered in March -- will include that on your next bill.

Very truly yours,

Paula Adams
PAULA ADAMS

F-1-A-~~1~~ (75)

February 3, 1978

Paula,

Attached is a check for the total amount of Social Security received by me for Patricia and Judy Houston for the month of December, 1977 (\$745.20). I would like for you to return to me a receipt for the amount in addition to some kind of itemized statement as to how the funds have been used (ie: childrens' expenses). I also need a receipt and similiar statement for September, October, November and one week of August. The check amounts are the same each month. In August most of the \$745.20 was used up in air fare and bus fare.

I am asking for the receipts and statements because Social Security will be requesting from me an itemization of how this money has been used for the past year. I am expecting this request about the first of March, so I need to receive your reply by that time.

If you mail your response by the regular mail, my address is as follows:
Phyllis Houston
P. O. Box 6143
San Francisco, CA 94101
USA.

Thank you for your help. Father's Love.

Phyllis

cc: Carolyn Layton
cc: Maria Katsaris

F-1-A-1 (26)



OFFICE OF THE POSTMASTER GENERAL
Washington, D.C. 20260

November 16, 1977

Honorable Phillip Burton
House of Representatives
Washington, D. C. 20515

Dear Congressman Burton:

This is in response to your recent inquiry on behalf of Ms. June B. Crym of Baltimore, concerning the forwarding of Social Security checks for residents of an Agricultural Mission in Guyana, South America.

Local postmasters are only required to maintain customer change of address orders for a period of one year. Past experience has shown that problems in administration and paperwork management become critical when such records are maintained for periods in excess of one year. In addition, one year is generally a sufficient period of time for our customers to notify their correspondents of address changes.

In view of that fact that Ms. Crym did not furnish the names of the recipients involved, it is impossible for this office to be of assistance in this matter. However, we have asked the Postmaster at Baltimore to investigate this matter and to contact Ms. Crym.

Sincerely yours,

Glenn A. Metzdorf
General Manager - Administration
Government Relations Department

70

F-1-A- (27)



Estimate Correspondence - DO NOT LOG - Est. 6/2/78 - L8B

Western Conference of Teamsters Pension Trust

433 Airport Blvd., Suite 111, Burlingame, California 94010 • (415) 342-8411

REQUEST FOR ESTIMATE OF PENSION BENEFITS

(NOT AN APPLICATION FOR BENEFITS)

In addition to the questions below, the following forms must also be submitted: ALL QUESTIONS MUST BE ANSWERED A. Proof of age (Retiree and Spouse) B. Statement of Local and/or Employer Please print or type		EMPLOYER (Most Recent) _____ DATE OF HIRE _____ 1. Masonite 2. 3.	
NAME <u>Jack Darlington Barron</u>		DISABLED? EVER	IF SO, HAVE YOU APPLIED FOR SOCIAL SECURITY DISABILITY BENEFITS? Yes <input type="checkbox"/> No <input type="checkbox"/> Date
ADDRESS - STREET <u>c/o Eugene B. Chaikin, P.O. Box 15156</u>		HAVE YOU EVER ELECTED THE PRE-RETIREMENT-SPOUSE OPTION? Yes <input type="checkbox"/> No <input type="checkbox"/> Date Elected	
CITY STATE ZIP <u>San Francisco CA 94115</u>		Were you ever a corporate officer of a company by which you were employed? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates	
SOCIAL SECURITY NO. <u>155-05-2700</u>	DATE OF BIRTH	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	Were you ever an owner or partner of any company while contributions were made on your behalf? Yes <input type="checkbox"/> No <input type="checkbox"/> Dates
DATE: SPOUSE BIRTH MARRIED	PHONE NO. <u>922 6418</u>	TEAMSTERS LOCAL NO. (OTHER)	MEMBERSHIP SINCE LAST DAY WORKED EXPECTED RETIREMENT DATE
<p>IMPORTANT NOTICE: This estimate relative to your pension is based upon the Western Conference of Teamsters Pension Plan as it presently exists, assumes that the information you have furnished is correct. There can be no guarantee that the Pension Plan will not be changed in the future, such that the amount of your benefit could vary from the estimate. It is not to be construed as a promise, commitment or agreement. This estimated benefit may be reduced under Article IV, Section 7 of the Plan if your Employer ceases to contribute to the Western Conference of Teamsters Pension Trust Fund for any reason. This may include, but is not limited to, strikes, occupational or bargaining out. If there is any indication that this provision may affect you, please contact your Administrative Office.</p>			
Estimate requested by: _____ DATE _____		X SIGNED <u>Jack Darlington Barron</u>	

FOR ADMINISTRATIVE OFFICE USE ONLY	
YOU MAY ELECT ONLY ONE OF THE FOLLOWING	
1. Retirement Benefit	() \$ _____ Benefit Effective _____
2. Retirement Benefit with Spouse Option ()	\$ _____ Benefit Effective _____
Lifetime Benefit to Surviving Spouse upon your death	
3. Retirement Benefit with Adjustment Option	Benefit Effective _____
(cannot be elected in conjunction with the Benefit to Spouse Option or Disability Benefit)	
\$ _____ to age 62, then \$ _____ for life,	
or	
\$ _____ to age 65, then \$ _____ for life.	
In addition to the benefits listed above, the Plan provides a Death Benefit of at least \$ _____ if your death occurs after you become a Pensioner.	
REMARKS: _____	
_____ DATE _____	
X SIGNED <u>F-I-A</u> (28)	



STATE OF CALIFORNIA

SACRAMENTO

WARRANT NUMBER

05-488083

90-1342
1211

THE TREASURER OF THE STATE WILL PAY OUT OF THE

FUND NO. FUND NAME
091 PERSONAL INCOME TAX

TAX REFUND

MO. DAY YR.

07 07 77 488083

TO
A J ROZYNSKO
EUGENE CHAIKIN
PO BX 15156
SAN FRANCISCO CA 94115

135-20-9028

IDENTIFICATION NO.

DOLLARS		CENTS
*****48		00

FORM CD 88 (6-75) CONTROLLER'S WARRANT

⑆1211⑆1342⑆ 054880839⑆

Payroll
Check

ARTSON COMMUNICATIONS No.

2727166

Date 07-26-77 ¹¹⁻³⁵/₁₂₁₀

Pay To The
Order Of

NANCY V. SINES
1814 DIVISADERO ST.
SAN FRANCISCO CA 94115

\$177.49

PAY

PAY EXACTLY****177DOLLARS AND 49 CENTS.

Bank of America Payroll Services

BUSINESS SERVICES
BANK OF AMERICA
SAN FRANCISCO CALIFORNIA

V.F. Prussia

L.S. PRUSSIA
Executive Vice President and Cashier

⑆2727166⑆⑆1210⑆0035⑆ 06910⑆85126⑆

SPECIAL ACCOUNT

The Pension Fund of Lane Bryant, Inc.

1501 BROADWAY
NEW YORK, N.Y. 10036

AMOUNT

*****2310

TWENTY THREE & 10/100 DOLLARS

DATE 08/01/77

MANUFACTURERS HANOVER TRUST COMPANY

⑆0610⑆0030⑆002⑆ 05611⑆

COUNTY OF MENDOCINO
OFFICE OF THE AUDITOR - CONTROLLER
UKIAH, CALIFORNIA 95482

375619

VOID IF NOT PRESENTED FOR
PAYMENT WITHIN SIX MONTHS
FROM DATE OF ISSUE.

DATE	WARRANT NUMBER
8/01/77	375619

THE SUM OF	
DOLLARS	CENTS
*****101	89

THE TREASURER OF THE COUNTY OF MENDOCINO OR
ANY BANK OR BANKER WILL PAY TO THE ORDER OF

DOROTHY MORLEY
272 HERMANN ST
SAN FRANCISCO CA

90117

R.K. Howe

AUDITOR-CONTROLLER

F-1-A-#-(29)



PEOPLES REGISTRY, INC.
1714 STOCKTON STREET 2ND FL.
SAN FRANCISCO, CA. 94133
(415) 433-6950

11-95
1210

PAYROLL CHECK

CO CODE	DEPARTMENT	FILE NO.	EMP NO.	SOCIAL SECURITY NO.	TO THE ORDER OF	PAY DATE	CHECK NO.
HKE	100	3803		433849729	IRRA JOHNSON	7/29/77	9581
PAY THIS AMOUNT						NET PAY	
ONE HUNDRED NINETEEN AND .89 DOLLARS						**119.89	

COLUMBUS OFFICE
BANK OF AMERICA
N.T. & S.A.
1455 STOCKTON STREET
SAN FRANCISCO, CA. 94133

IRRA JOHNSON
998 DIVISADERO 305
SF CA

9/115
George Sebler

TREASURER

⑆1210⑉0091⑆ 02684⑉04065⑈

MEDICARE
PAYMENT



BLUE SHIELD
of California

SECURITY PACIFIC NATIONAL BANK
SAN FRANCISCO, CALIFORNIA

11-2913
1210

M 65681661

FOR HEALTH INSURANCE • SOCIAL SECURITY ACT • P.O. BOX 7968, SAN FRANCISCO, CA. 94130
A/C #000240

H.I.C. NO.	CHECK NO.
437070486A	054264396

PAY TO THE ORDER OF
• ROBERT JOHNSON
132 HERMAN ST
SAN FRANCISCO CA 94102

MO.	DAY	YEAR	PAY DOLLARS	CENTS
06	22	77	*****38	40

VOID # MONTHS FROM ISSUE DATE
****38DOLLARS AND 40CENTS

⑆65681661⑆ ⑆1210⑉2913⑆512⑉979997⑈

Lucille Sobri



STATE OF CALIFORNIA
SACRAMENTO

WARRANT NUMBER

04-314258

THE TREASURER OF THE STATE WILL PAY OUT OF THE

STATE OF CALIFORNIA
TAX RETURN

NO. DAY YR.

04 13 77

FUND NO. FUND NAME

091 PERSONAL INCOME TAX

TO
E MCKNIGHT
908 PAGE ST
SAN FRANCISCO CA

453-01-9178
IDENTIFICATION NO.

DOLLARS	CENTS
*****25	00

⑆1211⑉1342⑆ 043142589⑈

FORM CD 95 (12/76) CONTROLS W/FAINT

CALIFORNIA CONVALESCENT HOSPITAL
2704 CALIFORNIA STREET 931-7846
SAN FRANCISCO, CALIFORNIA

11-161
1210

PAYROLL CHECK

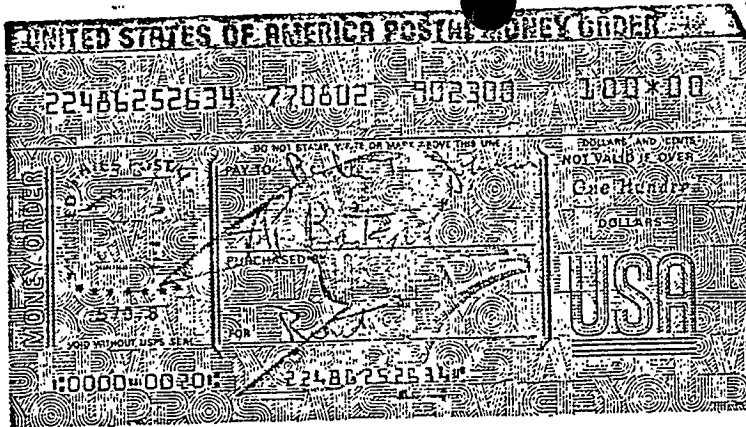
CO CODE	DEPARTMENT	FILE NO.	EMP NO.	SOCIAL SECURITY NO.	TO THE ORDER OF	PAY DATE	CHECK NO.
KEB	116	6201	U	559962760	RHONDA PAGE	8/4/77	1043
PAY THIS AMOUNT						NET PAY	
ONE HUNDRED SEVENTY EIGHT AND .33 DOLLARS						**178.33	

FILLMORE-CALIFORNIA OFFICE
WELLS FARGO BANK
SAN FRANCISCO, CALIFORNIA

Margaret Timberlake

⑆1210⑉0161⑆0012 022059⑈

(30)
11-1-A-4 (30)



no. 31740351 16-20 1720

from QUALITY CARE HEALTH CENTERS, INC.
2130 POST ST
SAN FRANCISCO CA 94115 date: 07-25-77

\$191 dollars and 47 cents

pay to AVIS BREIDENBACH
the 1814 DIVISADERO ST.
order of: SAN FRANCISCO CA 94115 exactly: \$191.47

UCB payroll service

authorized signature

corporate services division
united california bank
707 wishore blvd., los angeles, ca. 90017

#31740351@ #1220@0020# 299098957# 11

no. 31922750 16-20 1720

from QUALITY CARE HEALTH CENTERS, INC.
2130 POST ST
SAN FRANCISCO CA 94115 date: 08-10-77

\$118 dollars and 33 cents

pay to AVIS BREIDENBACH
the 1814 DIVISADERO ST.
order of: SAN FRANCISCO CA 94115 exactly: \$118.33

UCB payroll service

authorized signature

corporate services division
united california bank
707 wishore blvd., los angeles, ca. 90017

#31922750@ #1220@0020# 299098957# 11

COUNTY OF MENDOCINO
OFFICE OF THE AUDITOR - CONTROLLER
UKIAH, CALIFORNIA 95482

375741

VOID IF NOT PRESENTED FOR
PAYMENT WITHIN SIX MONTHS
FROM DATE OF ISSUE.

	DATE	WARRANT NUMBER
FUND 488	8/02/77	375741

THE SUM OF	
DOLLARS	CENTS
*****	332.56

THE TREASURER OF THE COUNTY OF MENDOCINO OR
ANY BANK OR BANKER WILL PAY TO THE ORDER OF

MARYLOU CLANCEY

R.K. Spoe
AUDITOR-CONTROLLER

39591 1# # 1211# 0105# 01282# 90000#

(32)
A
4

HARRY MILLER
 MRS. JEANNETTE MILLER
 9955 DE SOTO AVENUE, APT. 4 341-5528
 CHATSWORTH, CALIF. 91311

194
 90-422
 1222

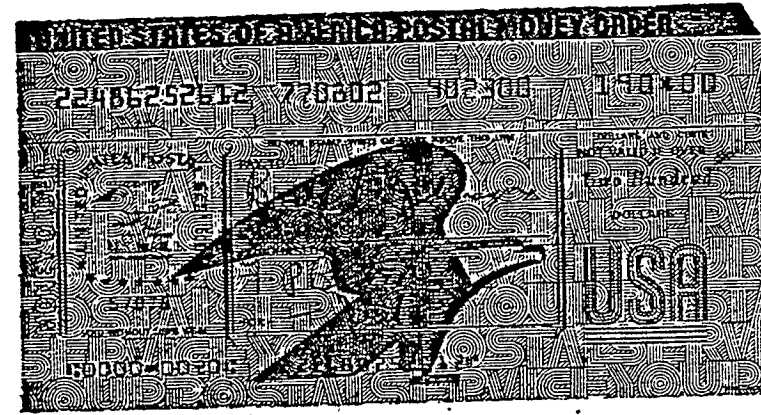
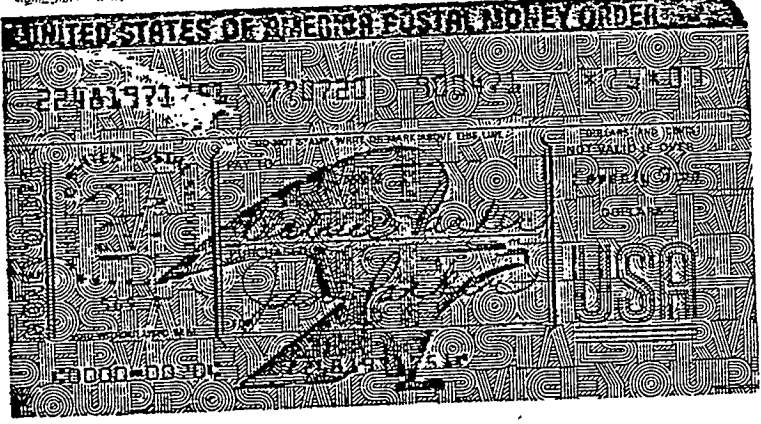
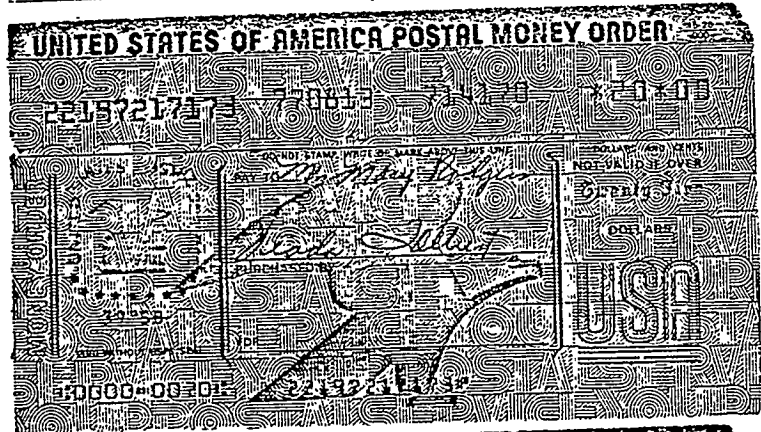
PAY TO THE ORDER OF *Mr. & Mrs. A. J. Fields 10 70*

Ten Dollars and 00/100 DOLLARS

CROCKER NATIONAL BANK
 BRIDGEWAY - MASON OFFICE
 1020 MASON AVENUE, CHATSWORTH, CALIFORNIA 91311

Jeannette Miller
Harry Miller

⑆1222⑈0423⑆387⑆03854⑈



F-1-A (33)

BANK OF AMERICA 1290
 BRIDGE OFFICE
 TO OLD COUNTY ROAD
 DUBLIN, CALIF. 94568

ARTSON COMMUNICATIONS
 26 O'FARRELL STREET
 SAN FRANCISCO, CALIF. 94108

CHECK NO. DATE AMOUNT
 ARTSON TOOLS 66 CS 7/23/77 181.36

PAY TO THE ORDER OF
 CAROL A. KERNS
 431 30th AVE
 S.F. CA 94123

Carol A. Kerns

⑆001740⑆ ⑆1210⑆0035⑆ 11393⑆00116⑆

TREASURY SAN FRANCISCO, CALIFORNIA Check No. 55,385,618
 FISCAL SERVICE DIVISION OF DISBURSEMENT SYMBOL 3127

United States Treasury 51/1000

PAY TO THE ORDER OF CHARLOTTE KING 568-24-0133
 1542 W 56 ST 18 A \$***112.00
 LOS ANGLS CA 90062 SOC SEC. FOR JUL

⑆0000⑆0051⑆

DO NOT FOLD, SPINCLE OR MUTILATE
 KNOW YOUR ENDORSE... REFUSE IF MUTILATED

Cherene J. Taylor
 FEDERAL RESERVE OFFICE

SAVINGS AND SECURITY PLAN FOR NON-SECRETARIAL
 EMPLOYEES OF THE YOUNG WOMEN'S CHRISTIAN ASSOCIATION 1-12 40
 600 LEXINGTON AVENUE, NEW YORK, N.Y. 10022

CHEMICAL BANK 425 PARK AVENUE (55TH STREET) NEW YORK, N.Y. 10022
 R-2747

JULY 30 1977 N° 051124

MISS LILLIAN E. HALLOY
 1951 REVERE STREET
 SAN FRANCISCO, CA 94124

EXECUTIVE DIRECTOR

⑆051124⑆ ⑆0210⑆0012⑆ 510⑆403648⑆

PAYABLE THROUGH 126388
FIREMAN'S FUND INSURANCE COMPANY WELLS FARGO BANK
 121 FRANKLIN STREET SAN FRANCISCO, CALIFORNIA

JUL 15 1977 11-24
 SAN RAFAEL, CALIFORNIA HILL SENTRY SAFETY 1210

FIREMAN'S FUND GROUP 34 34005 CS \$34.00

PAY TO THE ORDER OF
 Earnestine T March

⑆0126388⑆ ⑆1210⑆0024⑆ 7002⑆017450⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 77,762,496
SYMBOL 3113

DO NOT FOLD, SPINDE OR MUTILATE
KNOW YOUR ENDORSE • ASSURE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF VENNIE THOMPSON 436-44-0348
998 DIVISADERO #201 96 A
08 03 77 SAN FRANCISCO CA 94117

DOLLARS CTS
\$\$\$110 80

SOC SEC INS

V. Thompson
FISCAL SERVICE OFFICER

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 76,469,493
SYMBOL 3113

DO NOT FOLD, SPINDE OR MUTILATE
KNOW YOUR ENDORSE • ASSURE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF CATHERINE H THRASH 315-03-3463
1029 GEARY APT 38 93 A
08 03 77 SAN FRANCISCO CA 94109

DOLLARS CTS
\$\$\$236 40

SOC SEC FOR JUL

C. Thrash
FISCAL SERVICE OFFICER

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,878,306
SYMBOL 3127

DO NOT FOLD, SPINDE OR MUTILATE
KNOW YOUR ENDORSE • ASSURE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF EDDIE WASHINGTON 548-44-3253
5118 S TOWNE AV 06 A
08 03 77 LOS ANGELES CA 90011

DOLLARS CTS
\$\$\$203 90

SOC SEC FOR JUL

E. Washington
FISCAL SERVICE OFFICER

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,203,584
SYMBOL 3127

DO NOT FOLD, SPINDE OR MUTILATE
KNOW YOUR ENDORSE • ASSURE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF ERMA M WINFREY 547-30-0322
1660 PAGE 84 A
08 03 77 SAN FRANCISCO CA 94117

DOLLARS CTS
\$\$\$110 60

SOC SEC FOR JUL

E. Winfrey
FISCAL SERVICE OFFICER

⑆0000⑆005⑆⑆

F-1-A-3 (36)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 74,444,561
SYMBOL 3113



United States Treasury

PAY TO THE

ORDER OF ELSIE ROSS 466-12-6011
1029 GEARY BLVD. 61 A
APT 22
SAN FRANCISCO CA 94109

DOLLARS CTS
\$114 30

SOC SEC FOR JUL

R. Heron
FISCAL SERVICE DIVISION OF DISBURSEMENT

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - SECURE IDENTIFICATION

:0000=0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 8,214,713
SYMBOL 3127



United States Treasury

PAY TO THE

ORDER OF NATHANIEL B & MAXINE DECD SWANEY
NATHANIEL B SWANEY
12/76 7625 EAST RD
REDWOOD VALLEY CA 95470 298161723

DOLLARS CTS
\$298 31

TAX REF
7/13 FRESNO 94

Charles S. Taylor
FISCAL SERVICE DIVISION OF DISBURSEMENT

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - SECURE IDENTIFICATION

:0000=0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 54,700,644
SYMBOL 3127



United States Treasury

PAY TO THE

ORDER OF LUCILLE B TAYLOR 564-36-8501
2321 BUSH 44 A
08 03 77 SAN FRANCISCO CA 94115

DOLLARS CTS
\$201 70

SOC SEC FOR JUL

Charles S. Taylor
FISCAL SERVICE DIVISION OF DISBURSEMENT

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - SECURE IDENTIFICATION

:0000=0051:

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 92,738,934
SYMBOL 3052



United States Treasury

PAY TO THE

ORDER OF VIRGINIA V TAYLOR 205-12-2261
1029 GEARY. 34 A
08 03 77 APT 22
SAN FRANCISCO CA 94109

DOLLARS CTS
\$112 80

SOC SEC FOR JUL

J. J. Anderson
FISCAL SERVICE DIVISION OF DISBURSEMENT

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - SECURE IDENTIFICATION

:0000=0051:

F-1-A-3 (57)

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,255,425
SYMBOL 3113

DO NOT FOLD, SPINCLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF LUGENIA MORRISON
FOR CHILDREN
OF J MORRISON
2323 BUSH ST
SAN FRANCISCO CA 94113

461-26-5632
25 C1

DOLLARS CTS
\$444,192 80

SOC SEC FOR JUL

J. Sherman
FEDERAL DISBURSING OFFICER

:0000*0051:

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,704,835
SYMBOL 3127

DO NOT FOLD, SPINCLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF EURA L MOSES
261 DIVISADERO
SAN FRANCISCO CA 94117

549-24-7040
35 A

DOLLARS CTS
\$444,211 50

SOC SEC FOR JUL

Charles S. Taylor
FEDERAL DISBURSING OFFICER

:0000*0051:

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 57,381,783
SYMBOL 3127

DO NOT FOLD, SPINCLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF ZELLINE OBRYANT
2235 SUTTER ST
SAN FRANCISCO CA 94115

565-42-7169
83 A

DOLLARS CTS
\$444,148 70

SOC SEC INS

Charles S. Taylor
FEDERAL DISBURSING OFFICER

:0000*0051:

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 61,883,431
SYMBOL 2077

DO NOT FOLD, SPINCLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF L BEE REEVES
2 PEOPLES TEMPLE
PO BOX 15023
SAN FRANCISCO CA 94115

351-03-3642
31 p

DOLLARS CTS
\$444,253 40

SOC SEC FOR JUL

E. P. Kelly
FEDERAL DISBURSING OFFICER

:0000*0051:

F-1-A-2 (38)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 74,445,040
SYMBOL 3113

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF TOMMIE S KEATON SR 452-07-3010
1216 QUESADA AVE 43 A
08 17 77 SAN FRANCISCO CA 94124 SOC SEC FOR JUL

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

J. Harrison
FISCAL SERVICE DIVISION OFFICER

⑆0000⑉005⑆

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 96,040,005
SYMBOL 3052

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF ELFREIDA KENDALL 453-28-7761
EX 893 05 A
08 07 77 GEORGETOWN GUYANA 954 SOC SEC FOR JUL

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

W. S. Gaudin
FISCAL SERVICE DIVISION OFFICER

⑆0000⑉005⑆

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 96,273,743
SYMBOL 3052

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF LILLIAN E MALLOY 124-14-0111
PO BX 15156 43 A
08 03 77 SAN FRANCISCO CA 94115 SOC. SEC. INS

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

W. S. Gaudin
FISCAL SERVICE DIVISION OFFICER

⑆0000⑉005⑆

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,255,426
SYMBOL 3113

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF LUGENIA MORRISON 461-26-5632
2323 BUSH ST 26 E
08 03 77 SAN FRANCISCO CA 94115 SOC SEC FOR JUL

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION

J. Harrison
FISCAL SERVICE DIVISION OFFICER

⑆0000⑉005⑆

F-1-A-# (39)

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 52,830,513
SYMBOL 3127

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF NENA D HERRING 548-03-9351
1029 GEARY BLVD 13 D
APT 58
SAN FRANCISCO CA 94109

DOLLARS	CENTS
****224	90

SOC SEC FOR MAY

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - REQUIRE IDENTIFICATION

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - REQUIRE IDENTIFICATION

Charles D. Taylor
FEDERAL DISBURSING OFFICER

⑆0000⑉0051⑆

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 55,454,142
SYMBOL 3127

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF BEATRICE A JACKSON 557-34-9632
1827 STEINER 42 A
SAN FRANCISCO CA 94115

DOLLARS	CENTS
****191	40

SOC SEC FOR JUL

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - REQUIRE IDENTIFICATION

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - REQUIRE IDENTIFICATION

Charles D. Taylor
FEDERAL DISBURSING OFFICER

⑆0000⑉0051⑆

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 64,741,299
SYMBOL 2077

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF EARTIS JEFFERY
1029 GEARY BLVD
SAN FRANCISCO CA 94109

DOLLARS	CENTS
CSA1307324 69	10

CSA ANNUITY

DO NOT FOLD, SPINBLE OR MUTILATE
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DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - REQUIRE IDENTIFICATION

Charles D. Taylor
FEDERAL DISBURSING OFFICER

⑆0000⑉0051⑆

TREASURY
FISCAL SERVICE
DIVISION OF DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,642,735
SYMBOL 3113

United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF VENNIE THOMPSON FOR 500-18-1647
GARNETT B JOHNSON 35 C1
913 W 69 ST
LOS ANGELES CA 90044

DOLLARS	CENTS
****229	30

SOC SEC FOR JUL

DO NOT FOLD, SPINBLE OR MUTILATE
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DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEMENT - REQUIRE IDENTIFICATION

Charles D. Taylor
FEDERAL DISBURSING OFFICER

⑆0000⑉0051⑆

(40)
L-1-A-#

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,659,614
SYMBOL 3113

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF
MONTH DAY YEAR
08 03 77

ZIPPERAH EDWARDS 304-26-4141
1029 GEARY ST APT 38 14 A
SAN FRANCISCO CA 94109

DOLLARS CTS
\$\$\$218 80

SOC SEC FOR JUL

R. Johnson
FISCAL DISBURSING OFFICER

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 74,427,572
SYMBOL 3113

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF
MONTH DAY YEAR
08 03 77

CLAUDE GOODSPEED 463-16-6315
8129 S MARIPOSA AV 72 A
LOS ANGELES CA 90044

DOLLARS CTS
\$\$\$305 40

SOC SEC FOR JUL

R. Johnson
FISCAL DISBURSING OFFICER

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 74,427,573
SYMBOL 3113

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF
MONTH DAY YEAR
08 03 77

LUE D GOODSPEED 463-16-6315
8129 S MARIPOSA AV 73 B
LOS ANGELES CA 90044

DOLLARS CTS
\$\$\$133 30

SOC SEC FOR JUL

R. Johnson
FISCAL DISBURSING OFFICER

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 90,689,018
SYMBOL 3052

DO NOT FOLD, SPINBLE OR MUTILATE
KNOW YOUR ENDORSEER - ACQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF
MONTH DAY YEAR
08 03 77

ROCHELLE HALKMAN FOR 454-24-9349
EYVONNE P HAYDEN 18 C1
263 DIVISADERO ST
SAN FRANCISCO CA 94117

DOLLARS CTS
\$\$\$177 50

SOC SEC FOR JUL

R. Johnson
FISCAL DISBURSING OFFICER

(24)

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 96,040,006
SYMBOL 3052

DO NOT FOLD, SPINdle OR MUTILATE
KNOW YOUR ENDORSEER - INQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

08 02 77

RUTH ATKINS
EX 893
GEORGE TOWN GUYANA
SCOUT AMERICA E94

496-10-5508
06 A

DOLLARS CTS
\$496 11 80

SOC SEC FOR JUL

[Signature]
FEDERAL DISBURSING OFFICER

⑆0000⑆0051⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

AUSTIN, TEXAS

Check No. 48,584,240
SYMBOL 2206

DO NOT FOLD, SPINdle OR MUTILATE
KNOW YOUR ENDORSEER - INQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

08 01 77

CHRISTINE BATES
P O BOX 15156
SAN FRAN CA 94115

04-917-025
40 43 21

DOLLARS CTS
\$48 584 24 00

VA COMP

⑆0000⑆0051⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 86,584,524
SYMBOL 3052

DO NOT FOLD, SPINdle OR MUTILATE
KNOW YOUR ENDORSEER - INQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

08 03 77

MICHAELLEN BRADY
2231 SUTTER
SAN FRANCISCO CA 94115

548-56-3806
26 A

DOLLARS CTS
\$86 584 52 00

SOC SEC FOR JUL

[Signature]
FEDERAL DISBURSING OFFICER

⑆0000⑆0051⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 75,659,913
SYMBOL 3113

DO NOT FOLD, SPINdle OR MUTILATE
KNOW YOUR ENDORSEER - INQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

08 03 77

LEXIE S DAVIS
804 FELL ST
SAN FRANCISCO CA 94117

464-18-8045
13 A

DOLLARS CTS
\$75 659 91 00

SOC SEC FOR JUL

[Signature]
FEDERAL DISBURSING OFFICER

⑆0000⑆0051⑆

(42)
F-1-A-2

Summa

F-1-B

con - Gilbert Brown 439-28-5171 (pays dead 9-28-73)

Water & Power Employees' Retirement,
Disability and Death Benefit Insurance Plan

Department of Water & Power - City of Los Angeles
Water and Power Square
Room 315 - 111 N. Hope Street
P.O. Box 111 - L.A., CA 90051
213 (481) - 4338
CABLE ADDRESS: DENWA.POLA

Tom Bradley
President
Henry G. Bodkin, Jr. Pres.
Katherine B. Dunlap
Burton J. Gindler
Michael Glazer
Herbert C. Ward
Alex J. Brown, Secy

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MR. Richard C. Dyer
Attorney at Law
1229 West First Street
Los Angeles, Calif 90026

Allan F. Larson
Administrator - Secretary
Employees Retirement Plan

CLAIM NO. 74 M 48 F-1-B (17)

For Odenia Roberson

Need Feedback from the following radio enquiry
from San Francisco + Los Angeles

1. Callie Mitchell - Land - June Lynn
2. Carol Ann Young - 2nd + D - J. McEwan
3. Lubita Arnold - Units - J. McEwan
4. Yvonne Blair - Property - J. McEwan
5. Bertha Cook - Property - J. McEwan
6. Lou Dunge + Claude Brodeur - Dental Plat. - J. McEwan
7. Clyde T. Johnson - Property - J. McEwan
8. Earl Johnson - Land - June Lynn
9. Jack Barron - Personal - June or Phyllis
10. Elsie Bell - Disability - Barbara Hayer
11. Claude Brodeur - Land in Calif. - June
12. Earl Johnson - Land - Property in Calif. + ITT stock - June
13. Vivian Anderson - Bank account - Phyllis
14. Mercedes Dickey - Insurance Policies - Phyllis
by card.
15. Roster of Realtors - June McEwan for Ray
16. Mary Rodgers

F-1-B-A (2)

TO: DAD

DATE: 23/5/78

FROM: KAY NELSON

RE: Delayed Pension & Social Security Checks

NAME	TYPE OF INCOME	DATE LAST CHK. REC'D	REMARKS
ALBUDY, Ida	S.S.	11/77	\$242.00
ARNOLD, Luberta	S.S.	2/78	164.10
BATES, Christine	V.A.	11/77	700.00
BELL, Elsie	Disib./S.S.	2/78	
BIRKLEY, Julia	S.S.		
BUTLER, Chotile	S.S.	2/78	141.00
COLEMAN, Mary	S.S.	8/77	
DASHIELL, Hazel	S.S.	8/77	
GERNANDT, Eugenia	C.S.A.	4/78	Nov. & Dec held
	V.A.	12/77	62.50
	S.S.	12/77	520.00 ?
HALL, Heloise	S.S.	11/77	187.00
HINES, Rosa Mae	S.S.	2/78	296.00
JACKSON, David	S.S.	10/77	
JACKSON, Luvenia	S.S.	4/78	
JEFFREY, Eartis	S.S.	9/77	122.00
	C.S.A.	9/77	61.09
JOHNSON, Jessie	S.S.	8/77	200.00
JOHNSON, Mahaley	PEN.	6/77	14.50
JORDAN, Fannie	S.S.	2/78	
LOVE, Heavenly (Helen Ford)	S.S.	8/77	259.00
LAYTON, Lisa	PEN.	Applied 10/77	New-never ceived ch
MERCER, Henry	S.S.	2/78	298.00
MILLER, Lucy	S.S.	3/78	83.00
MORRIS, Pearly	S.S.	9/77	
PERKINS, Lenora	S.S.	8/77	154.60
TALLEY, Vera	S.S.	8/77	
THOMAS, Bernice	S.S.	1/77	90.10
	V.A.	1/77	289.00
	V.A. Ins.	1/77	39.50
WILLIAMS, Louise	Disib./S.S.	?	259.00
WILLIAMS, Theo	V.A. Pens.	7/77	71.60
WINFREY, Erma	S.S.	7/77	
DAWKINS, Beatrice	Disib./S.S.	8/77	
FARRIS, Marshall	PENS.	Applied 1/78	

F-1-B-1 (3)

Approx 30,000-

TO: DAD

DATE: 23/5/78

FROM: KAY NELSON

RE: Delayed Pension & Social Security Checks

NAME	TYPE OF INCOME	DATE LAST CHK. REC'D	REMARKS
ALBUDY, Ida 12/0	S.S.v	11/77	\$242.00
ARNOLD, Luberta 492 36	S.S.	2/78	164.10
BATES, Christine 1200.00	V.A.	11/77	700.00
BELL, Elsie	Disib./S.S.	2/78	
BIRKLEY, Julia	S.S.	2/78	
BUTLER, Chotile 423.	S.S.	2/78	141.00
COLEMAN, Mary	S.S.	8/77	
DASHIELL, Hazel	S.S.	8/77 ?	
GERNANDT, Eugenia	C.S.A.	4/78	Nov. & Dec. held
	V.A.	12/77	62.50
	S.S.	12/77	520.00 ?
HALL, Heloise 312.50 8600. 1122. 888	S.S.	11/77	187.00
HINES, Rosa Mae	S.S.	2/78	296.00
JACKSON, David	S.S.	10/77	
JACKSON, Luvenia	S.S.	2/78	Steward check
JEFFREY, Eartis	S.S.	9/77	122.00
	C.S.A.	9/77	61.09
JOHNSON, Jessie 488. 1800.	S.S.	8/77	200.00
JOHNSON, Mahaley 157.50	PEN.	6/77	14.50
JORDAN, Fannie	S.S.	2/78	
LOVE, Heavenly (Heaven Ford)	S.S.	8/77	259.00
LAYTON, Lisa	PEN.	Applied 10/77 140.00	New-never received chk
MERCER, Henry 874	S.S.	2/78	298.00
MILLER, Lucy	S.S.	3/78	83.00
MORRIS, Pearly	S.S.	9/77	
PERKINS, Lenora 1384	S.S.	8/77	154.60
TALLEY, Vera	S.S.	8/77	
THOMAS, Bernice 2848	S.S.	1/77	90.10
	V.A.	1/77	289.00
	V.A. Ins.	1/77	39.50
WILLIAMS, Louise	Disib./S.S.	?	259.00
WILLIAMS, Theo 644	V.A. Pens.	7/77	71.60
WINFREY, Erma	S.S.	7/77	
DAWKINS, Beatrice	Disib./S.S.	8/77	
FARRIS, Marshall	PENS.	Applied 1/78	

F-1-B-7 (4)

To: Dad.
From Kay Nelson

Date 2/5/78

Re: Delayed Pension + Social Security
Checks

	Name	Type of Income	Date Paid or Paid	Remarks
1.	Ida Albusdy	P.A.	11/77	242-
2.	Luberto Arnold	P.A.	2/78	164.10
3.	Christine Bates	VA	11/77	700.00
4.	Eless Bell	Disch. 55	2/78	
5.	Julia Buckley	P.A.		
6.	Chlotile Butler	P.A.	2/78	141.00
7.	Mary Coleman	P.A.	8/77	
8.	Hazel Daskell	P.A.	8/77	
9.	Eugenia Bernhardt	CSA 55	4/78 12/77	Nov + Dec - ch held 22.50 520-?
10.	Helvia Hall	P.A.	11/77	187.00
11.	Rosa Mae Henis	P.A.	2/78	296.
12.	David Jackson	P.A.	10/77	
13.	Luvonia Jackson	P.A.	2/78	
14.	Earles Jeffery	CSA	9/77 5/77	122. 61.09
15.	Jessie Johnson	P.A.	8/77	200.00
16.	Mabely Johnson	P.A.	4/77	14.50
17.	Fannie Jordan	55	2/78	
18.	Heavenly H. Love (Widow Ford)	P.A.	8/77 11/77	259. new number check to date
19.	Lisa Layton	P.A.	1/77	
20.	Henry Mercer	P.A.	2/78	298.00
21.	Lucey Miller	P.A.	3/78	83.00
22.	Pearly M. Morris	P.A.	9/78	
23.	Lenora Perkins	P.A.	8/77	154.60
24.	Nura Talley	P.A.	8/77	
25.	Bernie Thomas	P.A. VA VA	4/77 1/77 1/77	90.10 259.00 39.50?
26.	Louise Williams	Disch. A.S.	?	259.00
27.	Ither Williams	VA Ann.	7/77	71.60

F-1-B4(5)

Copy of name to change address
 (random full back on US)

	Ben Barrett		Eugene Smith
	Cathy Barrett		Wanda Sander
add.	Ronnie Braggman		Wanda Sander
no	Brian Bouquet		Roberta Wade
no	Claudia Bouquet		Adina Walker
	Pat Bowman		Henry White
	Ruby Bright		Janette Jackson
	Joyce Brown		Jane Mischakman
	Stephanie Chacor		Ida Mae ^{Montgomery} Nichol ^{Wald} Wald
no	Edith Cordell		Christine Young
	Lucy Crenshaw		Verian Anderson
	Michael Daniels	no	Rosie Lee Burgess
	Julius Evans	no	Clara Johnson
	Dandra Evans	no	Emile Jones
	Tom Fitch		Nancy Jones
	Vern Gosney		
	Willie Grady		
	Ginni Mae Harris		
	Joe Helli		
	Chuckie Henderson		
	Ralph Jackson		
	Larry Jones		
	Leola King		
	Sharon Kurlingbury		
	Ginni Mitchell		
1/c	Judith Morgan		
1/c	Oliver Morgan		
	Herbert Powell		
	Pat Patterson		
	Jerry Rho		F-1-B-9 (7)
	Jackie Rochell		
	Jerome Simon		

✓ Mary Campbell --60 ✓ Nena Herrin --71 ✓ Christine Miller 60⁶⁰
 ✓ Thelma Cannon -- 47 ✓ Osialea Hilton --82 ✓ Lucy Miller 64
 ✓ Mildred Carrol -- 78 ✓ Rosa Hines --69 ✓ Callie Mitchell 64
 ✓ Joice Clark -- 66 ✓ Hazel Horne --62 ✓ Pearly Morris 65
 ✓ Nancy Clay -- 68 ✓ Beatrice Jackson -- 80 ✓ Tura Moses 78
 ✓ Ida Mae Clips -- 60 ✓ David Jackson--84 ✓ Glen Moton 67
 ✓ Alexander Cole -- 71 ✓ Gladys Jackson--68 ✓ Esther Mueller 75
 ✓ Arvella Cole -- 71 ✓ Luvenia Jackson--80 ✓ Gertrude Nailor 77
 ✓ Mary Coleman -- 72 ✓ Lavana Jackson--73 ✓ Winn O'Bryant 78
 ✓ Susie Collins -- 77 ✓ Margaret James--69 ✓ Beatrice Parker 82
 ✓ Inez Conedy -- 68 ✓ Eartis Jeffery--64 ✓ Lore B. Parris 67
 ✓ Bertha Cook -- 65 ✓ Margaret Jeffery--64 ✓ Lucille Payne 78
 ✓ Mary Cook -- 64 ✓ Berta T. Johnson--84 ✓ Lenora Perkins 64
 ✓ Millie Cunningham -- 73 ✓ Earl Johnson 66566 ✓ Leon Perry 60⁶⁰
 ✓ Hazel Dashiell -- 78 ✓ Jessie Johnson 75 ✓ Rosa Peterson 77
 ✓ Lexie Davis -- 68 ✓ Mahaley Johnson 67 ✓ Amanda Pointdexter 97
 ✓ Burger Lee Dean -- 61 ✓ Robert Johnson 74 ✓ Eva Pugh 69
 ✓ Edith Delaney -- 68 ✓ Ruby Johnson 56 ✓ James Pugh 60⁶⁰
 ✓ Bessie Dickerman --63 ✓ Eliza Jones 67 ✓ Estella Railback 73
 ✓ Katherine Dominick -- 82 ✓ Bessie Jordan 69 ✓ Willie Reed 64
 ✓ Farena Douglass -- 67 ✓ Fannie Jordan --70 ✓ Bertha Reese 68
 ✓ Carrie Duncan -- 71 ✓ Lula Jordan 70 ✓ L. B. Reeves 88
 ✓ Zipporah Edwards -- 72 ✓ Love Joy 85 ✓ Annie Roberts 77
 ✓ Amanda Fair -- 69 ✓ Rosa Keaton 70 ✓ Gladys Roberts 77
 ✓ Sylvester Fair -- 69 ✓ Tommie Keaton 64 ✓ Odenia Robertson 72
 ✓ Marshall Farris -- 70 ✓ Alfreda Kendall 68 ✓ Mary Rodgers 84
 ✓ Helen Ford (F) ✓ Emma Kennedy 66 ✓ Elsie Ross 88
 ✓ Beulah Foster -- 74 ✓ Charlotte King 79 ✓ Lula Ruben 70
 ✓ Mattie Gipson -- 72 ✓ Pearl Land 75 ✓ Flora Sanders 67
 ✓ Claude Goodspeed--72 ✓ Lossie Lang 73 ✓ Alvaray Satterwhite 60⁶⁰
 ✓ Lue Goodspeed -- 80 ✓ Lisa Layton 62 ✓ Rose Sharon 70
 ✓ Willie Graham -- 70 ✓ Love Life Lowe 89 ✓ Rose Shelton 75
 ✓ Juanita Green -- 61 ✓ Lovie J. Lucas 74 ✓ Jose Simon 61⁶¹
 ✓ Mary Griffith -- 50 ✓ Irene Mason 84 ✓ Bertha Smith 75
 ✓ Carl Hall -- 73 ✓ Mary Mayshack 72 ✓ Eloise Sneed 70
 ✓ Janice Hall -- 66 ✓ Allie McClain 87 ✓ Novella Sneed 70
 ✓ Artie Harper -- 67 ✓ Alluvine McGowan 89 ✓ Helen Sneed 75
 ✓ Josephine Harris -- 70 ✓ Annie McGowan 69 ✓ Martha Souder 61
 ✓ Magnolia Harris -- 60 ✓ Hevalus McKinnis 71 ✓ Richmond Stahl 66
 ✓ Nevada Harris -- 67 ✓ Earl McKnight 82 ✓ Abraham Staten 65
 ✓ Henry Mercer 75 ✓

F-1-B-1(8)

✓ Ammeal Staten 73
 ✓ Frances Stevenson 61 7-30-77
 ✓ Madeline Strider 73
 ✓ Vera Talley 74
 ✓ Lucile Taylor 79
 ✓ Virginia Taylor 83
 ✓ Bernice Thomas 67
 ✓ Etta Thompson 73
 ✓ Fennie Thompson 75
 ✓ Myacinth Thrash 75
 ✓ Elsie Towns 74
 ✓ Martha Turner 68
 ✓ Syola Turner 65
 ✓ Mary Walker 73
 ✓ Eddie Washington 76
 ✓ Earlene Watkins 70
 ✓ Louise Williams 64
 ✓ Theo Williams 62
 ✓ Erma Winfrey 78
 ✓ Dorothy Worley 63
 ✓ Carolyn Young 77
 ✓ Mucida Pridy 69
 ✓ Lamine Mae Hahn 74
 ✓ Rosa Johnson
 ✓ Oliver Morgan
 ✓ Aubrey Lee Johnson
 ✓ Helen Johnson 50 yr
 ✓ Bess Howard 56
 ✓ Chesa Jackson
 ✓ Clara Johnson
 ✓ Nancy Jones 74
 ✓ Wanda King 38
 ✓ Carrie Langston 54
 ✓ Lillie Mitchell
 ✓ Beatrice Arant 51
 ✓ ~~Edith~~
 ✓ Edith Koller 62
 ✓ Mary L. Shavers 54
 ✓ Dorothy Simpson 55
 ✓ Gladys Smith 32

✓ Lida Alibudey 71
 ✓ Aurelia Anderson 67
 ✓ Samuel Anderson 66
 ✓ Suberta Arnold 70
 ✓ Ruth Atkins 73
 ✓ Geraldine Bailey 63
 ✓ Mary Bailey 62
 ✓ Jack Barron 56
 ✓ Christine Bates 72
 ✓ Geneva Beak 57
 ✓ Alfred Bell 68
 ✓ Elsie Bell 59
 ✓ Ethel Bell 87
 ✓ Vera Benton 67
 ✓ Julia Biskley 68
 ✓ Ernestine Blair 60 8-11
 ✓ Lulika Bordenau 59
 ✓ Donald Bower 50
 ✓ Rocky Breidenbach 49
 ✓ Miller Bridgewater 69
 ✓ Madeline Brooks 73
 ✓ Luella Brown 58
 ✓ Lucius Bryant 52
 ✓ Chlotile Butler 77
 ✓ Wm Anderson 69
 ✓ Cathy Ann Barrett
 ✓ Edith Corbell 76
 ✓ Lucy Crenshaw 53
 ✓ Nephthodreenne Davis 42
 ✓ Barbara Davis 52
 ✓ Beulah Dawkins 60
 ✓ Esther Dillard 50
 ✓ Irene Elders 74
 ✓ Fannie Fain 19
 ✓ Berara Farrell 44
 ✓ Donald Fields 45
 ✓ Blaisy Fields 40
 ✓ Mary Ford 48
 ✓ Eugenia Plument

F-1-B-# (9)

To: MARIA X.
From: KAPN.

Date: Jan 1978

Re: Persons who said that checks were being held.

	Type Income	Last date Paid Check	Remarks
1. Ida Albury	SS	11-77	
2. Vernon Anderson	SS	3-78	Made change
3. Christine Bates	Ret.	11-77	Gladden St
4. Elsie Bell	Allo.	1-78	
5. Julia Buckley	SS	?	
6. Hazel Daskell	SS	8-77	
7. Eugenia Bernhardt	SS	12-77	
8. Helis Hall	Ret.	12-77	
9. Rosie Mae Hinds	SS	11-77	
10. Luvenia Jackson	SS	2-78	
11. David Jackson	SS	2-78	
12. Easter Jeffery	SS	10-77	
13. Jessie Johnson	SS	9-77	
14. Mahalys Johnson	SS	8-77	
15. Nancy Jones	SS	3-77	Made check of all ss's
16. Fannie Jordan	SS	1-78	
17. Helen Ford Love - Heavenly H. Love	SS		
18. Pearly M. Morris	SS	9-77	
19. Vera Talley	SS	8-77	
20. Louise Williams	Allo.		
21. Iles Williams	VA	8-77	
22. Roberta Wade	SS	2-78	Made check Gladden St
23. Lisa Layton	Denison Retiremt	10-77	Made check Gladden St
24. Bernis Thomas	SS	12-77	
25. Annie Mae Harris	SS		Made check of all ss's
26. Marshall Farris	SS Widow	12-77	
27. Beatrice Dawkins	Allo.	8-77	
Beatrice Arnold		2-78	
Mary Coleman	SS	9-77	Rec 1 ch ss 8-78
Ida Mae Clipp	Allo.	3/78	200+
Suzie Collins	Al.		Retiremt Rec Federal + me

E-1-B-4(10)

7 AGRICULTURE COMMITTEE

BANK OF MONTREAL

F-1-C

Revised Form 1789
April 1969
Department of the Treasury
Social Service

PLEASE PRINT

USE OTHER SIDE FOR APPROACHES

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH I

A NAME OF PAYEE:
I (we) Miller, Bridgewater authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from the SSA.

B NAME OF BENEFICIARY(IES) (the person(s) entitled to receive benefits from the Social Security Administration): Miller, Bridgewater

C CLAIM NUMBER: 462-14-6371

D TYPE OF PAYEE: SSA

E PAYEE'S TELEPHONE NO.: 922-2483

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED:
Enter "C" for Checking Account or "S" for Savings Account
C 47509-2

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code):
P.O. BOX 15156, San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions):
SIGNATURE: [Signature] DATE: 1/17/68

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit monies for the payee(s) named herein, in accordance with 31 CFR Parts 240, 202, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to the account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION: Bank of Montreal (Calif.)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED:
Enter "C" for Checking Account or "S" for Savings Account
C 47509-2

J ADDRESS OF FINANCIAL ORGANIZATION (Number, Street, City, State, and Zip Code):
250 California Street, San Francisco, Ca. 94104

K AUTHORIZED SIGNATURE: Miller, Bridgewater

L BRANCH DESIGNATION, IF APPLICABLE: San Francisco

M OFFICE NUMBER: 915-281-8060

N AUTHORIZED SIGNATURE: [Signature] DATE: 1/17/68

O AUTHORIZED SIGNATURE: [Signature]

P AUTHORIZED SIGNATURE: [Signature]

BENEFICIARY COPY

F-1-C-4 (D)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE:
I (we) MARIE A. ALFA authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration.)
C CLAIM NUMBER 429-479-27 **SUFFIX** 13
F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
47061-4

D TYPE OF PAYMENT S **E PAYEE'S TELEPHONE NO.** 2-1115

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
12121 1st St, Washington, DC 20541

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE MARIE A. ALFA **DATE** 11-9-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION First National Bank of Washington **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
47061-4

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
12121 1st St, Washington, DC 20541

DEPOSITOR ACCOUNT TITLE
Marie A. Alfa

ROUTING NUMBER 43700101 **CHECK DIGIT** 7 **BRANCH DESIGNATION, IF APPLICABLE**
TELEPHONE NUMBER

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **TITLE** Branch Manager

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The officer of the financial organization must be duly sworn and present satisfactory identification, and, after being duly sworn, acknowledge this to be the (her) (their) freely given act and deed.

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) GINADA, MIKE F authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

GINADA, MIKE F

C CLAIM NUMBER

430-22-1001

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 6701-0

D TYPE OF PAYMENT

E PAYEE'S TELEPHONE NO.

922-641

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

1501 ...

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

MARIE ADA

DATE

4/12

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

...

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 6701-4

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

...

DEPOSITOR ACCOUNT TITLE

...

ROUTING NUMBER

...

CHECK DIGIT

7

BRANCH DESIGNATION, IF APPLICABLE

TELEPHONE NUMBER

(410) 341-...

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

...

TITLE

...

DATE

...

NOTARIZATION OR FIDELITY AND SURETY REQUIREMENT SPACE IS PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

Notary Public

Date

Date

BENEFICIARY COPY

F-1-C-3 (3)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE:
I (we) Eda Mae Clipp authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Eda Mae Clipp

C CLAIM NUMBER
450-20-9515

D TYPE OF PAYMENT
DIP

E PAYEE'S TELEPHONE NO.
922-1412

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 474827

G MAILING ADDRESS OF PAYEE (Street, Apt. No., Box, P.O. Box)
P.O. Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES), OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
Eda Mae Clipp DATE 11-1-78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 474827

OFFICE ADDRESS (Street, Apt. No., Box, P.O. Box)
337 California St. San Francisco, Ca 94104

DEPOSITOR ACCOUNT TITLE
Eda Mae Clipp

BRANCH DESIGNATION, IF APPLICABLE
SAN FRANCISCO

FINANCIAL INSTITUTION NUMBER
(415) 391-5060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER (The person in financial organization whose signature appears above personally executed before me)
[Signature] DATE 11-1-78

BENEFICIARY COPY

F-1-C-1(4)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE:
I (we) Ida Mae Clapps authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Ida Mae Clapps

C CLAIM NUMBER 450-21-9515 **SUFFIX**

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C **DEPOSITOR ACCOUNT NUMBER** 474827

D TYPE OF PAYMENT SSA **E PAYEE'S TELEPHONE NO.** 922-6418

G MAILING ADDRESS OF PAYEE (Street, City, State, and Zip Code)
P.O. BOX 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE (See instructions) **DATE**
Ida Mae Clapps 11-10-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 21 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to the (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Montreal (Call) **F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
C **DEPOSITOR ACCOUNT NUMBER** 474827

OFFICE ADDRESS (Street, City, State, and Zip Code)
333 California St San Francisco Ca 94104

DEPOSITOR'S ACCOUNT TYPE Ida Mae Clapps

ROUTING SLIP (Check one)
 BRANCH DESIGNATION San Francisco
 ACCOUNT NUMBER (415) 91-1000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION **DATE**
[Signature] 11-10-76

THE DEPOSIT OR CREDITING OF FUNDS WILL BE MADE ONLY IF THE PAYEE(S) NAMED ABOVE HAS (HAVE) THE RIGHT TO CANCEL THIS AUTHORIZATION BY NOTICE TO THE PAYEE(S). THE DEPOSIT OR CREDITING OF FUNDS WILL BE MADE ONLY IF THE PAYEE(S) NAMED ABOVE HAS (HAVE) THE RIGHT TO CANCEL THIS AGREEMENT BY NOTICE TO THE PAYEE(S).

BENEFICIARY COPY

F-1-C-3(5)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Alma Chapman authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration.)
Alma Chapman

C CLAIM NUMBER 429-28-5815 **SUFFIX**

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account

G DEPOSITOR ACCOUNT NUMBER
C 47464-9

D TYPE OF PAYMENT SSA **E PAYEE'S TELEPHONE NO.** 422-4118

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
SIGNATURE [Signature] **DATE** 11/5/75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein in accordance with 31 CFR Parts 200, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to the (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Montreal (Canada) **F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account

G DEPOSITOR ACCOUNT NUMBER
C 47464-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
437 California Street San Francisco, CA 94104

DEPOSITOR ACCOUNT TYPE
Alma Chapman

ACCOUNT NUMBER 121210003 **CHECK OR CREDIT** CHECK **BRANCH DESIGNATION, IF APPLICABLE**

TELEPHONE NUMBER
(415) 391-9000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **DATE** 11/5/75

NOTARIZATION OFFICER, NOTARIZATION OFFICE OR PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT.
The signatory/beneficiary(ies) whose signature(s) appears above personally appeared before me, a notary public, on this day of _____, 1975, and acknowledged to me that he or she is the person named in the foregoing and that he or she executed the foregoing for the purposes and in the capacity therein stated.

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 I (we) Alma Corona authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us), however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Alma Corona

C CLAIM NUMBER
779-28-3815

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
C 07469-9

D TYPE OF PAYMENT
SS

E PAYEE'S TELEPHONE NO.
415-7418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 75156 San Francisco Ca 94112

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
[Signature] **DATE**
1/6/74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America (Calif)

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
C 17469-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street San Francisco Ca 94104

DEPOSITOR ACCOUNT TITLE
Alma Corona

ROUTING NUMBER (Check Digit)
12106003

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 391-5060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature] **DATE**
1/6/74

NOTARIZATION BY FINANCIAL ORGANIZATION OFFICER OR PROVIDER IS REQUIRED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. THE DEPOSITARY INSTITUTION WHOSE SIGNATURE APPEARS ABOVE PERSONALLY APPEARED BEFORE AN APPOINTED APPLICABLE NOTARIZATION OFFICER, AND AFTER BEING DULY SWORN, ACKNOWLEDGED THIS AS HIS OR HER OWN ACT AND DEED.

BENEFICIARY COPY

F-1-C-1(7)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Arvella Cole authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Arvella Cole

C CLAIM NUMBER 427-36-5314 **SUFFIX**

D TYPE OF PAYMENT SSH **E PAYEE TELEPHONE NO.** 422-6418 **F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED** C 47067-3
Enter "C" if Checking Account or "S" if Savings Account

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: [Signature] DATE: 1/1/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to this (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Montreal (Canada) **I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED** C 07067-3
Enter "C" if Checking Account or "S" if Savings Account

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St. San Francisco, Ca 94109

DEPOSITOR ACCOUNT TITLE Arvella Cole

ROUTING NUMBER 73100003 **CHECK DIGIT** 1 **BRANCH DESIGNATION, IF APPLICABLE** SAN FRANCISCO
TELEPHONE NUMBER (415) 391-2010

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **DATE** 1/1/78

NOTIFICATION: OFFICE ORGANIZATION NAME IS PRINTED BY PREVIOUS FEDERAL NOTIFICATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally accepted this authorization and provided satisfactory identification, and other items fully comply with applicable laws and regulations.

BENEFICIARY COPY

F-1-C-3 (8)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 I (we) Arlander Cole authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Arlander Cole

C CHECK NUMBER
472-09 8340 - A

SUFFIX
 A

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
47431-2

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
472-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
11111 121st St., San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS(ES) (See instructions)
SIGNATURE
Arlander Cole **DATE**

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
47431-2

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
123 California St., San Francisco, CA

DEPOSITOR ACCOUNT TITLE
Arlander Cole

ROUTING NUMBER
07100003

CHECK DIGIT
7

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 391-8100

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature] **TITLE**
VP & Manager **DATE**
7-1-76

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT.
 The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (their) free and voluntary act and deed.

Notary Public

Class

State

BENEFICIARY COPY

F-1-G-8 (9)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE: I (we) Susie Lee Collins authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration) SUSIE LEE COLLINS **C CLAIM NUMBER** 439 34-2413 **D SUFFIX** A
F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account

D TYPE OF PAYMENT C **E PAYEE'S TELEPHONE NO.** 432 4718 **G MAILING ADDRESS OF PAYEE** (Number, Street, City, State, and Zip Code)
1032 15th St San Francisco CA 94104 **H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES** (see instructions)
y **DATE** 11/10/76

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
1032 15th St San Francisco CA 94104

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
y **DATE** 11/10/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

NAME OF FINANCIAL ORGANIZATION Bank of America **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
C **DEPOSITOR ACCOUNT NUMBER** 474797

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St San Francisco, Ca 94104

DEPOSITOR ACCOUNT TITLE
Ms Collins

ROUTING NUMBER 12100003 **CHECK DIGIT** 1 **BRANCH DESIGNATION, IF APPLICABLE**
San Francisco **TELEPHONE NUMBER**
(415) 391-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER W. J. ... **TITLE** Operations Officer **DATE** 11/10/76

NOTARIZATION OPTION: NOTARIZATION OFFICE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee/beneficiary (and whose signature(s) appears above) personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) free and voluntary act and deed.

BENEFICIARY COPY

F-1-C-9 (10)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH W

A NAME OF PAYEE(S)
I (we) Inez Conedy authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Inez Conedy

C CLAIM NUMBER
444-16-3639

SUFFIX
A

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C

DEPOSITOR ACCOUNT NUMBER
47510-6

D TYPE OF PAYMENT
SIH

E PAYEE'S TELEPHONE NO.
935-4618

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
117 Park Street, Cambridge, MA 02114

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

SIGNATURE
Inez Conedy

DATE
11-11-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C

DEPOSITOR ACCOUNT NUMBER
47510-6

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
500 Columbia Street, Cambridge, MA 02142

DEPOSITOR ACCOUNT NAME
Inez Conedy

ROUTING NUMBER
011001

CHECK NUMBER
1000

BRANCH DESIGNATION, IF APPLICABLE
Cambridge

TELEPHONE NUMBER
(617) 552-2000

I AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

DATE
11-11-76

NOTATION OF USE: NOTIFICATION SPACE IS RESERVED FOR THE SOCIAL SECURITY ADMINISTRATION. THE FINANCIAL ORGANIZATION'S ACCOUNT NUMBER SHOULD BE PRINTED IN THIS SPACE. THE FINANCIAL ORGANIZATION'S ACCOUNT NUMBER SHOULD BE PRINTED IN THIS SPACE. THE FINANCIAL ORGANIZATION'S ACCOUNT NUMBER SHOULD BE PRINTED IN THIS SPACE.

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 (we) Mary Cottingham authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of any (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Mary Cottingham

C CLAIM NUMBER
751 211 4583

D SUFFIX
D

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47463-0

D TYPE OF PAYMENT
SSH

E PAYEE'S TELEPHONE NO.
722-6416

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15756 Washington, D.C. 20415

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: Mary Cottingham DATE: 11-9-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Canada)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47463-0

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
1000 Bankers Building, Washington, D.C. 20004

DEPOSITOR ACCOUNT TITLE
Mary Cottingham

ROUTED NUMBER
0001000000

CHECK DRAIN

BRANCH DESIGNATION, IF APPLICABLE
24th St. NW, Washington, D.C.

TELEPHONE NUMBER
(415) 571-6060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
Operations Officer

DATE
11-9-76

REPLICATION OF THIS INSTITUTION OFFICE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) beneficiary(ies) whose signature appears above personally appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged this to be his (her) (their) truly given act and deed.

BENEFICIARY COPY

F-1-C-1 (12)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) MARY COTTINGHAM authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (the person(s) entitled to receive benefits from the Social Security Administration)

MARY COTTINGHAM

C CLAIM NUMBER

251-26-9583

SUFFIX

D

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C DEPOSITOR ACCOUNT NUMBER

47463-0

D TYPE OF PAYMENT

SSI

E PAYEE'S TELEPHONE NO.

922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 15156 SAN FRANCISCO, CA. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

Mary Cottingham

DATE

11-9-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

BANK OF MONTREAL

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C DEPOSITOR ACCOUNT NUMBER

47463-0

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

333 CALIFORNIA STREET SAN FRANCISCO, CA. 94104

DEPOSITOR ACCOUNT TITLE
MARY COTTINGHAM

ROUTING NUMBER

12100003

CHECK DIGIT

1

BRANCH DESIGNATION, IF APPLICABLE

SAN FRANCISCO

TELEPHONE NUMBER

(415) 391-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[Signature]

TITLE

Operations Officer

DATE

11-9-76

NOTARIZATION OF FINANCIAL ORGANIZATION OFFICER IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The person (Beneficiary) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged this to be his (her) (their) free and voluntary act and deed.

BENEFICIARY COPY

F1-C4 (13)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Mrs. J. DePina authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration) <u>Mrs. J. DePina</u>		C CLAIM NUMBER <u>145-17-1-53</u>	SUFFIX <u>A</u>
D TYPE OF PAYMENT <u>SSA</u>		F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C-47503-3</u>	
E PAYEE'S TELEPHONE NO. <u>422-4414</u>		G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code) <u>P.O. Box 15516 S. Francisco, CA 94114</u>	
H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)			DATE <u>11/1/76</u>

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 206, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION <u>Bank of America (111)</u>		F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C-47503-3</u>																					
OFFICE ADDRESS (Number, Street, City, State, and ZIP Code) <u>333 California Street, San Francisco, CA 94104</u>		DEPOSITOR ACCOUNT TITLE <u>Mrs. J. DePina</u>																					
ROUTING NUMBER <table border="1"> <tr><td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td></tr> <tr><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr> </table>	0	1	2	3	4	5	6	7	8	9	0	0	0	0	0	0	0	0	0	0	CHECK DIGIT <u>0</u>	BRANCH DESIGNATION, IF APPLICABLE <u>San Francisco</u>	TELEPHONE NUMBER <u>(415)-391-6260</u>
0	1	2	3	4	5	6	7	8	9														
0	0	0	0	0	0	0	0	0	0														
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER <u>[Signature]</u>		TITLE <u>Branch Manager</u>	DATE <u>11/1/76</u>																				

NOTIFICATION OFFENSE NOTIFICATION SPACE IS PROVIDED IF REQUIRED THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s) named herein (we) whose signature(s) appears above personally requested and provided the necessary identification and other required data to the financial organization named herein. (See Instructions for details.)

BENEFICIARY COPY

F-1-C-1 (14)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Myself and my wife authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment-direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Myself and my wife

C CLAIM NUMBER
145-07-0053

D TYPE OF PAYMENT
SSI

E PAYEE'S TELEPHONE NO
477-0418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
475-23

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
Box 15151 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE [Signature] **DATE** 11/11/75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit same for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
2nd National Bank

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
2 475-23

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street San Francisco CA 94104

DEPOSITOR ACCOUNT TITLE
Myself and my wife

ROUTING NUMBER 02100003 **CHECK DIGIT** 1 **BRANCH DESIGNATION, IF APPLICABLE**
San Francisco

TELEPHONE NUMBER
(415) 391-3000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **TITLE** Branch Manager **DATE** 11/11/75

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be the true and correct signature of said (their) treaty person and stated:

BENEFICIARY COPY

F-10C-1(15)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Roseana Dickerson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Roseana Dickerson

C CLAIM NUMBER

436-28-3246

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47418-5

D TYPE OF PAYMENT

SSI

E PAYEE'S TELEPHONE NO.

433-6718

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

Roseana Dickerson

1/3/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of America (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 07017-5

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

333 California St. San Francisco Ca 94104

DEPOSITOR ACCOUNT TITLE

Roseana Dickerson

ROUTING NUMBER

0210001

CHECK OR DIT

BRANCH DESIGNATION, IF APPLICABLE

San Francisco

TELEPHONE NUMBER

(415) 341-2620

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[Signature]

TITLE

Assistant Officer

DATE

1/3/76

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) and whose signature(s) appears above personally appeared before me, a Notary Public, and after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-2 (16)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Little Dukes authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration.)

Little V. Dukes

C CLAIM NUMBER

526-30-9697

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47481-9

D TYPE OF PAYMENT

SST

E PAYEE'S TELEPHONE NO.

422-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

PO Box 1516 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE

[Signature]

SIGNATURE

DATE

11/10/75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of Montreal (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47481-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

333 California Street San Francisco Ca 94114

DEPOSITOR ACCOUNT TITLE

Little V. Dukes

ROUTING NUMBER

112300003

CHECK DIGIT

7

BRANCH DESIGNATION, IF APPLICABLE

San Francisco

TELEPHONE NUMBER

415-391-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[Signature]

TITLE

Asst. Mgr.

DATE

11/10/75

THE SIGNATURE OF BENEFICIARY(IES) SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. THE SIGNATURE OF BENEFICIARY(IES) MUST BE PERSONALLY APPEARED BEFORE THE FINANCIAL ORGANIZATION OFFICER, AND, AFTER BEING DULY SEEN, ACKNOWLEDGED BY THE SIGNATURE OF THE FINANCIAL ORGANIZATION OFFICER. THIS AUTHORIZATION IS VOID IF THE SIGNATURE OF THE BENEFICIARY(IES) IS NOT PERSONALLY APPEARED BEFORE THE FINANCIAL ORGANIZATION OFFICER.

BENEFICIARY COPY

F-1-C-1 (17)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYER(S)

I (we) Lilly V. Dukac authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Lilly V. Dukac

C CLAIM NUMBER

586-30-4697

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47481-9

D TYPE OF PAYMENT

DIB

E PAYEE'S TELEPHONE NO.

922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 1516 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

Lilly V. Dukac

DATE

1/1/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to the (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of Montreal (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47481-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

33 California Street San Francisco Ca 94114

DEPOSITOR ACCOUNT TITLE

Lilly V. Dukac

ROUTING NUMBER

000003

CHECK DIGIT

7

BRANCH DESIGNATION, IF APPLICABLE

San Francisco

TELEPHONE NUMBER

(415) 391-8000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[Signature]

TITLE

Head Office

DATE

1/1/78

ORGANIZATION OFFICER NOTIFICATION SERVICE IS PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s) named above (Montreal) agrees above personally appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged this to be the (their) true and correct signature and date.

BENEFICIARY COPY

F-1-C-4 (18)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) SIMON H. ELSKY authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
SIMON H. ELSKY

C CLAIM NUMBER
433-14-1145

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47458-4

D TYPE OF PAYMENT
Dis

E PAYEE'S TELEPHONE NO
415-64118

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 13156 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: [Signature] DATE: 11/11/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
CITIZENS SAVING AND LOAN ASSOCIATION (C-SLA)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47458-4

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street San Francisco CA 94104

DEPOSITOR ACCOUNT TITLE
SIMON H. ELSKY

ROUTING NUMBER
02101003

CHECK DIGIT
1

BRANCH DESIGNATION, IF APPLICABLE
3100 Irving St

TELEPHONE NUMBER
(415) 391-8460

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
Operations Office

DATE
11/8/76

NOTARIZATION OPTION - NOTARIZATION SPACE IS PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged the contents of this document to be his (her) (their) freely given act and deed.

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) JANEZ EVANS authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
JANEZ EVANS

C CLAIM NUMBER
531-26-7416

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47429-0

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO
423 6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PO BLY 15156 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE
[Signature]

DATE
11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
BANK OF AMERICA (CALIF.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47429-0

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
233 California Street San Francisco, CA 94111

DEPOSITOR ACCOUNT TITLE
JANEZ EVANS

ROUTING NUMBER
021000031

CHECK ORBIT
1

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 391-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
T & Manager

DATE
11-4-76

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT.
The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-3 (20)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Martha Evans authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Martha Evans

C CLAIM NUMBER
4116-20-6911 (SUFFIX)

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
712-6411

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C-47445-2
DEPOSITOR ACCOUNT NUMBER

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 Suburban Station N.Y.C. 10015

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: [Signature] DATE: 7/1/75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (N.Y.C.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C-47445-2
DEPOSITOR ACCOUNT NUMBER

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
100 Wall Street New York, N.Y. 10038

DEPOSITOR ACCOUNT TITLE
Martha Evans

ROUTING NUMBER
01100103

CHECK DIGIT
4

BRANCH DESIGNATION, IF APPLICABLE
100 WALL ST

TELEPHONE NUMBER
(212) 512-1114

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
Branch Manager

DATE
7/1/75

NOTARIZATION OFFICER: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-4 (21)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Marshall Ferris authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration) Marshall Ferris
C CLAIM NUMBER 479-05-3245
SUFFIX

D TYPE OF PAYMENT DIB
E PAYEE'S TELEPHONE NO. 422-6412
F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47425-8
DEPOSITOR ACCOUNT NUMBER

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
SIGNATURE Marshall Ferris **DATE** 1/5/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of America
TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47425-8
DEPOSITOR ACCOUNT NUMBER

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
233 California Street San Francisco, CA 94104

DEPOSITOR ACCOUNT TITLE Marshall Ferris
ROUTING NUMBER 02100003 **CHECK DIGIT** 7
BRANCH DESIGNATION, IF APPLICABLE San Francisco
TELEPHONE NUMBER (415) 391-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER William K. ... **TITLE** ... **DATE** 1/2/76

This authorization space is provided if required, there is no Federal notarization requirement. The payee(s) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 (we) JULIA M. GALES authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
JULIA M. GALES

C CLAIM NUMBER 551-36-7571 **SUFFIX** A

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47487-R

D TYPE OF PAYMENT DIB **E PAYEE'S TELEPHONE NO.** 433-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
 SIGNATURE: Julia M. Gales **DATE** 11/16/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION BANK OF MONTREAL (CANAD.) **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47487-R

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
555 California Street SAN FRANCISCO, CA

DEPOSITOR ACCOUNT TITLE
JULIA M. GALES

ROUTING NUMBER 02100003 **CHECK DIGIT** 7 **BRANCH DESIGNATION, IF APPLICABLE** SAN FRANCISCO
TELEPHONE NUMBER (415) 551-8000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **TITLE** [Title] **DATE** 11/16/76

FOR INFORMATION: FEDERAL GOVERNMENT SERVICE IS PROVIDED BY FINANCIAL ORGANIZATION MEMBER. THE PAYEE(S) CANNOT BE IDENTIFIED WITHOUT PROPERLY RECORDED FEDERAL GOVERNMENT IDENTIFICATION, AND OTHER BEING DULY ACKNOWLEDGED THIS TO BE THE CASE (SIGN) LEGALY GIVEN AND STAMP.

BENEFICIARY COPY

F-1-C-4 (23)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) JULIA M. GALES authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
C CLAIM NUMBER 551-36-7571 **SUFFIX** A
F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER

D TYPE OF PAYMENT SSA **E PAYEE'S TELEPHONE NO.** C 47487-8

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PL BOX 15156 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(ES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions) **DATE**
[Signature] [Date]

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION BANK OF MONTREAL (CALIF.) **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER C 47487-8

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California
DEPOSITOR ACCOUNT TITLE

ROUTING NUMBER 71100003 **CHECK DIGIT** 7 **BRANCH DESIGNATION, IF APPLICABLE**
SAN FRANCISCO
TELEPHONE NUMBER
(415) 391-8000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER **TITLE** **DATE**
[Signature] [Title] [Date]

NOTATION: IF YOUR ORGANIZATION OFFERS TO PROVIDE IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. This form (and Beneficiary Copy) when properly completed, signed, and notarized, is a legally binding agreement between the payee(s) named above and the financial organization named above, and, after being duly sworn, acknowledged this to be the true (their) freely given act and deed.

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Willie Mae Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Willie Mae Smith

C CLAIM NUMBER 100-1-100-100 **SUFFIX**

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
47478-9

D TYPE OF PAYMENT S **E PAYEE'S TELEPHONE NO.** 47478-9

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
100-1-100-100

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

SIGNATURE: [Signature] DATE: 11/10/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION First National Bank **F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
47478-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
100-1-100-100

DEPOSITOR ACCOUNT TITLE
Willie Mae Smith

ROUTING NUMBER 0001 **CHECK DIGIT** 1 **BRANCH DESIGNATION, IF APPLICABLE**

TELEPHONE NUMBER

SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **TITLE** Operations Officer **DATE** 11/10/76

NOTATION: CERTAIN JURISDICTIONS PROVIDE THAT IF REQUIRED BY FEDERAL REGULATION THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) beneficiary(ies) whose signature(s) appears above personally appeared before me, a Notary Public in and for the State of Missouri, and after being duly sworn, acknowledged this to be his (her) deed freely given and true.

Standard Form 1189
April 1978
Department of the Treasury
Social Security

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Willie Mae Gentry authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Willie Mae Gentry

C CLAIM NUMBER (SUFFIX)
7192-20-9114

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
007-9

D TYPE OF PAYMENT
SSI

E PAYEE'S TELEPHONE NO.
922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: [Signature] DATE: 11/10/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 21 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montecito (Calif)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
007-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St

DEPOSITOR ACCOUNT TITLE
Willie Mae Gentry

ROUTING NUMBER (CHECK ORBIT)
00010003

BRANCH DESIGNATION, IF APPLICABLE
SAN FRANCISCO

SIGNATURE OF FINANCIAL ORGANIZATION OFFICER (SEE INSTRUCTIONS)
[Signature]

TELEPHONE NUMBER
(415) 397-3060

DATE
11/10/78

This document is a form of the Social Security Administration. It is not valid unless it bears the official seal and signature of the authorized representative of the Social Security Administration. It is not valid if it is altered or if it is not signed by the authorized representative of the Social Security Administration.

BENEFICIARY COPY

F-101 (26)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) J. J. ... authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

C CLAIM NUMBER

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

D TYPE OF PAYMENT

E PAYEE'S TELEPHONE NO.

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

DATE

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

DEPOSITOR ACCOUNT TITLE

ROUTING NUMBER

CHECK DIGIT

BRANCH DESIGNATION, IF APPLICABLE

--	--	--	--	--	--	--	--	--	--

TELEPHONE NUMBER

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

TITLE

DATE

NOTARIZATION OFFICER: NOTARIZATION OFFICER IS PROVIDED, IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) and beneficiary(ies) whose signature(s) appear above personally appeared before me, a Notary Public, and after being duly sworn, acknowledged this to be his (their) free and voluntary act and deed.

BENEFICIARY COPY

F-1-C-1 (27)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 I (we) Mary Green authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Mary Green

C CLAIM NUMBER
425-44-3189

D TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
27420-7

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
422-7419

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 10406 S.F. FRANCISCO CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE
Mary Green

DATE
1/1/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Canada)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
27420-7

BRANCH ADDRESS (Number, Street, City, State, and Zip Code)
250 W. WASHINGTON ST. S.F. FRANCISCO CA 94104

DEPOSITOR ACCOUNT TITLE
MARY GREEN

ROUTING SLIP(S)
72103003

CHECK DIGIT
1

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 398-3400

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

DATE
1/1/76

IF AN AUTHORIZED OFFICIAL EMPLOYEE OF THE FEDERAL GOVERNMENT IS INVOLVED IN PROVIDING THESE SERVICES, THERE IS NO FEDERAL ACQUISITION REQUIREMENT. The payee/beneficiary must whose account(s) appears above personally inspect and approve the payee/beneficiary identification and other data on this form, acknowledge this as correct, and then freely give out and retain.

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Josephine Harris authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us), however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Josephine Harris

C CLAIM NUMBER
257-07-5114

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47514-9

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. BOX 15156 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: [Signature] DATE: 11-11-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47514-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
323 California St. San Francisco Ca 94114

DEPOSITOR ACCOUNT TITLE
Josephine Harris

ROUTING NUMBER
071000018

CHECK DEBIT

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 397-2010

RELATED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

DATE
11-11-76

NOTICE: THIS FORM IS PROVIDED BY THE SOCIAL SECURITY ADMINISTRATION. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT PERMISSION IN WRITING FROM THE SOCIAL SECURITY ADMINISTRATION.

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE:
I (we) Josephine Harris authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Josephine Harris

C CLAIM NUMBER
357-07-2118

D TYPE OF PAYMENT
SCF

E PAYEE'S TELEPHONE NO.
922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47514-9

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. BOX 15156, San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

SIGNATURE: [Signature] DATE: 11-11-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Calif.)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47514-9

J OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street, San Francisco Ca 94104

K DEPOSITOR ACCOUNT FILE
Josephine Harris

L ROUTING NUMBER
01100003

M CHECK DIGIT
7

N BRANCH DESIGNATION, IF APPLICABLE
San Francisco

O TELEPHONE NUMBER
(415) 397-8060

P AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL
[Signature] DATE: 11-11-76

The payee(s)/beneficiary(ies) whose signature(s) appears above is/are hereby notified that the financial organization designated herein is required to file with the Social Security Administration a copy of this authorization. If you have any questions, contact your local Social Security office.

RECEIVED

F-1-C-9 (30)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) MATIE B. HENDERSON authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)

MATIE B. HENDERSON

C CLAIM NUMBER

448-20-4977

BUFFIK

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C 47042-8

D TYPE OF PAYMENT

SSI

E PAYEE'S TELEPHONE NO.

923-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

PO Box 15156 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

Matie B. Henderson

DATE

1/6/75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

BANK OF AMERICA (CALIF.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

C 47042-8

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

101 Marina Street SAN FRANCISCO, CA 94104

DEPOSITOR ACCOUNT TITLE

ROUTING NUMBER

121001

CHECK OR DIT

1

BRANCH DESIGNATION, IF APPLICABLE

San Francisco

TELEPHONE NUMBER

799-5660

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

John Kelly

TITLE

Branch Manager

DATE

1/6/75

NOTARIZATION REQUIRED. NOTARIZATION IS REQUIRED BY FEDERAL REGULATION. THE PAYEE(S) MUST BE PERSONALLY APPEARED BEFORE A NOTARY PUBLIC WHOSE SIGNATURE AND SEAL MUST BE AFFIXED TO THIS FORM. THE PAYEE(S) MUST SIGN AND DATE THIS FORM IN THE PRESENCE OF THE NOTARY PUBLIC. THE NOTARY PUBLIC MUST SIGN AND DATE THIS FORM IN THE PRESENCE OF THE PAYEE(S).

BENEFICIARY COPY

F-1-C-1 (31)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) MATTIE B. HENDERSON authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

MATTIE B. HENDERSON

C CLAIM NUMBER

448-20-4717

D SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

G DEPOSITOR ACCOUNT NUMBER

C 47042-8

D TYPE OF PAYMENT

SSA

E PAYEE'S TELEPHONE NO.

923-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

PO Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS (See instructions)

Mattie B. Henderson

DATE

11/2/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR, Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of Montreal

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

J DEPOSITOR ACCOUNT NUMBER

C 47042-8

K OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

333 California St San Francisco, CA 94104

L DEPOSITOR ACCOUNT TITLE

M ROUTING NUMBER

113190005

N CHECK OR DRAFT

1

O BRANCH DESIGNATION, IF APPLICABLE

San Francisco

P TELEPHONE NUMBER

415-391-8060

Q AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[Signature]

R TITLE

1st Manager

S DATE

1/2/79

NOTARIZATION - NONE. NOTARIZATION SPACE AS PROVIDED IS RETURNED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The physical signature (and whose signature) appears above previously appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged this to be his (her) check. Truly sworn and said above.

BENEFICIARY COPY

F-1-C-8 (50)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

(we) MARCEL HINES

authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

MARCEL HINES

C CLAIM NUMBER

513 33 1756

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47433-9

D TYPE OF PAYMENT

SSA

E PAYEE'S TELEPHONE NO.

922 6419

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

PO Box 15156 - SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

MARCEL HINES

DATE

11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

First National Bank

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47433-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

1000 Market Street, San Francisco, CA 94102

DEPOSITOR ACCOUNT TYPE

Checking

ROUTING NUMBER

07100003

CHECK DIGIT

1

BRANCH DESIGNATION, IF APPLICABLE

San Francisco

TELEPHONE NUMBER

415 398 0600

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[Signature]

TITLE

T. Manager

DATE

11-4-76

NOTARIZATION OPTION: (NOTARIZATION SPACE IS PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, a Notary Public, and after being duly sworn, acknowledged this to be his (her) own act and deed.

BENEFICIARY COPY

F-1-C-4 (33)

PLEASE PRINT
SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) MAURICE HINES authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
MAURICE HINES

C CLAIM NUMBER 573-22-1756 **SUFFIX**

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47433-9

D TYPE OF PAYMENT S.S.A. **E PAYEE'S TELEPHONE NO.** 722-4478

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. 15156, S.W. FRODOCT, CA

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE MAURICE HINES **DATE** 11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION First National Bank **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47433-9

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 N. ...

DEPOSITOR ACCOUNT TITLE
MAURICE HINES

ROOTING NUMBER 101031 **CHECK DIGIT** 7 **BRANCH DESIGNATION, IF APPLICABLE**

TELEPHONE NUMBER 111-375-5500

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **TITLE** VP & Manager **DATE** 11-4-76

NOTARIZATION OF THIS NOTARIZATION SPACE IS PROVIDED IF REQUIRED IF THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. This covered/beneficiary (and whose signature(s) appears hereon) hereby certifies that he/she has presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY F-1-C-3 (34)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Rosa Mae Hines authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Rosa Mae Hines

C CLAIM NUMBER
458-16-3265 SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47485-1

D TYPE OF PAYMENT
DIB

E PAYEE'S TELEPHONE NO.
422 0418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: Rosa Mae Hines DATE: 11/1/74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of California (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47485-1

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St. San Francisco, Ca. 94104

DEPOSITOR ACCOUNT TITLE
Rosa Mae Hines

ROUTING NUMBER
12100003

CHECK DIGIT
1

BRANCH DESIGNATION, IF APPLICABLE
SAN FRANCISCO

TELEPHONE NUMBER
(415) 391-9060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER DATE: 11/1/74

NOTARIZATION: OUTSIDE NOTARIZATION SPACE IS PROVIDED IF REQUIRED. STREETS IN NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) designated herein (person(s) appearing above) hereby agrees (I hereby agree) before me, my official capacity, and, after being duly sworn, acknowledged this to be his (my) (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-4 (35)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE (Last, first, and middle initials)
 (we) Clara H. Jackson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Clara H. Jackson

C CLAIM NUMBER 438-01-9940 **SUFFIX** A

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 474436

D TYPE OF PAYMENT SSI **E PAYEE'S TELEPHONE NO.** 923-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions) **DATE**
[Signature] 1/14/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to this (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION **J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Bank of Montreal (Calif.) Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 474436

K ADDRESS OF FINANCIAL ORGANIZATION (Number, Street, City, State, and Zip Code)
333 California St. San Francisco, Ca. 94104

L DEPOSITOR ACCOUNT TITLE
Clara H. Jackson

M ROUTING SLIP(S) NUMBER (Last four digits) **N BRANCH DESIGNATION, IF APPLICABLE**
121004021 San Francisco

O TELEPHONE NUMBER
(415) 391-8060

P AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER **DATE**
[Signature] 1/14/76

NOTATION: OPTION OF AUTOMATIC DEBIT IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s) beneficiary(ies) whose account(s) is/are above personally expressed before me, their satisfactory identification, and signed this form, authorizing this to be done.

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Clara H. Jackson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Clara H. Jackson

C CLAIM NUMBER
438-01-9940 SUFFIX A

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER

D TYPE OF PAYMENT
SCA

E PAYEE'S TELEPHONE NO.
922-4418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. BOX 15156 San Francisco, Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
SIGNATURE: [Signature] DATE: 1/6/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit funds for the payee(s) named herein, in accordance with 51 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Canada)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 17403-1

K OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St San Francisco, Ca 94104

L DEPOSITOR ACCOUNT TITLE
Clara H. Jackson

M BRANCH NUMBER
121000009

N CHECK FIRST

O BRANCH DESIGNATION, IF APPLICABLE
SAN FRANCISCO

P TELEPHONE NUMBER
(415) 391-8060

Q AUTHORIZED SIGNATURE OF BRANCH ORGANIZATION OFFICER
[Signature] DATE: 1/6/78

R ORGANIZATION SYSTEMS, ACTIVITIES, AND SERVICES PROVIDED BY REQUIRED THEREIN TO THE DEPOSITOR AND BENEFICIARY(IES) HAVE PREVIOUSLY BEEN REVIEWED BY THE DEPARTMENT OF THE TREASURY AND APPROVED BY THE SOCIAL SECURITY ADMINISTRATION. THIS AUTHORIZATION IS NOT VALID UNLESS IT IS SIGNED BY AN OFFICER OF THE FINANCIAL ORGANIZATION AND THE SOCIAL SECURITY ADMINISTRATION.

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE

I (we) Margaret James authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us), however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Margaret James

C CLAIM NUMBER

174-115-6941

SUFFIX

D TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

E DEPOSITOR ACCOUNT NUMBER

C-47413-5

D TYPE OF PAYMENT

SSA

E PAYEE'S TELEPHONE NO.

977-6117

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. BOX 15154, San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

Margaret James

DATE

11/10/77

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of Montreal (Canada)

D TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

E DEPOSITOR ACCOUNT NUMBER

C-47413-5

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

333 California St. San Francisco, Ca. 94104

DEPOSITOR ACCOUNT TITLE

Margaret James

ROUTING NUMBER

72100003

CHECK DIGIT

7

BRANCH DESIGNATION, IF APPLICABLE

SAN FRANCISCO

TELEPHONE NUMBER

(415) 791-3060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

[Signature]

TITLE

Director of Operations

DATE

11/10/77

NOTATION: THIS OFFICE AND PERSONS IDENTIFIED THEREIN ARE SUBJECTS OF FEDERAL SECURITY AND FEDERAL ORGANIZATION REQUIREMENTS. THE CONTAINERS (IF ANY) WHICH ACCOMPANY THIS FORM SHOULD BE OPENED ONLY BY PERSONS AUTHORIZED TO DO SO. THIS FORM IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.

BENEFICIARY COPY

F-1-C-1 (38)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Margaret James authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Margaret James

C CLAIM NUMBER
1734476-8941 (SUFFIX)

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47483-5

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
925-4916

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
P.O. Box 15150 San Francisco Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
Margaret James

DATE
1/10/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47483-5

ADDRESS (Name, Street, City, State, and Zip Code)
333 California St. San Francisco Ca. 94104

DEPOSITOR ACCOUNT NAME
Margaret James

ACCOUNT NUMBER
16100003

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 391-1060

SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
Margaret James

TITLE
Manager

DATE
1/10/78

THIS FORM IS NOT VALID UNLESS IT ACCOMPANIES A CHECK OR OTHER PAYMENT. THERE IS NO FEDERAL REGISTRATION REQUIREMENT FOR DEPOSITORS. DEPOSITORS ARE NOT TO BE HELD RESPONSIBLE FOR ANY LOSS OF PAYMENTS. DEPOSITORS SHOULD KEEP THIS FORM FOR THEIR RECORDS AND, AFTER MAKING SUCH RECORDS, ACKNOWLEDGE THIS TO THE SOCIAL SECURITY ADMINISTRATION.

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

I, Cornelia Johnson, authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting an my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

A NAME OF PAYEE(S) Cornelia Johnson
B NAME OF BENEFICIARY(IES) (the person(s) entitled to receive benefits) Cornelia Johnson
C CLAIM NUMBER 434-22-3953 SUFFIX B
F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED C 47501-1
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER

D TYPE OF PAYMENT DIB E PAYEE'S TELEPHONE NO. 932-4418

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code) P.O. BOX 15156 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: [Signature] DATE: 11/1-78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I TYPE AND NUMBER OF DEPOSITION ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47501-1
DEPOSITOR ACCOUNT NUMBER

NAME OF FINANCIAL ORGANIZATION BANK OF MONTREAL (CAN)
OFFICE ADDRESS (Name, Street, City, State, and Zip Code) 555 California Street

DEPOSITOR ACCOUNT TITLE Cornelia Johnson
ROUTING NUMBER 012100031 BRANCH DESIGNATION, IF APPLICABLE SAN FRANCISCO
TELEPHONE NUMBER (415) 397-8000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] DATE 11/1-78

THE FINANCIAL ORGANIZATION SHOWN OR PROVIDED BY REQUESTOR, THERE IS NO FEDERAL GUARANTEE OR INSURANCE. THE FINANCIAL ORGANIZATION SHOULD BE CONTACTED FOR MORE INFORMATION. (The financial organization designated herein shall remain liable for any payment errors.)

BENEFICIARY COPY

F-1-C-# (40)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) ANNIE JONES authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration) <u>ANNIE JONES</u>	C CLAIM NUMBER <u>432-42-8870</u>	D SUFFIX
D TYPE OF PAYMENT <u>SSI</u>	E PAYEE'S TELEPHONE NO. <u>922-6418</u>	F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 217035-S</u>

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PO Box 15156 SAN FRANCISCO, CA. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: [Signature] DATE: 1/1/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION <u>BANK OF MONTREAL</u>	TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 47435-S</u>
OFFICE ADDRESS (Number, Street, City, State, and Zip Code) <u>333 CALIFORNIA STREET SAN FRANCISCO, CA. 94104</u>	
ROUTING SLIP ① ② ③ ④ ⑤ ⑥ ⑦ ⑧ ⑨ ⑩ <u>1 2 7 0 0 0 3 1</u>	BRANCH DESIGNATION, IF APPLICABLE <u>SAN FRANCISCO</u> TELEPHONE NUMBER <u>(415) 391-8060</u>
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER <u>[Signature]</u>	TITLE <u>[Title]</u> DATE <u>[Date]</u>

REMARKS: FINANCIAL ORGANIZATION OFFICER'S SIGNATURE AND TITLE ARE REQUIRED IF THERE IS NO FEDERAL ORGANIZATION REQUIREMENT. THE PAYEE(S) BENEFICIARY(IES) WHOSE SIGNATURE(S) APPEARS ABOVE CAREFULLY REVIEWED BEFORE SIGNING THIS AUTHORIZATION AND, OTHER THAN THE SIGNATURE, ACKNOWLEDGED THIS AS THEIR OWN. THIS IS NOT A RECEIPT FOR PAYMENT.

BENEFICIARY COPY F-1-C-1 (M)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S) W. J. Jones authorize and request the Social Security Administration to direct the full amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration) W. J. Jones **C CLAIM NUMBER** 432-42-8780 **SUFFIX**

D TYPE OF PAYMENT RA **E PAYEE'S TELEPHONE NO.** 915-6412 **F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED** Enter "C" if Checking Account or "S" if Savings Account C 47035-5

G MAKING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code) 4 BOX 1576, SAUTRAIRICO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions) **DATE** 1/1/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of America **I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED** Enter "C" if Checking Account or "S" if Savings Account C 47035-5

DEPOSITOR ACCOUNT NUMBER 47035-5

BRANCH DESIGNATION, IF APPLICABLE SAUTRAIRICO **TELEPHONE NUMBER** (415) 947-2000

DATE 1/1/78

REPRESENTATIVE OFFICIAL SIGNATURE [Signature] **DATE** 1/1/78

REPRESENTATIVE OFFICIAL TITLE [Title]

BENEFICIARY COPY F-1-C (42)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 (we) Emma Juarez authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Emma Juarez

C CLAIM NUMBER
434-24-0616

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
87475-2

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
922-6419

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
P.O. BOX 15156 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

DATE
11/10/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America (Calif.)

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
8706-2

ADDRESS OF FINANCIAL ORGANIZATION (Name, Street, City, State, and Zip Code)
222 Montgomery Street San Francisco CA 94104

IDENTIFIED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

CHECK DIGIT
7

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 397-2260

TITLE
Operations Officer

DATE
11/10/76

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) named above has (have) authorized spaces above personally approved by the payee(s) named above. The payee(s) named above has (have) provided identification and the dated copy of this authorization to the SSA. (See Instructions for details.)

BENEFICIARY COPY

F-1-C-8 (A3)

Standard Form 100
April 1974
Department of the Treasury
Social Security Administration

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE/BENEFICIARY
I (we) Emma Jane Jurado authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

C CLAIM NUMBER

15 SUFFIX

Emma Jane Jurado

494-24-0676

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

D TYPE OF PAYMENT

E PAYEE'S TELEPHONE NO.

SSI

922-7648

C

000-2

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 15156, San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

DATE

[Signature]

[Signature]

11/27/74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Bank of Montreal (Calif.)

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

333 Calvario St, San Francisco Ca 94104

C

000-2

K BRANCH DESIGNATION, IF APPLICABLE

San Francisco

1270-2400

TELEPHONE NUMBER

(415) 391-5000

[Signature]

DATE

11/27/74

[Signature]

THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE. IF THE PAYEE/BENEFICIARY IS A MINOR, THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE. IF THE PAYEE/BENEFICIARY IS A MINOR, THIS AUTHORIZATION IS VALID FOR ONE YEAR FROM THE DATE OF SIGNATURE.

BENEFICIARY CODE

F-1-C-1 (44)

Standard Form 1040
April 1976
Department of the Treasury
Washington, D.C. 20548

PLEASE PRINT
(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE
 (Last, first, middle initial)
 Margaret Lucy authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (No person entitled to receive benefits from the Social Security Administration)
 Margaret Lucy

C CLAIM NUMBER
 451-32-8176

D TYPE OF PAYMENT
 RETH

E PAYEE'S TELEPHONE NO.
 972-6419

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
 DEPOSITOR ACCOUNT NUMBER
 C 474517

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
 P.O. BOX 15156 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
 SIGNATURE: [Signature] DATE: 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 231. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
 Bank of America (BNA)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
 DEPOSITOR ACCOUNT NUMBER
 C 474517

K OFFICE ADDRESS (Name, Street, City, State, and Zip Code)
 300 California St. San Francisco CA 94104

L POSTAL ACCOUNT NO.
 Margaret Lucy

M ROUTING SLIP(S) (Check one)
 DIRECT DEPOSIT OTHER DEPOSIT

N BRANCH DESIGNATION, IF APPLICABLE
 San Francisco
 TELEPHONE NUMBER
 (415) 771-7060

O AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
 [Signature] DATE: 11/4/76

P AUTHORIZATION OR CANCELS AUTHORIZATION SERVICE PROVIDED, IF REQUIRED, THERE IS NO RETURN NOTIFICATION REQUIREMENT. The payee(s) beneficiary(ies) named above (including the Social Security Administration) reserves the right to cancel this authorization by notice to the payee(s) beneficiary(ies) named above.

BENEFICIARY COPY

F-1-C-1 (45)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Gordon E. Lockett authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Gordon E. Lockett

C CLAIM NUMBER
442 09 2299

SUFFIX
None

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47473-8

D TYPE OF PAYMENT
SSI

E PAYEE'S TELEPHONE NO
922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
311 Bona 15156 S. I. E. ... CA 91111

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: Gordon E. Lockett DATE: 1/6

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47473-8

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 ...

DEPOSITOR ACCOUNT TITLE
Gordon E. Lockett

ROUTING NUMBER
2100018

CHECK DIGIT
1

BRANCH DESIGNATION, IF APPLICABLE
...

TELEPHONE NUMBER
(415) 351-...

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature] TITLE: ... DATE: 1/6

NON-ORGANIZATION OFFICER AUTHORIZATION SERVICE IS PROVIDED IF REQUIRED WHERE NO FEDERAL AUTHORIZATION REQUIREMENT.
The Government/insurer/creditor whose signature appears above previously approved before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be the (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-4 (46)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE (ITEMS A THROUGH H)

A NAME OF PAYEE(S)
I (we) Louis Jean Lucas authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration.) <u>Louis Jean Lucas</u>	C CLAIM NUMBER <u>507-28-7089</u>	SUFFIX
D TYPE OF PAYMENT <u>SSI</u>	E PAYEE'S TELEPHONE NO. <u>922-6418</u>	F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 47008-7</u>
G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code) <u>PO Box 1010 San Francisco CA 94115</u>		
H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)		DATE
SIGNATURE <u>Louis Jean Lucas</u>		SIGNATURE <u>[Signature]</u>
		DATE <u>1/10/76</u>

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION <u>Bank of Montreal (Can)</u>	J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 47008-7</u>	
K OFFICE ADDRESS (Number, Street, City, State, and Zip Code) <u>733 California St San Francisco CA 94114</u>		
L DEPOSITOR ACCOUNT TITLE <u>Louis Jean Lucas</u>		
M ROUTING NUMBER <u>19100003</u>	N CHECK DIGIT <u>1</u>	O BRANCH DESIGNATION, IF APPLICABLE <u>[Blank]</u>
P AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER <u>[Signature]</u>		Q TITLE <u>[Signature]</u>
		R DATE <u>1/10/76</u>

NOTARIZATION OF THIS NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) free and true act and deed.

BENEFICIARY COPY

F-1-C-4 (47)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Lucas Juan Lucas authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Lucas Juan Lucas

C CLAIM NUMBER (SUFFIX)
507-28-7188

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47408-7

D TYPE OF PAYMENT
S-H

E PAYEE'S TELEPHONE NO
415-6417

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: [Signature] DATE: 1/13

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America (California)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 2790087

ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street San Francisco, CA 94104

DEPOSITOR ACCOUNT TITLE
Lucas Juan Lucas

ROUTING NUMBER
721000023

CHECK OR DIT

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 771-5000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
[Title]

DATE
1/13

NOTARIZATION OF THIS NOTARIZATION SPACE IS PROVIDED IF REQUIRED THERE IS NO FEDERAL NOTARIZATION REQUIREMENT.
The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Levatus Mc Kinnis authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Levatus Mc Kinnis

C CLAIM NUMBER
437-20-9264 SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C-47488-6

D TYPE OF PAYMENT
GA

E PAYEE'S TELEPHONE NO
722-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PO Box 15756 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions) **DATE**
[Signature] 1/14/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Canada)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C-47488-6

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St San Francisco CA 94104

DEPOSITOR ACCOUNT TITLE
Levatus Mc Kinnis

ROUTING NUMBER
770100010

TELEPHONE NUMBER
391-8160

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
[Title] **DATE**
1/14/76

NOTARIZATION OF THIS AUTHORIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The officer/beneficiary must whose signature(s) appears above personally appear before me, present satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) truly given act and deed.

BENEFICIARY COPY

F-1-C-8 (19)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE:
I (we) Fairy L. Norwood authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Fairy L. Norwood

C CLAIM NUMBER 560-3L-2728 **SUFFIX**
E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C-474495
DEPOSITOR ACCOUNT NUMBER

D TYPE OF PAYMENT SST **E PAYEE'S TELEPHONE NO.** 922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESS(S) (see instructions)
Fairy L. Norwood **DATE** 11-4-72

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Montreal **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
C-474495
DEPOSITOR ACCOUNT NUMBER

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
233 Main Street San Francisco Ca. 94114

DEPOSITOR ACCOUNT TITLE
ROUTING NUMBER 21000003 **CHECK DIGIT** 3 **BRANCH DESIGNATION, IF APPLICABLE**
San Francisco
TELEPHONE NUMBER (415) 394-8000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **TITLE** VP in Charge **DATE** 11-4-72

NOTARIZATION OF SIGNATURE BY FINANCIAL ORGANIZATION OFFICER IS PROVIDED, IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appear above personally observed above, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) freely given act and deed.

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 I (we) Endis Robinson authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Endis Robinson

C CLAIM NUMBER
415-16-3923

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47446-0

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. BOX 15156, San Francisco, Ca. 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: Endis Robinson DATE: 11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 206, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Calif)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47446-0

J OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St., San Francisco, Ca. 94104

K DEPOSITOR ACCOUNT TITLE
Endis Robinson

L ROUTING NUMBER
43100003

M CHECK DIGIT
4

N BRANCH DESIGNATION, IF APPLICABLE
San Francisco

O TELEPHONE NUMBER
(415) 391-9060

P AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
U. P. Hunter

Q TITLE
U. P. Hunter

R DATE
11-4-76

VERIFICATION: CERTAIN INFORMATION SHOULD BE PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged the truth of the facts stated herein.

BENEFICIARY COPY

F-1-C-1 (51)

Standard Form 1000
April 1976
Department of the Treasury
Social Security

PLEASE PRINT
(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S) I (we) <u>ENLIS ROBINSON</u> authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).	
B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration.) <u>ENLIS ROBINSON</u>	C CLAIM NUMBER <u>416-76-3923</u>
D TYPE OF PAYMENT <u>SSI</u>	E PAYEE'S TELEPHONE NO. <u>923-6418</u>
G MAILING ADDRESS OF PAYEE (Home, Street, City, State, and Zip Code) <u>P.O. BOX 15156 SAN FRANCISCO CA 94115</u>	F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 47446-0</u>
H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)	
SIGNATURE: <u>[Signature]</u> DATE: <u>11-4-76</u>	

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 840, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION <u>BANK OF MONTREAL (CAN)</u>	TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 47446-0</u>
OFFICE ADDRESS (Home, Street, City, State, and Zip Code) <u>3 CALTECH AVENUE STREET SAN FRANCISCO CA 94104</u>	DEPOSITOR ACCOUNT TITLE
ROUTING NUMBER <u>02100003</u>	CHECK ONLY
AUTHORIZED SIGNATURE <u>[Signature]</u>	BRANCH DESIGNATION, IF APPLICABLE <u>SAN FRANCISCO</u>
TELEPHONE NUMBER <u>(415) 391-8000</u>	DATE <u>11-4-76</u>

NOTIFICATION: OPTION NOTIFICATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s) whose signature appears on this form is personally responsible for the accuracy of the information provided and shall be held liable for any errors or omissions. Part (this) form is not valid unless signed.

BENEFICIARY.COM

F-1-C-1 (52)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Fannie Ryan authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Fannie Ryan

C CLAIM NUMBER
9450-24-4561

D BUFFER
A

E TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C

F DEPOSITOR ACCOUNT NUMBER
47452-5

D TYPE OF PAYMENT
S.S.A.

E PAYEE'S TELEPHONE NO.
722-6419

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 45156 San Francisco, CA 94116

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
SIGNATURE: [Signature] DATE: 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Canada)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C

K DEPOSITOR ACCOUNT NUMBER
97452-5

L BRANCH ADDRESS (Number, Street, City, State, and Zip Code)
335 California St., San Francisco, Ca 94104

M DEPOSITOR ACCOUNT TITLE
Fannie Ryan

N ROUTING NUMBER
001100003

O BRANCH DESIGNATION, IF APPLICABLE
SAN FRANCISCO

P AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

Q TITLE
VP & MANAGER

R DATE
11/4/76

S AUTHORIZATION OF THIS ORGANIZATION SPONSOR IS REQUIRED IF REQUIRED THERE IS NO FEDERAL NOTIFICATION REQUIREMENT IN EFFECT (Beneficiary) unless designated below personally indicated failure to provide satisfactory identification, and, after the due date, acknowledged this to be the true check) freely given and valid.

Standard Form 2100
Use on both sides

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Faunie Ryan authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Faunie Ryan

C SOCIAL SECURITY NUMBER 450-24-4561 **SUFFIX** H

D TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER 474525

D TYPE OF PAYMENT SSI **E PAYEE'S TELEPHONE NO.** 922-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15136 - San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE [Signature] **DATE** 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 42 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Montreal (California) **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER 474525

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
33 California Street - San Francisco Ca 94111

DEPOSITOR ACCOUNT TITLE Faunie Ryan

BRANCH DESIGNATION, IF APPLICABLE SAN FRANCISCO, CA

TELEPHONE NUMBER (415) 397-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **DATE** 11/4/76

TITLE OF FINANCIAL ORGANIZATION OFFICER Operations Officer

ORGANIZATION OFFICER IDENTIFICATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL ORGANIZATION REQUIREMENT. The payee(s) beneficiary (ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and after being fully advised, acknowledged this to be his (her) (their) true and correct signature(s).

BENEFICIARY COPY

F-1-C-4 (54)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Nettie B. Chexnaylor authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Nettie B. Chexnaylor

C CLAIM NUMBER
518-14-5696

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER
47490-8

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
722-6417

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 151, ...

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: [Signature] DATE: 1/16/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of North Carolina

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER
47490-8

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
... 94110

DEPOSITOR ACCOUNT TITLE
Nettie Chexnaylor

ROUTING NUMBER
101000021

BRANCH DESIGNATION, IF APPLICABLE
...

TELEPHONE NUMBER
(451) 341-3060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
...

DATE
1/16/76

THE FINANCIAL ORGANIZATION'S AUTHORIZATION IS VOID IF PROVIDED IF REQUIRED, THERE IS NO FEDERAL IDENTIFICATION REQUIREMENT. THE PAYEE/BENEFICIARY(IES) WHOSE SIGNATURE(S) APPEARS ABOVE PERSONALLY APPEARED BEFORE THE FINANCIAL ORGANIZATION OFFICER, WHOSE SIGNATURE(S) APPEARS ABOVE, AND AFTER BEING DULY SWORN, ACKNOWLEDGED THIS TO BE HIS (THEIR) TRULY GIVEN ACT AND DEED.

BENEFICIARY COPY

F-1-C-4 (55)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
(Last, first, middle initial)
Pauline Simon authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Pauline Simon
C CLAIM NUMBER
349-24-7562
SUFFIX
F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
D DEPOSITOR ACCOUNT NUMBER
47515-7

D TYPE OF PAYMENT
SSI
E PAYEE'S TELEPHONE NO.
922-1413

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 1596 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
DATE
11-11-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Canada)
J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
K DEPOSITOR ACCOUNT NUMBER
47515-7

L ADDRESS (Number, Street, City, State, and Zip Code)
322 California St. San Francisco CA 94104

M BRANCH DESIGNATION, IF APPLICABLE
San Francisco (415) 371-2060

N AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
DATE
11-11-76

This form and instructions are provided by the Department of the Treasury, Social Security Administration. The payee(s) named herein is/are authorized to receive payments from the Social Security Administration. The payee(s) named herein is/are authorized to receive payments from the Social Security Administration. The payee(s) named herein is/are authorized to receive payments from the Social Security Administration.

GENERAL COPY

F-1-C-1 (56)

Standard Form 1289
April 1975
Department of the Treasury
Social Security Administration

PLEASE PRINT
(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S) I (we) <u>Allertha Smith</u> authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).	
B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration) <u>Allertha Smith</u>	C CLAIM NUMBER <u>354-12-9658</u>
D TYPE OF PAYMENT <u>I</u>	E PAYEE'S TELEPHONE NO. <u>722-6418</u>
F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 47023-1</u>	
G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code) <u>P.O. Box 15156 San Francisco, CA 94114</u>	
H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions) <u>Allertha Smith</u>	DATE <u>11/2/76</u>

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION <u>Bank of America (Nat)</u>	TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account DEPOSITOR ACCOUNT NUMBER <u>C 47023-1</u>
OFFICE ADDRESS (Number, Street, City, State, and Zip Code) <u>333 California Street San Francisco, CA 94114</u>	
DEPOSITOR ACCOUNT TITLE <u>Allertha Smith</u>	CHECK DIGIT <u>1</u>
BRANCH DESIGNATION, IF APPLICABLE <u>San Francisco</u>	TELEPHONE NUMBER <u>(415) 341-8060</u>
AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER <u>William K...</u>	TITLE <u>Director</u>
DATE <u>11/2/76</u>	

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) (beneficiary(ies)) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged this to be his (her) (their) free and voluntary act and deed.

BENEFICIARY COPY

F-1-C-4 (57)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Albertina Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us), however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration) <u>Albertina Smith</u>	C CLAIM NUMBER <u>358-62-9658</u>	SUFFIX
	F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account	
	DEPOSITOR ACCOUNT NUMBER <u>47423-1</u>	

D TYPE OF PAYMENT <u>SSA</u>	E PAYEE'S TELEPHONE NO. <u>931-1118</u>	C	<u>47423-1</u>
--	---	----------	----------------

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
1012 1/2 St. Francis St. Sacramento, CA 95815

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)	DATE
<u>Albertina Smith</u>	<u>4/15/74</u>

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization, and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION <u>Bank of America (California)</u>	F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED Enter "C" if Checking Account or "S" if Savings Account
	DEPOSITOR ACCOUNT NUMBER <u>C 47423-1</u>

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St. Sacramento, CA 95811

DEPOSITOR ACCOUNT TITLE <u>Albertina Smith</u>	ROUTING NUMBER <u>78100100</u>	CHECK OR DIT <input checked="" type="checkbox"/>	BRANCH DESIGNATION, IF APPLICABLE <u>1012 1/2 St. Sacramento</u>
			TELEPHONE NUMBER <u>(415) 931-8060</u>

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER <u>[Signature]</u>	TITLE <u>Manager</u>	DATE <u>4/15/74</u>
---	--------------------------------	-------------------------------

NOTARIZATION NOTE: NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

Standard Form 100
April 1975
Department of the Treasury
Social Security

PLEASE PRINT
SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Carl J. Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Carl J. Smith

C CLAIM NUMBER

436-42-5428

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47450-9

D TYPE OF PAYMENT

SSA

E PAYEE'S TELEPHONE NO.

922-6412

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and ZIP Code)

P.O. Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

SIGNATURE

X

SIGNATURE

DATE

11/4/75

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of Montreal (Unit)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47450-9

OFFICE ADDRESS (Number, Street, City, State, and ZIP Code)

333 California Street San Francisco, CA 94104

DEPOSITOR ACCOUNT TITLE

Carl J. Smith

ROUTING SLIP

18100003

CHECK DIGIT

1

BRANCH DESIGNATION, IF APPLICABLE

San Francisco (415) 391-2060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

Alan Muller

TITLE

Operations Officer

DATE

11/4/75

NOTARIZATION OF FINANCIAL ORGANIZATION OFFICER IS REQUIRED BY REGULATION. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. This document is not valid unless signed and sealed before a Notary Public. The Notary Public must be duly sworn, acknowledged this to be his (her) free and voluntary act and deed.

BENEFICIARY COPY

F-1-C-4 (59)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Gazella T. Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Gazella T. Smith

C CLAIM NUMBER (SUFFIX)
439-42-5438

D TYPE OF PAYMENT SSI **E PAYEE'S TELEPHONE NO.** 922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47450-9

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15158 SAN FRANCISCO, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: X DATE: 11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
BANK OF AMSTERDAM (AMU)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47450-9

K OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
355 California Street SAN FRANCISCO, CA 94104

L DEPOSITOR ACCOUNT TITLE

M ROUTING SLIP NUMBER **N CHECK OR DRAFT** **O BRANCH DESIGNATION, IF APPLICABLE**
1 2 3 4 5 6 7 8 9 0 1 SAN FRANCISCO

P AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER **Q TITLE** **R DATE**
Mr. Miller Operations Officer 11/4/76

S NOTATION OPTION: NOTIFICATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTIFICATION REQUIREMENT.
The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification and, after being fully advised, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-8 (60)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Teraz Smith authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Teraz Smith

C CLAIM NUMBER 563-04-2020 **SUFFIX**

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER 47426-6

D TYPE OF PAYMENT SSA **E PAYEE'S TELEPHONE NO.** 122-6418

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)
SIGNATURE [Signature] **DATE** 11-3-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payee(s) credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Montreal (Canada) **I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER 47426-6

OFFICE ADDRESS (Name, Street, City, State, and Zip Code)
1000 California Street, San Francisco, CA 94114

ROUTING NUMBER 01100001 **CHECK DROP** **BRANCH DESIGNATION, IF APPLICABLE** San Francisco

TELEPHONE NUMBER (415) 341-5060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER [Signature] **DATE** 11-3-76

THE FINANCIAL ORGANIZATION SPACE IS PROVIDED IF REQUIRED BY AN INDIVIDUAL OR FEDERAL ORGANIZATION REQUIREMENT. THE PAYEE(S) WHOSE SIGNATURE(S) APPEARS ABOVE PERSONALLY APPEARED BEFORE ME, RECEIVED SATISFACTORY IDENTIFICATION, and, after being duly sworn, acknowledged this to be true and their family name and last name.

BENEFICIARY COPY F-1-C-2(6)

Standard Form 1189
April 1976
Department of the Treasury
Social Security Administration

PLEASE PRINT
THIS OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Perez Smith (Alberta Smith) authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive payments from the Social Security Administration)
Perez Smith (Alberta Smith)

C CLAIM NUMBER
563 04 2020

D TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 97426-6

D TYPE OF PAYMENT
SSI

E PAYEE'S TELEPHONE NO.
422-6-118

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PO Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: [Signature] DATE: 11-3-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 51 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America (C.A.)

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 97426-6

J BRANCH DESIGNATION, IF APPLICABLE
333 California Street San Francisco, CA 94104

K DEPOSITOR ACCOUNT TYPE
C Perez Smith

L TELEPHONE NUMBER
(415) 391-8060

M AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

N TITLE
OPERATIONS OFFICER DATE: 11-3-76

NOTATION: IF THE ORGANIZATION SPACE IS PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally approved before SSA the need satisfactory identification, and after being duly sworn, acknowledged and so on the SSA.

BENEFICIARY COPY

F-1-C-1 (62)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
(we) Carolyn Willis authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Carolyn Willis

C CLAIM NUMBER SUFFIX
018-24-2585

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47440-1

D TYPE OF PAYMENT **E PAYEE'S TELEPHONE NO.**
SSI 922-6478

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
PO Box 1156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions) **DATE**
Signature: Carolyn Willis Date: 1/16

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION **J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Bank of Montreal (Canada) Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47440-1

K OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California Street San Francisco, CA 94104

L DEPOSITOR ACCOUNT TITLE
Carolyn Willis

M ROUTING NUMBER **N CHECK DIGIT** **O BRANCH DESIGNATION, IF APPLICABLE**
021000033 1 San Francisco

P TELEPHONE NUMBER
(415) 341-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER **DATE**
Signature: [Signature] Date: 1/16

NOTARIZATION OPTION NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s) whose signature(s) appear(s) above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) truly given act and deed.

Standard Form 1189
April 1975
Department of the Treasury
Social Security

PLEASE PRINT
(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Aaron Washington authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (the person(s) entitled to receive benefits from the Social Security Administration)
Aaron Washington

C CLAIM NUMBER (SUFFIX)
433-12-0680

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
D DEPOSITOR ACCOUNT NUMBER
C 47444-4

D TYPE OF PAYMENT
SSI

E PAYEE'S TELEPHONE NO.
922-6419

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE: _____ DATE: 11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 21 CFR Parts 240, 204, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Calif)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
D DEPOSITOR ACCOUNT NUMBER
C 47444-4

I OFFICE ADDRESS (Name, Street, City, State, and Zip Code)
333 California Street San Francisco, CA 94104

J DEPOSITOR ACCOUNT TITLE
Aaron Washington

K MONTHLY PAYMENT (Enter amount in dollars and cents)
1090.00

CHECK ORBIT

BRANCH DESIGNATION, IF APPLICABLE
SAN FRANCISCO
TELEPHONE NUMBER
(415) 397-8260

L AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
K. L. Miller

TITLE
V.P. MANAGER DATE: 11-4-76

Notarization of Officer, Notary Public, or Notary Public, if required, is required. There is no Federal authorization, endorsement, or certification of this form. This form is not a contract. It is a document which is subject to the laws of the State of California.

BENEFICIARY COPY

F-1-Cd (64)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)

I (we) Aaron Washington authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Aaron Washington

C CLAIM NUMBER

433-72-0630

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

G DEPOSITOR ACCOUNT NUMBER

C 47444-4

D TYPE OF PAYMENT

SSA

E PAYEE'S TELEPHONE NO.

932-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

P.O. Box 15156 San Francisco CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

Aaron Washington

11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of America (Calif.)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

G DEPOSITOR ACCOUNT NUMBER

C 47444-4

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

533 California San Francisco CA 94104

DEPOSITOR ACCOUNT TITLE

Aaron Washington

ROUTING NUMBER

12100003

CHECK DIGIT

1

BRANCH DESIGNATION, IF APPLICABLE

SAN FRANCISCO

TELEPHONE NUMBER

(415) 391-8000

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

John Miller

TITLE

V.P. MANAGER

DATE

11-4-76

NOTATION: OFFICE NOTATIONS OR SPECIALS PROVIDED, IF REQUIRED, THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s) named above (and whose signature(s) appear above personally appeared before me, a notary public, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-6 (65)

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Bernice K. White authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Bernice K. White

C CLAIM NUMBER
438-20-1164

D TYPE OF PAYMENT
S.I.

E PAYEE'S TELEPHONE NO.
432-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47491-6

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P. Box 45156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: Bernice K. White DATE: 11/6/74

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 204, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of America (Calif)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 47491-6

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
333 California St San Francisco Ca 94114

DEPOSITOR ACCOUNT TITLE
Bernice K. White

ACCOUNT NUMBER
701000003

CHECK OR DUIT
C

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 295-2061

SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
[Title]

DATE
11/1/74

AUTHORIZATION OF THIS SIGNATURE SPACE IS PROVIDED IF REQUIRED, THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-1 (66)

PLEASE PRINT

(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Henry Wright authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Henry Wright

C CLAIM NUMBER
311 19 28 42-7055

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47457-6

D TYPE OF PAYMENT
SSI

E PAYEE'S TELEPHONE NO.
922-6417

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 15156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: X Henry Wright DATE: 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 47427-6

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
1-333 California San Francisco Ca 94104

DEPOSITOR ACCOUNT TITLE
Henry Wright

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 391-2060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
Alan Miller

TITLE
VP & MANAGER

DATE
11/27/76

NOTARIZATION OPTION: NOTARIZATION SPACE IS PROVIDED IF REQUIRED BY THE FEDERAL GOVERNMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY F-1-C-4 (67)

Standard Form 1134
April 1974
Department of the Treasury
Social Service

PLEASE PRINT
SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
 I, Lorng Wright, authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Lorng Wright

C CLAIM NUMBER
411-37-7655

D TYPE OF PAYMENT
SA

E PAYEE'S TELEPHONE NO.
922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 474574

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
P.O. Box 5156 San Francisco Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)

SIGNATURE
Lorng Wright

SIGNATURE

DATE
11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 206, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (California)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
 Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C 474576

ADDRESS (Name, Street, City, State, and Zip Code)
322 California St, San Francisco, Ca 94104

DEPOSITOR ACCOUNT TITLE
Lorng Wright

CHECK DEBIT
 YES NO

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NO.
(415) 394-5060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
[Signature]

TITLE
VP & Manager

DATE

NOTARIZATION (OPTIONAL) (NOTARIZATION SPACE IS PROVIDED IF REQUIRED BY FEDERAL NOTARIZATION REGULATION. The official/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged the contents of this document to be true and correct.)

BENEFICIARY COPY F-1-C-1 (68)

84 = 4286 - 2018

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
(we) Blair D. Winkler authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Blair D. Winkler

C CLAIM NUMBER
433-34-2984
D TYPE OF PAYMENT
SSI
E PAYEE'S TELEPHONE NO.
1-922-6412

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
G DEPOSITOR ACCOUNT NUMBER
C 47439-8

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
Blair D. Winkler
I DATE
1-4-76

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
[Signature]
I DATE
1-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (Canada)

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
K DEPOSITOR ACCOUNT NUMBER
C 47439-8

L ADDRESS OF FINANCIAL ORGANIZATION
333 California Street San Francisco Ca 94104

M DEPOSITOR ACCOUNT TYPE
Blair D. Winkler
N BRANCH DESIGNATION, IF APPLICABLE
San Francisco

N BRANCH DESIGNATION, IF APPLICABLE
San Francisco
O TELEPHONE NUMBER
(415) 391-8000

P AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICIAL
[Signature]
Q TITLE
VP & MANAGER

Q TITLE
VP & MANAGER
R DATE
1-4-76

S NOTARIZATION OPTION: NOTARIZATION SPACE (PROVIDER IF REQUIRED - THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appear above personally appeared before me, a Notary Public, and she (they) acknowledged this to be his (her) (their) free and voluntary act.)

BENEFICIARY COPY

F-1-C-1 (69)

Standard Form 1134
April 1975
Department of the Treasury
Social Security

PLEASE PRINT
SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
I (we) Blanche Washington authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (This person(s) entitled to receive benefits from the Social Security Administration)
Blanche Washington

C CLAIM NUMBER 403-24-254 **SUFFIX**

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER C 47439-8

D TYPE OF PAYMENT SSA **E PAYEE'S TELEPHONE NO.** 1922 6418

G MAILING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
PO Box 1576 San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE (PAYEE OR WITNESSES) (see instructions)
Blanche Washington **DATE** 11-4-76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named herein has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION Bank of Montreal (can) **J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER C 47439-8

K OFFICE ADDRESS (Name, Street, City, State, and Zip Code)
California St San Francisco, CA 94104

L DEPOSITOR ACCOUNT TITLE Blanche Washington

M BRANCH DESIGNATION, IF APPLICABLE San Francisco, CA

N TELEPHONE NUMBER (415) 391-9060

O AUTHORIZED REPRESENTATIVE OF FINANCIAL ORGANIZATION (Name, Title)
John Miller **P TITLE** VP **DATE** 11-4-76

NOTIFICATION OFFICE NOTIFICATION SPACE (REQUIRED IF REQUIRED, THERE IS NO FEDERAL NOTIFICATION REQUIREMENT)
The payee(s) beneficiary (ies) whose signature(s) appear(s) above previously appeared before me, and satisfactory identification and other facts were ascertained to be true to the best of my (their) knowledge and belief.

BENEFICIARY COPY

F-1-C-9 (90)

Standard Form 1288
April 1976
Department of the Treasury
Social Security

PLEASE PRINT
SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE: I (we) Theo Williams authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The persons entitled to receive benefits from the Social Security Administration)
Theo Williams

C CLAIM NUMBER 454-03-7056 **SUFFIX** A

D TYPE OF PAYMENT SSH **E PAYEE'S TELEPHONE NO.** 922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER C 47460-6

G MAKING ADDRESS OF PAYEE (Name, Street, City, State, and Zip Code)
P.O. Box 15156, San Francisco, Ca 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)
SIGNATURE Theo Williams **DATE** 11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 306, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION Bank of Montreal (Canada) **TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER C 47460-6

OFFICE ADDRESS (Name, Street, City, State, and Zip Code)
333 California St, San Francisco, Ca 94104

DEPOSITOR ACCOUNT TITLE Theo Williams

ROUTING NUMBER 02100003 **CHECK ORBIT** 1 **BRANCH DESIGNATION, IF APPLICABLE** SAN FRANCISCO

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER V. S. Kelly **TITLE** VP OPERATIONS **DATE** 11/4/76

TELEPHONE NUMBER (415) 391-5060

NOTARIZATION OFFICER NOTIFICATION OFFICE (PROVIDED IF REQUIRED, WHERE IS AND FEDERAL NOTARIZATION REQUIREMENT) (The official (beneficiary) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and, after being duly sworn, acknowledged that he (she) (they) freely gave act and deed.)

BENEFICIARY COPY F-1-C-A (71)

Standard Form 1150
April 1976
Department of the Treasury
Social Security Administration

PLEASE PRINT

SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH M

A NAME OF PAYEE(S)

I (we) Theo Williams authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)

Theo Williams

C CLAIM NUMBER

454-03-8056

SUFFIX

H

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47460-6

D TYPE OF PAYMENT

SST

E PAYEE'S TELEPHONE NO.

992-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

PO Box 15156, San Francisco, CA 94115

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE
X Theo Williams

SIGNATURE
DATE
11/4/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 200, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization, and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION

Bank of Montreal (Canada)

TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED

Enter "C" if Checking Account or "S" if Savings Account

DEPOSITOR ACCOUNT NUMBER

C 47460-6

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)

333 California St., San Francisco

DEPOSITOR ACCOUNT TITLE

Theo Williams

POSTING NUMBER

121000003

CHECK ORBIT

14

BRANCH DESIGNATION, IF APPLICABLE

San Francisco

TELEPHONE NUMBER

(415) 391-8060

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER

X [Signature]

TITLE

Operations Officer

DATE

11/4/76

NOTARIZATION OF FINANCIAL ORGANIZATION OFFICER IS PROVIDED IF REQUIRED: THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The financial organization whose signature(s) appear(s) above must be properly licensed before the financial organization officer presents satisfactory identification, and after doing so, must acknowledge this to be true. (See) (their) book, given out and used.

BENEFICIARY COPY

F-1-G# (2)

Revised 11/1/78
April 1978
Department of the Treasury
Social Security Administration

PLEASE PRINT
SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE: Lee Ethel Young authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting in my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Lee Ethel Young

C CLAIM NUMBER
439-04-5579

DUFFIX

E TYPE OF PAYMENT
CSA

F PAYEE'S TELEPHONE NO.
972-6412

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C-2174387

G MAILING ADDRESS OF PAYEE (Street, City, State, and Zip Code)
P.O. Box 1576 San Francisco CA 94116

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See Instructions)
SIGNATURE Lee Ethel Young
DATE 1/14/78

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 208, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION
Bank of America

J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C-474347

K OFFICE ADDRESS (Street, City, State, and Zip Code)
3 California St, San Francisco CA 94104

L DEPOSITOR ACCOUNT TITLE
Lee Ethel Young

M ROUTING SLIP(S) TO FINANCIAL ORGANIZATION
111001021

N BRANCH DESIGNATION, IF APPLICABLE
TELEPHONE NUMBER
(415) 391-2060

O AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
Lee Ethel Young

P TITLE
1/14/78

NOTATION: IF THE FINANCIAL ORGANIZATION OFFICER IS PROVIDED BY SECURED, THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appears above personally appeared before me, presented satisfactory identification, and after being duly sworn, acknowledged the contents of this document to be true and correct. (Indicate date and time.)

BENEFICIARY COPY

F-1-CA (93)

Form SS-100
April 1978
Department of the Treasury
Social Security Administration

PLEASE PRINT
(SEE OTHER SIDE FOR INSTRUCTIONS)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
(we) Geneva Bell authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Geneva Bell

C CLAIM NUMBER
617-541214

D TYPE OF PAYMENT
SSA

E PAYEE'S TELEPHONE NO.
922-6418

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 070223

G DEPOSITOR ACCOUNT NUMBER
070223

H MAILING ADDRESS OF PAYEE(BENEFICIARY) (Street, City, State, and Zip Code)
PO Box 75156 San Francisco, Ca. 94115

I SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE Geneva Bell **DATE** 1/11

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above will (will not) reserve the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

J NAME OF FINANCIAL ORGANIZATION
Bank of Montreal (USA)

K TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C 070223

L MAILING ADDRESS OF FINANCIAL ORGANIZATION (Street, City, State, and Zip Code)
California St San Francisco Ca. 94104

M DEPOSITOR ACCOUNT NAME
Geneva Bell

N CHECK DEBIT **O BRANCH DESIGNATION, IF APPLICABLE**
San Francisco

P TELEPHONE NUMBER
(415) 391-2060

Q AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER **R TITLE** **S DATE**
[Signature] Branch Officer 1/11

REPLICATION OF THIS AUTHORIZATION IS PROHIBITED, UNLESS THERE IS NO FEDERAL NOTIFICATION REQUIREMENT. The payee(s) designated herein must sign and submit this form personally, as indicated below. The payee(s) designated herein must also sign and submit this form, as indicated below. The payee(s) designated herein must also sign and submit this form, as indicated below.

BENEFICIARY COPY

F-1-C-1 (94)

Standard Form 1289
April 1976
Department of the Treasury
Social Service

PLEASE PRINT
SEE OTHER SIDE FOR INSTRUCTIONS

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE
I (we) Jessie Boyd authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us); however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Jessie Boyd

C CLAIM NUMBER
411-28-8417

SUFFIX

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C
DEPOSITOR ACCOUNT NUMBER
27032-0

D TYPE OF PAYMENT
DIC

E PAYEE'S TELEPHONE NO.
415-6418

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)
P.O. Box 295126 San Francisco, Ca 94117

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (See instructions)

SIGNATURE
Jessie Boyd

DATE
1/1/76

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

NAME OF FINANCIAL ORGANIZATION
First National Bank

I TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
C
DEPOSITOR ACCOUNT NUMBER
415702-6

OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
255 California Street, San Francisco, Ca 94114

DEPOSITOR ACCOUNT TITLE
Individual

ROUTING NUMBER
071001211

CHECK DIGIT
1

BRANCH DESIGNATION, IF APPLICABLE
San Francisco

TELEPHONE NUMBER
(415) 271-2000

NAME AND SIGNATURE OF FINANCIAL ORGANIZATION OFFICER
J. J. [Signature]

DATE
1/1/76

INSTITUTIONS WHERE IDENTIFICATION IS PROVIDED AS REQUIRED, THERE IS NO FEDERAL IDENTIFICATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appear(s) above hereby agree(s) to the terms and conditions of this authorization and, after being duly sworn, acknowledged this to be his (her) (their) freely given act and deed.

BENEFICIARY COPY

F-1-C-4 (10)

AUTHORIZATION FOR DEPOSIT OF SOCIAL SECURITY PAYMENTS

PAYEE/BENEFICIARY TO COMPLETE ITEMS A THROUGH H

A NAME OF PAYEE(S)
(we) Jessie Boyd authorize and request the Social Security Administration to direct the net amount of the below indicated Federal recurring payment for crediting to my (our) account indicated at the financial organization designated below. This authorization is not an assignment of my (our) right to receive payment and revokes all prior payment direction notifications applicable to these payments. I (we) understand that the financial organization designated reserves the right to cancel this agreement by notice to me (us), however, this authorization will remain in effect with SSA until canceled by notice from me (us).

B NAME OF BENEFICIARY(IES) (The person(s) entitled to receive benefits from the Social Security Administration)
Jessie Boyd

C CLAIM NUMBER 461-25-8417 **BUFFET**

F TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C-47122-0

D TYPE OF PAYMENT **E PAYEE'S TELEPHONE NO.** 202-471-2200

G MAILING ADDRESS OF PAYEE (Number, Street, City, State, and Zip Code)

H SIGNATURE OF BENEFICIARY(IES) OR AUTHORIZED REPRESENTATIVE PAYEE OR WITNESSES (see instructions)

SIGNATURE: Jessie Boyd SIGNATURE: Adm. Serv. Div. DATE: 1/1

FINANCIAL ORGANIZATION TO COMPLETE BELOW THIS LINE

We, the below designated financial organization, hereby agree to receive and deposit sums for the payee(s) named herein, in accordance with 31 CFR Parts 240, 209, and 210. We understand that our account number shown for the payee(s) named herein will be included as additional identification on individual payment credits to his (their) account. We understand that the payee(s) named above has (have) the right to cancel this authorization and we reserve the right to cancel this agreement by notice to the payee(s).

I NAME OF FINANCIAL ORGANIZATION Bank of Montreal **J TYPE AND NUMBER OF DEPOSITOR ACCOUNT TO BE CREDITED**
Enter "C" if Checking Account or "S" if Savings Account
DEPOSITOR ACCOUNT NUMBER
C-500000000

K OFFICE ADDRESS (Number, Street, City, State, and Zip Code)
1000 Avenue de la Comm. - Montreal, P.Q. H3C 2K4

L DEPOSITOR ACCOUNT TITLE

M ACCOUNT NUMBER **N CHECK ORBIT** **O BRANCH DESIGNATION, IF APPLICABLE**
1000 1 1000

P TELEPHONE NUMBER
514-393-1111

AUTHORIZED SIGNATURE OF FINANCIAL ORGANIZATION OFFICER **Q TITLE** **R DATE**

S NOTARIZATION OPTION NOTARIZATION SPACE IS PROVIDED IF REQUIRED. THERE IS NO FEDERAL NOTARIZATION REQUIREMENT. The payee(s)/beneficiary(ies) whose signature(s) appear(s) above personally executed before me, appeared satisfactory identification, and, after being duly sworn, acknowledged this to be his (her) (their) free and true act and deed.

BANK OF MONTREAL
 323 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 351-8000, EXT. 224

Bank of Montreal 
 (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT	
07/15/77	08/19/77	
ACC. NO. NUMBER		
CO-47315-7		
EXCESS TO CODE	NUMBER OF ENTRIES	PAGE NO.
M	2	3

LORENE DAVIS
 P.O. BOX 15158
 SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR
 BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
CI	18350	CI	18350	18350	27881	00	18350
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
	18350	818				26780	822
CP	18350	802				18350	818
						18350	
						ENDING BALANCE	

SERVICES FOR YOUR
 CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
- SAFE DEPOSIT
- CHECKING ACCOUNTS
- SAVING ACCOUNTS
- TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN
 CANADA, EUROPE
 CENTRAL AND
 SOUTH AMERICA,
 JAPAN AND HONG KONG

- DP Deposit
- DM Deposit Memo
- DR Deposit Reversal
- CR Credit Memo
- CR Credit Reversal
- OC Overdraft Charge
- CH NSF Charge
- OD Account Overdrawn
- SC Service Charge
- XC XMAS Club Debit
- LP Loan Payment
- PA Standby Payment
- SR Standby Payment Reversal
- AA Standby Advance
- SP Standby Payoff
- ST Misc Standby Credit
- SD Misc Standby Debit
- * Sequence Break

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

Please check this statement promptly. Any errors, omissions or omissions found therein should be reported within 15 days of delivery of mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR
 IMPORTANT INFORMATION

F-1-C-8 (7)

BANK OF MONTREAL
 233 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 224



STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT	
07/19/77	08/19/77	
ACCOUNT NUMBER		
00-47395-2		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO.
M	2	1

LUCILLA JOHNSON
 P.O. BOX 15156
 SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR
 BALANCING YOUR ACCOUNT

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
C1	6840	C1	6840	6840	10270	00	6840
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	6840	8/18				13680	8/20
	6840	8/22				6840	8/18
						6840	
						ENDING BALANCE	

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
- FREE POSTAGE ON MAIL DEPOSITS
- TRAVELERS CHECKS
- MONEY ORDERS
- SERIES "E" BONDS
- CHRISTMAS CLUB ACCOUNTS
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- CHECKING ACCOUNTS
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AFFILIATES IN
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 SOUTH AMERICA,
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- DP Deposit
 DM Debit Memo
 DR Debit Reversal
 CM Credit Memo
 CR Credit Reversal
 OC Overdraft Charge
 CH NSF Charge
 OD Account Overdrawn
 SC Service Charge
 XC XMAS Club Debit
 LP Loan Payment
 PA Standby Payment
 SR Standby Payment Reversal
 AA Standby Advance
 SP Standby Payoff
 ST Misc Standby Credit
 SD Misc Standby Debit
 * Sequence Break

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE Balance on Which Finance Charge Was Computed PERIODIC RATE Day's Cycle Annual Percentage Rate

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F-1-C-A (78)

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 224

Bank of Montreal 
 (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT	
07/19/77	08/15/77	
ACCOUNT NUMBER		
00-47402-5		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO.
Y	4	1

WASHINGTON SANDERS
 P.O. BOX 15156
 SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR
 BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
03	175000	01	27790	73792	101331	00	121002
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
120	50000	802				88792	ED2
121	30000	802				73792	ED8
122	15000	818					
DP	27790	802					
						73792	
						ENDING BALANCE	

SERVICES FOR YOUR
 CONVENIENCE

- COMMERCIAL LOANS
- INSTALMENT LOANS
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- LP Loan Payment
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STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE Balance on which Finance Charge Was Computing PERIODIC RATE Day in Cycle Annual Percentage Rate

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SEE REVERSE SIDE FOR

F-1-G-1(79)

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
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 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 224

Bank of Montreal 
 (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT
07/15/77	08/15/77
ACCOUNT NUMBER	
00-474CB-8	
DISPOSITION CODE	PAGE NO.
M	1

FAZLE NEWELL
 P.O. BOX 15156
 SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR
 BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
CC		CC	00	00	10000	00	10000
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						10000	

SERVICES FOR YOUR CONVENIENCE

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 SD Misc Standby Debit
 • Sequence Break

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				
		CREDIT LINE		Balance on Which Finance Charge Was Computed		PERIODIC RATE	Day in Cycle	Annual Percentage Rate	

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SEE REVERSE SIDE FOR

1-CA (80)

BANK OF MONTREAL
 223 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
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 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 224

Bank of Montreal 
 (California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT		DATE OF THIS STATEMENT	
07/19/77		08/19/77	
ACCOUNT NUMBER			
00-47433-9			
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO.	
N	5	1	

MABEL E. FINES
 P.O. BOX 15156
 SAN FRANCISCO, CA 94115

USE REVERSE SIDE FOR
 BALANCING YOUR ACCOUNT.

CHECKING ACCOUNT ACTIVITY

Checks and Other Debits		Deposits and Other Credits		LOW BALANCE	Average Balance	Service Charge	Beginning Balance
No.	Amount	No.	Amount				
CB	12440	C1	22240	1164	10475	00	1164
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
		1030	808			23404	802
		5380	809			22404	808
		1000	810			17024	809
		1701	810			14323	810
		172	815			13151	815
		1000	815			12222	816
		529	816			10954	816
		1258	817				817
DP	22240	802					
						ENDING BALANCE	10564

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
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- SD Misc Standby Debit
- * Sequence Break

STANDBY CREDIT ACCOUNT ACTIVITY

DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	ADVANCE/DEBIT	DATE	PAYMENT/CREDIT

STANDBY CREDIT ACCOUNT STATUS

Beginning Balance	Adjustments	ADVANCES		PAYMENTS		FINANCE CHARGE	CREDIT LIFE	Ending Balance	AVAILABLE CREDIT
		No.	Amount	No.	Amount				

CREDIT LINE Balance on which Finance Charge was Computed PERIODIC RATE Days in Cycle Annual Percentage Rate

Please check this statement promptly. Any errors, irregularities or omissions found therein should be reported within 15 days of delivery or mailing, otherwise it will be considered correct. Prompt notification of any change of address would be appreciated.

SEE REVERSE SIDE FOR

1-1-1 (81)

FID

MONTHLY TRANSFERABLE INCOME

		1	2
		US \$	G \$
1	As of JUNE 1, 1978:		
2			
3	TOTAL MONTHLY INCOME	99,063.88	1,248,773.39
4	ACTUAL MONTHLY INCOME	45,230.72	1,151,212.23
5	DIFFERENCE	33,833.16	97,561.16
6			
7	TOTAL BACK CHECKS DUE	33,079.88	852,129.97
8	# OF PEOPLE WITH BACK CHECKS DUE - 29		
9	# OF PEOPLE WITH TRANSFERABLE INCOME - 210		
10			
11			
12			
13			
14			
15			
16	As of MARCH 1, 1978:		
17			
18	TOTAL MONTHLY INCOME	44,033.51	1,130,663.72
19	ACTUAL MONTHLY INCOME	23,394.34	816,213.35
20	DIFFERENCE	11,639.17	314,450.37
21			
22	TOTAL BACK CHECKS DUE	57,612.90	1,416,631.35
23	# OF PEOPLE WITH BACK CHECKS DUE - 62		
24	# OF PEOPLE WITH TRANSFERABLE INCOME - 188		
25			
26			
27			
28			
29			
30			
31	COMPARISON OF INCREASES/DECREASES IN		
32	THREE MONTHS - MARCH 1 to JUNE 1, 1978:		
33			
34	TOTAL MONTHLY INCOME	+ 44,033.51	+ 1,130,663.72
35	ACTUAL MONTHLY INCOME	+ 23,394.34	+ 816,213.35
36	DIFFERENCE	- 4,756.01	- 152,993.20
37			
38	TOTAL BACK CHECKS DUE	- 34,133.02	- 6,122,336.28
39	# OF PEOPLE WITH BACK CHECKS DUE - 33		
40	# OF PEOPLE WITH TRANSFERABLE INCOME - 22		

4802 - Ref
8802 - Green

F-10-4-1-a

TOTAL BACK PAYMENTS DUE
AS OF JUNE 1, 1978

\$ 164.10	Luberta Arnold 1
94.50	Geraldine Bailey 1
756.80	Georgianne Brady 11
367.87	Lucioes Bryant 1
3,139.20	Inez Conedy 9
350.00	Burgor Lee Dean 7
7,786.56	James Edwards 16
313.50	Eugenia Germandt 6
305.40	Claude Goodspeed 1
1,286.60	Heloise Hall 7
1,597.50	Eyvonne Hayden 9
274.35	Gladys Jackson 1
189.00	Leticia Jackson 5
189.00	Rosa Jackson 5
1,222.10	Eartis Jeffery 11
1,194.30	Helen Johnson 9
2,242.90	Jessie Johnson 11
1,028.70	Lovelife Lowe 9
365.40	Ida Mae Lee 9
1,710.00	Helen Love 9
210.80	Lovie Jean Lucas 2
699.30	Annie McGowan 6
1,045.26	Viola Moton 6
994.50	Amanda Poindexter (Ever Rejoicing) 5
1,222.50	Abraham Staten 3
1,015.20	Virginia Taylor 9
1,053.60	Essie Townes 8
2,049.60	Louise Williams 8
611.34	Carol Young 6

***TOTAL U.S. \$33,479.88

***TOTAL G \$85,212.99

1-b
F-1-D-f (2)

TOTAL TRANSFERABLE INCOME
AS OF JUNE 1, 1978

\$494.00	Steve Addison
232.20	Ida Albury
100.13	Lillian Alexander
479.00	" "
156.50	Orelia Anderson
460.73	Samuel Anderson
170.60	" "
216.00	Vivian Anderson
164.10	Luberta Arnold
118.80	Ruth Atkins
94.50	Geraldine Bailey
364.84	" "
754.00	Christine Bates
251.00	" "
183.90	Geneva Beal
308.00	Al Bell
192.50	Ethel Belle
151.70	Julia Birkley
110.00	Odell Blackwell
464.68	Earnestine Blair
256.00	Don Bower
165.80	Willie Bowie
68.80	Georgiann Brady
236.00	Michaeleen Brady
68.80	Michelle Brady
346.70	Miller Bridgewater
44.40	" "
270.40	Madeleine Brooks
367.87	Lucioes Bryant
103.60	Lena Camp (Benton)
181.00	Mildred Carroll (Mercer)
112.60	Joicy Clark
33.00	Nancy Clay
307.90	" "
211.00	Ruby Carroll
193.20	" " (for Children)
229.10	Ida Clips

1-c
F-1-D-4 (8)

\$ 176.50	Alma Coachman (Thomas)
69.00	Arlander Cole
321.90	" "
182.80	Arvella Cole
113.60	Mary Coleman
175.80	Susie Collins
48.40	Inez Conedy
348.80	" "
196.20	Bertha Cook
146.50	Edith Cordell
203.81	" "
128.10	Mary Cottingham
115.40	Millie Cunningham
97.25	" "
118.60	Najuandrienne Darnes
237.20	" " (for children)
331.00	Hazel Dashiell
201.25	" "
133.00	Barbara Davis
296.00	Lexie Davis
233.50	Beatrice Dawkins
50.00	Burgor Lee Dean
292.60	Edith Delaney
296.52	" "
123.00	Lovie DePina
275.30	Miguel DePina
193.30	Bessie Dickson
331.00	Katherine Domineck
132.80	Farene Douglas
100.30	Corrie Duncan
108.30	Irene Eddins
486.66	James Edwards
218.80	Zipporah Edwards
160.00	Amanda Fair
349.80	Sylvester Fair
223.31	" "
41.00	Marshall Farris
357.70	" "
214.21	" "
264.20	Beulah Foster

1-2
F-1-D-9 (4)

\$ 156.40	Eugenia Gernandt
52.25	" "
33.72	" "
153.30	Mattie Gibson
125.10	Betty Jean Gill
313.13	Claude Goodspeed
140.70	" "
133.30	Lue Dimple Goodspeed
104.30	Mae Griffith
117.60	Mercedes Guidry
124.73	" "
30.78	" "
350.70	Carl Hall
183.80	Heloise Hall
183.50	Artee Harper
273.20	Ollie Harrington
137.80	Annie Harris
61.00	Dorothy Harris
164.10	" "
95.30	Josephine Harris
105.00	Magnolia Harris
176.60	Nevada Harris
164.10	Willie Harris
177.50	Eyvonne Hayden
140.10	Joseph Helle
170.70	Mattie Henderson
240.40	Nena Herring
137.20	Emma Hill
133.00	Osialee Hilton
114.30	Hazel Horne
745.20	Judy and Patricia Houston
183.70	Beatrice Jackson
140.30	Dave Jackson
464.50	Don Jackson
17.00	Gladys Jackson
265.76	" "
56.60	Leticia Jackson
122.90	Luvenia Jackson
56.60	Rosa Jackson
102.70	Lavana James

1-c
F-1-D-4 (2)

\$ 307.70	Margrette James
111.10	Eartis Jeffery
284.26	" "
125.80	" "
61.90	Margrette Jeffery
50.40	Berda Johnson
106.60	" "
122.00	Earl Johnson
418.31	" "
229.30	Garnett Johnson
132.70	Helen Johnson
203.90	Jessie Johnson
222.50	Mahaley Johnson
329.70	Robert Johnson
288.50	" "
198.90	Ruby Johnson
114.30	Eliza Jones
84.70	Nancy Jones
174.70	Dessie Jordan
197.10	Fannie Jordan
330.50	Rosa Keaton
321.60	Tommie Keaton
226.50	Elfreida Kendall
189.50	Emma Kennedy
112.00	Charlotte King
145.30	Georgia Lacy
22.50	Pearl Land
174.70	" "
107.30	Lossie Lang
225.40	Lisa Layton
40.60	Ida Mae Lee
206.10	" " "
197.00	Gordon Lockett
114.30	Lovelife Lowe
190.00	Helen Love
105.40	Lovie Jean Lucas
106.60	Allie McClain
116.55	Annie McGowan
192.10	" "
191.88	L.V. McKinnis

1-5
F-1-D-1 (2)

\$ 387.20	L.V. McKinnis
259.70	Earl McKinght
24.61	Lillian Malloy
233.00	" "
187.40	Irene Mason
201.30	Mary Mayshack
290.30	Henry Mercer
64.80	Lucy Miller
95.30	Callie Mitchell
193.60	Edward Moore
75.10	Pearly Morris
138.00	Lugenia Morrison
138.00	" " (for children)
211.50	Eura Moses
269.60	Glen Moton
6.25	" "
174.21	Viola Moton
153.30	Esther Mueller
170.40	Gertrude Nailor
114.30	Ida Nichols
267.00	Fairy Norwood
141.00	Zelline O'Bryant
404.09	Bea Orsot
146.80	Jane Owens
331.60	Beatrice Parker
206.40	Lore B. Parris
121.10	Edith Parks
236.00	Lucille Payney
152.50	Lenora Perkins
166.90	Rose Peterson
198.90	Amanda Poindexter (Ever Rejoicing)
337.70	Green Poplin
207.70	" "
50.29	Eva Pugh
429.70	" "
196.20	Estélla Railback
105.20	Willie Reed
205.90	Bertha Reese
253.40	L. Bee Reeves
275.80	Odell Rhodes

F-1-D-1 ¹⁻³ (3)

\$ 112.50	Odenia Roberson	
266.90	Gladys Roberts	
248.70	Mary F. Rodgers	
50.00	Mary J. Rodgers	
244.20	Edith Roller	
106.60	Elsie Ross	
174.00	Flora Sanders	
154.20	Pauline Scott	
171.50	Rose O. Sharon	
317.59	Rose Shelton	
253.40	Jose Simon	
204.00	Bertha Smith	
242.00	Eloise Sneed	
103.50	Novella Sneed	
103.71	Willie Sneed	
200.00	Helen Snell	
39.00	Alfred Stahl	
290.20	" "	
148.10	Bonnie Stahl	
366.80	Abraham Staten	
407.50	" "	
78.30	Ameal Staten	
106.60	" "	
239.70	Adeline Strider	
269.81	Cleve Swinney	
263.00	" "	
51.70	Vera Talley	
194.00	Lucille Taylor	\$199.20 Lillian Taylor
112.80	Virginia Taylor	
90.10	Bernice Thomas	
286.00	" "	
39.50	" "	
331.60	Earnest Thomas	
142.00	" "	
41.00	Gabriel Thomas	
189.40	Etta Thompson	
103.10	Vennie Thompson	
228.70	Catherine Thrash	
23.10	" "	
131.70	Essie Townes	

1-h
F-1-74 (8)

\$ 352.60	Al Tschetter
126.50	Martha Turner
218.45	Mary Walker
110.20	" "
115.10	Annie Washington
203.90	Eddie Washington
96.90	Bessie Wesley
256.20	Louise Williams
109.30	Syola Williams
201.10	Theo Williams
102.90	Erma Winfrey
106.98	Dorothy Worley
216.20	" "
24.60	Leomy Wright
73.80	" " (for children)
161.90	Carol Young
144.70	Lula Ruben

***TOTAL U.S. \$49,063.88

***TOTAL G \$124,877.39

141
F+1-D-1 (9)

RESUME OF LAURA R. JOHNSTON

P.O. Box 439
Redwood Valley, California
707-462-1461 days

F-1-D-2A (S)

Since coming to the West Coast six years ago, I have been more and more impressed by the positive and creative ideas of the people here. In my own field of Social Work, and in the related areas of human service, I am anxious to be more a part of the overall planning. San Francisco has been well-known for progress in many different areas, for many years. I'd like to contribute my thoughts and my energy into maintaining this fine reputation, on a meaningful level.

F-1-D-2^b(2)

Name: Laura R. Johnston

Address: P.O. Box 439, Redwood Valley, California

Phone: (707) 462-1461 during working hours
485-7877 after working hours

Age: 28 years old, birthday is 10-22-47

Marital Status: single without any children

Place of Birth: Washington, D. C.

Interests: My primary interests are studying trends in Social Work, reading, working with children as a Big Sister, or tutor, traveling, writing short stories and reading poetry.
I mentioned traveling because I've traveled to Europe several times, and also to Mexico and other parts of Latin America. I enjoyed the insight I got from the trips as well as the experience of traveling through different nations.

Education: Twinbrook Elementary School, Rockville, Maryland
Richard Montgomery High School, Rockville, Maryland
Bethesda-Chevy-Chase High School, Bethesda, Maryland
University of Bridgeport, Bridgeport, Connecticut
In all my studies, I was in College Prep and Academic classes, and throughout my high school and college days, I always was involved in extra-curricular activities.

Employment: Social Work I have been in different positions in Social Work for the last seven years, since leaving college. In addition to my experience with the Welfare branch, while in school, I was involved in the teaching aspect of human service.

F-1-D-2(B)

Resume of Laura R. Johnston (continued)

Employment:
(continued)

I have been employed for five and a half years by the Mendocino County Department of Social Services, as an Eligibility Worker, and office Translator. The present salary is \$10,462 a year. I've passed the promotional Merit System Exams, and I am awaiting appointment now, as the job openings occur. My employment with this Department started in August, 1970.

From November, 1968 until February, 1970, I was employed as a Case Aide, and Translator for the State of Connecticut Welfare Department, in Bridgeport, Connecticut.

While in College, I worked in various capacities under the Poverty program. I directed an Arts, Crafts, Tutoring and Recreation project in a local Bridgeport low-income housing project. This job lasted during the school year, as part time work, for several years. I also taught as a Head Start teacher during the summer, and directed full time summer programs for the housing project residents. This was my first introduction to the field I was later to choose as my full-time profession.

Employment Skills: My skills are: Typing 50 wpm., Class 2 Driver's license, Fluent Spanish (Certified by the County of Los Angeles), Calculator, Ditto machine.

F-1-D-2²(A)

J O R D E S T O W N: Trades and Skills Inventory

ACCOUNTING AND AUDIT:

Tish Leroy, Bus. & Adm Mgmt, Acctg & Audit
Harold Cordell, Inventories and Acctg
Loretta Cordell, Bookkeeper
Lucy Cranshaw, Bookkeeper and Clerical
Maureen Fitch, Bookkeeper
Martha Klinman, Bookkeeper
Maria McCann, Bookkeeper
Debbie Touchette, Bookkeeper and Clerical
Terri Carter, Clerical
Maria Katsaris, Bookkeeper and Purser

AGRICULTURE, POULTRY AND LIVESTOCK

Russell Notan, Agronomist
James Bogue, Livestock
Wanda Swinney, Livestock
Don Sowers, Scientist, animal feeds
Rob Gieg, Poultry
Ron Sines, Bookkeeper
Demosthenes Kutulas, Banana specialist
Tarnestine March, Herbalist
Jan Wilsey, Citrus
Anthony Simon, Poultry
James Simson, Gardens
Gene Chaikin, Nursery and orchards

BUSINESS MANAGEMENT, ADMINISTRATION AND CONSULTANTS

Johnny Jones, Administration and Business Consultant
Carolyn Layton, Educator and Administrator
Sarah Tropp, Educator and Legal Advisor
Gene Chaikin, Attorney (U.S. lic)
Kay Nelson, Business Manager and consultant
R. Peam, Management
P. Cartmell, Management
Lee Ingram, Business Administration and consultant
Richard Janax, Business Administrator and consultant
Tish Leroy, Business and Administration Consultant
Michael Prokes, Business Consultant
Helen Swinney, Business Administrator
Charlie Touchette, Business Administrator and Consultant
Mary Wotherspoon, Business Management
Versie Connesero, Business Consultant
Maria Katsaris, Financial Administrator
Jack Peam, Business Consultant
Harold Bogue, Business Advisor and Costing

CONSTRUCTION AND CARPENTRY

Jack Peam, Construction Management
Charlie Touchette, Construction Administrator and specialist
Tom Rice, Master Carpenter
Brian Bouquette, Carpenter
Kim Brewster, Carpenter

F-1-D-3^a (P)

Construction and Carpentry, cont'd

Walter Cartmell, Carpenter
Bob Davis, Carpenter
Marshall Farris, Carpenter
David George, Carpenter
Clifford Gieg, Carpenter
Ken Horton, Carpenter
Albert Touchette, Carpenter
Patricia Cartmell, Carpenter
Greg Watkins, Pro-Pab Carpenter

CHEMICAL ENGINEERS & LABORATORY TECH

Pauline Groot, Chemical Engineer, Mathematician and Scientist
Jack Barron, Chemical Engineer
Becky Flowers, Lab Technician
John Harris, Lab Technician and Pathology

FOOD PREPARATION

Joyce Touchette, Administration of kitchens
Linda Arterberry, Bakery
Martha Klingman, Bakery
Shirley Fields, Nutritionist
Dorothy Morley, Dietician
Mary Eschetter, Management
James Edwards, Management
Irene Edwards, Management
Nevada Harris, Pastry Baker
Mary Rodgers, Cook
Miller Bridgewater, Butcher
Marshall Farris, Butcher

FOOD STORAGE

Ron Talley, Vacuum Storing
Lartie Jeffery, Smokehouse

GRAPHICS AND SIGNS & CRAFTS

Nancy Sines
Ron Signs
Clifford Gieg
Peter Motherspoon

HEALTH SERVICES

Marcelline Jones, Medical Administrator and R. N.
Lerry Schacht, Doctor
Joyce Parks, Nurse-Practitioner, general practice & neuro surgery
Sharon Cobb, Nurse-Practitioner, pediatrics specialty and Obstetrics
Phyllis Bloom, Assistant Administrator and Nurse
Don Fields, Pharmacist
John Harris, Pathologist
Thonda James, Dental Technician
Dale Parks, Respiratory Therapist

E-1-D-36 (R)

(Health Services, continued)

Clevie Sneed, Geriatrics Administrator
Al Tschetter, X-ray Technician
Nedra Yates, Physical Therapist
Edith Pogue, Physical Therapist
Judy Ijames, Nurse
Ira Johnson, Nurse
Anita Ijames, Nurse
Reny Kice, Bond Manager
DeeDee Macon, Nurse
Annie Moore, Nurse
Lois Monts, Nurse
Elizabeth Ruggiero, Nurse and Pharmacy Asst.
Larry Layton, X-ray Asst.

MACHINE SHOP

Cleve Swinney, Master Machinist
Connie Frohm, Machinist Trainee
Preston Wade, Machinist Trainee
Tom Portak, Machinist Trainee
Carver Cordell, Student apprentice
Paul McCann, Machinist
Helen Swinney, Machinist

MECHANICAL: Tractors, Generators, Pumps, Diesel and Gas Engines

Tim Swinney, Administrator of shop and Mechanic
Bruce Turner, Mechanic diesel
Al Bell, Mechanic gas engines
Elihu Dennis, Mechanic Diesel
Rob Cieg, Mechanic Diesel
Diane Wilkerson, Mechanic Diesel

METAL FABRICATION

Don "Doc" Fitch, Mechanic and Inventor
Jane Mutschmann, Welder

REFRIGERATION & SMALL APPLIANCE REPAIR

Ray Jones
Kevin Smith
Lee Ingram

SAFWELL, ALASKAN SAWMILL, SEAFHILL

James Bogue
Clifford Sieg
Charlie Touchette, Administrator

SEWING FACTORY:

Ruby Carroll, Manager and Instructor
Bertha Cook, Tailor
Callie Mitchell, Tailor

F-1-D-3^c(8)

(Sewing factory, continued)

Barbara Cordell, Seamstress
Maude Perkins, Seamstress
Edith Delaney, Seamstress
Estelle McGill, Seamstress
Frances Stevenson, Seamstress

(We have many sewing specialties, have not polled these yet.)

SEWING REPAIR

Chuck Beikman
Glen Moten

SOCIAL WORKERS

Sharon Amos
Pat Grunnot
Laura Johnston
Barbara Hoyer

SOAP MANUFACTURE

Etta Thomas
Rheviannia Beam
Jack Barron, Chemist

TRACTORS, CATERPILLARS & BACKHOE

Mike Touchette, Operator and mechanic Cats
Al Simon, Operator and mechanic Cats
Tommy Beikman, Operator Tractors
Emmett Griffith, operator Cats
Stephen Jones, operator Cats
Jose Simon, Mechanic Cats and Tractors
Philip Blakey, operator Tractors
Stanley Sieg, Backhoe Mechanic and operator, Tractor mech & operator
Leon Perry, Operator Tractors

TYPISTS AND SOCIAL WELFARE WORKERS

Paula Adams
Edith Bogue
Terri Buford
Tim Carter
Vermetta Christian
Lucy Greshaw
Carol Dennis
Evelyn Fichler
Erin Fichler
Maureen Fitch
Sylvia Grubbs
Jan Gurvich
Ava Jones
Karen Leyton

F-1-D-3² (4)

(Typing and Secretarial, continued)

Tish Leroy
Maria McCann
Bea Orsot
Andrea Walker
Frances Johnson

WAREHOUSING:

Nathaniel Swaney
Jerry Parks
Ben Barrett
Greg Watkins
Helen Swinney
Alice Ingram

WASH REPAIR

Bruce Cliver

WOOD AND CABINET SH P

Ron Simas
Mark Foutte
Kim Brewster
Clifford Gieg
Ken Horton

(The above list is not a complete list of skills, and does not include the skills of the last arrivals of Jonestown.)

F-1-D-3² (16)

Ruth Atkins	SSI	118.80	WA
James & I. Edwards,	Insurance	48,365.02	
Emmett Griffith	SSI	290.60	
"	"	YMC	60.00
"	"	SSI	272.50
"	"	SSI	254.30
Cleve & Helen	SSI	480.01	
Cleve Sinney	SSI	263.00	
Cleve Swinney	SSI	254.43	
Cleve Swinney	SSI	248.40	
Larry Schact	Kassler	50.00	
Larry Scacht	Bo ^A	136.53	
Vennie Thompson	SSI	216.50	

Deposited August 10, in Royal Bank of Canada Guyana Co-op external account

MA
F-1-D-4

4.00
4.00 T

585 388

400.00	400.00
315.00	315.00
293.04	293.04
175.00	175.00
122.40	122.40
50.00	50.00
437.00	437.00
356.00	356.00
125.00	125.00
113.07	113.07
129.00	129.00
231.00	231.00
296.00	296.00
305.00	305.00
559.60	559.60
728.00	728.00
271.00	271.00
250.00	250.00
688.00	688.00
335.00	335.00
315.00	315.00
350	350
350	350
45,449	45,449
350.00	350.00
174.00	174.00
296.00	296.00
313.00	313.00
650.00	650.00
273.00	273.00
280.00	280.00
290.00	290.00
630.00	630.00
250.00	250.00
187.00	187.00
813.00	813.00
45,449	45,449
355388	355388
200.00	200.00
50.00	50.00
313.00	313.00
296.00	296.00
11890.00 T	11890.00 T

231
11890
4553
4017
4680
2,065
16,244

45,449
45,449
90898
45,449
355388

F-I-D-Sa (A)

3 weeks

Hoyer, Don *WJP* 239.00
Pitoh, Maureen 588.00
Greaves, Doreen 720.00

Holiday, Ted 0

Johnson, Ruby 249.00

Jurardo, Irma *P. Lynch* 316.00

Miller, Pat 296.00

Mutibas, Tom 0

Layton, Lisa 700.00 (approx)

Leroy, Main 457.10

Leroy, Tisi 0 (up thru June got about \$163.00 child support)

Orsot, Bea *WJP* 508.00

Minchran, Jane 0

Rugh, Eva *?* 479.99

Rugh, Jim 0

(5)

239.00
~~588.00~~
720.00
249.00
316.00
296.00
700.00
457.10
508.00
479.99
4,553.99 T

F-1-D-5 (8)

4-8 weeks

Allen, Dennis	0	Newell, Hazel	665.00
Benniffield, Lvelyn	0	Newell, Herbert	0
Breidenbach, Rockie	0	Newell, Jennifer	0
Brewster, Tim	0	Newell, Ted	0
Carroll, Ruby	240.07	Perkins, Versie	356.79
Carter, Mike	0	Ruggiero, Rosie	0
Chalster, Pattie		Simon, Jerome	0
Chalster, Pattie	440.91	Smith, David	? ** 891.00 (f
Glancey, Tim	0	Smith, Eugene	0
Glancey, Tim		Smith, Ollie	156.00
Cole, Mrs.	182.80	Talley, Rex	0
Cole, Orlando	390.90	Trop, Mat r	0 (unemployment ran out 6/29)
Dennis, Willie	0	Turner, Tina	0 (used to get \$748 for care of seniors, but now with them gone ?)
Dupont, David	0	Wade, Tim	0
Gernalt, Eugenia	140.70	Wade, Preston	0
Godshalk, Viola	236.73		
Grubbs, Sylvia	650.26		
James, Norman	?		(Norman just got a job. In July he turned in \$1,541.59)
Jones, Miss	255.00		
Kice, Chris	299.00		
Kravits, Irish	472.88		
McCann, Loris	287.00		
McCoy, Carol	255.43		
McKnight, Bry	0		
McKnight, Tom	0		
McLurray, Sol rlan	0		
Moreland, Wanda	760.00		
Newell, Alan	0		
Newell, Lois	0		

240.07
440.91
182.80
390.90
140.70
236.73
650.26
255.00
299.00
472.88
287.00
255.43
760.00
665.00
356.79
891.00
156.00
6680.47 T

.00 T

F-1-D-5^d (A)

94

10 weeks

Flakey, Debbie	0
Davis, Joann	367.09
Downs, Rena	0
Gal er, David	0
Gosney, Mark	0
Gosney, Vern	608.00
Grist, Frankie	0
Halle, Joe	324.29 (SSA and SSI)
Jones, Brenda	600.00 (approx)
King, Wanda	577.76
Noton, Darry	393.00
McMurray, Renee	0
Nowell, Kattie	572.00
Nowman, Darlene and Eiby	0 (to cancel AFDC)
Polite, Glenda	255.00
Wilson, Jewell	320.72

367.09
608.00
324.29
600.00
577.76
393.00
572.00
255.00
320.71
4,017.85 T

F-1-D-5 (P)

other- 10 weeks to 6 months (w/ x- definite 6 mo., other possible)

DMW Cordell, Harold	0
Janero, Claire	ranch income
Sly, Don	0
Motherspoon, Mary	swinney's care home income
Swaney, Darie	swaney's care home income
X Ingham, Alice	care home income
Godshall, Ray	0
X Wilkerson, Diane	0
X Perkins, Irvin	0
Evans, James	0
Wheeler, Marlene	0 (ranch) /
Wingman, Mike	785.54
Wetsel, Jakela	0 (ranch)
Pitch, Don	0
Frohn, Connie	0
Hunter, Denise	0

*Gurwich
Roller
Eva
Don Jackson
Can leave
with Pruiters
Irene Mason*

*What ca
Ronnie James*

DMW X Hollins, Tee	662.00
X Johnson, Florida	0
Ijames, Archie	0 {still no SSA}
Ijames, Rosie	0

SPW X Collier, Leona	0 (not communal)
X Brown, Clinton	617.83
X Harris, John	0

.00 T
785.54
662.00
617.83
2065.37 T

total
8 x
15 other

F
F-1-D-5 (2)

6 months- more or less

Cordell, Toni 0

MI	—	Ingram, Lee	0
Amos, Sharon	0	Jackson, C.J.	0 (unemployment ran
Adams, Tom	0	Jackson, Don	461.77 (SSA)
Dean, Jack	0	Jackson, Kathy	530.22
Dean, Rhavana	0	Jackson, Paulette	315.94
Beck, Bonnie	0	Jackson, Ralph	0
Beck, Don	0	Johnson, Joe	0
Bell, Al	560.97	Larson, Larry	617.64
Betts, Maxine	0	McCall, Estelle	0 (unemployment r
Bradshaw, Pat	0	McIlvane, Jim	0 (real estate)
Bradshaw, Sandy	0	Minor, Cassandra	0
Brown, Jean	744.30	Prokes, Mike	0
Burford, Tori	0	Randolph, Jim	0
Chaiken, Gene	0	Roller, Edith	620.00
Chaiken, Phyllis	720.82	Sanders, Dorothy	222.25
Cynn, June	716.48	Sanders, Doug	546.55
Effwin, Leola	604.84	Silver, Andy	0
Evens, Debby	1000.00	Stahl, Carol	148.00 (for Bonnie)
Fitch, Betty	558.34	Tarver, Rob	0
Fitch, Tom	753.18	Thomas, Scott	0
Flowers, Judy	650.00	Troy, Dick	0
Fortson, Hue	0	Troy, Harriet	0
Groot, Pauline	421.00	Tschetter, Al	(will probably get \$4,000 more for State disability)
Henderson, Vernell	1000.00	Tschetter, Mary	0
Herry, Colton	106.00	Tschetter, Robin	0
Houston, Phyllis	743.00	Walker, Andrew	0
	469.53		
Hoyer, Barbara	1,541.59	Walker, Tony	0
21 Jackson, Jerry	1,700.00	Watts, Vera	491.90

560.97
 744.30
 720.82
 716.48
 604.84
 1000.00
 558.34
 753.18
 650.00
 421.00
 1000.00
 106.00
 743.00
 469.53
 1541.59
 1700.00
 461.77
 315.94
 530.22
 315.94
 530.22
 315.94
 617.64
 620.00
 222.25
 546.55
 148.00
 491.90
 16,244.32 T

F-1-D-5^g (56)

UNEMPLOYABLE MEN

		59.97
		287.00
		256.00
		100.00
		420.00
		1,116.97
Carter, Tim	0	
Flowers, Becky	0	
Garden, Percy (parole)	59.97	
Nicks, Chinder, Marthea and 2 boys	287.00 (Marthea)	
Johnsons, Meliss, Ludella and 2 children	0	
Hisingberry, Shara	250.00	
Parks, Dale	0	
Notest, Sue	100.00 (6/77 - varies, on call)	
Smith, DeeDee	.0	
Winters, Ethel	0 (just started new job, nothing yet)	
Walker, David- (Tony Walker's brother)	0	
Jackson, TheLyn	420.00	
3/ Colbert, Jackie	0 (nothing turned in since Jan)	

F-1-D-S^h (S)

Washington, D.C.

SSA 136.30
SSI 189.70

[REDACTED]

[REDACTED]

WHITMIRE, Lisa

[REDACTED]

NT SSI 276.00

X WILSON, Joe

[REDACTED]

T SSA 104.80
NT SSI 191.80

[REDACTED]

T Ret. 211.40

TOTAL TRANSFERABLE INCOME: \$25,716.73

TOTAL INCOME LOST: \$12,654.96

F-1-D-5 (A)

~~BRADY, Steve~~

T SSA 7

80% 180
200

220
people

T SSA 218.10

~~BRADY, Ida~~

~~AMOS, Christa~~

~~ARNOLD, Birdie~~

T SSA 770.40

~~BATLEY, Geraldine~~

T SSA 88.10
T Ret. 354.21

~~BATES, Christine~~

T SSA 229.80
T VA 707.00

~~BRICKMAN, Thomas~~

T SSA 282.00

should also send wife & send only

~~BRID, Aik~~

NT SSI 126.00

~~[REDACTED]~~

T SSA 101.00
NT SSI 180.00

have to compare with

~~[REDACTED]~~

T SSA 477.00

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

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~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

~~[REDACTED]~~

T Ret. 349.55

ND

T Job, Wlfr. 461.00

T SSA 139.80
NT SSI 156.20

T SSA 96.90
NT SSI 199.90

T SSA
Ret. 316.50

T DIB 216.30
NT SSI 79.70

T SSA 443.00
NT SSI 202.00

T SSA 173.20
NT SSI 71.90

F-1-D-60 (P)

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

X ~~XXXXXXXXXX~~ T VA/Pen 207.85
NT SSI 69.54

~~XXXXXXXXXX~~ T SSA 151.00
NT SSI 145.00

X ~~XXXXXXXXXX~~ T SSA/Ret. 429.80

X ~~XXXXXXXXXX~~ T SSA 127.00

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~ NT Job 612.72

X ~~XXXXXXXXXX~~
X ~~XXXXXXXXXX~~

X ~~XXXXXXXXXX~~ T SSA 178.00
NT SSI 108.00

~~XXXXXXXXXX~~ T SSA 247.90
NT SSI 23.10

~~XXXXXXXXXX~~ T Pen. 207.50

~~XXXXXXXXXX~~ T SSA 96.80
NT SSI 199.40

~~XXXXXXXXXX~~ T SSA 165.10
NT SSI 130.00

~~XXXXXXXXXX~~ T DIB 139.60
NT SSI 211.80

~~XXXXXXXXXX~~ T SSA 106.00
NT SSI 130.90

X HERRING, Nena T SSA 224.90
NT SSI 71.10

~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

~~XXXXXXXXXX~~ T SSA 180.70
NT SSI 115.30

~~XXXXXXXXXX~~ T Ret. 260.47

~~XXXXXXXXXX~~ T DIB 35.60

~~XXXXXXXXXX~~ T DIB 53.40
NT WLF 101.00

X ~~XXXXXXXXXX~~ T SSA 283.50

X ~~XXXXXXXXXX~~
~~XXXXXXXXXX~~

X ~~XXXXXXXXXX~~ T SSA 157.40
NT SSI 137.70

Hold off

JOHNSON, Derek T SSA 105.00

F-1-D-6 (P)

~~John [redacted]~~

T SSA 129.30
NT SSI 170.70

~~Johnson [redacted]~~

T SSA 192.50
NT SSI 78.50

~~Johnson [redacted]~~

NT SSI 276.00

~~Johnson [redacted]~~

T SSA/Pen. 222.30

~~Johnson [redacted]~~

T SSA/Pen. 577.70

~~Johnson [redacted]~~

JOHNSON, Shawntiki

JONES, Agnes

T SSA 151.10

~~Jones [redacted]~~

JONES, Michael

T SSA 170.60
NT SSI 125.40

~~Jones [redacted]~~

~~Jones [redacted]~~

T SSA 197.10
96.50

~~Jones [redacted]~~

T SSA 199.50

~~Jones [redacted]~~

T SSA 312.00

~~Jones [redacted]~~

T SSA 301.00

~~Jones [redacted]~~

NT SSI/Wf. 549.00

~~Jones [redacted]~~

~~Jones [redacted]~~

T SSA 179.00
NT SSI 112.00

~~Jones [redacted]~~

~~Jones [redacted]~~

T SSA 193.80
NT SSI 124.70

~~Jones [redacted]~~

~~Jones [redacted]~~

T SSA 193.30

~~Jones [redacted]~~

~~Jones [redacted]~~

~~Jones [redacted]~~

LOWE, Lovelife

T SSA 107.90
NT SSI 188.10

~~Lowe [redacted]~~

T SSA 102.00
NT SSI 150.00

~~Lowe [redacted]~~

~~Lowe [redacted]~~

Ny. Wf. 273.00

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MC KINNIS, LV

T SSA 537.00
T SSA 527.00

MC BRIGHT, Earl

F-1-D-6 (4)

MARLO, [redacted]

T SSA 55.75
SSA 55.91

X [redacted]

X [redacted]

X [redacted]

[redacted]

T SSA 181.60
NT SSI 107.20

[redacted]

[redacted]

T SSA 184.20
NT SSI 148.80

X [redacted]

X [redacted]

MILLER, Earl

T SSA 553.00

[redacted]

T SSA 67.50
NT SSI 228.30

[redacted]

T SSA 91.00
NT DIB 227.50

[redacted]

T SSA 199.70
NT SSI 133.30

X [redacted]

MOTEN, Glen

MOTEN, Viola

T DIB 174.21

X MURPHY, Ann

X MURPHY, Melvin

T SSA/Ret. 520.30

X [redacted]

T SSA 107.90
NT SSI 188.10

[redacted]

T CSA 384.00

[redacted]

T SSA 313.00

[redacted]

T SSA 230.10

[redacted]

T SSA/Ret. 712.80

[redacted]

T SSA 79.10
NT SSI 216.30

X [redacted]

T SSA 191.40
NT SSI 104.60

[redacted]

X [redacted]

T SSA 239.30

[redacted]

T SSA 118.20

X [redacted]

[redacted]

[redacted]

T DIB 253.20

[redacted]

T SSA 279.00

[redacted]

T SSA 117.00

[redacted]

fly must

E-1-D-6 (6)

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T SSA 135.20
NT SSI 153.60

X ~~████████████████████~~

T SSA 171.50
NT SSI 124.50

~~████████████████████~~

NT Wlfr. 273.00

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NT Job 316.00

X ~~████████████████████~~

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X ~~████████████████████~~

X ~~████████████████████~~

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T SSA 131.00

X ~~████████████████████~~

T DIB 353.00

X ~~████████████████████~~

T DIB 73.90

STEWART, Aurora

STEWART, Terry

~~████████████████████~~

T SSA 233.50

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~~████████████████████~~

T SSA 48.50
NT SSI 247.50

TARDY, Armella

NT Job 400.00

TARDY, Elliott

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T SSA 190.30
NT SSI 105.70

X ~~████████████████████~~

T SSA 106.40
NT SSI 189.60

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T SSA 178.40
NT SSI 117.50

~~████████████████████~~

T SSA 216.50
NT SSI 191.60

~~████████████████████~~

T SSA 223.20
NT SSI 72.80

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T SSA 123.60
NT SSI 172.40

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X ~~████████████████████~~

X ~~████████████████████~~

X ~~████████████████████~~

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T SSA 136.20
NT SSI 159.80

Babette Walker

Should be

F-1-D-6 (6)

84-4286-2018

NAME	DOB	SOCIAL SEC.	C/N	TYPE	AMT.	PP	SH	IMM	AGE	JOB	PIUK	BRK	...
✓ JANDISON, Steve	M	5/1/44	303-46-0172	-	SSA	494.00							
✓ VALBUDY, Ida	F	8/26/06	487-01-1159	T	SSA	218.10	230.20						
AMOS, Christa	F	3/7/67	None	-	-	-							
ARNOLD, Birdie	F	2/27/07	435-07-4659	T	SSA	770.50							
RACHMAN, Elaine	F	3/23/50	182-42-4331	-	-	-							
✓ RAILEY, Geraldine	F	3/23/12	454-03-4909	T	Retir.	354.21	86.80						
RAISEY, Jamal	M	6/28/69	557-37-2781	-	-	-							
RAISEY, James Jr.	M	1/15/65	558-37-0116	-	-	-							
RAISEY, Kesa	F	6/10/66	557-43-4723	-	-	-							
RAISEY, Jun Deshi	F	9/28/72	557-43-5485	-	-	-							
RAISEY, Shirley	F	1/14/45	550-66-5666	NP	AFDC	618.00							
RAISEY, Trinidad	M	8/15/70	557-43-7111	-	-	-							
RAISEY, Wanda	F	9/16/62	None	-	-	-							
BARGE MAN, Rory	M	6/21/61	None	-	-	-							
BARGE MAN, Terrance	F	11/3/62	None	-	-	-							
BARNETT, Karly	M	3/2/56	552-04-9510	-	-	-							
✓ BATES, Christine	F	3/22/03	464-14-0063	T	SSA	229.80	293.20						
				T	VA	707.00	707.00						
BEAM, Rheaveana	F	8/14/24	403-28-7790	NP	Wlfr.	338.00							
BECK, Daniel	M	5/16/66	None	-	-	-							
BEICKMAN, Thomas	M	4/27/57	552-15-0291	-	-	-							
BELL, Al	M	3/12/09	430-22-6843	T	SSA	282.00							
				NT	SSI	126.00							
✓ BELL, Geneva	F	10/5/05	428-01-8590	NT	SSA	101.00	101.00						
				NT	SSI	180.00							
✓ BEAL, Geneva	F	9/4/20	T	T	SSA	477.00	477						
BELL, Elsie	F	6/11/18	427-46-7548	NP	SSI	126.00							
BERRY, Danny	M	2/24/75	None	-	-	-							
BOGUE, Edith	F	8/1/39	557-50-8136	-	-	-							
BOGUE, Juanita	F	6/15/57	564-35-7841										
BOGUE, Marilee	F	3/31/59	None	-	-	-							

F-1-7-7 (2)

NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	ET
BOGUE, Teena	F	12/15/55	556-02-7966	-	-	-								
BOUQUET, Brian	M	7/20/53	559-82-8942	-	-	-								
BOUQUET, Claudia	F	5/1/56	561-11-8924	-	-	-								
BORDENAVE, Selika	F	7/10/18	438-09-8764	-	-	-								
BOUTTE, Corliss	F	3/12/59	548-08-0404	-	-	-								
BOUTTE, Mark	M	4/14/57	560-15-8057	-	-	-								
BOWER, Don	M	2/3/27	559-32-7646	-	-	-								
BOWERS, Christine	F	6/22/57	563-78-7006	-	-	-								
BOWSER, Regina	F	4/1/63	553-19-3101	-	-	-								
BRADSHAW, Pam	F	8/17/56	118-48-2042	-	-	-								
BRADY, Geogianne	F	12/23/65	549-41-3183	-	-	-								
BRADY, Michaelen	F	5/14/43	548-56-3806	-	SSI	-								
BRADY, Michelle	F	12/2/66	549-41-3365	-	-	-								
BRANDON, Najah	F	9/21/70	None	-	-	-								
BREIDENBACH, Lois	F	5/29/28	569-40-5442	-	-	-								
BREWER, Dorothy	F	10/24/38	451-66-5092	-	-	-								
BREWSTER, KIM	F	8/25/55	552-06-4178	-	-	-								
BROOKS, Madeline	F	12/15/04	565-24-6915	-	-	-								
BROUSSARD, Leon	M	7/7/29	433-32-1508	T	StDIB	315.00								
BROWN, Luella	F	6/1/19	432-38-4954	NT	Wlfr.	330.00								
BRYANT, Lucious	M	6/23/27	431-36-3315	T	Retir.	349.55								
BUCKLEY, Chris	M	5/28/66	554-11-7850	-	-	-								
BUCKLEY, Dorothy	F	8/17/60	554-11-7868	-	-	-								
BUCKLEY, Francis	F	11/28/64	544-11-7836	-	-	-								
BUCKLEY, Minnie Luna	F	5/6/41	425-82-3136	NT	Wlfr	461.00								
BUCKLEY, odesta	F	11/30/62	554-11-7826	-	-	-								
BURGINS, Rosie	F	11/7/53	550-94-4815	-	-	-								
BUTLER, Chlotile	F	3/10/00	365-18-9917	NT	SSA SSI	139.80 156.20								

6880

22880

6880

34955

F-1-D-7 (B)

NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPE	AMNT	PP	SH	IMM	REL.	JOB	PINK	HNK	LB
CAMMON, Beyonka	F	10/17/70	496-36-7136	-	-	-								
CAMP, Lena ^s	F	2/2/10	454-24-8712	T NT	SSA SSI	96.90 199.10								
CAMPBELL, Ronald	M	5/27/72	None	-	-	-								
CANNON, Henry	M	11/10/60	570-19-4204	-	-	-								
CANNON, Thelma	F	7/29/30	464-46-9217	NT	AFDC	338.00								
CARROLL, Michaelle	F	1/4/73	None	-	-	-								
CARROLL, Ruby	F	6/10/37	462-58-4023	T	SSA	206.50								
CHERROLL, Randell	M	7/16/74	564-08-5844	-	-	-								
CARROL, Rondell	F	8/6/71	564-08-5844	-	-	-								
CARROL, Waincell	M	7/25/76	None	-	-	-								
CARTER, Michael	M	9/30/58	518-84-1394	-	-	-								
CASSANOVA, MaryAnn	F	6/4/41	547-58-1962	NT	UIB Wlfr.	150.00								
CASSANOVA, Sophia	F	8/9/67	None	-	-	-								
CHAIKIN, Gail	F	2/26/61	None	-	-	-								
CHAIKIN, Phyllis	F	5/6/39	565-50-8887	NT	Job	552.94								
CHASTAIN, Pattie	F	10/17/46	565-74-5287	NT	SSI	274.00								
CHRISTIAN, Robert	M	9/10/47	095-40-2282	-	-	-								
CHRISTIAN, Robert II	M	11/9/70	None	-	-	-								
CHRISTIAN, Tina	F	9/1/69	None	-	-	-								
CHRISTIAN, Vernetta	F	12/25/44	464-76-0307	NT	Job	618.00								
CLANCEY, Mary Lou	F	4/16/54	569-86-5025	NT	Job SSA	800.00								
CLAY, Nancy	F	5/9/09	551-82-1697	T	SSA Retir.	316.50								
CLIPPS, Ida Mae	F	12/4/17	450-20-9515	NT T	SSI DIB	79.70 218.30								
COLE, Arlander	M	12/22/04	462-09-8340	T	SSA	443.00								
COLE, Arvella	F	9/28/06	427-36-5314	NT	SSI	202.00								
COLE, William	M	1/13/65	463-06-4087	-	-	-								
COLLINS, Susie	F	7/20/00	439-34-2413	NT	SSA SSI	173.20 71.90								
CONNEDY, Inez	F	3/5/09	144-16-3639	"	Pen. SSA	454.17	34880							

F-1-D-7²(4)

NAME	SEX	DOB	SOCIAL SECUR.	T/ NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK
CONNESERO, Angela	F	6/8/74	None	-	-	-							
CONNESERO, Versie	F	8/26/46	557-72-0671	NT	Job	600.00							
COOK, Bertha	F	12/12/12	548-28-8879	T	SSA	192.50							
COOMER, Loretta	F	11/28/37	312-36-4286	-	-	-							
CORDELL, Barbara	F	8/14/38	384-34-1380	NT	AFDC								
CORDELL, Cindy	F	12/8/59	565-35-3252	-	-	-							
CORDELL, Edith	F	2/6/02	303-12-2557	T	SSA csa an	322.89							
CORDELL, James	M	10/28/64	None	-	-	-							
CORDELL, Julie	F	7/28/61	557-33-8518	-	-	-							
CORDELL, Mable	F	3/14/62	None	-	-	-							
CORDELL, Natasha	F	8/17/76	252-08-0142	-	-	-							
CORDELL, Ricky	M	9/2/64	558-33-4545	-	-	-							
CORDELL, Rita	F	9/18/62	558-33-3907	-	-	-							
CORDELL, Shawnterri	F	3/11/58	252-08-1427	-	-	-							
COTTINGHAM, Mary	F	11/30/99	249-38-1675	T	SSA	175.00							
				NT	SSI	120.90							
✓ CUNNINGHAM, Millie	F	12/25/04	258-48-4173	T	ssa/va	204.96	?	19290					
				NT	ssi	91.04							
DANIELS, Michael	M	6/14/64	None	-	-	-							
DARDEN, Mary	F	2/22/47	553-98-5504	-	-	-							
DARNES, Ollie	M	10/29/67	552-27-7168	-	-	-							
DARNES, Nauandrienne	F	4/29/36	462-54-3532	T	SSA Job	335.70							
				NT		1025.61							
DARNES, Searcy	M	4/21/62	553-29-4025	-	-	-							
✓ DASHTELL, Hazel	F	2/16/99	037-18-9457	T	SSA Pens.	497.31	33	00					
DAVIS, Cynthia	F	12/3/49	454-88-6563	-	-	-							
DAVIS, Gerina	F	1/3/77	None	-	-	-							
DAVIS, Joanne	F	2/3/43	551-60-5782	NT	Job	860.35							
DAVIS, Johanna	F	9/16/74	None	-	-	-							
✓ DAVIS, Lexie	F	9/22/09	464-18-8045	T	SSA SSI	286.70	284						
				NT		99.10							
DAVIS, Lorine	F	2/6/19	442-28-3906	T	SSA	124.00							

F-1-D-7 (6)

NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	SS II
FIELDS, Lori	F	12/6/65	569-88-3610											
FIELDS, Mark	M	3/22/67	569-88-3615											
FIELDS, Shirley	F	12/16/37	052-52-4901											
FINLEY, Fowlanta	F	3/17/69	570-45-2851											
FINLEY, Lucretia	F	1/19/67	566-45-1918											
FITCH, Betty	F	6/2/55	563-88-4276	NT	Job	372.54								
FITCH, Don	M	4/16/46	551-60-6251											
FITCH, Maureen	F	6/13/49	563-78-7007	NT	Job	571.90								
FITCH, Raymond	M	9/11/76	None											
FITCH, Tom	M	5/17/49	570-66-0550	NT	Job	722.68								
FLOWERS, Becky	F	7/7/53	313-60-7790											
FORD, Anthony	M	4/16/63	566-19-8240											
FORD, Edward	M	6/23/65	566-19-8202											
FORD, Mary	F	11/2/29	425-44-5903	NT	AFDC	234.00								
FORKS, Viola	F	1/13/34	449-48-7727	NT	AFDC	459.00								
FORTSON, Ishi	F	9/22/74	None											
FORTSON, Rhonda	F	8/26/54	552-02-9127	T	SSA	248.50								
FOSTER, Beulah	F	9/14/03	426-40-3745	NT	SSI	47.50								
FRAZIER, Peter	M		003-05-3855	T	SSA	241.00								
FROHM, Constance	F	2/9/55	461-94-4409											
EYE, Kim	F	12/10/59	545-35-7447											
GALLIE, Will	M	10/22/73	None											
GARCIA, Avis	F	1/5/58	560-27-5131	NT	Job	310.00								
GARCIA, Tanya Cox	F	9/10/58	550-13-9871											
GARCIA, Tiffany	F	12/21/75	None											
GERNANDT, Leugenia	F	3/12/23	525-54-9038	T	va/pen	207.85								
				NT	SSI	69.54								
GIBSON, Lisa	F	1/1/62	568-37-4602											
GIBSON, Mattie	F	12/24/12	410-26-9220	T	SSA	151.00								
				NT	SSI	145.00								

E-1-17-7 (A)

NAME	SEX	DOB	SOCIAL SECUR.	T/NI	TYPI.	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	SS II
GIEG, Renee	F	6/9/55	552-92-4349	NT	AFDC	243.75								
GIEG, Rob	M	7/25/51	572-82-7662											
GILL, Irma Lee	F	2/5/12	429-34-4050	T	ssa/st	155.60								
GILL, Bwttv Jean	F	7/16/60	352-22-9581											
GOODSPEED, Claude	M	2/13/05	463-16-6315	T	SSA Retir.	429.10	305							
GOODSPEED, Loudimple	F	1/3/07	553-14-1856	T	SSA	127.00								
GOSNEY, Mark	M	11/28/73	None											
GOSNEY, Vern	M	3/19/53	572-82-9037											
GREENE, Anita	F	1/8/61	564-33-5764											
GRIFFITH, Armondo	M	3/10/60	552-17-2938											
GRIFFITH, Emmet	M	7/11/58	560-06-9082											
GRIFFITH, Gloria	F	1/9/59	571-41-3578											
GRIGSBY, Frankie	F	5/17/26	455-38-4973											
GRISSETTE, Youlanda	F	6/15/66	572-35-9036											
GROOT, Pauline	F	5/30/50	129-40-6863	NT	Job	522.15								
GRUBBS, Sylvia	F	11/10/38	548-50-7590	NT	Job	652.46								
GRUNNET, Pat	F	11/25/41	568-58-9014											
HALKMAN, Rochelle	F	9/30/52	567-84-9747	NT	Job Wlfr.	238.23								
HARMES, Karen	F	6/14/48	572-19-5938											
HARPER, Artee	F	1/20/10	438-12-3238	T	SSA	178.00								
HARRINGTON, Ollie	F	11/3/40	428-70-2459	NT	SSI	108.00								
HARRIS, AnnieMae	F	6/22/04	437-26-8365	T	SSA	247.90								
HARRIS, Constance	F	11/27/36	260-50-6342	NT	SSI	22.10								
HARRIS, Constance	F	11/27/36	260-50-6342	T	Pen.	207.50								
HARRIS, Dorothy	F	1/17/61	563-15-7268											
FARRIS, Josephine	F	12/24/05	357-07-5154	T	SSA	96.90								
FARRIS, Josephine	F	12/24/05	357-07-5154	NT	SSI	129.40								
HARRIS, Nevada	F	1/21/13	465-32-6333	T	SSA	165.10								
HARRIS, Nevada	F	1/21/13	465-32-6333	NT	SSI	130.90								
HARRIS, Magnolia	F	12/31/16	431-18-8980	T	Pen	100.00								
HARRIS, Magnolia	F	12/31/16	431-18-8980	NT	Job	700.00								
HAYDEN, Yvonne	F	9/08/59	549-17-0058	T	DIB	167.70	17750							

F-1-7-7(8)

NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPI.	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	SS
HELJT, Joe	M	6/06/50	552-74-9050	T NT	DIB SSI	139.60 211.80								
HENDERSON, Vernell	F	2/14/16	566-28-5131	T NT	Pens. Job	110.00 1290.00								
HENDRICKS, Aaron	M	6/13/53	487-60-4325	NT	Job	400.00								
HENLEY, Hasaan	M	7/28/69	573-35-2010											
HENRY, Colton	M	7/10/09	548-14-2700	T NT	SSA SSI	106.00 130.90								
HERRING, Nina	F	7/15/06	571-12-6359	T NT	SSA SSI	224.90 71.10								
HESS, Sharon	F	9/17/67	551-45-0962											
HOLLIDAY, Ted	M	10/6/48	433-76-8528	NT	UIB	300.00								
HINES, Mable	F	12/29/12	573-22-1756	T NT	SSA SSI	87.40 208.60								
HINES, Maurice	M	8/12/14	562-23-3000	NT	Job	750.00								
HOUSTON, Judy	F	11/09/64	550-33-8585											
HOUSTON, Patricia	F	10/2/63	550-33-8058											
HOUSTON, Phyllis	F	3/26/44	548-64-1174	T	SSA	703.60	78 ⁰⁰							
HOWARD, Doris	F	1/27/22	258-42-0476	NT	SSI	76.00								
JACKSON, Beatrice	F	2/22/12	557-34-7632	T NT	SSA SSI	180.70 115.30	130.70							
JACKSON, C.J.	M	11/19/40	435-56-4237	NT										
JACKSON, Eileen	F	6/2/65	573-33-2175											
JACKSON, Gladys	F	7/6/19	465-20-0703	T	Retir.	260.47								
JACKSON, Kathy	F	9/24/55	555-90-4832	NT	Job	477.53								
JACKSON, Latitia	F	2/9/70	571-17-8249	T	DIB	35.60								
JACKSON, Lourece	F	12/26/41	556-58-2960	NT	AFDC	338.00								
JACKSON, Richard	M	5/22/73	558-31-1980											
JACKSON, Rosa	F	10/21/39	449-38-8571	NT T	AFDC DIB	101.00 53.40								
JAMES, Margaret	F	2/28/18	124-16-6941	T	SSA	283.50	265 ⁵⁰							
JAMES, Ronnie	M	11/1/55	551-40-5674											
JANARO, Mauri	F	11/20/62	None											
JEFFERY, Curtis	M		046-33-213	T	SSA	110.70	110.70							
JERRAM, Sue (Noxesn)	F	4/25/45	303-50-0468											
JERRAM, Bessie	F	3/26/36	493-40-1865	NT	Wife SSI	824.00								

E-1-D-7 (A)

NAME	SEX	DOB	SOCIAL SECUR.	T/NI	TYPE	AMNT	PP	SH	IMM	REL. L.E.T	JOB	PINK	HRK	SS	IF
JOHNSON, Berda T.	F	4/3/19	564-16-4496	T NT	SSava SSI	157.40 137.70									
JOHNSON, Derek	M	2/21/70	554-37-9919												
JOHNSON, Deshawn	F	2/26/73	547-11-7510												
JOHNSON, Earl	M	1/2/12	440-12-6910	T T	Relia SSA	417.33 106.00	411.33 104.33								
JOHNSON, Florida	F	1/24/34	462-48-6074	NT	Job	400.00									
JOHNSON, Gerald	M	1/17/61	555-17-3296												
JOHNSON, Gleniel	RM	3/1/71	None												
JOHNSON, Gwendolyn	F	2/19/62	None												
JOHNSON, Helen	F	11/25/27	437-38-6670	T NT	SSA SSI	129.30 170.70	131.70								
JOHNSON, Janice	F	5/29/60	559-43-9087												
JOHNSON, Jessie	F	9/17/02	440-26-1483	T NT	SSA SSI	192.50 78.50									
JOHNSON, Joann	F	5/22/59	554-45-1438												
JOHNSON, Lisa	F	11/30/58	567-17-6065												
JOHNSON, Mable	F	1/14/11	559-82-8289	NT	SSI	276.00									
JOHNSON, Mahaley	F	6/5/10	538-30-1565	T	SSA Pen.	222.30									
JOHNSON, Maisha	F	12/28/76	None												
JOHNSON, Ricky	M	8/3/58	114-52-8838												
JOHNSON, Robert	M	12/8/12	437-07-0486	T	SSA Pen.	577.70	577.70								
JOHNSON, Saleta	F	8/22/69	None												
JOHNSON, Shawntiki	F	11/30/58	567-17-6065												
JOHNSON, Shurann	M	10/25/61	None												
JOENSTON, Kris	F	8/7/52	554-04-0871	NT	Job	600.00									
JONES, Agnes	F	2/14/43	317-42-6129												
JONES, Brenda	F	12/13/48	451-88-4060	NT	Job	632.50									
JONES, Eliza	F	6/28/10	526-28-8756	T	SSA DIB	151.10									
JONES, Larry	M	1/14/53	646-90-7493	NT	Job	649.00									
JONES, Lerna	F	1/19/69	547-11-6525												
JONES, Michael	M	6/7/71	None												

E-1-D-7 ³ (10)

NAME	SEX	DOB	SOCIAL SECUR.	NT	TYPE	AMNT	PT	SH	DATE									
JORDAN, Desie	F	6/1/08	547-28-9725	T	NT	SSA SSI	170.60 125.40											
JORDAN, Fannie	F	8/6/13		T	NT	SSA SSI	197.10 96.50	197.10										
JURARDO, Emma	F	7/8/08	434-24-0616	T		SSA	199.50											
KEATON, Rosa	F	2/20/07	563-30-8822	T		SSA	312.00	330.50										
KEATON, Tommy	M	8/12/13	452-01-3010	T		SSA	301.70	321.60										
KELLEY, Anita	F	3/15/50	569-86-3455															
KEMP, Barbara	F	11/3/41	560-72-0389	NT		Wlfr SSI	549.00											
KEMP, Mellanie	F	8/13/64	572-27-6996															
KEMP, Rochelle	F	4/28/68	572-27-9703															
KENNEDY, Emma	F	10/28/11	487-03-4621	T	NT	SSA SSI	179.00 112.00											
KERNS, Carol	F	4/28/58	563-15-9846															
KICE, Corrine	F	3/11/45	317-46-4005															
KICE, Robert	M	1/4/48	567-78-0930															
KING, Theresa	F	1/11/47	526-82-6019															
KING, Wanda	F	7/14/39	291-34-1128	NT		Job	562.00											
KING, charlotte	F																	
KNOX, James	M	6/22/62	571-41-9032															
LAND, Pearl	F	7/29/02	461-12-0179	T	NT	SSA SSI	193.80 124.70											
KUTULAS, Edie	F	12/8/29	551-36-2089	NT		Job	623.68											
LAWRENCE, Jamie	F	5/12/73	554-27-2546															
LAYTON, Lawrence	M	8/1/46	549-78-2776	NT		Job	383.00											
LAYTON, Lisa	F	7/14/15	064-16-0980	NT		Job	841.00											
LEE, Ida Mae	F	12/12/05	461-32-1070	T		SSA	193.30											
LENDO, Karen	F	10/15/60																
LEWIS, Lueather	F	4/21/30	355-20-4964															
LIVINGSTON, Beverly	F	4/15/32	558-40-2150															
LUCIENTES, Christine	F	1/22/52	549-88-7773															
LOWE, Lovelife	F	12/2/88	088-42-5801	T	NT	SSA SSI	107.90 188.10											

F-1-R-7 (K)

NAME	SEX	DOB	SOCIAL SECUR.	T/ NT	TYPE	AMNT	PP	SH	IMM	REL. LET	JOB	PINK	BNK	SS. TH
LUCAS, Lovie Jean	F	11/16/02	567-28-7088	T NT	SSA SSI	102.00 150.00	102							
LUNDQUIST, Dianne	F	12/31/46	554-64-7110											
MC CANN, Betty	F	12/13/21	549-20-4127											
MC CANN, Eileen	F	1/28/60	None											
MC CANN, Maria	F	10/27/52	548-84-0422	NT	Wlfr.	273.00								
MC CANN, Michael	M	4/6/74	551-43-4330											
MC COY, Carol	F	9/9/45	303-46-3692	NT	Wlfr.	229.50								
MC COY, Leandra	F	2/16/69	564-33-4133											
MC COY, Lowell	M	8/18/65	564-33-7166											
MC COY, Marcinda	F	10/16/70	546-39-0818											
MC COY, Patti	F	10/6/64	558-33-5957											
MC INTYRE, Joyce	F	10/23/57												
MC KENZIE, Clara	F	11/26/29	563-38-7739											
MC KINNIS, L.V.	F	7/1/06	437-20-9204	T	SSA	537.00								
MC KNIGHT, Dianne	F	9/9/56	573-90-5740											
MC KNIGHT, Earl	M	2/18/95	453-01-0178	T	SSA Pen.	527.00								
MC KNIGHT, Ray	M	10/12/55	556-96-0271											
MC KNIGHT, Raymond	M	6/1/75	None											
MC KNIGHT, Rosie	F	8/23/53	571-88-6998											
MC MURRAY, Sebastian	M	3/2/65	559-96-4257											
MACON, DeeDee	F	7/17/45	267-68-4619	NT	Job	293.28								
MADDEN, Rory	M	5/2/73	None											
MALLOY, Lillian	F	8/10/05	124-14-0111	T NT	SSA SSI	251.91 68.70								
MARCH, Alfred	M	9/10/64	548-15-7081											
MARCH, Alfreda	F	9/10/64	548-15-7203											
MARCH, Anita	F	1/14/62	548-45-7233											
MARCH, Earnestine	F	6/29/30	453-42-6804											
MARSHALL, Charles	M	2/16/57	552-29-8363											

F-1-27 (2)

NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPE	AMNT	PP	SH	IMM	REL.	LEI	JOB	PINK	BNK	SS	II
MARSHALL, Danny	M	12/24/54	549-96-2142	NT	Job	545.68										
MARSHALL, Vicky	F	1/20/58	562-04-8957	NT	Job	400.00										
MARTIN, Daryl	M	1/6/65	569-19-5568													
MAYSHACK, Mary	F	7/20/05	435-46-4209	NT	SSA	101.60										
MAYSON, Irene	F	11/15/18	421-24-4439	NT	SSI	107.20										
MATTHEWS, Dawnielle	F					184.20										
MATTHEWS, Renee	F					148.80										
MIDDLETON, Virginia	F	10/25/15	056-12-7438	NT	SSI	276.00										
MILLER, Earl	M	5/25/25	436-20-7173	T	SSA	553.00										
MILLER, Lucy	F	3/31/13	264-74-3435	NT	SSI	67.70										
MITCHELL, Linda	F	9/16/60	563-19-7243			228.30										
MITCHELL, shirley	F	3/19/57	563-19-7279													
MOORE, Betty	F	4/26/50	557-80-9883													
MORRISSON, Errie	M	3/13/63	573-19-8272													
MORRISSON, Yvonne	F	10/12/59	573-19-8357													
MORRISSON, Leugenia	F	8/22/27	463-42-2690	T	SSA	91.00										
MOSES, Eura	F	9/12/99	549-24-7040	NT	SSA	227.50										
MOFFEN, Danny	M	12/22/56	546-98-0493	NT	Job	199.70										
MOFFEN, Glen	M					133.30										
MOFFEN, Viola	F	11/7/20	204-24-2264	T	DIB	174.21										
MURRAY, Detra	F	3/13/68	573-35-0854													
MURPHY, Ann	F															
MURPHY, Melvin	M		447-07-1896	T	SSA Retir	520.30										
NEAL, Cordell	M	12/17/54	546-90-0243	NT	Job	400.00										
NEVELL, Hattie	F	8/10/53	564-92-3715													
NICOLS, Ida	F	7/31/00	367-26-9823	T	SSA	107.9										
OLIVER, Bruce	M	3/18/58		NT	SSI	188.10										
ORSOT, BEa	F	8/30/26	255-36-4207	T	CSA	384.00										

F-1-D-7 (M)

NAME	SEX	DOB	SOCIAL SECUR.	TYPE	AMNT	PP	SH	IMM	REL.	LET	JOB	PINK	BNK	S
BECE, Rhonda	F	2/10/54	559-90-2760	NT	Job	365.75								
PARKER, Bea	F	8/27/93	095-12-4941	T	SSA	313.00	3/30							
PARKER, BethShawnee	F	8/18/72	563-19-7452											
PATTERSON, Jamal	M	6/25/70	554-11-9823											
PAYNEY, Lucille	F	9/4/99	565-96-2946	T	SSA	230.10								
PERKINS, Irvin Jr.	M	11/20/70	None											
PERKINS, Maude	F	12/4/49	467-94-6806	NT	Job	600.00								
PHILLIPS, George	M	3/2/70	553-19-3697											
PONTS, Donna	F	1/17/62	None											
PONTS, Lois	F	1/21/27	554-34-8007											
PUGH, Eva	F	11/8/08	304-01-7850	T	SSA	405.00								
PUGH, Jim	M	3/15/7	537-40-0556											
POPLIN, Earl	M	4/18/08	437-09-1035	T	SSA retir.	712.80								
POPLIN, Oreen	F	10/11/04	466-05-6300	T NT	SSA SSI	79.10 216.30								
PURIFOY, Denise	F	11/4/52	556-86-2594											
PURIFOY, Kathy	F	2/27/59	549-31-1758											
PURSLEY, Joan	F	8/28/57	557-27-1527											
RAILBACK, Estella	F	2/22/04	457-26-5033	T NT	SSA SSI	191.40 104.60								
RAMEY, Darlene	F													
RHEA, Asha	F	1/27/77	None											
RHEA, Pat	F	11/18/57	566-11-9580	NT	SSI	214.07								
REEVES, LB	F	11/1/89	351-03-3642	T	SSA	239.30	253 ⁴⁰							
REED, Edna	F	3/11/08	557-32-8976	T	SSA	118.20								
RHODES, Isaac	M													
RHODES, Mark														
RHODES, Odell	M	7/29/42	377-44-3221	T	DIB	253.20								
ROBERSON, Odenia	F	8/10/05	568-20-8408	T	SSA	279.00								
ROBINSON, Orlando	M	8/1/65	567-40-8269											

F-1-2-7 (A)

NAME	SEX	DOB	SOCIAL. SECUR.	T/ NT	TYPE	AMNT	PP	SII	IMM	REL. LEF	JOB	PINK	BNK
RODGERS, Mary Johnson	F	2/6/26	438-24-6062	NT	Wlfr.	372.56							
RODRIGUEZ, Aurora	F	12/13/25	467-26-9056										
RODRIGUEZ, Gregorio	M	11/28/19	569-32-9190	T	Ret.	300.00							
ROLLER, Edith	F	12/18/15	524-05-2239	NT	Job	550.00							
ROMANO, Marqueirte	F	2/5/73	None										
ROMANO, Renee	F	4/23/71	None										
ROSA, Gloria §	F	2/12/55	460-02-0435										
ROSA, Santiago	M	12/2/54	549-76-3623	NT	UIB	252.00							
ROSA, Thurman §	M	10/20/86	None										
ROSS, Elsie	F	7/15/93	466-12-6011	T NT	SSA SSI	117.00 188.10							
ROZYNKO, Annie J.	F	6/2/24	135-20-9028										
ROZYNKO, Chris	M	5/20/54	551-80-4123										
ROZYNKO, Mike	M	9/12/56	551-80-4124										
RUBEN, Lula	F	6/1/07	467-34-9484	T NT	SSA SSI	135.20 153.60							
RUGGIERO, Rosie	F	6/12/39	None										
RUNNEL, Judy Ann	F	9/13/66	579-29-6118										
SANDERS, Flora	F	4/28/10	567-30-0465	T NT	SEA SSI	171.50 124.50							
SATTERWHITE, Alvary	F	9/17/17	466-34-9503	NT	Wlfr.	166.00							
SAUNDERS, Dorothy	F	6/10/47	564-78-4157	NT	Job	700.00							
SCHEID, Angelique	F	10/13/65	569-06-6783										
SCHEID, Dianne	F	9/2/63	569-06-6818										
SCHROEDER, Debbie	F	7/12/49	559-80-2880	NT	Wlfr.	273.00							
SCHROEDER, Tad	M	10/27/73	None										
SELLERS, Marvin §	M	4/9/63	566-19-1161										
SEVERNS, Gina	F	8/1/51	562-86-8815	NT	Job	316.00							
SILVER, Andy	M	7/19/49	076-42-1597										
SIMON, Aisha	F	6/30/76	None										
SIMON, Jerome	M	4/17/58	564-92-9074										

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NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPE	AMNT	PP	SH	IMM	REL.	JOB	PINK	BNK
STONE, Tracy	M	2/3/66	563-60-1904										
STRIDER, Adeline	F	12/15/04	568-24-4025	T	SSA	233.50	247.48						
STROUD, Bobby	M	12/13/57	569-27-2690										
SWANEY, Stephanie	F	11/21/66	None										
✓ TALLEY, Vera	F	2/3/03	465-48-2263	NT T	SSI SSA	247.50 48.50	307.30 48.50						
TARDY, Armella	F	2/22/46	587-07-7384	NT	Job	400.00							
TARDY, Elliott	M	4/18/68	None										
TARVER, Rob	M	7/16/53	510-90-8860										
TAYLOR, Lucille	F	2/3/98	564-36-8501	T NT	SSA SSI	190.30 105.70							
TAYLOR, Virginia	F	7/29/91	205-12-2261	T NT	SSA SSI	106.40 189.60							
THOMPSON, Etta	F	2/22/04	450-20-5494	T NT	SSA SSI	178.40 117.50							
✓ THOMPSON, Vinnie	F	4/13/02	436-44-0348	T NT	SSA SSI	216.50 191.60	207.30 110.80						
✓ THRASH, Hyacinth	F	3/20/07	315-03-3463	T NT	SSA SSI	223.20 72.80	205.20 230.48						
TOWNES, Essie Mae	F	7/3/03	554-50-7066	T NT	SSA SSI	123.60 172.40							
TSCHETTER, Al													
TSCHETTER, Mary													
TSCHETTER, KimYooNai	F	8/17/55	545-27-4826										
TUCKER, Alleane	F	4/1/29	410-46-4438	NTm	UIB	105.00							
TUPPER, Janet	F	7/13/62	None										
TUPPER, Lary	M	12/5/64	None										
TUPPER, Mary	F	12/16/60	None										
TUPPER, Rita J.	F	6/14/33	483-38-2717										
VENTO, Celeste	F	11/2/67	None										
VICTOR, Lillie	F	2/2/58	546-32-6096										
WADE, James		6/6/66	570-19-3637										
WADE, Keith	M	9/6/61	553-41-8437										
WADE, Kim Dutra	F	10/12/56	565-35-7923										
WALKER, Andrea	F	7/5/57	560-13-2572										

F-1-D-7 (41)

NAME	SEX	DOB	SOCIAL SECUR.	T/NT	TYPE	AMNT	PP	SH	IMM	REL.	JOB	PINK	BANK	SS
WALKER, Barbara	F	10/25/52	566-21-9301	NT	Wlfr	201.00								
WALKER, Dietrich	M	2/27/74	None											
WALKER, Jerika	F	12/23/70	555-17-8308											
WALKER, Mawhuanda	F	11/14/59	553-29-7151											
WALKER, Tony	M	12/29/57	557-08-6440											
WALLACE, Jane	F	10/15/99	496-07-9025	T	SSA	136.20								
				NT	SSI	159.80								
				T	SSA	106.30								
WASHINGTON, Annie B.	F ^s	5/25/12	252-46-5175	NT	SSI	189.70								
WHEELER, Darius	M	9/28/70	560-13-0982											
WHEELER, Jeff	M	7/20/65	554-11-7901											
WHEELER, Marlene	F	2/11/47	565-54-5633											
WHITMIRE, Lisa	F	3/30/66	570-04-1492											
WILLIAMS, Louise	F	1/31/13		NT	DIB	313.00								
WILLIAMS, Lisa	F	6/27/66	552-41-2010											
WILLIAMS, Sue Ellen	F	2/25/44	284-40-3360	NT	Job	800.00								
WILSON, Jewell	F	6/24/39	439-42-9737	NT	SSI	276.00								
WILSON, Joe	M	6/29/54	138-58-5695	T	DIB	400.00								
WINFREY, Irma	F	12/18/99	547-30-0322	T	SSA	104.80								
				NT	SSI	191.80								
WORLEY, Dorothy	F	8/11/14	404-20-5058	T	Retir.	211.40								
WOTHERSPOON, Mary	F	11/7/70	None											
WOTHERSPOON, Peter	M	5/5/47	163-38-2077											
WRIGHT, Keith	M	6/15/62	558-19-2649											
WRIGHT, Lisa	F	7/23/61	550-10-2627											
WRIGHT, Stanley	M	6/11/60	549-19-3056											
YATES, Nedra	F	09/28/24	455-32-1810	NT	SSI	276.00								
YOUNG, LeeEthel	F	7/22/12	439-09-5579											

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[The main body of the document is heavily obscured by dense horizontal noise and artifacts, rendering the text illegible.]

F-1-E-1

		JONESTOWN DEPARTURE		ARRIVAL DATE
NAME	ARRIVAL DATE	NAME	ARRIVAL DATE	ARRIVAL DATE
ADDISON, Steve	8-18-77	BARNETT, Carl	8-10-77	
ALBUDY, Ida	7-27-77	BARRON, Jack	7-23-74	
ALEXANDER, Lillian	8-8-77	BATES, Christine	7-23-77	
AMOS, Christa	8-23-77	BEAL, Geneva	8-2-77	
AMOS, Martin	8-27-76	BEAM, Eleanor	11-27-76	
ADAMS, Paula	1-3-74	BECK, Daniel	7-28-77	
ANDERSON, Maurice	8-10-77	BELL, Beatrice	8-7-77	
ANDERSON, Orelia	8-10-77	BELL, Elsie	8-14-77	
ANDERSON, Samuel	8-14-77	BELL, Ethel	8-10-77	
ARNOLD, Luberta	6-14-77	BIRKLEY, Julia	8-11-77	
ARTERBERRY, Linda	6-17-77	BEIKMAN, Charles	7-23-77	
ARTERBERRY, Ricardo	5-29-77	BEIKMAN, Rebecca	12-20-74	
ARTERBERRY, Traytese	6-17-77	BEIKMAN, Ronald	12-28-74	
ATKINS, Ruth	3-9-77	BENTON, Lena	8-10-77	
AUGUSTINE, Dante	8-11-77	BERRY, Dana	4-5-77	
BACILE, Kenith	12-20-74	BERRY, Daniel	7-28-77	
BACKMAN, Viola	8-4-77	BISHOP, James	6-10-77	
BACON, Monique	7-29-77	BISHOP, Stephanie	5-18-77	
BAISY, Kecia	8-19-77	BLAIR, Ernestine	8-26-77	
BAILLY, Geraldine	7-23-77	BLAKEY, Phillip	3-10-74	
BAILLY, Lory	8-14-77	BOGUE, Edith	7-23-77	
BAISY, Jeral	8-19-77	BOGUE, James	7-23-74	
BAISY, James Jr.	8-19-77	BOGUE, Juanita	8-7-77	
BAISY, Jondeshi	8-19-77	BOGUE, Marilee	8-11-77	
BAKER, Shawn	8-6-77	BOGUE, Thomas	7-24-76	
BAKER, Eric	8-26-77	BOUTTE, Mark	8-12-77	
BAKER, Jair	8-26-77	BOWER, Donald	8-22-77	
BAKER, Farik	8-6-77	BOYER, Reatha	8-4-77	
BAKER, Rory	8-6-77	BRADY, Georgiann	7-17-77	
BAKER, Terry	8-6-77	BRADY, Patricia M.	7-29-77	

F-1-E-14

<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
BRADY, Michelle	8-4-77	CARTER, Kaywana	5-10-77
BRANDON, Najahjuanda	8-4-77	CARTMELL, Patricia Jr.	3-8-77
BREIDENBACH, Melanie	4-28-77	CARTMELL, Walter	3-29-77
BREWER, Dorothy	8-10-77	CASANOVA, Sophia	8-4-77
BRIDGEWATER, Miller	8-7-77	CASTILLO, Mary	8-17-77
BROOKS, Madeline	7-24-77	CASTILLO, Richard	8-17-77
BROWN, Luella	7-29-77	CATNEY, Georgia	8-26-77
BROWN, Yolanda	7-29-77	CASANOVA, Maryann	8-4-77
BRYANT, Lucious	7-23-77	CHAIKIN, David	4-5-77
BUCKLEY, Chris	8-22-77	CHAIKIN, Gail	4-5-77
BUCKLEY, Dorothy	8-22-77	CHAVIS, Loretta	8-19-77
BUCKLEY, Frances	8-22-77	CHRISTIAN, Robert	7-1-77
BROWN, Jocelyn	4-3-77	CHRISTIAN, Robert Jr.	7-23-77
BUCKLEY, Loretha	3-9-77	CHRISTIAN, Tina	7-23-77
BUCKLEY, Minnie L.	8-22-77	CHRISTIAN, Vernetta	7-23-77
BUCKLEY, Odesta	8-22-77	CLIPPS, Ida	8-26-77
BUSH, William	5-29-77	CLAY, Nancy	8-4-77
BUTLER, Chotile	8-4-77	CLAYTON, Stanley	8-14-77
CAMERON, Beyonka	7-29-77	CLANCEY, MaryLou	8-10-77
CAMPBELL, Marion	8-8-77	CLARK, Joicy	8-8-77
CAREY, Jeffery	7-23-77	COBB, Brenda	8-17-77
CAMPBELL, Ronald	8-17-77	COBB, John	7-17-77
CANNON, Henry	8-19-77	COBB, Joel	8-17-77
CANNON, Vita	8-18-77	COBB, Sandra	3-29-77
CARR, Karen	5-29-77	COBB, Sharon	7-17-77
CARROLL, D'Artangan	8-17-77	COLE, Mathew	6-29-77
CARROLL, Randall	8-12-77	COLEMAN, Mary	8-11-77
CARROLL, Mildred	8-14-77	COLLINS, Susie	8-14-77
CARROLL, Rondell	8-4-77	CONNOR, Inez	7-27-77
CARROLL, Dwayne	7-19-77	CORLEY, Corlis	7-28-77

<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
COOK, Bertha	8-10-77	DELANEY, Edith	8-2-77
CONFRSERO, Angela	7-17-77	DEAN, Burger	8-17-77
COOK, Bertha	8-10-77	DELIHAUSSAYES, Tammi	8-4-77
CORDELL, Barbara	7-17-77	DENNIS, Eddie	7-23-77
CORDELL, Candace	5-29-77	DENNIS, Gabriel	7-23-77
CORDELL, Chris	5-29-77	DENNIS, Orde	7-23-77
CORDELL, Cindy	8-4-77	DENNIS, Ronnie	10-24-76
CORDELL, James	8-4-77	DE PINA, Miguel	8-14-77
CORDELL, Julie	7-21-77	DE PINA, Lovie	8-14-77
CORDELL, Loretta	8-4-77	DEVERS, Darrell	3-9-77
CORDELL, Mark	3-9-77	DICKERSON, Bessie	8-4-77
CORDELL, Mabel	8-4-77	DILLARD, Violet	8-18-77
CORDELL, Natasha	7-17-77	DOMINICK, Katherine	8-2-77
CORDELL, Richard	7-17-77	DOUGLAS, Calvin	8-6-77
CORDELL, Rita	7-17-77	DOUGLAS, Farené	8-17-77
CORDELL, Teresa	8-4-77	DOUGLAS, Joyce	8-6-77
CORNNER, Trinedette	8-19-77	DUCKETT, Marie	5-29-77
CUNNINGHAM, Millie	7-24-77	DUCKETT, Ronald	8-4-77
DARNES, Ollie	8-4-77	DUNCAN, Carrie	8-8-77
DARNES, Searcy	7-27-77	DUCKETT, Joannette	8-4-77
DASHIELL, Hazel	7-23-77	DUPONT, Ellen	8-1-77
DAVIS, Barbara	8-19-77	EDWARDS, Shirley	8-11-77
DAVIS, Brian	5-28-77	EDWARDS, Issac	8-12-77
DAVIS, Margarita	8-4-77	EDWARDS, Irene	4-9-77
DAVIS, Cynthia	8-1-77	EDWARDS, Zippy	7-24-77
DAVIS, Gerina	8-4-77	EDWARDS, James	4-3-77
DAVIS, Johannah	8-4-77	EICHLER, Evelyn	4-5-77
DAVIS, Lexie	7-27-77	FAIR, Sylvester	7-28-77
DAWKINS, Beatrice	8-4-77	FARELL, Barbara	7-23-77
DEAN, William	12-6-76	FARRIS, Marshall	7-29-77

F-1-E-1 (5)

<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
FELTON, Michael	8-1-77	GIEG, Renee	8-11-77
FIELDS, Donald	7-23-77	GIEG, Stanley	3-9-77
FIELDS, Lori	7-23-77	GILL, Betty	8-2-77
FIELDS, Mark	7-23-77	GOODSPEED, Claude	7-27-77
FIELDS, Shirlee	7-23-77	GREENE, Anita	8-4-77
FINLEY, Felawnta	8-4-77	GIEG, Jason	6-23-77
FITCH, Dawnielle	7-1-77	GOODWIN, David	5-29-77
FORKS, Viola	8-10-77	GREEN, Juanita	8-14-77
FITCH, Maureen	8-26-77	GRIFFITH, Amondo	8-10-77
FITCH, Raymond	7-23-77	GRIFFITH, Emmet	8-10-77
FLOWERS, Becky	8-22-77	GRISSETTE, Youlanda	8-4-77
FONZELLE, Toi	8-19-77	GRUNNET, Patricia	8-4-77
FORD, Anthony	7-29-77	GUY, Brian	8-6-77
FORD, Edward	7-29-77	GUY, Keith	8-6-77
FORD, Mary	8-4-77	GUY, Thurman	8-6-77
FORD, Helen	8-14-77	GRIFFITH, Emmet Sr.	4-3-77
FORTSON, Hue Ishi	7-17-77	GRIFFITH, Marrian	7-14-76
FORTSON, Rhonda	8-4-77	GRIFFITH, Mary	7-5-77
FOSTER, Beulah	8-2-77	GURVICH, Jann	8-22-77
FYE, Kimberly	8-10-77	HALLMON, Tiquan	8-17-77
FRANKLIN, Laketta	8-11-77	HALKMAN, Rochelle	7-23-77
FRANKLIN, Robert	8-14-77	HARMS, Karen	8-10-77
FULTON, Shiron	8-19-77	HARPER, Artee	8-4-77
GALLIE, William	8-4-77	HARRINGTON, Ollie	8-4-77
GARDNER, John	10-24-76	HARRIS, Magnolia	8-17-77
GARDFREY, Dominique	8-22-77	HARRIS, Josephine	8-7-77
GARDFREY, Dawn	8-22-77	HARRIS, Dorothy	8-4-77
GAYLOR, Shonda	8-17-77	HARRIS, Lian	3-8-77
GARCIA, Tiffany	7-22-77	HARRIS, Nevada	8-6-77
GIBSON, Mattie	7-23-77	HAYDEN, Eyvonne	8-10-77

F-1-E-1 (4)

<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
HENDRICKS, Aaron	7-17-77	JOHNSON, Berda T.	8-10-77
HENLEY, Hassan	7-23-77	JOHNSON, Carmen	8-4-77
HERRING, Nena	8-10-77	JOHNSON, Derek	7-22-77
HINES, Rosa	8-17-77	JOHNSON, Deshon	8-19-77
HILL, Emma	8-17-77	JOHNSON, Earl	7-22-77
HILTON, Osiale	8-19-77	JOHNSON, Garnett	10-24-76
HOLLIDAY, Tanai	8-18-77	JOHNSON, Gary	12-6-76
HORNE, Hazel	8-11-77	JOHNSON, Gerald	8-7-77
HOUSTON, Judy	8-17-77	JOHNSON, Gleniel	8-19-77
HOUSTON, Pat	8-17-77	JOHNSON, Gwen	8-14-77
HOWARD, Doris	8-10-77	JOHNSON, Helen	7-27-77
IJAMES, Judith	7-22-77	JOHNSON, Irra	7-31-77
IJAMES, Maya	6-12-77	JOHNSON, James	8-1-77
INGRAM, Ava	6-17-77	JOHNSON, Janice	8-14-77
JACKSON, Beatrice	7-27-77	JOHNSON, Jessie	8-10-77
JACKSON, Darrell	7-17-77	JOHNSON, Mahaley	8-10-77
JACKSON, David	6-27-74	JOHNSON, Maisha	8-4-77
JACKSON, Eileen	7-28-77	JOHNSON, Naomi	8-17-77
JACKSON, Leticia	8-4-77	JOHNSON, Patsy	8-19-77
JACKSON, Gladys	7-28-77	JOHNSON, Richard	7-27-77
JAMES, Ronald	8-22-77	JOHNSON, Robert	4-27-77
JEFFREY, Margaret	8-1-77	JOHNSON, Robert K.	11-27-76
JACKSON, Laurece	8-4-77	JOHNSON, Ruby	8-22-77
JACKSON, Luvenia	6-27-74	JOHNSON, Saleata	8-19-77
JACKSON, Richard	8-4-77	JOHNSON, Sharon	8-10-77
JACKSON, Rosa	7-17-77	JOHNSON, Thomas	1-11-75
JAMES, Margaret	7-17-77	JOHNSON, Shawntiki	8-17-77
JANARO, Daren	4-6-77	JOHNSON, Willa Joann	8-14-77
JANARO, Mauri	8-4-77	JOHNSON, Laura	4-5-77
JEFFREY, Eartis	8-1-77	JONES, Agnes	8-10-77

F-1-E-1 (4)

<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
JONES, Anette	8-14-77	LANG, Lossie	8-6-77
JONES, Chaeoke		LANGSTON, Zuretti	8-17-77
JONES, Forrest	7-21-77	LAWRENCE, Jamoel	7-17-77
JONES, Kwame	8-10-77	LAWRENCE, Nawab	10-24-76
JONES, Lerna	8-4-77	LAYTON, Karen	8-26-77
JONES, Michael	7-17-77	LEWIS, Dana	
JONES, Timothy	3-9-77	LOPEZ, Vincent	6-15-76
JONES, Vallersteane	8-11-77	LIVINGSTON, Beverly	8-4-77
JORDAN, Dessie	8-14-77	LIVINGSTON, Jerry	7-23-74
JORDAN, Fannie	7-25-77	LOWE, Love Life	8-10-77
JORDAN, Lula	8-17-77	LUCAS, Lovie	7-17-77
JOY, Love	8-11-77	LUNDQUIST, Diane	8-4-77
KEATON, Rose	7-27-77	LYLES, Magaline	8-14-77
KEATON, Tommie	7-27-77	LUNDQUIST, Dov	10-23-76
KE, f, Anita	7-23-77	MACON, Dorothy	8-6-77
KEMP, Barbara	8-4-77	MADDEN, Rori	7-29-77
KEMP, Melanie	8-4-77	MALLOY, Lillian	8-6-77
KENDALL, Elfreida	3-9-77	MALONE, Willie	5-29-77
KENNEDY, Emma	8-6-77	MARCH, Alfred	7-23-77
KEMP, Rochelle	8-4-77	MARCH, Alfreda	7-23-77
KICE, Thomas	10-24-76	MARCH, Anita	7-23-77
KICE, Thomas 2nd	12-25-74	MARCH, Ernestine	7-23-77
KING, Charlotte	8-14-77	MARSHALL, Charles	8-6-77
KING, Teresa	8-10-77	MARSHALL, Danny	8-10-77
KLINGMAN, Martha	8-11-77	MARSHALL, Diana	7-29-77
KLINGMAN, April	5-18-77	MASON, Irene	8-26-77
KIPVENDALL, Chuck	8-10-77	MASON, Francine	8-17-77
KLINGMAN, Clarence	5-29-77	MAYSHACK, Mary	8-10-77
KUTULAS, Danny	4-28-77	McCALL, D. Wayne	2-18-77
LAND, Pearl	8-17-77	McCANN, Eileen	8-10-77

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<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
McCANN, Michael	8-4-77	MOTON, Viola	8-22-77
McCANN, Maria	10-7-77	MUELLER, Esther	8-2-77
McCANN, Paul	5-18-77	MULDROW, Yvette	8-10-77
McCLAIN, Allie	8-18-77	MORRISON, Erris	8-4-77
McCOY, Leandra	8-1-77	MOTON, Michael	8-28-77
McCOY, Lowell	7-29-77	MURRAY, Detra	8-1-77
McCOY, Marcenda	8-1-77	NAILOR, Gertrude	8-14-77
McCOY, Patty	8-1-77	NEAL, Cardell	8-10-77
McGOWAN, Alluvine	8-14-77	NEWELL, Cleveland	8-14-77
McGOWAN, Annie	8-1-77	NEWELL, Christopher	8-22-77
McINTYRE, Joyce	8-11-77	NEWELL, Allen	8-28-77
McKENZIE, Clara	8-11-77	NEWELL, Jenifer	8-22-77
McKINNIS, Levatus	8-6-77	NEWELL, Hazel	8-22-77
McKNIGHT, Diana	8-10-77	NEWMAN, Lonnie	7-24-77
McMURRY, Theodore	8-14-77	NEWSOME, Benjamin	8-28-77
McKNIGHT, Raymond	7-23-77	PAGE, Rhonda	7-24-77
MERCER, Henry	8-14-77	PARKER, Beatrice	8-2-77
MILLER, Lucy	8-12-77	PARKER, Bethany	2-6-77
MITCHELL, Shirley	8-10-77	PARKS, Joyce	3-26-77
MITCHELL, Yolanda	8-10-77	PARKS, J. Warren	4-17-77
MOORE, Annie	4-17-77	PERKINS, Irvin	8-4-77
MOORE, Betty	8-10-77	PARRIS, Lore	8-7-77
MOREHEAD, Leola	8-7-77	PERKINS, Lenora	8-4-77
MORRISON, Yvonne	8-6-77	PETERSON, Rosa	8-11-77
MORRIS, Pearly	8-17-77	PHILLIPS, George	8-4-77
MOORE, Clarence	5-21-77	PONTS, Lois	7-19-77
MORAN, Stephanie	4-5-77	PARTAK, Thomas	8-14-77
MORRISON, Lugenia	8-6-77	PATTERSON, Anton	8-4-77
MORTON, Beatrice	8-22-77	PAYNEY, Lucille	8-4-77
MOSES, Eura	8-14-77	PERRY, Leon	8-10-77

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<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
PONTS, Donna	8-19-77	ROMANO, Renee	8-4-77
OPRYANT, Winn.	8-14-77	ROSA, Gloria	8-6-77
OLIVER, Bruce	7-27-77	ROSAS, Kay	8-12-77
OLIVER, Shonda	7-27-77	ROSA, Santiago	8-6-77
OWENS, Janke	3-9-77	ROSA, Thurman	7-23-77
OWENS, Michkell	7-21-77	ROSS, Elsie	8-4-77
PORTER, Marlon	7-23-77	ROZYNKO, Annie J.	7-21-77
PROKES, Michael	8-19-77	ROZYNKO, Chris	7-21-77
PUCH, Eva	8-24-77	ROZYNKO, Michael	7-21-77
PURSLEY, Joan	7-23-77	RUBEN, Lula	8-4-77
PERKINS, Maude	8-12-77	RUGGIERO, Liz	3-9-77
RAILBACK, Estella	8-14-77	RUNNEL, Judy	8-4-77
RAMEY, Darlene	8-12-77	SADLER, Linda	8-8-77
REEVES, L. Bee	7-29-77	SANDERS, Flora	8-10-77
REPP, Willie	8-4-77	SANTIAGO, Alida	8-10-77
RHODES, Issac	7-18-77	SCHACHT, Larry	7-17-77
RHODES, Mark	7-18-77	SCHEID, Angelique	8-1-77
RHODES, Odell	8-28-77	SCHEID, Dianne	7-23-77
ROBERTS, Annie	8-19-77	SCHEID, Donald	4-28-77
ROBERTSON, Odenia	8-7-77	SCHROEDER, Debbie	8-1-77
ROBERTSON, Acquinetta	8-4-77	SCHROEDER, Tad	7-1-77
ROBINSON, Benjamin	8-10-77	SCOTT, Pauline	8-10-77
ROBINSON, Shirley	8-10-77	SCOTT, Karen	8-12-77
ROCHELLE, Kim	7-27-77	SELLERS, Marvin	7-27-77
RODGERS, Mary	8-14-77	SHARON, Rose O.	8-14-77
RODGERS, Ophelia	8-11-77	SHAVERS, Mary.	7-23-77
ROGERS, Mary	8-4-77	SIMON, Aisha	7-24-77
ROLDIGUEZ, Gloria	7-1-77	SIMON, Alvin	8-17-77
ROLLINS, Dorothy	8-17-77	SIMON, Alvin Jr.	8-17-77
ROMANO, Marguerita	7-23-77		

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<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
SIMON, Anthony	3-18-74	STEVENSON, Frances	8-10-77
SIMON, Bonnie	8-17-77	STONE, Sharon	8-4-77
SIMON, Crystal	8-17-77	STONE, Tobianna	7-28-77
SIMON, Jose	8-17-77	STONE, Tracy	8-4-77
SIMON, Michael	8-10-77	STRIDER, Adeline	7-24-77
SIMON, Melanie	7-24-77	STROUD, Robert	8-10-77
SIMON, Pauline	8-17-77	SWANEY, Nathaniel	3-9-77
SIMON, Summer	8-17-77	SWANEY, Stephanie	7-28-77
SMITH, Barbara	8-4-77	SWINNEY, Timothy	3-18-74
SINES, Nancy	7-30-77	SWINNEY, Wanda	8-10-77
SINES, Ronald	4-28-77	TALLEY, Vera	8-1-77
SLY, Mark	7-17-77	TARDY, Armella	8-6-77
SMITH, Jeffrey	7-23-77	TARDY, Eliot	7-27-77
SMITH, Clark	8-4-77	TAYLOR, Lucille	8-6-77
SMITH, Karl	8-4-77	TAYLOR, Virginia	8-4-77
SMITH, Kirtas	8-4-77	THOMAS, Bernice	8-17-77
SMITH, Kelly	7-29-77	THOMAS, Lavonne	8-6-77
SMITH, Kevin	4-28-77	THOMAS, Willie	8-6-77
SMITH, Krista	2-14-77	THOMPSON, Vennie	7-27-77
SMITH, Michael	8-4-77	THRASH, Hyacinth	7-24-77
SMITH, Shirley	8-22-77	TOUCHETTE, Albert	7-23-74
SMITH, Stephanie	8-4-77	TOUCHETTE, Charles	7-23-74
SNEED, Novella	8-10-77	TOUCHETTE, Joyce	7-23-74
SNEED, Eloise	8-14-77	TOUCHETTE, Deborah	7-23-74
SNELL, Helen	8-11-77	TOUCHETTE, Michael	3-18-74
SOLOMAN, Dorrus	12-20-74	TOUCHETTE, Michelle	4-20-77
SOLOMAN, Syria	8-4-77	TOWNS, Essie	8-14-77
SMITH, Bonnie	7-23-77	TOWNES, LeFlora	8-17-77
STATEN, Abraham	7-23-77	TROPP, Harriet	8-19-77
STATEN, Ameal	7-23-77		

<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
TSCHEPETER, Betty	8-10-77	WILLIAMS, Theo	8-10-77
TUCKER, Alleane	8-14-77	WILLIAMS, Tyrinia	3-29-77
TUPPER, Janet	7-17-77	WILSON, Burrell	8-14-77
TUPPER, Larry	7-17-77	WILSON, Ezekiel	8-14-77
TUPPER, Rita	7-17-77	WILSON, Jakari	6-17-77
TUPPER, Ruth	6-29-77	WILSON, Jerry	5-29-77
TURNER, James	8-17-77	WILSON, Joe	8-11-77
TURNER, Syola	8-14-77	WILSON, Leslie	8-12-77
TYLER, Gary	8-4-77	WALKER, Newhanda	8-4-77
VICTOR, Lillie	8-10-77	WATKINS, Earlene	8-10-77
VENTO, Celeste	8-4-77	WATKINS, Gregory	3-9-77
WADE, James	8-4-77	WINSTON, Alizia	8-4-77
WALKER, Barbara	7-23-77	WORLEY, Dorothy	7-23-77
WALKER, Derek	8-17-77	ANDERSON, Carlos	11-13-77
WALKER, Jerrica	7-13-77	ANDERSON, Jerome	11-13-77
WALKER, Mary	8-15-77	ANDERSON, Marcus	11-13-77
WARREN, Brenda	8-10-77	ANDERSON, Tommy	11-18-77
WARREN, Janice	8-10-77	JAMES, Lavana	11-18-77
WARREN, Gloria	7-19-77	JONES, Eliza	11-18-77
WATKINS, William	12-10-76	McKNIGHT, Rose	11-11-77
WASHINGTON, Eddie	8-17-77	PERKINS, Richadell	11-18-77
WERNER, Daren	11-24-75	RHEA, Asha	11-18-77
WILSON, Wanda	8-18-77	RHEA, Pat	11-18-77
WINIFREY, Erma	7-27-77	SANDERS, Dorothy	11-16-77
WHEELER, Jeff	8-4-77	SLY, Ujara	11-11-77
WHEELER, Darius	7-28-77	FINNEY, Casey	11-18-77
WILHITE, Jamila	8-6-77	SANDERS, Douglas	11-16-77
WILHITE, Cheryl	8-6-77	LANGSTON, Carrie	11-9-77
WILLIAMS, Charles	4-28-77	GIEG, Rob	8-10-77
WILLIAMS, Louise	8-10-77	FORD, Fannie	8-19-77

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<u>NAME</u>	<u>ARRIVAL DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
McCOY, Carol	11-9-77	McKNIGHT, Earl	8-18-77
BURD, Terry	10-12-77	RUGGIERO, Roseann	11-4-77
CARTER, Mary T.	3-26-77	BORDENAUE, Selika	8-14-77
CARTMELL, Patricia		DARNES, Velma	8-14-77
JONES, James Jr.	6-17-77	EICHLER, Erin	9-9-77
JONES, James Sr.	6-17-77	JACKSON, Don	10-26-77
JONES, Johnny Moss		HARRIS, Willie	9-4-77
JONES, Lew	3-29-77	GRIGSBY, Frankie	11-4-77
JONES, Stephan	2-25-77	JOHNSON, Mary	11-4-77
JONES, Tim	6-17-77	MOTON, Glen	8-22-77
KATSARIS, Maria	6-17-77	AMOS, Sharon	9-13-77
KERNS, Carol	7-27-77	BEAM, Rheaviana	9-17-77
LAYTON, Carolyn	7-6-77	BEIKMAN, Thomas	9-22-77
LOOMAN, Carolyn	7-18-77	BOGUE, Teena	10-22-77
PHILLES, Jim Jon	8-19-77	BREIDENBACH, Avis	4-18-77
STOEN, John		BREIDENBACH, Wesley	4-24-77
WILSEY, Janice		BREWSTER, Kim	9-27-77
WOTHERSPOON, Mary	2-19-77	CARROLL, Ruby	10-8-77
WOTHERSPOON, Peter	7-19-77	CARTER, Michael	9-23-77
WRIGHT, Keith	8-11-77	COLE, Arlander	9-17-77
WRIGHT, Lisa	7-29-77	COLE, Arvella	9-17-77
WRIGHT, Stanley	8-11-77	FAIN, Tinetra	4-18-77
WILSON, Shirley	8-19-77	FAIR, Amanda	7-28-77
CARTER, Tim	8-24-77	FITCH, Donald	9-27-77
JERRAM, Susan	8-22-77	FROHM, Connie	9-27-77
TALLEY, Ronald	10-26-77	GERNANDT, Eugenia	10-22-77
KRUE, Robert	10-26-77	GIEG, Clifford	4-28-77
TUPPER, Mary	7-17-77	GRAHAM, Willie	9-17-77
WHEELER, Marlene	11-2-77	GRIFFITH, Mae	8-14-77
JACKSON, Corrine	10-27-77	GRUBBS, Sylvia	10-22-77

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<u>NAME</u>	<u>ARRIVING DATE</u>	<u>NAME</u>	<u>ARRIVAL DATE</u>
HALL, Carl	10-22-77	YATES, Jonnie	10-16-77
HALL, Janice	10-22-77	CANNON, Thelma	8-19-77
HALLMAN, Eddie	10-22-77	JOHNSON, Bessie	8-4-77
HICKS, Anthony	9-23-77		
HICKS, Rumaldo	9-23-77		
HICKS, Shirley	9-23-77		
JANARO, Richard	9-24-77		
JOHNSON, Ruby	10-22-77		
LENDO, Karen	10-16-77		
LEROY, Laetitia	9-22-77		
LEE, Daisy	9-9-77		
McCALL, Cheryle	7-21-77		
McMURRY, Renee	9-23-77		
McMURRY, Sebastian	9-23-77		
ROBINSON, Orlando	10-22-77		
SATTERWHITE, Alvaray	8-14-77		
SMITH, Bertha	8-11-77		
SMITH, Dede	10-16-77		
SMITH, Kevan	12-20-74		
STAHL, Richmond	9-23-77		
THOMPSON, Etta	10-16-77		
TROPP, Dick	10-18-77		
TRUSS, Cornelius	4-5-77		
TSCHETTER, Alfred	9-23-77		
TSCHETTER, Mary	9-23-77		
TURNER, Bruce	10-16-77		
WALL, Preston	10-4-77		
WAGNER, Mark	10-16-77		
WILLIAMS, Walter	8-17-77		

F-1-E-1 (12)

[The main body of the document is a large rectangular area that has been almost entirely obscured by heavy black redaction marks. Only faint, illegible traces of text are visible through the noise and artifacts of the scanning process.]

F-1-E-2

LISTING OF ALL SSA CHECKS NOT RECEIVED JULY-NOV.

			1	2	3	4	5	6
	Name	SSA #	August	September	October	November	Totals	
1	Addison, Steve	505-46-0172			499.00	499.00	499.00	1482.00
2	Albady, Ida	481-01-1159				232.20	232.20	
3	Arnold, Luberta	435-07-4659					164.10	
4	Birkley, Julia	184-07-2441	151.70	151.70	151.70	151.70	606.80	
5	Brady, Michaelien	548-56-5806			236.00	236.00	472.00	
6	Butler, Chloile	365-18-9917	148.90				297.80	
7	Carroll, Mildred Ada	155-14-2055	181.10	181.10	181.10	181.10	724.40	
8	Carroll, Ruby Jewell	402-58-4023	218.70				218.70	
9	Clark, Jocy	460-46-1906		120.30	120.30		240.60	
10	Clippis, Ida Mae	450-20-9515				229.10	229.10	
11	Brady, Georgianne	548-56-5806	68.80	68.80	68.80	68.80	275.20	
12	Coleman, Mory	462-20-6607		202.40	202.40	202.40	607.20	
13	Collins, Susie L.	431-34-2413			183.50	183.50	367.00	
14	Coney, Inez S.	144-16-3639			348.80	348.80	697.60	
15	Dashiell, Hazel F.	037-18-9457		331.00	331.00	331.00	993.00	
16	Davis, Barbara	558-44-2275		147.60	147.60		295.20	
17	Delaney, Edith	524-05-0457	284.90	284.90		284.90	1139.60	
18	Edwards, Zipporah	304-26-4141		218.80	218.80	218.80	656.40	
19	Fair, Amanda	553-14-6607	152.30	152.30	152.30	152.30	609.20	
20	Farris, Marshall	429-05-3245	350.00				350.00	
21	Gill, James for Betty J.	352-22-9581		125.10	125.10	125.10	375.30	
22	Goodspeed, Claude	463-16-6315			305.40		305.40	
23	Goodspeed, Lue Dimple	533-14-1936			133.30		133.30	
24	Griffith, Emmett Sr.	451-26-5142			272.50	272.50	545.00	
25	Griffith, Emmett (Kids)	451-26-5142			290.60	290.60	581.20	
26	Harper, Artee	438-12-3238		190.50	190.50	190.50	571.50	
27	Harrington, Ollie	428-70-2459					265.50	
28	Harris, Willie M. for Doris	253-16-0266				164.10	164.10	
29	Harris, Willie M.	253-16-0266				164.10	164.10	
30	Hayden, Evonne (R.H. for)	454-24-9349			177.50	177.50	355.00	
31	Hiatt, Emma	454-24-1452			137.20	137.20	274.40	
32	Jackson, Dave	435-05-5208	July 280.00				280.00	
33	Jackson, Rosa (for Leticia)	511-17-8244		153.40	153.40		306.80	
34	Jeffery, Curtis & Margaret	402-50-2285		195.40	195.40	195.40	586.20	
35	Jackson, Beatrice	551-34-7632			191.40	191.40	382.80	
36	Johnson, Helen	437-58-6670			132.70	132.70	265.40	
37	Johnson, Jessie	420-26-1483		203.90	203.90	203.90	611.70	
38	Johnson, Ruby Lee	464-50-9154				487.00	487.00	
39	Jones, Lynette	303-16-7310			286.00	286.00	572.00	
40	Lord, Pearl	461-12-0179					182.40	
	SUBTOTALS	July 280.00	1556.40	3221.21	5916.11	7093.50	18067.22	

	Name	SSA #	August	September	October	November	Totals
1	Lang, Lossie	452-16-4351			107.30	107.30	214.60
2	Love, Helen (Ford)	177-28-8100		190.00	190.00	190.00	570.00
3	Lowie, Love Life G.B.	088-42-5801		114.30	114.30	114.30	342.90
4	Lucas, Lovie Jean	561-28-7088				113.10	113.10
5	McIntyre, Joyce	428-01-8810		92.00	92.00	92.00	276.00
6	Mason, Irene	421-24-4434				195.10	195.10
7	Miller, Lucille	264-74-3435		72.50	72.50	72.50	217.50
8	Mitchell, Callie Mae	412-09-9666		103.00	103.00	103.00	309.00
9	Morris, Pearly	462-52-4710			82.80	82.80	165.60
10	Moses, Eura	549-24-7040			211.50	211.50	423.00
11	Mueller, Esther	303-26-4444		153.30	153.30	153.30	459.90
12	Murphy, Lela	560-20-8425			318.20	318.20	636.40
13	O'Bryant, Zelline	365-42-7169		148.70	148.70	148.70	446.10
14	Payney, Lucille	365-96-2946	243.70	245.70	249.70	243.70	974.80
15	Perkins, Lenora	578-30-8151			152.50	152.50	305.00
16	Peterson, Rose	549-58-5158			159.20	159.20	318.40
17	Pugh, Eva	804-01-7850			429.70	429.70	859.40
18	Rhodes, Odell	377-44-3221			275.80	275.80	551.60
19	Roberson, Odenia	568-20-8488			112.50	112.50	225.00
20	Scott, Pauline	214-26-7048			161.90	161.90	323.80
21	Stack, Abraham	723-21-5167				366.80	366.80
22	Staten, Ameal	435-30-8097			106.60	106.60	213.20
23						78.30	78.30
24	Strider, Adeline	568-24-4025			247.40	247.40	494.80
25	Thomas, Bernice	494-30-7132			187.70	187.70	375.40
26	Thompson, Vinnie	436-44-0348			110.80	110.80	221.60
27	Thompson, Vinnie G. Carnelly	500-18-1647			229.30	229.30	458.60
28	Thrash, Catherine H.	315-03-3463		236.40	236.40	236.40	709.20
29	Towles, Essie Mae	354-50-7066				131.70	131.70
30	Tschetter, Al	545-48-0030			349.08		349.08
31	Walker, Mary N.	566-52-9467		109.35	109.35	109.35	328.05
32	Williams, Louise	463-34-2951				256.20	256.20
33	Williams, Theo	459-03-8050			208.80	208.80	417.60
34	Winfrey, Erma	547-30-0322			110.60	110.60	331.80
35	SUBTOTALS		243.70	1573.35	5024.93	5817.05	12659.53
36	MONTHLY TOTALS	July 280.00	1800.10	4795.06	10941.04	12730.55	30726.75
37	GRAND TOTAL						30726.75

LISTING OF CHECKS NOT RECEIVED JULY THROUGH NOVEMBER
ALL SOURCES

Name	Type/amt	July	August	September	October	November
Addison, Stephen				SSA 227.20	SSA 227.20	SSA 227.20
Alburt, Ida						SSA 227.20
Alexander, Lillian		RR 100.13	RR 100.13		RR 578.46	RR 578.46
Arnold, Liberta						SSA 167.10
Bailey, Geralline				Ret 364.84		Ret 364.84
Birkley, Julia			SSA 157.70	SSA 157.70	SSA 157.70	SSA 157.70
Brady, Michael					SSA 227.20	SSA 227.20
Bryan, Lucioles			RR	RR	RR	RR
Butler, Chlotile			SSA 172.30			SSA 172.30
Carroll, Mildred Ada			SSA 171.10	SSA 171.10	SSA 171.10	SSA 171.10
Carroll, Ruby Jewell			SSA 214.70			
Clark, Joicy				SSA 207.90	SSA 207.90	SSA 207.90
Clay, Nancy				SSA 207.90	SSA 207.90	SSA 207.90
Clipp, Ida Mae						SSA 227.10
Brady, Georgienne			SSA 202.70	SSA 202.70	SSA 202.70	SSA 202.70
Coleman, Mary				SSA 202.70	SSA 202.70	SSA 202.70
Collins, Susie L.				SSA 183.50	SSA 183.50	SSA 183.50
Condy, Inez S.				SSA 248.80	SSA 248.80	SSA 248.80
Cunningham, Millie S.			VA 94.20	VA 94.20	VA 94.20	VA 94.20
Dashill, Hazel F.				SSA 201.25	SSA 201.25	SSA 201.25
Davis, Barbara				SSA 201.25	SSA 201.25	SSA 201.25
Dawkins, Beatrice						
Dean, Burger Lee					Army 50.00	Army 50.00
Delaney, Ethel			SSA 296.52	SSA 296.52	SSA 296.52	SSA 296.52
Dickson, Bessie Lee						
Edwards, James			CSA 496.36	CSA 496.36	CSA 496.36	CSA 496.36
Edwards, Zipporah				SSA 218.80	SSA 218.80	SSA 218.80
Fair, Amanda			SSA 220.51	SSA 220.51	SSA 220.51	SSA 220.51
Fair, Sylvester			Pen 220.51			Pen 220.51
Farris, Marshall			SSA 38.00	VA 38.00		VA 38.00
Foster, Beulah			Pen 214.71	Pen 214.71		Pen 214.71
Gernandt, Eugenia						VA 57.75
Gill, Betty Jean				SSA 135.40	SSA 135.40	SSA 135.40
Goodspeed, Claude					Pen 140.70	Pen 140.70

F-1-E-Z(2)C

F-1-E-2-2

Month	Day	Name	Rate	Notes
June		Goodspeed, Lee Eugene	SSA 275.50	
June		Griffith, Emmett (Kaz)	SSA 275.50	
June		Griffith, Mary	SSA 275.50	
June		Griffith, Attd	SSA 275.50	
June		Harting, Ollie	SSA 265.50	
June		Harris, Maudie (for kids)	SSA 265.50	
June		Harris, Maggie	SSA 265.50	
June		Harris, Willie M. (Kaz)	SSA 265.50	
June		Harris, Wynona (Kaz)	SSA 265.50	
June		Herring, Norma B.	SSA 251.20	
June		Hill, Emma	SSA 251.20	
June		Hill, Osi Lee	SSA 251.20	
June		Jackson, Beatrice	SSA 247.40	
June		Jackson, Dave	SSA 247.40	
June		Jackson, Gladys	SSA 247.40	
June		Jackson, Rosa (for Letricia)	SSA 247.40	
June		Jeffery, Curtis	SSA 247.40	
June		Jeffery, Curtis & Margaret	SSA 247.40	
June		Johnson, Gerald	SSA 247.40	
June		Johnson, Helen	SSA 247.40	
June		Johnson, Jessie	SSA 247.40	
June		Johnson, Robert H.	SSA 247.40	
June		Johnson, Ruby Lee	SSA 247.40	
June		Johnson, Elva	SSA 247.40	
June		Johnson, Luella	SSA 247.40	
June		Land, Pearl	SSA 247.40	
June		Lang, Lottie (for A)	SSA 247.40	
June		Love, Helen G. B.	SSA 247.40	
June		Love, Love Jean	SSA 247.40	
June		Lucas, Love Jean	SSA 247.40	
June		Mrs. Mathre, Joyce	SSA 247.40	
June		Mrs. K. Mathre, Forl	SSA 247.40	
June		Mallory, William	SSA 247.40	
June		Mason, Irene	SSA 247.40	
July				
August				
September				
October				
November				

		July	August	September	October	November
1	Miller, Lucille			SSA 72.50	SSA 72.50	SSA 72.50
2	Mitchell, Callie Mae			SSA 103.00	SSA 103.00	SSA 103.00
3	Morris, Pearly				SSA 152.80	SSA 152.80
4	Moses, Eura				SSA 211.50	VA 211.50
5	Moton, Glen					VA 105.90
6	Moton, Viola			Pen 174.21	Pen 174.21	Pen 174.21
7	Mueller, Esther			SSA 153.30	SSA 153.30	SSA 153.30
8	Murphy, Lela				SSA 118.20	SSA 118.20
9	O'Donohue, Zelma			SSA 148.70	SSA 148.70	SSA 148.70
10	Parrish, Lore B. ?					
11	Payne, Lucille		SSA 153.70	SSA 153.70	SSA 153.70	SSA 153.70
12	Perkins, Lenora				SSA 152.50	SSA 152.50
13	Peterson, Rose				SSA 159.20	SSA 159.20
14	Pugh, Eva				SSA 149.70	SSA 149.70
15	Rhodes, Odell				Pen 50.29	Pen 50.29
16	Roberson, Odenia				SSA 115.80	SSA 115.80
17	Rodgers, Mary J.				SSA 112.50	SSA 112.50
18	Scott, Pauline				VA 50.00	VA 50.00
19	Skilton, Rose				SSA 101.90	SSA 101.90
20	Staten, Abraham					SSA 166.80
21	Staten, Ameal			Pen 407.50	Pen 407.50	Pen 407.50
22	Strider, Adeline				SSA 106.60	SSA 106.60
23	Swamy, Helen				SSA 78.30	SSA 78.30
24	Thomas, Bernice				SSA 247.40	SSA 247.40
25	Thompson, Vinnie				SSA 268.00	VA 268.00
26	Thompson, Vinnie for Earnest				SSA 177.70	SSA 177.70
27	Thrash, Catherine H.				SSA 110.80	SSA 110.80
28	Townes, Essie Mae				SSA 229.30	SSA 229.30
29	Tschetter, Al			SSA 236.46	SSA 236.46	SSA 236.46
30	Walker, Mary N.			Pen 23.10	Pen 23.10	Pen 23.10
31	Williams, Louise				SSA 157.70	SSA 157.70
32	Williams, Theo				SSA 208.80	SSA 208.80
33	Winfrey, Erna			SSA 100.50	SSA 100.50	SSA 100.50
34	Worley, Dorothy (Brady)			SSA 101.85	SSA 101.85	SSA 101.85
35					RR 213.45	RR 213.45
36					SSA 256.20	SSA 256.20
37					SSA 208.80	SSA 208.80
38				SSA 110.60	SSA 110.60	SSA 110.60
39					Ret. 101.89	Ret. 101.89

F-1-E-2 (A) e

[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into distinct sections, possibly separated by horizontal lines or bullet points, but the specific content cannot be discerned.]

F-1-e-3

October
update

T-1-E-3a ②

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1	Anderson, Orelia	SSA	\$156.50		Home, Hazel	SSA	\$114.30
2	Arnold, Loretta	SSA	\$161.10		Houston, Phyllis for kids	SSA	\$745.20
3	Beal, Geneva	SSA	\$167.50		Howard, Doris	SSI	\$296.00
4	Bell, Alfred	SSA	\$616.00		Jackson, Dave (Pop)		\$280.60
5	Belle, Ethel	SSA	\$285.90		Jackson, Donald	SSA	\$440.00
		SSI	\$112.10		Jackson, Gladys	Pens.	\$17.00
7	Brady, Michaelen	SSI	\$62.30		Jackson, Louisa for R.J.	Ref.	\$265.76
8	Brady, Michelle	SSA	\$68.80		Jackson, Lavinia	SSI	\$241.00
9	Brooks, Madeline	SSA	\$270.40		Jackson, Lavana	SSA	\$122.00
10	Burter, Christie	SSA	\$48.90		Johnson, Melan	?	\$712.69
11	Camp, Lena (Benton)	SSA	\$103.60		Johnson, Lucille	SSA	\$152.70
12	Carroll, Ruby Jewell	SSA?	\$202.30		Johnson, Robert	SSA	\$68.40
13	Chambless, Jossie	SSA	\$105.80		Johnson, Ruby Lee	SSA	\$288.50
14		SSI	\$210.20			SSA	\$487.00
15	Chastein, Patti Lynn	SSI	\$549.49			SSI	\$198.30
16	Clay, Nancy	Pens.	\$33.00		Jones, Eliza	SSA	\$55.20
17	Clippis, Ida Mae	SSA	\$229.10		Jordan, Dessie	SSA	\$58.80
18		SSI	\$86.90		Jordan, Fannie	SSA	\$181.70
19	Cole, Arlander	SSA	\$321.90		Jordan, Lula	SSA	\$286.00
20		Pens.	\$69.00		Keller, Elaine R	SSI	\$296.00
21	Cole, Arvella	SSA	\$182.80		Kemp, Barbara	SSI	\$296.00
22	Coleman, Mary	SSA	\$113.60		Kennedy, Emma	SSA	\$189.50
23	Cook, Martha	SSA	\$203.90		Keel, Pearl	SSA	\$182.40
24	Cook, Mary Ellen	SSI	\$296.00		Malloy, Lillian for	SSI	\$75.30
25	Cordell, Edith	SSA?			Marrison, Augusta kids	SSA	\$192.80
26		CSA	\$346.80		Marrison, Lurgina	SSA	\$26.40
27	Cunningham, Millie S.	SSA	\$123.10		Maylor, Gertrude	SSA	\$170.40
28	Davis, Lorine	SSA	\$183.90		Nichols, Ida H.	SSA	\$306.00
29	DePina, Lorie	SSA	\$130.70			SSI	\$146.80
30	DePina, Miguel	SSA	\$83.00		Owens, Jane	SSI	\$203.50
31	Dominick, Katherine	SSA	\$351.00		Roberson, Odene	SSI	\$971.61
32	Douglas, Fannie	SSA	\$175.50		Runnels, Ednie Jewel	SSI	\$277.70
33	Dixon, Florine	VA	\$125.08		Sanders, Washington	SSA	\$204.00
34	Eddins, Irene	SSA	\$175.55		Smith, Bertha	SSA	\$114.30
35		SSI	\$205.63		Smith, Gazella	VA	\$99.65
36	Fair, Sulvester C.	SSA	\$342.10		Sued, Novella	SSA	\$103.50
37	Gernandt, Eugenia	SSA	\$164.10		Stahl, Alfred Richmond	SSA	\$420.70
38		?	\$146.12		Stahl, Carl for Bonnie	SSA	\$148.10
39	Harrington, Ollie	SSA	\$265.50		Stahl, Carl	SSA	\$24.80
40	Harris, Annie Mae	SSA	\$144.40		Staten, Abraham	SSA	\$366.80
41		SSI	\$189.10		Staten, Annah	SSA	\$78.30
42	Henry, Cotton	VA	\$106.00		Strider, Adeline	SSI	\$68.60
43	Hines, Mabel	SSA	\$22.40				
44	Hines, Rosa Mae	SSI	\$296.00				

FBI - 4286

November
update

F-1-E-3 ²/₍₁₀₎

1	Alexander, Lillian	RR	\$ 100.13		Johnson, Robert	SSA	\$ 288.50
2		CSA	\$ 468.00		Jordan, Fannie	?	\$ 286.00
3	Anderson, Orelia	SSA	\$ 106.10		Jarado, Emma	SSA	\$ 211.90
4	Beal, Geneva	SSA	\$ 176.20		Kennedy, Emma	SSA	\$ 189.50
5	Bell, Alfred	SSA?	\$ 308.00		Naylor, Gertrude	SSA	\$ 170.40
6	Belle, Ethel	SSA	\$ 205.90		Nichols, Ida M.	SSA	\$ 313.00
7	Brady, Michelle	SSA	\$ 68.30			SSI	
8	Camp, Lena (Benton)	SSA	\$ 88.20		Omens, Jane	SSI	\$ 146.80
9	Chambless, Jossie	SSA	\$ 105.80		Raberson, Odema	SSI?	\$ 203.50
10		SSI	\$ 210.20		Rannets, Eddie Jewell	SSI	\$ 325.66
11	Cok, Arlander	SSA	\$ 321.90		Sanders, Washington	SSA	\$ 277.90
12		Pens.	\$ 69.00		Smith, Bertha	SSA	\$ 188.60
13	Cook, Bertha P.	SSA	\$ 188.50		Sneed, Eloise	SSI	\$ 66.30
14	Cordell, Edith	SSA	\$ 375.81		Sneed, Novella	SSA?	\$ 88.10
15		CSA			Stahl, Alfred	SSA	\$ 180.40
16	Cunningham, Millie S.	SSA	\$ 107.70			?	\$ 298.70
17	Darwin, Myrandaerianne	?	\$ 118.60		Stahl Carol for Bonnie	SSA	\$ 148.10
18	Darwin, N. for kids	SSA?	\$ 237.20		Stahl, Carol	SSA	\$ 24.80
19	Davis, Barbara	SSA?	\$ 147.60		Talley, Vera	SSA	\$ 44.00
20	Davis, Lorene	SSA	\$ 183.90		Taylor, Virginia	SSA	
21	Delaney, Edith	?	\$ 12.00			SSI	\$ 446.86
22	Dominick, Katherine	SSA	\$ 331.00		Wallace, James B.	SSA	\$ 144.30
23	Eddins, Irene	SSA?	\$ 313.00		Williams, Sylvia	SSA	\$ 109.30
24		SSI			Worley, Dorothy Brady	SSA	\$ 216.20
25	Fair, Sylvester	SSA	\$ 342.10				
26		Pens.	\$ 284.20				
27	Germann, Eugenia	SSA	\$ 164.10				
28	Hall, Carl	SSA	\$ 350.70				
29	Hall, Heloise	SSA	\$ 183.80				
30	Harris, Annie Mae	SSI	\$ 169.10				
31	Harris, Josephine	SSA	\$ 95.30				
32	Holt, Joseph	SSA	\$ 147.80				
33	Henderson, Vernell	Pens.	\$ 115.50				
34	Horne, Hazel	SSA	\$ 141.30				
35	Houston, Phyllis for kids	SSA	\$ 745.20				
36	Jackson, Dave	SSA	\$ 280.60				
37		?	\$ 185.15				
38	Jackson, Luluena	SSA	\$ 122.60				
39	Jackson, Rosa for Leticia	SSA	\$ 153.40				
40	Jans, Lavona	?	\$ 278.40				
41		?	\$ 306.00				
42	Johnson, Berda T.	VA	\$ 50.90				
43	Johnson, Rudella	SSA	\$ 68.40				
		?	\$ 102.00				

F-1-E-3 (M)

December
update

F-1-E-3^x (16)

1	Anderson, Orelia	SSA	\$ 157.40						
2	Bael, Geneva	SSA	\$ 176.20						
3	Belle, Ethel	SSA	\$ 203.90						
4		?	\$ 112.10						
5	Brady, Michelle	SSA	\$ 68.80						
6	Comp, Lena (Kenton)	SSA	\$ 95.90						
7	Cobb, Arlander	SSA	\$ —						
8		Pers.	\$ 69.00						
9	Cook, Beatha ?	SSA	\$ 196.26						
10	Cunningham, Millie S.	SSA	\$ 115.40						
11	Davis, Lorene	SSA	\$ 176.20						
12	Downeck, Katherine	SSA	\$ 331.00						
13	Fair, Syvester	SSA	\$ 372.10						
14	Gernhardt, Eugenia	SSA	\$ 164.10						
15	Halle, Joseph	SSA	\$ 147.80						
16		retro SSA	\$ 591.20						
17	Hines, Mabel	SSI	\$ 222.40						
18	Horne, Hazel	SSA	\$ 141.30						
19	Jackson, Dove	SSA	\$ 280.60						
20	Jackson, Luvernia	SSA	\$ 122.00						
21	Johnson, Lucretia	SSA	\$ 68.40						
22	Johnson, Robert	SSA	\$ 288.50						
23	Kennedy, Emma	SSA	\$ 189.50						
24	Maylor, Gertrude	SSA	\$ 170.40						
25	Owens, Jane	SSI	\$ 146.80						
26	Roberson, Janie	SSI	\$ 203.50						
27	Sanders, Washington	SSA	\$ 277.90						
28	Smith, Bertha	SSA	\$ 196.30						
29	Sneed, Norolla	SSA	\$ 95.80						
30	Stahl, Alfred	?	\$ 298.90						
31		Pers.	\$ 37.00						
32	Stahl, Carol for Bonnie	SSA	\$ 145.10						
33	Stahl, Carol	SSA	\$ 24.80						
34	Talley, Vera	SSA	\$ 44.00						
35	Thompson, Etta	SSI	\$ 126.00						
36	Wallace, Jane B.	SSA	\$ 144.30						
37	Worley, Dorothy B.	SSA	\$ 662.60						
38	Chambliss, Jessie	SSA	\$ 105.80						
39	Reeves, L. Bee	SSA	\$ 253.40						
40	Molloy, Lillian	SSA	\$ 225.30						
41									
42									
43									

F-1-E-3⁰⁷(A)

[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to heavy noise and low contrast. The text appears to be organized into distinct sections, possibly separated by horizontal lines or paragraph breaks, but the specific content cannot be discerned.]

F-1-E-4

SOCIAL SECURITY

F-1-E-A⁰ (A)

	NAME	SSA #	DATE LEFT	21 SENT	ADD CHANGED	ALL PAID
1.	Addison, Stephen	303-04-0172		1/9/77		
2.	Albudy, Ida Marie	487-01-1159	7/25/77			
3.	Anderson, Moses Samuel	437-09-2867	8/10/77	9/19/77		
4.	Anderson, Orelia	439-03-5606B	8/4/77	8/17/77		
5.	Arnold, Luberta	435-07-4659	8/10/77	8/12/77		
6.	Atkins, Ruth	496-10-9508	3/9/77	1/9/78		
7.	Bailey, Geraldine	454-03-4909	7/22/77	8/9/77		
8.	Bates, Christine	464-14-0063	7/21/77	8/9/77		
9.	Beal, Geneva	428-01-8590	8/1/77	8/12/77		
10.	Bell, Alfred	430-22-6843	12/1/77	12/20/77		
11.	Belle, Ethel	062-22-7393	8/4/77	8/17/77		
12.	Birkley, Julia	184-07-2441	8/9/77	8/19/77		
13.	Brady, Georgiann (Deborah Schroe.)					
14.	Brady, Michaeleen	548-56-5806	7/28/77	1/9/78		
15.	Brady, Michelle (Maureen Fitch for	548-56-5806	7/31/77	8/26/77		
16.	Bridgewater, Miller	462-14-6771	8/6/77	8/12/77		
17.	Brooks, Madeline	565-24-6915	7/23/77	8/9/77		
18.	Butler, Chlotile	365-18-9917	8/3/77	10/31/77		
19.	Camp, Lena	454-24-8712	8/8/77	8/17/77		
20.	Carroll, Mildred	155-14-2055	8/10/77	1/9/78		
21.	Carroll, Ruby J.	462-58-4023	10/7/77	10/10/77		
22.	Clark, Joicy	460-16-1906	8/7/77	8/12/77		
23.	Clay, Nancy	466-12-3550D	8/2/77	1/9/78		
24.	Clipps, Ida Mae	450-20-9515	8/26/77	8/26/77		
25.	Cole, Arlander	426-09-8340	9/16/77	9/16/77		
26.	Cole, Arvella	427-36-5314	9/16/77	9/16/77		
27.	Coley, Alma	439-28-5815	1/6/78	1/11/78		
28.	Coleman, Mary	162-20-6607	8/8/77	8/17/77		
29.	Collins, Suzie	439-34-2413	8/13/77	8/12/77		
30.	Conedy, Inez	444-16-3639	7/26/77	8/9/77		
31.	Cook, Bertha	548-28-8879	8/4/77	8/17/77		
32.	Cottingham, Mary	249-38-1675	2/3/78	2/3/78		
33.	Cunningham, Mary	258-48-4173	7/22/77			
34.	Darnes, Najuandrienne	462-54-3532	8/10/77	8/19/77		
35.	Darnes, Najuandrienne (for kids..)	462-54-3532	8/10/77	8/19/77		
36.	Dashiell, Hazel	037-18-9457	7/21/77	8/9/77		
37.	Davis, Barbara	558-44-2275	8/14/77	8/19/77		
38.	Davis, Lexie	464-18-8045	7/26/77	8/9/77		
39.	Dawkins, Beatrice	490-20-5807	8/2/77	10/31/77		
40.	Delaney, Edith	524-03-0457	8/1/77	8/12/77		

F4-E-4(A)

	NAME	SSA #	DATE LEFT	21 SENT	ADD CHANGED	ALL PAID
41.	DePina, Lovie	145-07-0053	8/10/77	8/12/77		
42.	DePina, Miguel	145-07-0053	8/10/77	8/12/77		
43.	Domineck, Katherine	460-01-9261	8/1/77	8/12/77		
44.	Douglas, Farene	511-07-7428	8/12/77	11/11/77		
45.	Duncan, Carrie	464-24-1023	8/6/77	8/12/77		
46.	Edwards, Zipporah	304-26-4141	7/22/77	8/9/77		
47.	Fair, Amanda	553-14-6607	7/27/77	8/9/77		
48.	Fair, Sylvester	450-26-3373	7/27/77	8/9/77		
49.	Farris, Marshall	429-05-3345	7/28/77	8/9/77		
50.	Foster, Beulah	426-40-3745	8/1/77	8/12/77		
51.	Gernandt, Eugenia	525-54-9038	10/20/77	10/22/77		
52.	Gibson, Mattie	410-26-9220	7/22/77	8/9/77		
53.	Gill, Betty Jean (James G. for..)	352-22-9581	8/6/77	1/9/78		
54.	Goodspeed, Claude	463-16-6315	7/25/77	8/9/77		
55.	Goodspeed, Lue Dimple	463-16-6315	7/25/77			
56.	Graham, Willie Lee	546-32-8316	9/16/77	9/16/77		
57.	Griffith, Emmett Sr.	437-26-5442		10/31/77		
58.	Griffith, Emmett Sr. (for kids..)	437-26-5442		10/31/77		
59.	Griffith, Mae K. (Hstella Railback)	457-26-5033	8/10/77	8/12/77		
60.	Hall, Carl	568-18-9811	10/20/77	10/22/77		
61.	Hall, Heloise	556-12-9058	10/20/77	10/22/77		
62.	Harper, Artee	437-09-5543D	8/3/77	1/9/78		
63.	Harrington, Ollie	428-70-2459	8/3/77	8/12/77		
64.	Harris, Dorothy (Willie H. for..)	253-16-0266C	8/1/77	9/1/77		
65.	Harris, Josephine	357-07-5154	8/6/77	8/12/77		
66.	Harris, Nevada	465-32-6333	8/4/77	8/17/77		
67.	Harris, Willie M.	253-16-0266E	9/2/77	9/1/77		
68.	Hayden, Eyvonne (Rochelle Halkman)	454-24-9349	8/4/77			
69.	Herring, Nena	548-03-9351D	8/9/77	8/17/77		
70.	Hill, Emma	454-24-1452	8/12/77	8/12/77		
71.	Horne, Hazel	200-20-0447	8/7/77			
72.	Jackson, Beatrice	557-34-9632	7/26/77	8/9/77		
73.	Jackson, David	435-05-5208	6/74			
74.	Jackson, Donald	438-64-3394	10/25/77	10/31/77		
75.	Jackson, Letitia (Rosa J. for..)	449-38-8571	8/2/77	8/12/77		
76.	Jackson, Luvenia	527-58-4145	6/74			
77.	James, Lavana	467-52-1190	11/17/77	11/19/77		
78.	Jeffery, Eartis and Margaret	450-20-4230	7/30/77	8/12/77		
79.	Johnson, Berda T.	564-16-4496	8/4/77	8/17/77		
80.	Johnson, Earl	440-12-6910	7/21/77	8/9/77		

F-1-E-1 (18)

	NAME	SSA #	DATE LEFT	21 SENT	ADD CHANGED	ALL PAID
81.	Johnson, Garnett (Vinnie Thompson)	500-18-1647				
82.	Johnson, Helen	437-38-6670	7/25/77	1/9/78		
83.	Johnson, Jessie	440-26-1483	8/4/77	8/17/77		
84.	Johnson, Mahaley	457-38-5678D	8/9/77	8/17/77		
85.	Johnson, Robert	437-07-0486	7/26/77	8/9/77		
86.	Johnson, Ruby Lee	464-50-9154	10/20/77	10/22/77		
87.	Jones, Eliza	526-28-8756	11/17/77	11/19/77		
88.	Jones, Lynetta	303-16-7310	7/29/77			
89.	Jordan, Dessie	547-28-9725	8/10/77	8/19/77		
90.	Jordan, Fannie	433-56-1779	7/23/77			
91.	Keaton, Roma L.	563-30-8822T	8/26/77	8/9/77		
92.	Keaton, Tommie S.	452-07-3010	7/26/77	7/30/77		
93.	Kendall, Elfreida	453-28-7761	3/9/77	1/9/78		
94.	Kennedy, Emma	487-03-4621	8/4/77	8/17/77		
95.	King, Charlotte	568-24-0133	8/10/77	8/12/77		
96.	Land, Pearl	461-12-0179	8/12/77	8/23/77		
97.	Lang, Lossie	452-16-4351	8/4/77	8/17/77		
98.	Layton, Lisa	064-16-0980	12/5/77	10/77 ?		
99.	Love, Heavenly (AKA: Helen L./Ford)	177-28-8485	8/10/77			
100.	Low, Love Life Georgia Belle	088-42-5801	8/4/77	8/17/77		
101.	Lucas, Lovie Jean	567-28-7088	7/16/77			
102.	McClain, Allie	430-38-9524	8/16/77	8/20/77		
103.	McGowan, Alluvine	456-80-2690T	8/12/77	8/12/77		
104.	McGowan, Annie	355-01-1484	7/30/77	8/12/77		
105.	McIntyre, Joyce	428-01-8590	8/7/77	1/9/78		
106.	McKinnis, Levatus	437-20-9204	8/4/77			
107.	McKnight, Earl	453-01-9778	8/16/77			
108.	Malloy, Lillian	124-14-0111	8/4/77			
109.	Mason, Irene	421-24-4439	8/25/77	8/26/77		
110.	Mayshack, Mary	435-05-7625	8/4/77	8/12/77		
111.	Mercer, Henry	199-03-7717	8/10/77	8/12/77		
112.	Miller, Lucille	421-42-9554	8/7/77	8/17/77		
113.	Mitchell, Callie Mae	573-03-9362D3	8/4/77	8/12/77		
114.	Moore, Edward	435-12-5944	11/25/77	12/7/77		
115.	Morris, Pearly	428-05-7925B	8/12/77	8/12/77		
116.	Morrison, Lugenia	461-26-5632	8/4/77	8/17/77		
117.	Morrison, Lugenia (for children)	461-26-5632	8/4/77	8/17/77		
118.	Moses, Eura	549-24-7040	8/12/77	8/12/77		
119.	Moton, Glen	263-05-7316	8/18/77			
120.	Muebber/Baather	303-26-2264	7/29/77	7/22/77		

F-1-E-4 (4)

	NAME	SSA #	DATE LEFT	21 SENT	ADD CHANGED	ALL PAID
121.	Murphy, Lela	560-20-8425	8/25/77	8/26/77		
122.	Nailor, Gertrude	435-14-8943	8/13/77	8/17/77		
123.	Newell, Hazel	425-90-0870	8/18/77	1/9/78		
124.	O'Bryant, Zelline	565-42-7169	8/10/77	8/19/77		
125.	Owens, Jane	510-12-5707	3/9/77			
126.	Parker, Beatrice	096-03-0411D6	8/1/77	8/12/77		
127.	Parris, Lore Bee	490-14-8308	8/6/77	8/17/77		
128.	Payney, Lucille	568-12-2637D6	8/2/77	1/9/78		
129.	Perkins, Lenora	548-30-8151	8/2/77			
130.	Peterson, Robe	549-38-5158	8/7/77	8/17/77		
131.	Poindexter, Amanda	160-32-0925	12/29/77	1/9/78		
132.	Pugh, Eva	304-01-7850	8/23/77	9/2/77		
133.	Railback, Estella	457-26-5033	8/10/77	8/12/77		
134.	Reed, Willie B.	423-16-8734	8/9/77			
135.	Reese, Bertha	449-32-5572	11/25/77	12/7/77		
136.	Reeves, L. Bee	351-03-3642	7/28/77	8/9/77		
137.	Rhodes, Odell	377-44-3221	8/18/77	8/19/77		
138.	Roberson, Odenia	434-26-6778	8/6/77	8/12/77		
139.	Roberts, Gladys Amie	564-36-6628	8/14/77	8/19/77		
140.	Rodgers, Mary F.	547-30-4649	8/2/77	8/12/77		
141.	Ross, Elsie	466-12-6011	8/2/77	8/12/77		
142.	Ruben, Lula	464-30-1169	8/10/77	8/12/77		
143.	Sanders, Flora	567-0464	8/7/77	8/17/77		
144.	Scott, Pauline	214-26-7043	8/7/77	8/17/77		
145.	Sharon, Rose O.	185-44-3527	8/13/77	8/12/77		
146.	Shelton, Rose					
147.	Simon, Jose	548-22-9700	8/12/77	8/19/77		
148.	Smith, Bertha	437-12-4033	8/7/77	8/17/77		
149.	Sneed, Eloise	449-10-6349D	8/10/77	8/19/77		
150.	Sneed, Novella	455-16-0848	8/4/77	8/24/77		
151.	Snell, Helen	464-10-8551	8/9/77	8/11/77		
152.	Stahl, Alfred Richmond	310-03-8968	9/22/77	9/23/77		
153.	Staten, Abraham	223-24-5162	7/21/77	8/9/77		
154.	Staten, Ameal	435-30-8092	7/21/77	8/9/77		
155.	Staten, Ameal	223-24-5162	7/21/77			
156.	Strider, Adeline	468-24-4025	7/23/77	8/9/77		
157.	Swinney, Cleve	303-10-4049	1976			
158.	Swinney, Helen	311-20-0226	1976			
159.	Talley, Vera	458-12-9182B6	7/30/77			
160.	Taylor, Lucille	564-36-8501	8/4/77	8/17/77		

9
F-1-E-4 (8)

	NAME	SSA #	DATE LEFT	21 SENT	ADD CHANGED	ALL PAID
161	Taylor, Virginia	205-12-2261	8/2/77	8/12/77		
162	Thomas, Bernice	494-30-7132	8/12/77	8/12/77		
163	Thomas, Ernest	464-18-4492	1/6/78	1/12/78		
164	Thompson, Etta	450-20-5494	10/14/77	10/16/77		
165	Thompson, Vinnie	436-44-0348	7/25/77	8/9/77		
166	Thrash, Hyacinth	315-03-3463	7/22/77	8/9/77		
167	Townes, Essie Mae	554-50-7066	8/10/77	8/12/77		
168	Tschetter, Alfred M.	545-48-0030	9/22/77	9/23/77		
169	Turner, Martha	556-34-6783	8/14/77	8/19/77		
170	Walker, Mary N.	566-52-7362	8/13/77	8/23/77		
171	Washington, Eddie Hulda	548-44-3253	8/12/77	8/12/77		
172	Williams, Edouise Teska Lee	461-34-2951	8/7/77			
173	Williams, Syola Turner	450-38-3298	8/10/77			
174	Williams, Theo	459-03-8056	8/7/77	8/17/77		
175	Winfrey, Erma	547-30-0322	7/25/77	8/9/77		
176	Worley, Dorothy	404-20-5058	7/21/77	8/23/77		
177	Young, Carol Ann	487-26-8943	11/24/77	12/7/77		

E-1-E-19(4)

VETERANS ADMINISTRATION
CALIFORNIA STATE ANNUITY
RAILROAD RETIREMENT
PRIVATE PENSIONS

(b) 7-3-1-1
F-1-E-4

	NAME	VA CLAIM #	DATE LEFT	LETTER SENT -	ADD CHANGED	ALL PAID
1.	Cunningham, Millie S.	03-426-305	7/22/77	9/77-10/77		
2.	Davis, Barbara	XC-11-238-237	8/14/77	8/17/77		
3.	Farris, Marshall	?	7/28/77	?		
4.	Gernandt, Eugenia	XC-11-023-503	10/20/77	11/1/77		
5.	Harris, Dorothy	XC-14-835-547	8/1/77	9/1/77		
6.	Harris, Willie Maude	XC-14-835-547	9/1/77	9/1/77		
7.	Hilton, Osiale	?	8/15/77	No		
8.	Jeffery, Eartis	?	7/30/77	Navy-yes		
9.	Johnson, Berda T.	01-779-777	8/4/77	10/77?		
10.	Land, Pearl	30-194-170	8/12/77	10/10/77		
11.	Moton, Glen	?	8/18/77	11/77?		
12.	Rbdgers, Mary J.	?	8/11/77	11/77?		
13.	Thomas, Bernice	494-30-7132A	8/12/77	?		
14.	Thomas, Gabriel	C-4419819	1/7/78	1/11/78		

F-1-E-4: (8)

	NAME	CSA CLAIM #	DATE LEFT	LETTER SENT -	ADD CHANGED	ALL PAID
1.	Alexander, Lillian	CSA 1151654	8/7/77	11/01/77?		
2.	Bower, Donald Robert	CSA 569694	8/19/77	8/19/77		
3.	Edwards, James	?	?	11/07/77?		
4.	Jeffery, Eartis	CSA 1307324	10/1/77	10/1/77		
5.	Orsot, Beatrice	CSA 1932041	8/21/77	8/19/77		
6.	Swinney, Cleave L.	CSA 0900295	?	none		

F-1-E-4 (6)

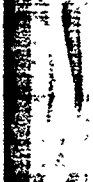
	NAME	R. R. CLAIM #	DATE LEFT	LETTER - SENT	ADD CHANGED	ALL PAID	
1.	Bryant, Lucioes	?	7/22/77	12/18/77			K F-1-E-4(80)
2.	Mc Gowan, Annie Jane	A355011484	7/31/77	none			
3.	Mitchell, Lillian (aka:Alexander)	A709095456	8/7/77	11/01/77?			
4.	Walker, Mary N.	WA797130	8/14/77	none			

	NAME	PENSION CLAIM #	DATE LEFT	LETTER SENT -	ADD CHANGED	ALL PAID
1.	Bair, Earnestine	Lockheed	8/25/77	8/25/77		
2.	Bridgewater, Miller	Service Empl.	8/6/77	1/19/78		
3.	Clay, Nancy	Security Pac.	8/2/77	by 1/1/77		
4.	Cole, Arlander	Laundry Union	9/16/77	9/16/77?		
5.	Coney, Inez	Prudential	7/26/77	by 11/15/77		
6.	Dashiell, Hazel	ILWU	7/21/77	1/11/77		
7.	Delaney, Edith	County of SF	8/1/77	No		
8.	Fair, Sylvester	?	7/27/77	?		
9.	Farris, Marshall	Hill Brothers	7/28/77	No		
10.	Gernandt, Eugenia	Pub. Empl. Ret.	10/20/77	10/20/77		
11.	Goodspeed, Claude	No. Amer. Avia.	7/25/77	No		
12.	Griffith, Emmett Sr.	YMCA	4/2/77	No		
13.	Harris, Magnolia	Post Office	8/12/77	by her		
14.	Jackson, Gladys	U.S. Serv. Emplo.	7/27/77	LA-yes		
15.	Johnson, Earl	LA City	7/21/77	No		
16.	Johnson, Mahaley	Lone Star Steel	8/9/77	No		
17.	Johnson, Robert	ILWU	7/27/77	to Guyana		
18.	McKinnis, Levatus		8/4/77	No		
19.	McKnight, Earl	ILWU	8/16/77	to Guyana		
20.	Malloy, Lillian	YWCA	8/4/77	No		
21.	Moton, Viola	City of Phil.	8/18/77	11/7/77		
22.	Pugh, Eva Hazel	EH Lilly	8/24/77	11/77?		
23.	Sneed, Willie Delois	Untd. Cal. Bank	12/30/77	12/30/77		
24.	Stahl, Alfred Richmond	Teamsters	9/23/77	No		
25.	Staten, Abraham Lincoln	Teamsters	7/22/77	11/77?		
26.	Thomas, Ernst	Cement Masons	1/7/78	1/11/78		
27.	Thrash, Hyacinth	?	7/23/77	No		
28.	Worley, Dorothy Lee	Cty. of Mendo.	7/22/77	No		

L
F-1-E-4(1)

[The main body of the document contains several paragraphs of text that are extremely faint and illegible due to the quality of the scan. The text appears to be organized into sections, possibly separated by horizontal lines or bullet points, but the specific content cannot be discerned.]

F-1-E-5



FEBRUARY 16, 1978

MARIA,

THIS WILL PROBABLY BE SOME MISCELLANEOUS NOTES.

M.N. #1--BOB STONE OF SOCIAL SECURITY SAYS A REPRESENTATIVE OF SSA (FROM THE EMBASSY MAYBE??) WILL HAVE TO COME OUT TO OUR SCHOOL AND EVALUATE IT FOR IT TO BE ACCEPTED BY SSA AS AN "ACCREDITED" SCHOOL. ONCE THIS IS DONE, "CHILDREN" WHO QUALIFY FOR SSA IF IN SCHOOL WOULD QUALIFY WHILE IN OUR JONESTOWN SCHOOL. WHETHER WE WANT TO GO THROUGH WHATEVER THIS PROCEDURE WILL AMOUNT TO, I DON'T KNOW. SEEMS TO ME THERE WOULD BE MORE TO IT THAN JUST SOMEONE COMING OUT FOR A FEW MINUTES ONE DAY, THOUGH.

M.N. #2--HAZEL NEWELL'S BENEFITS HAVE BEEN TERMINATED DUE TO "MEDICAL RECOVERY". STONE SAYS SHE WILL HAVE TO REAPPLY OVER THERE IF SHE FEELS SHE IS NOT RECOVERED. HOW THIS CAME ABOUT OR WHAT IT MEANS, I DON'T KNOW.

M.N. #3--JOYCE MC INTYRE'S BENEFITS HAVE BEEN DISCONTINUED BECAUSE SHE IS NOT A STUDENT ANY MORE.

M.N. # 4--THE LOCAL OFFICE HERE (I THINK) RECEIVED A NOTICE THAT CARL HALL HAS LEFT GUYANA AND RETURNED TO THE STATES. THEY CALLED ME TRYING TO FIND OUT WHAT HIS NEW ADDRESS IS. IT CAME AS NEWS TO ME, SO I TOLD THEM I WOULD CHECK ON IT. MEANWHILE, HIS CHECKS, WHICH WERE GOING TO GUYANA, ARE IN SUSPENSE AND ARE NOT GOING ANYWHERE NOW. ANY TRUTH TO THIS? WHENEVER SOMEONE RETURNS TO THE STATES WHO HAS TRANSFERABLE INCOME, I SHOULD PROBABLY BE TOLD ABOUT IT OR AT LEAST THEY SHOULD PUT IN A CHANGE OF ADDRESS SO WE DON'T HAVE TO CONTINUE TO BE BOTHERED WITH THEIR CHECKS. IT HAS ALSO OCCURED TO ME THAT SOMEONE ELSE GAVE A FALSE REPORT RESULTING IN THIS DISCONTINUANCE.

F-1-E-5 (A)

PT 84-4286-2018

January 21, 1978

MARIA,

SSA ADDRESSES CHANGED AS OF LATE DECEMBER OR EARLY JANUARY
NOW IN SUSPENSE, AS REPORTED BY BOB STONE (SSA)
1/20/78

1. Ruby Carroll
2. Joicy Clark
3. Suzie Collins
4. Zippy Edwards
5. Marshall Farris
6. Claude Goodspeed
7. Ollie Harrington
8. Willie M. Harris for self
9. Willie M. Harris for Dotothy
10. Emma Hill
11. Irene Mason
12. Eura Moses
13. Lela Murphy
14. Zeline O'Bryant
15. Pauline Scott
16. Adeline Strider
17. Bernice Thomas
18. Vinnie Thompson
19. Catherine Trash
20. Erma Winfrey

STONE TELLS ME THESE CURRENT AND BACK CHECKS SHOULD
START COMING IN IN ABOUT TWO WEEKS. THE REST OF THE LIST
DOES NOT SHOW CHANGED ADDRESSES IN THE SSA COMPUTER. I AM
PROVIDING HIM WITH A LIST OF DATES THAT THE SSA-21'S WERE
SENT IN AND HE IS TO CONTACT THE DIVISION OF INTERNATIONAL
OPERATIONS TO SEE WHAT HAPPENED TO THEM.

Jim R.

F.I.E.S. ^b(1A)

FEBRUARY 8, 1978

MARIA, (REGARDING PEOPLE PASSING WHILE CHECKS ARE OUTSTANDING.),

THIS, I THINK WILL HAVE TO BE HANDLED FROM YOUR END, THROUGH THE EMBASSY IN G/T. I CALLED SSA HERE AND QUICKLY FOUND MYSELF INTO QUESTIONS LIKE "DO PEOPLE REALLY PAY RENT?" HOW MUCH DO THEY PAY FOR FOOD?" HOW DO THEY CASH THEIR CHECKS?" I THOUGHT IT BEST TO AVOID THE ENTIRE ISSUE BECAUSE IT BORDERED ON THE PROBLEM OF "ASSIGNMENT OF BENEFITS" THAT WE RAN INTO BEFORE. I DON'T KNOW OUR OFFICIAL POLICY ON THIS MATTER NOW.

I THINK SOME SORT OF UNDERSTANDING CAN BE WORKED OUT THERE WHERE IT IS KNOWN THAT WE ACTUALLY PROVIDE MEDICAL SUPERVISION, GOOD FOOD, ETC., ETC., SO WHEN PEOPLE DO GO, WE WON'T HAVE THE ISSUE TO FACE ALL OVER AGAIN.

IF YOU FOLKS DON'T THINK IT BEST TO GO THROUGH THE EMBASSY FOR SOME REASON, JUST LET ME KNOW WHAT TACT YOU WANT ME TO TAKE WITH SSA HERE. I JUST NEED SOME GUIDELINES SO I DON'T OFFICIALLY BLOW IT.

F-1-E-50 (2)

Gene - Please read and comment.

only copy

TO: CAROLYN LAYTON, TERRI B. DATE: FEB. 10, 1978
FROM: JIM RANDOLPH
SUBJECT: PROVIDING SOCIAL SECURITY WITH A LIST OF OUR WHOLE
POPULATION OF SSA RECIPIENTS AND RETURNING SSI (GOLD)
CHECKS.

I KNOW THE DECISION HAS ALREADY BEEN TAKEN OVER THERE NOT TO PROVIDE SOCIAL SECURITY WITH A LIST OF GUYANA RECIPIENTS OF SSA AND TO RETURN SSI CHECKS INDIVIDUALLY RATHER THAN AS A GROUP. I BELIEVE THE RATIONALE BEHIND THESE DECISIONS IS NOT TO GIVE SSA ANY HARD EVIDENCE THAT WE ARE ACTING FOR THESE RECIPIENTS AS AN ORGANIZATION. HOWEVER, I WOULD LIKE TO SUBMIT THE FOLLOWING IN CASE ANY OF IT WAS NOT KNOWN WHEN DISCUSSION WAS HELD.

REGARDLESS OF WHERE SSA-21's WERE ORIGINALLY SENT, THAT IS, TO WHAT DISTRICT OFFICE, THEY ARE ALL FORWARDED TO THE DIVISION OF INTERNATIONAL OPERATIONS IN BALTIMORE. THERE IS ONLY THIS ONE OFFICE IN ALL THE UNITED STATES TO HANDLE ALL OVERSEAS CASES. PEOPLE'S FILES ARE PHYSICALLY RELOCATED THERE ONCE THEY MOVE OUT OF THE COUNTRY. THUS, ALL THE 21's (TRANSFER DOCUMENTS) WILL GO THROUGH ONE OFFICE AND, I IMAGINE, RELATIVELY FEW HANDS IN THAT ONE OFFICE. EACH 21 GIVES EXACTLY THE SAME NEW MAILING AND RESIDENCE ADDRESS, WHICH TIES ALL OF THEM TOGETHER. THE LOCAL OFFICE HERE ALREADY KNOWS THAT OUR PEOPLE ARE REPRESENTED BY SOMEONE WHO HELPS WITH SSA/SSI PROBLEMS AND HAS NOW BEEN WORKING ON THESE TRANSFERS. BENEFICIARIES AT "MISSION VILLAGE" WHO HAVEN'T RECEIVED CHECKS IN THIS INTERIM PERIOD ARE OBVIOUSLY BEING MAINTAINED ON THE PROJECT. ANYONE WOULD CONCLUDE THAT, I THINK, KNOWING ALL THESE BENEFICIARIES ARE LIVING AT THE ONE OUT-OF-THE-WAY PLACE. PROVIDING DIO WITH A LIST OF BENEFICIARIES IN GUYANA, THEN, WOULD SEEM TO WORK TO OUR BENEFIT WITHOUT GIVING THE SOCIAL SECURITY ADMINISTRATION ANY INFORMATION THEY DON'T ALREADY HAVE.

I SHOULD THINK THE SAME LOGIC WOULD APPLY TO RETURNING SSI CHECKS. I AM CONCERNED THAT MANY OF THEM ARE ALREADY ENDORSED, SO IT WOULD BE LIKE SENDING CASH THROUGH THE MAIL. AT LEAST IF THEY WERE HAND CARRIED TO STONE AT THE SOCIAL SECURITY OFFICE, WE COULD GET A RECEIPT SHOWING THE NAME, DATE AND AMOUNT OF EACH CHECK. IF THEY WERE INTERCEPTED IN THE MAIL, WE WOULD HAVE NO WAY OF PROVING WE ACTUALLY SENT THEM.

F.I.E.S. ⁸ (4)2

Gene - Please read and comment.

Only Copy

TO: JIM JONES, CAROLYN L., TERRI B./DATE: FEBRUARY 10, 1978
FROM: JIM RANDOLPH
SUBJECT: SOCIAL SECURITY UPDATE

IN MY MOST RECENT CALL TO BOB STONE OF SOCIAL SECURITY HE MENTIONED TWO THINGS OF INTEREST. WHEN I ASKED IF PROVIDING THEM WITH A COMPLETE LIST OF SOCIAL SECURITY RECIPIENTS IN OUR PROJECT WOULD HELP EXPEDITE GETTING ALL THOSE BENEFITS TRANSFERRED, HE SAID HE THOUGHT IT MIGHT. IF HE HAD SUCH A LIST HE WOULD FORWARD IT TO DIVISION OF INTERNATIONAL OPERATIONS (DIO) IN BALTIMORE AND ASK TO HAVE ALL THE NAMES CONSIDERED AS A BLOCK DUE TO "CONGRESSIONAL INQUIRY". HE SAID HE THOUGHT IT MIGHT CAUSE THEM TO GATHER UP ALL THEIR LOOSE 21's AND GET THE JOB DONE QUICKER. HE DESCRIBED DIO AS HAVING THE WORST REPUTATION OF ALL AMONG SOCIAL SECURITY DEPARTMENTS, FULL OF OVERWORK, INCOMPETENCE, SAID THEY WERE NOTORIOUSLY SLOW.

HE ALSO ASKED A SERIES OF QUESTIONS, NONCHALANTLY, WHICH I WILL NOTE HERE ALONG WITH MY ANSWERS.

1. HOW DO PEOPLE CASH THEIR CHECKS THERE? I TOLD HIM I DIDN'T KNOW BUT THAT IT WOULD HAVE TO BE DONE IN GEORGETOWN BECAUSE THAT IS THE BUSINESS SEAT OF THE COUNTRY AND WHERE THE BANKS ARE.
2. IS THERE ANYTHING TO SPEND THEIR MONEY ON? SEEMS REALLY ISOLATED TO ME. (I HAD TOLD HIM IT WAS NO SMALL MATTER FOR US TO GET FORMS SIGNED, TO GET ANSWERS TO QUESTIONS BACK, AND SO ON DUE TO THE LACK OF TRANSPORTATION AND COMMUNICATION.) I EXPLAINED MATTHEW RIDGE WAS 14 MILES AWAY WITH SHOPPING FACILITIES AND PT. KAITUMA WAS 7 MILES AWAY, SO PEOPLE WEREN'T ENTIRELY ISOLATED EITHER. I TOLD HIM PEOPLE GO IN AND OUT ON THE BOAT ALL THE TIME TO GET SUPPLIES, SO EVEN IF A PERSON WEREN'T GOING ON THE BOAT THEY COULD SEND IN A LIST OF THINGS THEY WANTED.

AT THIS POINT HE WENT OFF THE LINE FOR A TIME. WHEN HE CAME BACK ON, HE ASKED

3. DO YOU CHARGE A FIXED RATE FOR ROOM AND BOARD OR IS PAYMENT BASED ON THE ABILITY TO PAY OR WHAT? I TOLD HIM I DID NOT KNOW, BUT IF HE NEEDED ANSWERS TO SPECIFIC QUESTIONS LIKE THAT, I WOULD TRY TO GET HIM ANSWERS.
4. HE SAID HE WAS JUST CURIOUS BECAUSE IT SEEMED SUCH AN ISOLATED PLACE HE WONDERED WHAT PEOPLE DID WITH THEIR MONEY. I TOLD HIM THEY DID NOT HAVE RENT TO PAY LIKE ONE PAYS RENT TO A LANDLORD FOR FEAR OF EVICTION, BUT IF HE CONSIDERED THAT THE WHOLE AREA WAS VIRGIN RAINFOREST BEFORE WE GOT THERE, HE WOULD SEE WHAT IS INVOLVED. AS FOR THE MECHANICS OF CHARGING, I WOULD HAVE TO CHECK ON IT FOR HIM, THAT I HAD NEVER BEEN INVOLVED IN IT. HE REPLIED THAT HE WAS JUST CURIOUS, THAT IT WASN'T IMPORTANT.

F-1-E-S *(Handwritten initials)*

December 14, 1977

MARIA,

SSA TELLS ME THE PROCEDURE TO FOLLOW WHEN SOMEONE DIES WHO IS EXPECTING BACK SSA BENEFITS IS:

1. RETURN THE BACK CHECKS ONCE THEY ARE RECEIVED.
2. MAKE OFFICIAL APPLICATION FOR THE RETURNED BENEFITS-- SSA HAS LIST OF THOSE WHO MAY APPLY & IN WHAT ORDER.
3. LIST IS MADE UP OF RELATIVES, AND PRESUMABLY OTHERS
 - SPOUSE HAS NO. TROUBLE
 - ADOPTED CHILD HAS NO TROUBLE, JUST HAS TO PRESENT ADOPTION PAPERS
 - CHILD IN PROCESS OF ADOPTION, HOWEVER, DOES NOT RECEIVE.

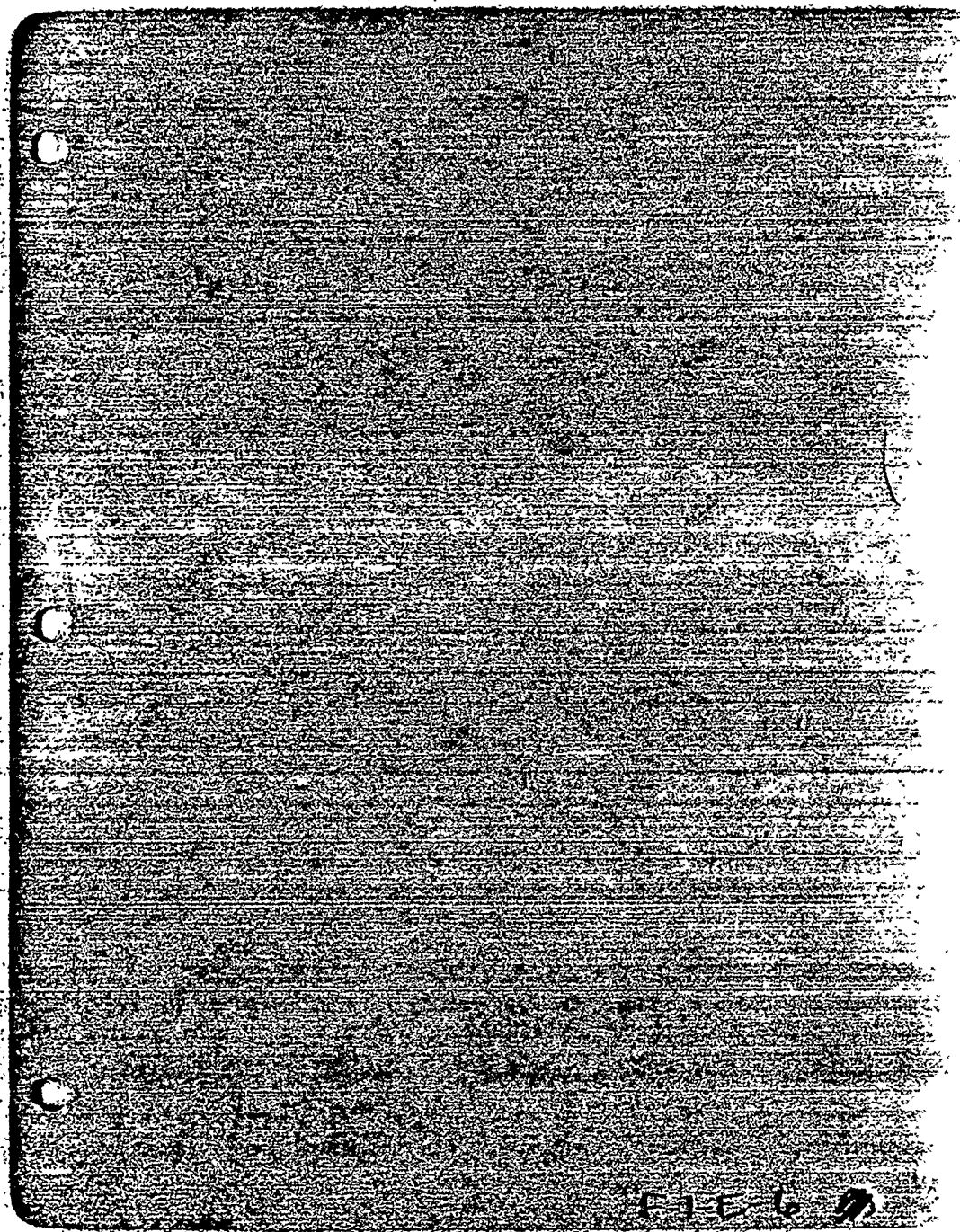
REGARDING SSA RECIPIENTS BEING RE-EVALUATED PERIODICALLY, THEY ARE NOT--OVERSEAS RECIPIENTS OR OTHERWISE. THE ONLY EVALUATION YOU SHOULD HAVE TO EXPECT TO UNDERGO IS MEDICAL EVALUATION FOR SOMEONE ON SSA DISABILITY WHOSE RE-EVALUATION IS A ROUTINE ASPECT OF THEIR DISABILITY CASE, INSIDE OR OUTSIDE THE STATES.

ALSO, SEE THE ATTACHED PHOTOCOPY. IT CAME TO ME FROM LAURA THROUGH CHRIS KICE. THE PART I HAVE CIRCLED LEADS ME TO BELIEVE MAYBE DUPLICATE FORMS HAVE BEEN FILED (LIKE SSA-21's). ARE YOU SURE LAURA IS NOT WORKING ON THIS STUFF NOW? SHE HAS ASKED WHAT WE ARE AND WHAT WE AREN'T GETTING ON PEOPLE, BEFORE, AND I WROTE A PRETTY EXPLANATORY NOTE BACK. I AM BEWILDERED BY THE AMOUNT OF MATERIAL, INFORMATION AND OTHERWISE, THAT NEVER GETS THROUGH. MAYBE YOU TWO SHOULD GET TOGETHER???

ALSO REGARDING SSA: WE WENT TO GARRY'S OFFICE TODAY CONCERNING THE LETTER HE WAS TO WRITE ABOUT CHECKS NOT COMING. (HE SAID HE COULDN'T UNDERSTAND THE MATERIAL WE HAD GIVEN HIM, BUT HE UNDERSTOOD IT WHEN WE GOT THERE.) HE TOLD US TO CALL SSA AND ADVISE HIM WHAT THEY SAID TO DO. I DID, AND I TAPED THE CALL. IF I CAN GET THE HIGHLIGHTS TYPED BEFORE PEOPLE GO, I WILL INCLUDE THAT. IN ANY CASE, HE FLATLY SAID THERE IS NO REASON IN LAW WHY THE BALTIMORE OFFICE WOULDN'T PROCEED, THAT HE HAD MADE THE DETERMINATION THAT SUCH TRANSFERS TO GUYANA ARE IN ORDER, SO IT SHOULD ONLY BE A MATTER OF PAPERWORK NOT YET BEING DONE. HE ASKED ME TO PROVIDE HIM WITH A LIST OF NAMES AND SOCIAL SECURITY NUMBERS, SAID HE WOULD QUERY HIS COMPUTER TO FIND OUT WHETHER PEOPLES ADDRESSES HAVE ALREADY BEEN CHANGED OR NOT. STEP TWO, THEN WOULD DEPEND ON WHETHER THE CHANGE HAS BEEN MADE. -I AM INCLUDING WITH THIS REPORT A COPY OF INCOME BREAKDOWNS.

Bob Stone,
our contact person,

Jim R.
F-1-E-8 (Pa)



Lo He

FIE 6

November 2, 1977

Dear Maria,

Greetings to the fortunate from the land of the unfortunate.
Attached are two lists:

1. Master list of transferrable income recipients, both here and there. I compiled this list from the information you sent, from Robin's records and from automatic deposit information. So far as I have been able to determine, it contains all available information on checks received--at least within the three month period of July through Sept. It does not contain information on checks received or missing before July or after September except in a few instances where October information was available.
2. List of checks which should have been received but which are unaccounted for in our records. Granted, some will probably be lodged, improperly, in Peoples Temple accounts, recorded as donations instead of communal income. But we don't know that without asking.

So... Please ask each and every one of these people--except for the highlighted ones--whether they received the income in question. I cannot go to the Social Security Administration and the other agencies involved until I know what checks actually were not received. Return this second list to me as soon as possible, because it is this feedback that I will act on. (The second copy of it is for you to keep for your records.)

Please keep the master list up to date by making additions to it as checks come in there. Give me feedback on October checks as soon as you can, and on successive months as they come up. Be sure to include SSI checks, even though we should not be receiving them any longer. (Where I have included SSI checks on the second list, we were eligible to them and can claim them. Those we were not eligible to have not been included.) That is proof to me that SSA is not acting on changes as they should.

Names highlighted ^{on the 2nd list} have not had incomes transferred by me, nor by anyone that I know of. Of this group:

1. SSA recipients need to complete and sign SSA-21's (enclosed).
2. SSI Only recipients need to write a letter requesting their SSI be discontinued.

Do not have either addressed.

3. Rail Road Retirement recipients should request changes of address following the form letter enclosed and addressed to:

Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611

F-1-E-6⁰(10)

4. Individual Retirement income recipients should write following the same format and address their correspondence to whatever mailing addresses have been supplied for that purpose.
5. VA Pension recipients should use the same general form and include the service number applicable to their claim (on face of check). They should address themselves to :

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

6. James Edwards should address himself to the proper CSA address or at least give me some clues as to where address changes are to go for his kind of income.

These instructions apply only to highlighted names. Transfers have already been submitted for the rest.

F-1-E-6^b(6)

November 2, 1977

Railroad Retirement Board
844 Rush Street
Chicago, Illinois 60611

Claim #: _____
Workers name: _____

Dear Sirs,

This is to motify you that I have moved from my old address of:

XXXXXXX
XXXXXXX
XXXXXXX

I am relocating and would like you to change my address to:

So and So
c/o: Missison Village
P.O. Box 893 G
Georgetown, Guyana
South America

Thank you for your prompt attention to this request.

Sincerely,

F-1-E-6 (A)

*file
Book Recorded*

October 20, 1977

Employee #: _____

Public Employees Retirement System
P. O. Box 1953
Sacramento, Calif. 95809

Attn: Section 22

Dear Sirs, . . .

This is to notify you that I have moved from my old address
of:

Eugenia Gernandt
1029 Geary Blvd. (P. O. Box 15151)
San Francisco, Calif. 94109

I am relocating and would like you to change my address to:

Eugenia Gernandt
c/o: Mission Village
P. O. Box 893
Georgetown, Guyana
South America

Thank you very much for your prompt cooperation.

Sincerely,
Eugenia Gernandt
Eugenia Gernandt

F-1-E-6^a(14)

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 42,929,476
SYMBOL 3052

DO NOT FOLD, SPINdle OR MUTILATE
A NEW FORM ENDORSEMENT - RESERVE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

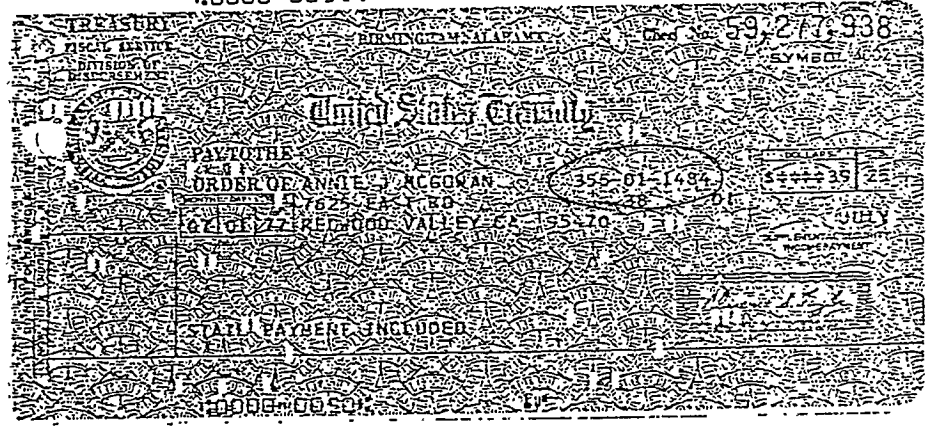
ORDER OF LILLIAN E MALLOY 124-14-0111
PO BX 15156 76 A
SAN FRANCISCO CA 94115

DOLLARS CTS.
5000225 80

SOC SEC INS

[Signature]
OFFICIAL AUTHORITY OFFICER

⑆0000⑈005⑆



TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 95,411,961
SYMBOL 2074

DO NOT FOLD, SPINdle OR MUTILATE
A NEW FORM ENDORSEMENT - RESERVE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF ANNIE MCGOWAN
7625 E ROAD
REDWOOD VLY CA 95470

A355011484
61

DOLLARS CTS.
\$116 55

RR REG ANN

[Signature]
OFFICIAL AUTHORITY OFFICER

F-1-E-6 (1)

FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 13000000

SYMBOL 3127



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF BERDA T JOHNSON
998 DIVISADERO #105
SAN FRANCISCO CA 94115

564-16-4496
96

DOLLARS CTS
\$***114 30

SOC SEC FOR JUN

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSEER - RESERVE IDENTIFICATION

Christine L. Taylor
FISCAL SERVICE DIVISION OF DISBURSEMENT

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

AUSTIN, TEXAS

Check No. 53,969,917

SYMBOL 2207



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF BERDA T JOHNSON
2515 1/2 S CATALINA
LOS ANGELES CA 90007

01-779-777
17 44 16

DOLLARS CTS
\$***50 40

10 VA P.S.

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSEER - RESERVE IDENTIFICATION

⑆0000⑆005⑆⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 6,070,390

SYMBOL 3127



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF CHARLOTTE KING
1542 W 56 ST
LOS ANGLS CA 90062

568-24-0133
93 A

DOLLARS CTS
\$***112 00

SOC SEC FOR JUN

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSEER - RESERVE IDENTIFICATION

Christine L. Taylor
FISCAL SERVICE DIVISION OF DISBURSEMENT

⑆0000⑆005⑆⑆

F-1-E-69(8)

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 12,856,087
SYMBOL 2077

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSE - REQUIRE IDENTIFICATION



United States Treasury

15-51
000

PAY TO THE

ORDER OF BEATRICE A ORSOT
PO BOX 15247
SAN FRANCISCO CA 94115

CSA1932041
87

DOLLARS CTS
\$3376 68

07 01 77

CSA ANNUITY

111

[Signature]

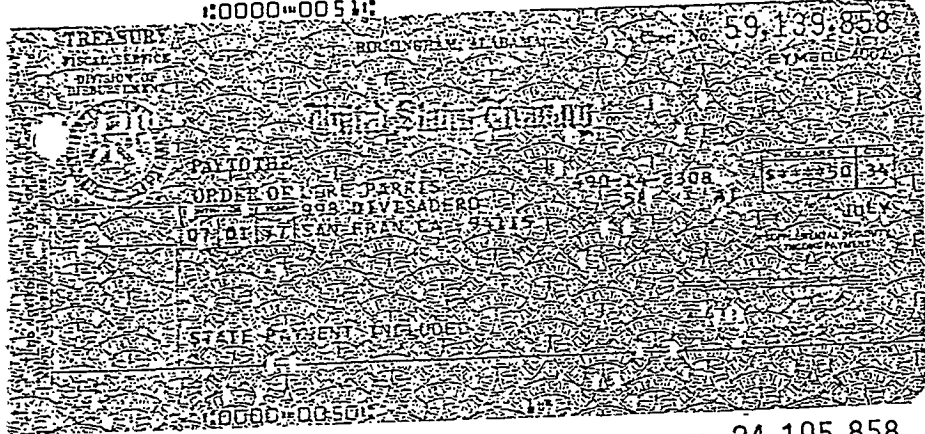
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59,139,858

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

SYMBOL 2077



TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 24,105,858
SYMBOL 3113

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSE - REQUIRE IDENTIFICATION



United States Treasury

15-51
000

PAY TO THE

ORDER OF LUGENIA MORRISON
FOR CHILDREN
OF J MORRISON
2323 BUSH ST
SAN FRANCISCO CA 94115

461-26-5632
58 01

DOLLARS CTS
\$192 80

07 21 77

SOC SEC FOR JUN

[Signature]

F-1-E-6 (g)

Master List

1187

LINE NO	NAME	INCOME			CHECKS RECEIVED				LINE NO	
		TYPE	AMOUNT	Date left	Date trans/can	JULY	AUGUST	SEPT.		OCTOBER
1	Addison, Stephen	SSA	\$494.00			\$494.00	\$494.00			1
2	Albudy, Ida	SSA	\$232.20	7/25/77		\$237.00	\$257.20	\$232.20	\$232.20	2
3	Alexander, Lillian	RR	\$100.13	8/6/77				\$100.13	100/13	3
		RR	\$578.46					\$578.46		4
		CSA	\$464.52			\$433.48	\$438.48	\$464.52	468.00	5
4	Anderson, Orelia	SSA	\$156.60	8/4/77	8/10/77	\$100.13	\$156.50	\$156.50	\$156.50	6
		SSA	\$131.04			\$134.50	\$133.40			7
5	Anderson, Moses Samuel	SSA	\$156.60	8/10/77	8/10/77			\$156.60	162.90	8
		CSA	\$131.04					\$131.04		9
		SSA				162.90		107.10		10
6	Arnold, Liberta	SSA	\$164.10	8/10/77		\$164.10	\$162.70	\$164.10	\$164.10	11
7	Atkins, Ruth	SSA	\$118.80	3/9/77		\$118.80	\$118.80	\$118.80	103.40	12
		SSA				\$197.20				13
		SSA				\$116.70				14
8	Bailey, Geraldine	Retire.	\$364.84	7/22/77		\$364.84	\$364.84		\$364.84	15
		SSA	\$86.80			\$86.80	\$86.80	\$86.80	\$86.80	16
		Ret.								17
		SSA	363.00							18
9	Bailey, Mary	SSI	\$296.00	8/9/77		\$296.00		\$296.00		19
10	Bates, Christine	SSA	\$486.60	7/21/77		\$296.00		\$486.60	243.30	20
		VA	\$707.00			\$707.00	\$707.00	\$707.00	707.00	21
		SSA	243.30							22
		VA	354.00							23
11	Beal, Geneva	SSA	\$173.60	8/1/77		\$183.90	\$183.90	\$183.90	\$183.90	24
		SSI(bank)	\$132.10			\$132.10			\$167.50	25
12	Bell, Alfred	SSA	\$290.00			\$308.00				26
		SSI				\$131.50	\$133.40		\$616.00	27
							\$438.42			28
							Source?			29

PREPARED BY	INITIALS	DATE
APPROVED BY		

LINE No	NAME	INCOME		Date left	Date trans/can.	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER
13.	Bell, Elsie	SSI	\$134.50	8/9/77		\$184.50	?	\$131.50	
14.	Belle, Ethel	SSA bank SSI bank	\$192.50 \$103.50	8/4/77		\$203.90 \$112.10	\$203.90 \$112.10	\$203.90 \$112.10	\$203.90 \$112.10
15.	Birkley, Julia	SSA SSI	\$51.70 \$64.30	8/9/77		\$151.70 \$164.30	?		
16. X	Bower, Donald	CSA CSA	\$240.00	8/18/77			?	\$240.00	240.00
17.	Brady, Georgianne (Deborah Schroeder for Georgianne Brady)	SSA	\$8.50	7/1/77		?			
18.	Brady, Michaelleen	SSA SSI	\$236.00 \$72.30	7/28/77		\$228.80 \$158.20	\$236.00 \$72.30	\$236.00 \$72.30	\$62.30
19.	Brady, Michelle (Maureen Fitch for Michel Brady)	SSA SSA	\$68.80	7/31/77		\$68.80	\$68.80	\$68.80	\$68.80
20. L	Bridgewater, Miller	SA Pension SSA	4390	8/6/77		?	?		224.00
21.	Brodie, Madeline	SSA SSA	\$270.40	7/23/77		\$270.40	\$270.40	\$270.40	\$270.40
22.	Bryant, Lucioes	RR RR		7/21/77		?			
23.	Butler, Chlotile	SSA SSI SSA	\$148.90 \$167.10	8/3/77		\$148.90 \$167.10	?	\$148.90	\$148.90
24.	Camp, Lena (Benton, Lena Mae Camp B.)	SSA bank SSI (bank)		8/4/77		\$103.60 \$212.40	\$103.60 \$212.40	\$103.60 \$212.40	\$103.60

F-1-E-76 (A)

LINE NO.	NAME	INCOME			CHECKS RECEIVED				
		TYPE	AMOUNT	Date left	Date trans/can	JULY	AUGUST	SEPT.	OCTOBER
25.	Campbell, Marion Anthony	SSI	\$296.00	8/6/77		\$296.00	?	?	
26.	Cannon, Jr., Henry Frank (Thelma Cannon for Henry F. Cannon, Jr.)	SSI	\$241.00	8/14/77		\$82.00	?	\$241.00	
27.	Carroll, Mildred Ada, (Mildred Mercer)	SSA SSI	\$181.10 \$172.90	8/9/77		\$181.10 \$172.90	?		
28.	Carroll, Ruby Jewell	SSA SSI	\$218.70	10/7/77		\$218.70	?	\$216.40	?
29.	Catney, Georgia Mae			8/25/77					
30.	Chambliss, Jossie	SSA SSI	\$238.65		?	\$238.65 \$199.40	\$105.80 \$296.00	\$105.80 \$177.07	\$105.80 \$210.20
31.	Chastain, Patti Lynn	SSA SSI	\$274.74	hwe		\$274.74	\$273.62		\$549.48 Source?
32.	Clark, Joicy E.	SSA SSI	\$120.30 \$195.70	8/6/77		\$120.30 \$195.70	\$120.30 \$145.70	?	?
33.	Clay, Nancy	SSA Pension	\$307.90 \$33.00	8/2/77		\$307.90 \$33.00	\$307.90 \$33.00	\$33.00	\$33.00
34.	Clippa, Sida Mae Pleasant	SSA SSI	\$229.10 \$86.90	8/25/77		\$229.10 \$86.90	\$229.10 \$86.90	\$229.10 \$86.90	\$229.10 \$86.90
35.	Cole, Arlander (Orlander used by SSA)	SSA Pension	\$321.90 \$69.00	9/15/77		\$321.90 \$69.00	\$321.90 ?	?	\$321.90 \$69.00
36.	Cole, Aryella	SSA	\$182.80	9/15/77		\$182.80	?	\$182.80	\$182.80

F-1-E-7C(9)

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PREPARED BY
APPROVED BY

LINE NO	NAME	INCOME		Date left	Date trans/can.	CHECKS RECEIVED				LINE NO
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER	
37.	Coleman, Mary	SSA SSI	\$113.60 \$202.40	8/8/77		\$113.60 \$202.40	\$113.60 \$202.40	?	\$113.60	1
38. X	Collins, Susie D.	SSA SSI	\$183.50 \$73.24	8/9/77		\$183.50 \$73.24	\$183.50 \$73.24	\$183.50 \$73.24		6
39.	Coney, Inez S.	SSA Pension Pension	\$348.80 \$48.92	7/25/77		\$348.80 \$88.67 \$21.60	\$348.80 \$48.92 \$48.76	\$348.80 ?	\$48.76	11
40.	Cook, Bertha P.	SSA SSI	\$205.90 \$112.10	8/4/77		\$205.90 \$112.10	\$205.90 X	\$205.90 \$112.10	\$205.90	16
41.	Cook, Mary Ellen	SSI	\$296.00	8/13/77		\$296.00	\$296.00	\$296.00	\$296.00	21
42.	Cordell, Edith Excell	SSA SSA	\$146.50 \$193.43			\$146.50 \$193.43	\$337.15	\$145.40	\$345.81	26
42a	Costello, Helen E.	VA SSA	\$322.00 \$145.40			\$322.00 \$145.40				
43.	Cunningham, Millie S.	SSA(bank) SSI VA	\$ \$192.90 \$94.20	7/2/77		\$123.10 \$192.90 \$94.20	\$123.10 (-183.90) ?	\$123.10	\$123.10	31
44.	Darnes, Najandrienne S.	SSA	\$118.60	8/9/77		?	\$118.60	\$118.60	\$118.60	36
45.	Darnes, Najandrienne S. for children of O. Darnes	SSA	\$237.20	8/9/77		\$237.20	\$237.20	\$237.20	\$237.20	41
46.	Dashiell, Hazel F.	SSA Pension	\$331.00 \$201.25	7/21/77		\$331.00 \$201.25	\$331.00 \$201.25		\$201.25	46
47.	Davis, Barbara	SSA VA	\$ \$125.00	8/14/77				\$125.00	\$125.00	51
47.	Davis, Grover	SSA SSI	\$232.10			\$232.10 \$4.64	\$232.10	\$232.10	\$4.64	54
48. X	Davis, Lexie S.	SSA SSI SSA	\$288.80 \$46.20	7/26/77		\$288.80	\$296.00	\$296.00 \$46.20	\$296.00	56

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LINE NO.	NAME	INCOME		Date left	Date trans/can.	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER
49.	Davis, Lorine	SSA(bank)				\$ 183.90	\$ 183.90	\$ 183.90	\$ 183.90
50.	Dawkins, Beatrice	SSA		8/2/77					
51.	Dean, Burger Lee	ARMY	\$ 50.00	8/11/77		\$ 50.00	\$ 50.00	\$ 50.00	
52.	Delaney, Edith F.	SSA Retirement	\$284.90 \$296.52	8/1/77		\$284.90 \$296.52	\$296.52	296.52	
53.	DePina, Lovie	SSA SSI	\$130.70 \$ 81.65	8/11/77		\$ 130.70 \$ 81.65	\$ 130.70 \$ 81.65	\$ 130.70 \$ 81.65	\$ 130.70
54.	DePina, Miguel	SSA SSI	\$283.00 \$ 81.65	8/11/77		\$283.00 \$ 81.65		\$ 283.00 \$ 81.65	\$285.00
55.	Dickson, Bessie Lee	SSI		8/2/77					
56.	Dodge, Mabel								
57.	Domingek, Katherine	SSAbank	\$	8/1/77		\$331.00	\$331.00	\$331.00	\$331.00
58.	Dotson, Ethel	SSI							
59.	Douglas, Farena	SSA SSI	\$140.50	8/11/77				\$140.50	140.50 \$175.50
60.	Duckett, Exia Marie (Marie Lawrence)	SSI	\$ 270.07	5/25/77 5/1/77					

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LINE NO	NAME	INCOME			Date left	Date trans/can	CHECKS RECEIVED			
		TYPE	AMOUNT				JULY	AUGUST	SEPT	OCTOBER
61.	Duncan, Corrie	SSA SSI	\$100.30 \$199.55	8/5/77		\$100.30 \$385.50	\$100.30 \$199.55	\$100.30 \$199.55	30.30 100.30	
		SSA				10030				
62.	Dyson, Florine	SSA SSI VA	\$125.00			\$125.00	\$125.00			
63.	Eddins, Irene	SSA MMI	\$108.30 \$207.70			\$108.30 \$207.70	\$313.07	\$107.45 \$205.03	\$107.55 \$205.03	
63a	Edwards, James	CSA	\$496.00							
64.	Edwards, Zipporah	SSA SSI	\$218.80 \$97.20	7/22/77		\$218.80 \$97.20	\$218.25 ?			
65.	Fair, Amanda	SSA	\$152.30	7/27/77		\$152.30				
66.	Fair, Sylvester C	SSAbank Pension	\$312.00 \$220.31	7/27/77		\$312.10 \$220.21	\$342.10 ?	\$342.10 \$220.31	\$342.10	
67.	Farris, Marshall	SSA VA Pension SSA VA Pension	\$350.00	7/28/77		\$350.00	?	\$350.00	350.00 38.00 214.21	
68.	Foster, Beulah	SSA SSI	\$264.20 \$51.80	8/1/77		\$264.20 \$51.80	\$264.20 \$51.80	\$264.20 \$51.80	264.20	
69.	Gentry, Willie Mae									
70.	Gernandt, Ercenia	SSAbank SSI VA CSA (?)	\$ \$52.25 \$241.00	10/20/77		\$156.40 \$52.25 \$241.33	\$156.40 \$52.25 \$241.33	\$164.10 \$285.20 \$210.76	\$164.10 \$146.12	
71.	Gibson, Mattie	SSA SSI SSA	\$161.00 \$155.00	7/22/77		\$161.00 \$155.00 14560	\$161.00 \$155.00	\$161.00 \$155.00	161.00	
72.	Gill, Irma Lee	SSA SSI	\$129.70			\$129.70 \$513.00	\$115.94 \$177.30 \$27.84 \$278.60 \$274.81	\$178.27	Source unknown on all checks	
72a	Gill, Betty Jean	SSA	\$125.10	8/6/77		\$125.10	\$125.10			

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LINE NO	NAME	INCOME		Date left	Date trans/can.	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER
73.	Godshalk, Viola	SSI	\$236.74			\$236.74	\$64.75		
74.	Goodspeed, Claude	SSA Pension	\$305.40 \$140.70	7/25/77		\$305.40 \$140.70	\$305.40 \$140.70	\$305.40 \$140.70	
75.	Goodspeed, Luc Dimple	SSA	\$133.30	7/25/77		\$133.30	\$133.30	\$133.30	
76.	Green, Juanita	SSA		8/9/77					
77.	Griffith, Emmett Sp.	SSA Retire.	\$272.50 \$60.00	?		\$272.50	\$272.50 \$60.00	\$272.50	60.00
78.	Griffith, Mae Kathryn (Estella-Railback for Mae K. Griffith)	SSA	\$104.30	8/11/77		\$104.30 \$354.00		\$104.30	104.30
79.	Griffith, Emmett Al (Children of...)	SSA	\$290.60	?		\$290.60	\$290.60	\$290.60	
80.	Griffith, Mary	SSA		?					
81.	Hall, Carl	SAA		10/20/77					
82.	Hall, Heloise	SSA		10/20/77					
83.	Harper, Artee	SSA SSI	\$191.20 \$124.80	8/3/77		\$191.20 \$124.80	\$190.50		
84.	Harrington, Ollie	SSA SSI bank	\$273.20 \$	8/3/77		\$273.20	\$273.20	\$257.80	\$265.50

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PREPARED BY	FILED	DATE
APPROVED BY		

LINE NO	NAME	INCOME		Date left	Date trans/can	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER
85.	Harris, Annie Mae	SSA SSI	\$145.50 \$170.50			\$145.50 \$170.50	\$144.40 \$169.10	\$144.40 \$169.10	\$144.40 \$169.10
86.	Harris, Dorothy L. <i>see next entry</i>	SSA VA	\$164.10 \$57.00	8/2/77					
87.	Harris, (Willie M. for Dorothy L. Harris)	SSA VA	\$164.10 \$57.00	8/2/77		\$164.10 \$57.00	?	\$164.10 \$57.00	\$7.00
88.	Harris, Josephine	SSA SSI SSA	\$103.00 \$213.00	8/6/77		\$103.00 \$213.00 9530	\$105.00 \$243.00	\$103.00 ?	\$7.60
89.	Harris, Magnolia	Pension		8/11/77					105.00
90.	Harris, Nevada	SSA SSI SSA	\$176.60 \$	8/4/77		\$176.60 16990	\$161.20	\$168.90	16890
91.	Harris, Willie M.	SSA	\$164.10	9/2/77		\$164.10		\$164.10	
92.	Helle, Joseph	SSA SSI	\$147.80 \$176.40			\$147.80 \$176.40	\$596.40	\$145.30	
92a	Henderson, Mattie		\$145.30			\$145.50			
92b	Henderson, Vernell	Pension	\$115.50			\$115.50	\$115.50	\$115.50	
93.	Henry, Colton	VA	\$106.00			\$116.00	\$105.20	\$105.15	\$106.00
94.	Hayden, EYVONNE P. <i>(Rita M. ...)</i>	SSA	\$177.50	8/8/77		\$177.50	\$177.50	\$177.50	
95.	Herring, Nena D.	SSA SSI	2249.00	8/8/77					
96.	Hill, Emma	SSA SSI	\$137.20	8/11/77			\$137.00	\$137.20	

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MF 84-4286-2018

LINE NO	NAME	INCOME		Date left	Date trans/can	CHECKS RECEIVED				
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	97. X Hilton, Osilee	SSA		8/14/77						
	97c. Hines, Mabel	VA SSA or SSI				125.00 427.70	222.40	222.40	222.40	222.40
	98. Hines, Rosa Mae	SSI	\$296.00	8/16/77		1015.79	296.00	296.00	296.00	296.00
	99. Horne, Hazel	SSA	\$183.00	8/7/77			183.00	91.50	114.30	
		SSA				114.30		91.50		
	100. Houston, Phyllis for children of Robert H. Houston	SSA	\$745.20			745.20	743.00	745.20	745.20	
	101. Howard, Doris	SSI	\$296.00	8/8/77		296.00	296.00	296.00	296.00	
	102. X Jackson, Beatrice	SSA SSI	\$191.40	7/25/77		191.40 124.60	191.40 124.60	191.40 124.60		
	103. Jackson, Dave (Pop)	SSA SSI	\$124.60	?			124.60	124.60	280.60	
	104. Jackson, Donald	SSA	\$456.80	8/25/77		456.80	440.00	450.00	440.00	
		SSA				469.50				
	105. Jackson, Gladys	Pension SSA Retirement	\$17.00 \$265.76	7/27/77		17.00 265.76	17.00 265.76	17.00 265.76	17.00 265.76	
	106. Jackson, Laurence for Richard Jackson	SSI	\$241.00	7/31/77			241.00	241.00	241.00	
	107. Jackson, Luvenia	SSA	\$114.40	?		1157.60	122.90	122.90	122.00	
	108. Jackson, Rosa L.	SSA	53.00	8/2/77						

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LINE NO	NAMES	INCOME		Date left	Date trans/can.	CHECKS RECEIVED		SEPT.	OCTOBER
		TYPE	AMOUNT			JULY	AUGUST		
109.	James, Lavana	SSA SSI	\$110.40 \$205.60	here		\$110.40 \$205.60	\$360.20 Source?		\$712.59 Source
110.	James, Margaret			7/30/77					
111.	Jeffery, Eartie	CSA VA	\$268.10 \$111.10	7/30/77		\$268.10 \$111.10	\$268.10 \$111.10		14.72
112.	Jeffery, Eartie & Margaret	SSA	\$195.40	7/30/77		\$195.40	\$195.40		
113.	Johnson, Berda T.	SSA SSI VA SSA	\$106.60 \$187.70 \$150.40	8/4/77		\$114.30 \$50.40 106.60	\$138.00 50.40	\$106.60 50.40	106.60 50.40
114.	Johnson, Bessie Marie Jance	SSI	\$296.00	7/31/77		\$296.00	\$296.00	\$296.00	
115.	Johnson, Earl L. J.	SSA Pension	\$ 7.70 \$418.31	7/21/77		\$114.30 \$418.31 114.30	\$ 7.70 \$418.31	\$114.30 418.31	114.30 418.31
116.	Johnson, Garnett	SSA Pension SSA	\$229.30	7/25/77			\$229.30	\$229.30	
117.	Johnson, Helen	SSA SSI	\$132.70	7/25/77		\$132.70	\$132.70		\$132.70
118.	Johnson, Hester	SSI	\$						
119.	Johnson, Jessi	SSA SSI	\$203.90 \$ 87.10	8/4/77		\$203.90 \$ 87.10			
120.	Johnson, Ludella	SSAbank SSI	\$163.34	here		\$ 68.40 \$163.34	\$ 68.40 \$168.34	\$ 68.40	\$ 68.40

F-1-E-7 (H)

PREPARED BY	INITIALS	DATE
APPROVED BY		

LINE NO	NAME	INCOME		Date left	Date trans/can	CHECKS RECEIVED		OCTOBER	LINE NO
		TYPE	AMOUNT			JULY	AUGUST		
121.	Johnson, Mabel	SSI		here		\$296.00			
122.	Johnson, Mahaley	SSA SSI	\$214.80	8/9/77		\$214.80		\$214.80	214.80
		low Soc Sec SRA	\$14.50			\$14.50			
		Pa.				214.80			
123.	Johnson, Robert	SSA bank Pension	\$329.70	7/26/77		\$288.50 \$329.70	\$288.50 \$329.70	\$288.50 \$329.70	\$288.50
124.	Johnson, Ruby Lee	SSA SSI		10/20/77					\$487.00 \$198.30
125.	Jones, Eliza	SSA	\$255.00	here 11/19/77		\$255.00			\$55.20 \$58.80 Source
126.	Jones, Lynetta	SSA	\$286.00	7/29/77			\$286.00	\$286.00	
127.	Jordan, Dessie	SSA SSI	\$181.70 \$154.30	8/9/77		\$181.70 \$154.30	\$181.70 \$154.30	\$181.70 \$154.30	\$181.70
128.	Jordan, Fannie	SSA SSI	\$197.10	7/23/77		\$286.00	\$296.00	\$286.00	\$286.00
129.	Jordan, Lula	SSA bank		8/11/77			\$296.00	\$296.00	\$296.00
130.	Joy, Love M.	SSA SSI	\$296.00	8/7/77		\$296.00			
131.	Jurado, Emma	SSA SSI	\$211.90 \$104.10	here		\$211.90 \$104.10	\$160.50	\$315.20	
132.	Keaton, Rosa	SSA	\$330.50	7/26/77		\$330.50	\$330.50	\$330.50	\$330.50

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LINE NO	NAME	INCOME		Date		CHECKS RECEIVED			
		TYPE	AMOUNT	left	trans/can	JULY	AUGUST	SEPT.	OCTOBER
133.	Keaton, Tommie S.	SSA	\$321.60	7/26/77		\$321.60	\$321.60	\$321.60	\$321.60
		SSA	321.60						
134.	Keeler, Elaine R. (Pat) <i>Still here</i>	SSI	\$296.00	<i>here</i>		\$296.00			
135.	Kemp, Barbara	SSI	\$	7/31/77				\$1716.00	\$296.00
136.	Kendall, Alfreda	SSA SSI	\$226.50	3/9/77		\$226.50	\$221.60	\$221.60	\$226.50
		SSA				226.50			
137.	Kennedy, Emma	SSAbank SSI	\$118.80	8/4/77		\$149.50 \$454.80	\$189.50 ?	\$189.50 \$118.80	\$189.50
138.	King, Charlotte	SSA SSI	\$119.60 \$177.51	8/9/77		\$112.00 \$177.51	\$112.00	\$96.60	104.30
		SSA				104.30			
139.	Land, Pearl	SSA SSI VA	\$182.40 \$133.60 \$22.50	8/11/77		\$182.40 \$133.60 \$22.50	\$182.40 \$133.60 \$22.50	\$182.40 \$133.60 \$22.50	\$182.40 \$133.60 22.50
140.	Lang, Lottie	SSA SSI	\$107.30 \$208.70	8/4/77		\$107.30 \$208.70			
141.	Lee, Ida Mae	SSA VA	\$206.10 \$40.60	<i>here</i>		\$206.10 \$40.60	\$40.60	\$40.60	
		SSA	\$201.30			\$201.30			
142.	Love, Helen 177-20-8480 A	SSA SSI	\$190.00 \$114.70	8/9/77		\$114.70			
143.	Love, Vanda						\$312.14		
144.	Love, LoveLife Georgia Bell	SSA SSI	\$114.30 \$201.70	8/4/77		\$114.30 \$201.70	\$114.30		

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LINE NO	NAME	INCOME		Date left	Date trans/can	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT	OCTOBER
145.	Lucas, Lovie Jean	SSA SSI	\$130.10 \$167.90	7/16/77			\$113.10 \$167.90	\$114.30 \$201.70	
146.	McClain, Allie	SSA SSI	\$114.30 \$201.70	8/16/77		\$114.30 \$201.70 \$ 2.57 \$313.13 9890		\$114.30 \$201.70	114.30
147.	McGowan, Alluvine	SSA SSI	\$	8/12/77	7				
148.	McGowan, Annie J.	SSA SSI RR	\$192.10 \$ 39.25 \$116.55	7/30/77		\$192.10 \$ 39.25 \$116.55	\$192.10 \$116.55	\$192.10 \$116.55 \$191.88	192.10
149.	McIntyre, Joyce	SSA	\$ 92.00	8/7/77		\$ 92.00			
150.	McKnight, Earl	SSA Pension		8/16/77					
151.	Macon, Dorothy	SSA		8/4/77					
152.	Malloy, Lillian	SSA SSIBank YWCA SSA YWCA	\$225.80 \$ 24.00	8/4/77		\$225.80 \$ 7.70 \$ 24.00 240.70	\$240.70 \$ 75.30	\$240.70 \$ 75.30	240.70 75.30
153.	Mason, Irene	SSA SSI	\$195.10 \$158.90	8/25/77		\$195.10 \$158.90	\$350.90	\$195.10 \$158.90	195.10
154.	Mayshack, Mary	SSA SSI	\$193.60 \$114.70	8/4/77		\$193.60 \$114.70 193.60	\$193.60 \$114.70	193.60	193.60
155.	Mercer, Henry J	SSA SSI	\$290.30 \$ 59.10	8/9/77		\$290.30	\$271.90	\$282.60	282.60
156.	Middleton, Virginia	SSI	\$296.00	here		\$296.00			

F-1-E-7 (M)

LINE NO	NAME	INCOME		Date left	Date trans/can.	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER
157.	Miller, Lucille	SSA BBI	\$ 77.50 \$243.50	8/7/77		\$ 77.50 \$243.50	\$ 370.00		
158. X	Mitchell, Callie Mae	SSA SSI	\$103.00 \$213.00	8/4/77		\$ 103.00 \$213.00	\$ 103.00 \$205.00		
159.	Morris, Pearly	SSA SSI	\$ 82.80 \$233.20	8/11/77				\$ 82.80 \$233.20	
160.	Morrison, Lugenia for children of J. Morrison	SSA	\$192.80	8/4/77		\$ 192.80	\$ 192.80	\$ 192.80	\$ 192.80
161.	Morrison, Lugenia	SSA	\$196.40	8/4/77		\$ 96.40 138.00	\$ 96.40	\$ 96.40	\$ 96.40
162. X	Moses, Eura	SSA SSI	\$211.50 \$142.50	8/12/77		\$ 211.50 \$ 142.50	\$ 211.50	\$ 211.50	
163.	Moton, Glen	SSA VA SSA VA	\$	8/18/77		261.90		356.53	261.90
164.	Moton, Viola	SSA Pension	\$ \$174.21	8/18/77			\$ 174.00		
165.	Mueller, Esther	SSA	\$153.30	7/29/77		\$ 153.30	\$ 153.30		
166.	Murphy, Lela	SSA	\$318.20	8/25/77		\$ 318.20	\$ 318.20	\$ 318.20	\$ 159.00 21.77
167.	Nailor, Gertrude	SSAbank SSI	\$ \$	8/13/77		\$ 170.40	\$ 170.40	\$ 170.40	\$ 170.40
168.	Newell, Hazel	SSA SSI	\$ \$195.90	8/18/77					

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LINE NO	NAME	INCOME		Date left	trans/can	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER
169.	Newton, Lydia			huc					
170.	Nichols, Ida M.	SSA SSI	\$114.30 \$201.70	huc		\$114.30 \$201.70 SSI \$111.86	\$313.00 \$199.69	\$113.45 \$199.69	\$306.00
171. X	O'Bryant, Zelline	SSA SSI	\$148.70 \$214.30	8/9/77		\$148.70 \$214.30	\$148.70 \$120.30		
172. X	Orsot, Bea	CSA CSA	\$376.68	8/20/77		\$376.68 393.08	\$376.68	\$376.68	393.68
173.	Owens, Jane <i>check bank</i>	SSI SSI	\$139.10 \$139.10	3/9/77			\$139.10 \$85.50	\$146.80	\$146.80
174.	Parker, Beatrice	SSA SSA		8/1/77			\$663.20		663.20
175.	Parris, Lore B.	SSA SSI SSA	\$ \$50.34	8/6/77		\$50.34 490.80	\$49.87	\$50.34	
176.	Payney, Lucille	SSA SSI	\$243.70 \$72.30	8/2/77		\$243.70 \$72.30	\$72.30		
177.	Perkins, Lenora	SSA	\$152.50	8/2/77				\$152.50	
178.	Peterson, Rose	SSA SSI	\$159.20 (en) \$39.50	8/7/77			\$159.20 \$615.00	\$159.20	
179.	Poplin, Earl	SSA SSI	\$						
180.	Pugh, Eva	SSA Pension	\$429.70 \$50.29	8/23/77		\$429.70 \$50.29	\$429.70 \$50.29	\$429.70 \$50.29	

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LINE NO	NAME	INCOME		Date left	trans/can	CHECKS RECEIVED		OCTOBER
		TYPE	AMOUNT			JULY	AUGUST	
181.	Railback, Estelle	SSA SSI	\$203.90 112.10	8/11/77		\$203.90 \$112.10	?	\$203.90 203.90
		SSA				188.50		
182.	Reed, Edna	SSA SSI Pension	\$126.90 \$189.10	here		\$126.90 \$189.10		
183.	Reed, Willie B.	SSA	\$ 98.50	8/8/77			97.65	\$ 98.50 98.50
		SSA				98.50		
184.	Reeves, L. B.	SSA SSI	\$253.40 \$302.40	7/28/77		\$263.40 \$302.40	\$253.40	\$253.40 253.40
		SSA				253.40		
185.	Rodgers, Odell	SSA	\$275.80	8/6/77		\$275.80	\$273.04	\$275.80
186.	Roberson, Odessa	SSA SSIBank	\$ \$ 205.50	8/6/77		\$112.50 \$205.50	\$112.50 \$202.50	\$112.50 \$203.50 203.50
		SSA						
187.	Roberts, Gladys Amie	SSA SSI		8/14/77				274.00 274.00 41.40
		SSA				274.00		
188.	Rodgers, Mary F.	SSA	\$241.00	8/2/77		\$241.00		241.00 743.00 644.00
		SSA				241.00		
189.	Rodgers, Mary J.	VA	\$ 50.00	8/9/77		\$ 50.00		50.00 50.00
190.	Rodgers, Ophelia			8/7/77				
191.	Rosas, Kay	SSI	\$296.00	8/7/77		\$294.00		
192.	Rosa, Elsie	SSA SSI	\$114.30 \$201.70	8/2/77		\$114.30 \$201.70	\$114.30 \$201.70	\$114.30 114.30
		SSA				98.90		

F-1-E-7 (P)

LINE NO	NAME	INCOME		Date left	trans/can.	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT.	OCTOBER
193.	Ruben, Lula	SSA SSI	\$144.70 \$167.90	8/9/77		\$144.70 144.70	\$145.60 \$162.00	\$167.60 163.60	144.70
194.	Runnels, Eddie Jewell	SSA SSI	\$334.00	here		\$334.00			\$971.61 Source?
195.	Sanders, Flora	SSA SSI	\$181.70 \$134.30	8/7/77		\$181.70 \$134.30		\$181.70 \$134.30	181.70
196.	Sanders, Washington	SSA VA	\$ \$16.25	here		\$277.90 \$6.25	\$277.90	\$277.90	\$277.90
197.	Scott, Pauline	SSA SSA	\$74.84 \$101.90	8/7/77		94.84 \$101.90		\$74.84 101.90	
198.	Shelton, Rose C.	SSA App. Cotton				\$450.00	\$317.59 Source?		
199.	Smith, Bertha	SSAbank SSI	\$204.50 \$112.00	8/7/77		\$204.00 \$112.00	\$204.00	\$204.00 \$112.00	\$204.00
199a.	Smith, Gazella T.	SSA VA	\$114.30 \$99.65	here				\$114.30 \$99.65	
200.	Sneed, Eloise	SSA SSI	\$249.70 \$66.30	8/9/77		\$249.70 \$66.30	\$249.70 \$66.30	\$249.70 \$66.30	\$249.70
201.	Sneed, Noyella	SSAbank SSI	\$103.50 \$212.50	8/4/77		\$103.50 \$212.50	103.50 \$211.02	\$103.50	\$163.50
202.	Sneed, Willie								
203.	Snell, Helen	SSA SSI	\$200.00 \$116.00	8/8/77		\$200.00 \$116.00		(9/1) \$200.00 SSA \$176.70 3300 (9/2) 116.00	200.00
204.	Stahl, Alfred Richmond	SSA Pension Pension		9/22/77		\$481.00	\$270.26	\$296.26 \$25.00 Source?	\$470.70 39.00 39.00

LINE NO.	NAME	INCOME TYPE	AMOUNT	Date left	trans/can.	CHECKS RECEIVED			
						JULY	AUGUST	SEPT.	OCTOBER
205.	Stahl, Bonnie L. (Carol Stahl for Bonnie Stahl)	SSA		7/21/77			\$148.10	\$148.10	\$148.10
205a.	Stahl, Carol	SSA	\$24.80			\$24.80	\$24.80	\$24.80	\$24.80
206.X	Staten, Abraham	SSA Pension	\$366.80 \$407.50	7/21/77		\$366.80 \$407.50	\$366.80 \$407.50	\$366.80	\$366.80
207.X	Staten, Ameal	SSA SSA	\$178.30 \$106.60	7/21/77		\$178.30 \$106.60	\$178.30 \$106.60	\$178.30	\$178.30
208.	Strider, Adeline	SSA SSI	\$247.40 \$68.60	7/23/77		\$247.40 \$68.60	\$247.40 \$68.60	\$247.40 \$68.60	\$68.60
209.	Swinney, Cleve	SSA Pension	\$263.00 \$254.43			\$263.00 \$254.43	\$263.00 \$254.43	\$263.00	265.00 266.43
210.	Swinney, Helen	SSA SSA Pension				263.00 266.43			
211.	Talley, Vera	SSAbank SSI	\$264.30	7/30/77		\$51.70 \$264.30	\$51.70	\$51.70	\$363.00
212.	Taylor, Lucille	SSA SSI	\$201.70 \$114.30	8/4/77		\$201.70 \$114.30	\$201.70 \$114.30	\$201.70 \$114.30	201.70
213.	Taylor, Virginia	SSA SSI	\$112.80 \$203.20	8/2/77		\$112.80 \$203.20	\$112.80 \$203.20		
214.	Thomas, Alma (Cooley Coachman)	SSA SSI		km					
215.	Thomas, Bernice	SSA VA	\$97.80 \$268.00	8/11/77		\$97.80 \$268.00	\$97.80 \$315.00	\$97.80 \$268.00	\$97.80 375.00
216.	Thompson, Etta	SSA SSibank	\$189.40	10/14/77		\$189.40 \$126.60	\$187.70 \$126.60	\$187.70 \$126.60	\$126.60

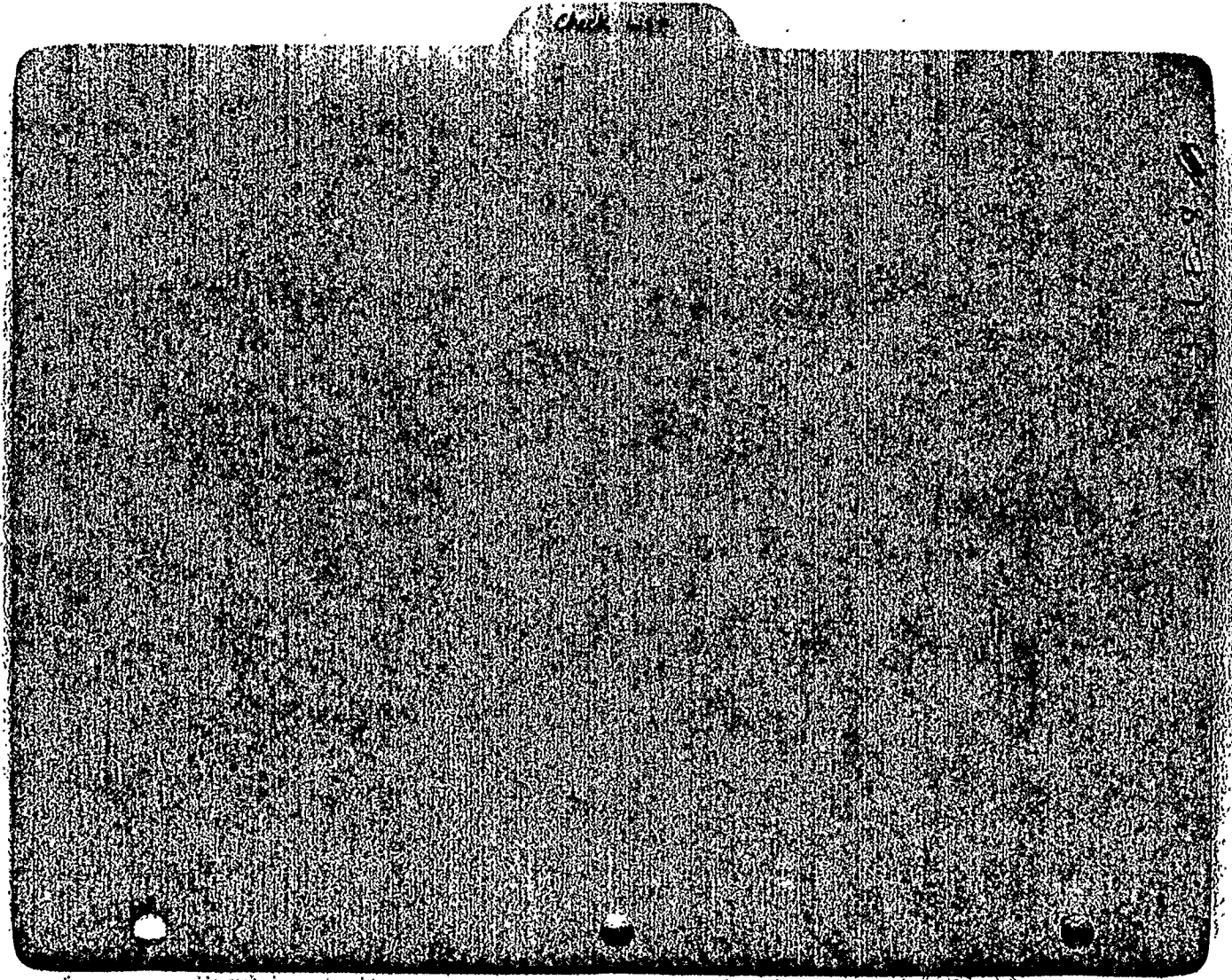
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(19)

LINE NO	NAME	INCOME		Date		CHECKS RECEIVED				LINE NO
		TYPE	AMOUNT	left	trans/can.	JULY	AUGUST	SEPT.	OCTOBER	
1	217. Thompson, Vinnie	SSA	\$110.80	7/25/77		\$110.80	\$110.80	\$110.80		1
2		SSI	\$205.20			\$205.70		\$205.20		2
3										3
4										4
5										5
6	218. Thompson, Vinnie for Garnett Johnson	SSA	\$229.30	7/25/77		\$229.30				6
7										7
8										8
9										9
10										10
11	219. X Thrash, Catherine H.	SSA	\$236.40	7/22/77		\$236.40	\$236.40			11
12		Pension	\$123.10				\$23.10			12
13		SSI				\$79.00				13
14		Pension				23.10				14
15		SSA								15
16	220. Townes, Essie Mae	SSA	\$131.70	8/9/77		\$131.70		\$131.70	\$131.70	16
17		SSI	\$184.30			\$184.30		\$184.30	\$184.30	17
18	170a Ischelle, Al	SSI	\$31.00	9/21/77			\$31.00	\$31.00	\$31.00	18
19										19
20										20
21	221. Turner, Martha	SSA	\$118.30	8/13/77				\$118.30		21
22		SSI	\$189.50					\$189.50		22
23										23
24		SSA				\$118.80				24
25										25
26	222. Walker, Mary N.	SSA	\$110.20	8/13/77		\$110.20	\$109.35			26
27		RR	\$218.45			\$218.45	\$216.70	\$218.45	\$218.45	27
28										28
29										29
30										30
31	223. Wallace, Jane	SSA	\$144.30	hvac		\$144.30		\$143.20	\$144.30	31
32		SSI	\$171.70			\$171.70	\$313.50	\$170.30	\$171.70	32
33										33
34										34
35										35
36	224. Washington, Annie B.	SSA	\$115.10	hvac			\$115.10			36
37		SSI	\$200.90			\$200.90	\$200.90			37
38										38
39										39
40										40
41	225. Washington, Blanchie			hvac						41
42										42
43										43
44										44
45										45
46	226. Washington, Eddie	SSA	\$203.90	8/11/77		\$203.90	\$203.90	\$203.90	\$203.90	46
47		SSI	\$88.97			\$88.97	\$88.97	\$88.97	\$88.97	47
48										48
49		SSA				203.90				49
50										50
51	227. Watkins, Earline	SSI	\$246.00	8/4/77		\$246.00	\$253.00	\$256.20	\$296.00	51
52										52
53										53
54										54
55										55
56	228. Wesley, Charles									56
57										57
58										58
59										59
60										60

F-I-E-T (20)

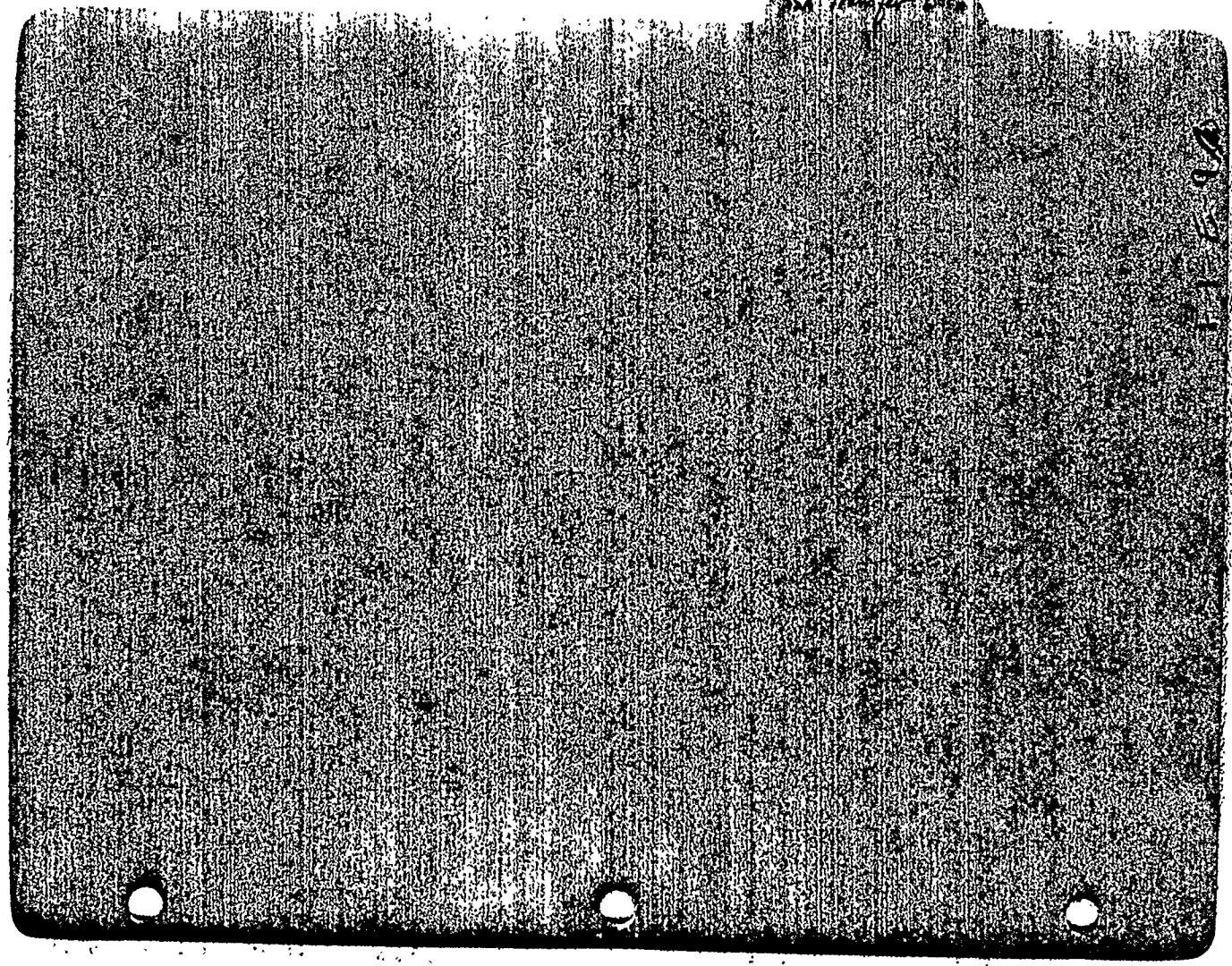
LINE No	NAME	INCOME		Date left	trans/can	CHECKS RECEIVED			
		TYPE	AMOUNT			JULY	AUGUST	SEPT	OCTOBER
1	229. Williams, Louise	SSA	\$256.20	8/7/77		\$256.20	\$253.04	\$256.20	256.20
2		SSI	\$59.80			\$59.80	\$60.30		
3									
4									
5									
6	230. Williams, Syola	SSA	\$109.30	8/9/77		\$109.30	\$109.30	\$109.30	109.30
7									
8									
9									
10									
11	231. Williams, Theo	SSA	\$208.80	8/7/77				\$208.80	
12									
13									
14									
15									
16	232. Wilson, Jewell	SSI	\$296.00	None		\$296.00	\$293.04	\$293.04	
17									
18									
19									
20	233. Winfrey, Erma	SSA	\$110.60	7/25/77		\$110.60	\$110.60		
21		SSI	\$205.40			\$205.40		\$205.40	\$205.40
22									
23									
24									
25									
26	234. Worley, Dorothy Brady	SSA		7/21/77		\$216.20	\$216.20	\$216.20	\$216.20
27		Retire,	\$101.89			\$101.89	\$101.89	\$101.89	\$101.89
28									
29									
30									
31	235. Wright, Leomy			None					
32									
33									
34									
35									
36	236. Simon, Jose	SSA	\$261.10	8/12/77				\$261.10	\$261.10
37									
38									
39		SSA				245.70			
40									
41	237. Jones, Blanche Neal	SSI	\$296.00	10/4/77		\$296.00	\$296.00	\$296.00	\$296.00
42									
43									
44									
45									
46									
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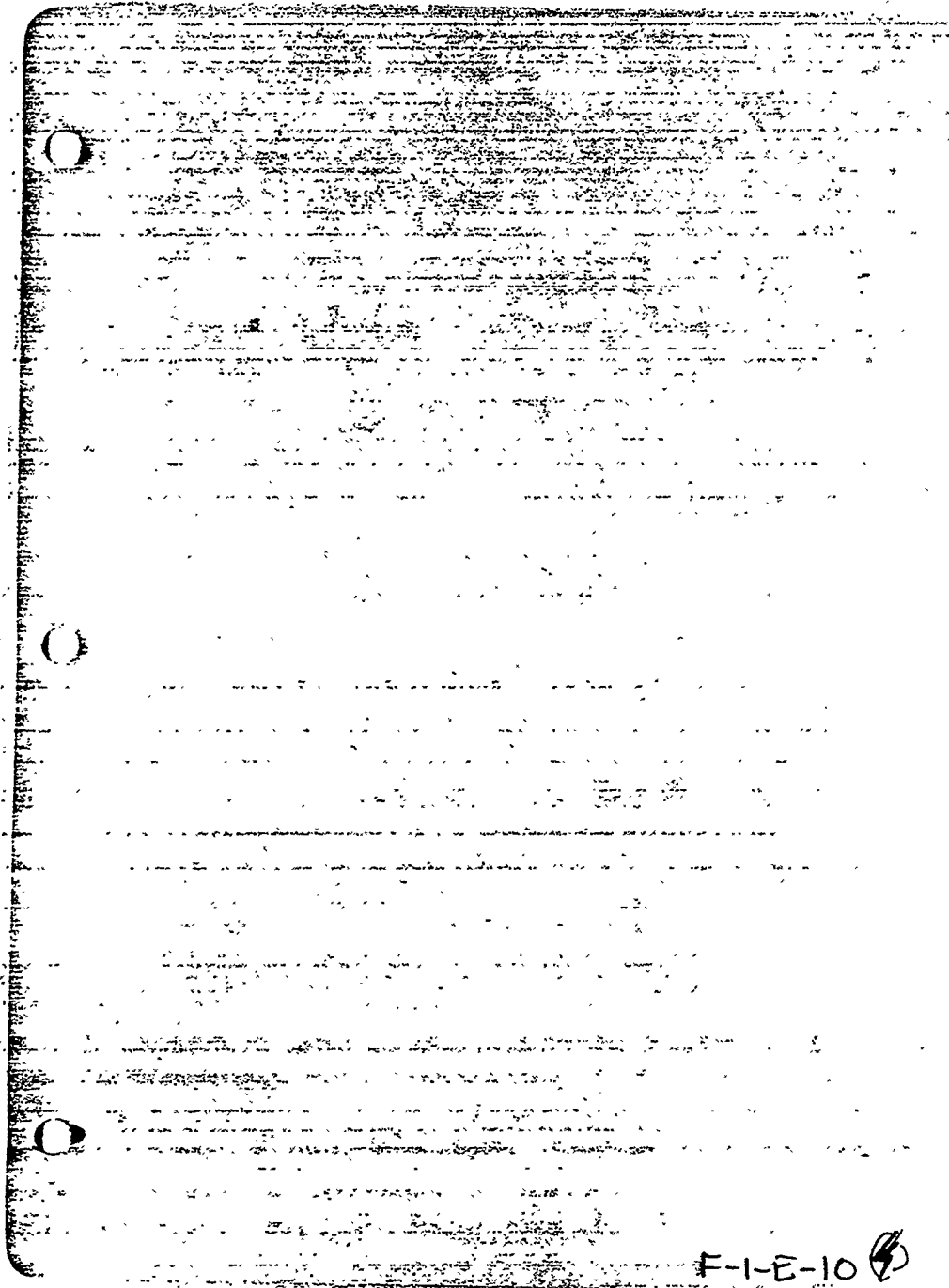
F-I-E-7 (2)



SA Transfer Book

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F-1-E-10 ⚡

L. P. - *summary*

Name	Date Ready/Why	Income/Type	PR/Shots	Imm. Sent on Gvt. List
Adams, Nell	L.P. don't know when		NO/NO	NO/NO
Adams, Thomas			YES	YES/YES
Alexander, Jim	L.P. Bills - 2 yrs		YES	YES/YES
Alten, Dennis			YES	YES/YES
Anderson, Arnold	HAVE PROP TO SELL	\$256/week	YES	YES/NO
Anderson, Gisteen	JUNE 1978		YES	YES/NO
Anderson, Vivian			YES	YES/YES
Barlow, Evette	AGE 15 MOM-NON MEMBER SIGNED PAPERS		YES	NO/NO
Barrett, Becky			YES	YES/YES
Barrett, Ben			YES	YES/NO
Barrett, Cathy			YES	YES/NO
Beck, Bonnie			YES	YES/YES
Beck, Donald			YES	RESIDENT
Bell, Geneva			YES	YES/YES
Benefield, Evelyn			YES	YES/YES
Benson, Martha (aka; Evans, Martha)	MAY	296.74 372 AFDC	YES	YES/NO
Berkley, Yolanda			YES	YES/YES
Berryman, Ronnie			YES	YES/YES
Betts, Maxine			YES	YES/YES
Blackwell, Odell			YES	PA3/NO
Bouquet, Brian			YES	YES/YES
Bouquet, Claudia			YES	YES/YES
Bradford, Choicy	custody of Baby		NO	YES/NO
Bradshaw, Pam			YES	YES/YES
Bradshaw, Sandy			YES	YES/YES
Bright, Ruby	CHILDREN'S PAR-NON-MEMBER		YES	YES/YES
Brown, Clinton			YES	YES/YES
Brown, Jean			YES	YES/YES
Brown, Joyce (aka; Polk, Joyce)	LUCY CRENSHAW'S GRANDDAUGHTER		YES	PA3/NO
Brown, L. T.			YES	YES/YES
Burgins, Rosie			YES	YES/YES
Canada, Mary			YES	YES/YES

F-1-E-110 (M)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Gvt. Lst
Carrasco, Edgar	WANTS TO GO		YES	YES/NO
Carrasco, Mary	MARCH w/AGED DAD		YES	YES/YES
Causey, Clara			YES	YES/YES
Ca'vit, Bertha			YES	YES/YES
Chambliss, Jossie			NO	YES/YES
Chastain, Patti			YES	YES/YES
Cheek, Gehny			YES	YES/YES
Christmas, Odeasa Deola			YES	YES/NO
Christmas, Fredrick			YES	YES/NO
Christmas, James			YES	YES/NO
Clancey, Timothy			YES	YES/NO
Clark, Essie	L.P. SSA Problem		YES	YES/YES
Bagby, Madelin	READY WHEN SOLVED		YES	YES/YES
Bagby, Monica			YES	NO/NO
Bagby, Terri			YES	YES/YES
Clark, Willie			NO	YES/NO
Clarke, Richard	L.P. WIFE WONT SISI FOR DAUGHTER		YES	YES/YES
Coleman, Ruth			YES	YES/YES
Collier, Leona			YES	YES/NO
Conerly Mary	SEPT '78 MAJOR MED. PROB.		YES	YES/NO
Cordell, Edith			YES	YES/YES
Corey, Carrie		WTD/NO	YES	YES/YES
Corey, Ricky			YES	NO/NO
Crenshaw, Lucy	END of MARCH w/JOYCE BROWN		YES	YES/YES
Crym, June			YES	YES/YES
Daniels, Betty	CHILD CUSTODY PROB - UNRESOLVED		NO	YES/YES
Daniels, Michael			YES	YES/YES
Davis, Chantal			YES	YES/YES
Davis, Don			YES	YES/YES
Davis, Emanuel 3rd	UNDETERMINED DATE		YES	YES/YES
Davis, Emanuel 4th			YES	YES/NO
Davis, Emanuel 5th			YES	YES/NO

F-1-E-11 (A)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Gvt. Lst
Davis, Francis	9-15-78		YES	YES/YES
Davis, Grover			YES	YES/YES
Davis, Joanne			YES	YES/YES
Davis, L. C.	READY - WANTS TO BRING SON		NO	YES/YES
Davis, Linda Mims	MARCH 1		YES	YES/YES
Davis, Loraine			YES	YES/YES
Davis, Lue V.			YES	YES/YES
Davis Margie			YES	YES/YES
Davis, Michelle (aka: Wagner)	READY		NO	YES/NO
Dennis, Elihue			YES	YES/YES
Dickerson, Roseana	Med Problems / LEGAL Prob. SS #276.		YES	YES/NO
Brown, Amanda			YES	YES/YES
Brown, Jeross			YES	YES/YES
Brown, Masadine			YES	YES/NO
Dodge, MayBell	END of April - DENTAL	SSA 300/MO	YES	YES/YES
Donnell, Deborah			YES	YES/YES
Donnell, Esque			YES	YES/NO
Donnell, Mary			YES	YES/YES
Dotson, Ethel			YES	YES/YES
Dotson, Leonard			YES	YES/NO
Downie, Sammie	will know in 3 weeks	SSA #114 331	YES	YES/YES
Downs, Nena			YES	YES/NO
Dupree, Mayluva			YES	YES/NO
Dyson, Florine			NO	YES/YES
Eddins, Irene			YES	YES/YES
Efrien, Laurie			YES	YES/YES
Eleby, Exie			YES	YES/YES
Ellzey, Dorothy	L.P. Ins. claim - READY	SSA #214	YES	YES/YES
Evans, Alonzo Jr			YES	YES/YES
Evans, Alphonzo			YES	YES/YES
Evans, Arthur James			YES	YES/YES

F-1-E-11 (1/2)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Govt. Lst
Evans, Deborah			YES	YES/YES
Evans, Julius			YES	YES/YES
Evans, Sandra			YES	YES/YES
Evans, Shirelle			YES	YES/YES
Evans, Sonya			YES	YES/YES
Ewing, Viola			YES	YES/YES
Fairley, Vadia			YES	YES/YES
Fitch, Tom			YES	YES/NO
Flowers, Judy			YES	YES/NO
Fortson, Hue			YES	YES/YES
Foster, Shirley Matthew	L.P. HUSBAND WONT STAY FOR 3 CHILDREN		YES	YES/YES
Fountain, Betty			IN LA	YES/NO
Fountain, Frankie			IN LA	YES/YES
Fountain, Jackie			YES	YES/YES
Fountain, Jewell			IN LA	YES/YES
Fraser, Peter			YES	YES/YES
Freeman, Jackie	Nov 1978		YES	YES/YES
Fuller, Cepeda	Now		NO	YES/YES
Gales, Julia	Med Prob/PROP TEXAS	94 SSI 291 SSA	YES	YES/YES
Galle, David			YES	YES/YES
Garcia, Cleveland	LAST of JUNE		YES	YES/YES
Gee, Herman W.	Now	SSI 175 SSA 123	YES	NO / NO
Gentry, Willie Mae			YES	YES/YES
Gibson, Lisa	L.P. (MOM'S) UNDETERMINED		YES	YES/NO
Gibson, Mary	L.P. LOUISIANA Prop.	PENS 310.	NO	YES/YES
Gill, Irma Lee	L.P. RE: RR BENEFITS	SSI 178 SSA 137	YES	YES/YES
Glover, Carolyn	COMPANION WANTS TO go before 9/31		YES	YES/YES
Glover, Ruby			YES	YES/YES
Godshalk, Ray			YES	YES/YES
Godshalk, Viola			YES	YES/NO

F-1-E-11 (4)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Gvt. Lst
Gosney, Mark			YES	YES/YES
Gosney, Vern			YES	YES/YES
Grady, Willie			YES	YES/NO
Greaves, Doreen			YES	YES/YES
Grimm, Ronald	Selling prop. 5/1	500/MO	YES	YES/YES
Grimm, Tina	5/1		YES	YES/YES
Guidry, Mercedes			YES	YES/YES
Guy, Kimberly			YES	YES/YES
Guy, Ottie	End of JUNE		YES	YES/YES
Guy, Sharitta			YES	YES/YES
Hall, Bill	5-1-78	VA #97 SSA #194	YES	YES/YES
Harris, Annie Mae			YES	YES/YES
Harris, John KA-Holmes, Peter			YES	YES/YES
Hearne, Devena			YES	NO / NO
Helle, Joe			YES	YES / NO
Henderson, Caesar			YES	YES/YES
Henderson, Charles			YES	YES/YES
Henderson, Laura			YES	YES/YES
Henderson, Mattie Beatrice	Dental 5/78	SSI #145 SSA #170	YES	YES/YES
Henderson, Vernell			YES	YES/YES
Heneka, John			YES	YES / NO
Henry, Colton			NO	YES/YES
Henry, Lydia	L.P. custody of niece		NO	NO / NO
Hines, Mabel	3-1-78	SSA #93	YES	YES / YES
Hines, Maurice	3-1-78	SSA #146	YES	YES/YES
Hinkle, Maud			YES	YES/YES
Holliday, Ted			YES	YES/YES
Hollins, Vee			YES	YES / NO
Houston, Augusta	L.P. Personal Buss.	SSA 165. SSI 124	YES	NO / NO
Houston, Phyllis			YES	YES/YES
Hoyer, Barbara			YES	YES/YES
Hutchenson, George	7-1-78	SSA 600/MO.	YES	YES/YES

F-1-E-11 (4)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Gvt. Lst
Ingram, Alice				
Ingram, Jimmy'			YES	YES/NO
Jackson, C.J.			YES	YES/YES
Jackson, Kathy				
Jackson, Melissa			YES	YES/YES
Jackson, Paulette	L.P. w/husband		YES	YES/YES
Jackson, Phillip			YES	YES/YES
Jackson, Ralph	Now		YES	YES/YES
Jackson, Thelma			YES	YES/NO
James, Toni			YES	YES/YES
Janaro, Claire			YES	YES/YES
Johnson, Clara			YES	YES/NO
Johnson, Francis			YES	YES/YES
Johnson, Ludella			YES	YES/YES
Johnston, Kris	Any time		YES	YES/YES
Jones, Africa		SSI 168, SSA 68.	YES	YES/YES
Jones, Bertha			YES	YES/NO
Jones Brenda	Med w/Nat Jones	SSA 116 SSI 201	YES	YES/YES
Jones, Jasper			YES	YES/YES
Jones, Larry			YES	YES/YES
Jones, Lula	L.P. CAR ACCIDENT	700/MO	YES	YES/NO
Jones, Nat			YES	YES/YES
Jones, Nettie	Med Problem		YES	YES/YES
Jones, Valerie			NO	YES/YES
Jones, Violet			YES	YES/NO
Jurado, Emma			YES	YES/YES
			YES	YES/YES
Keeler, Pat (Elaina)			YES	YES/YES
Kerry, Mildred			YES	YES/YES
Kice, Chris			YES	YES/NO
King, Ida			YES	YES/YES

F-1-E-11 (16)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Gvt. Lst
King, Leola	Med Problems 3/1		YES	YES/YES
Kislingberry, Sharon			YES	YES/YES
Kizart, Ethel	L.P. wants to BRING GRANDCHILDREN		YES	YES/YES
Klingman, Mike			YES	YES/NO
Kravitz, Brian			YES	YES/YES
Lacy, Georgia			YES	YES/YES
Layton, Larry			YES	YES/YES
Lee, Ida Mae			YES	YES/YES
Lendo, Mary	Med Prob. - Pregnancy	\$400/mo	YES	YES/YES
Lewis, Adrienne			YES	YES/YES
Lewis, Alecha			YES	YES/YES
Lewis, Barry			YES	YES/YES
Lewis, Cassandra			YES	YES/YES
Lewis, Doris	6-31-78		NO	YES/YES
Lewis, Dorothy			YES	YES/NO
Lewis, Freddie Jr			YES	YES/YES
Lewis, Lisa			YES	YES/YES
Liggins, Corrine	Med Prob. L. Prob NOT THIS YEAR		YES	No / No
Lowry, Melvin			NO	No / No
McCall, Estelle			YES	YES/YES
McCann, Elizabeth			YES	YES/NO
McCarroll, Rosavell	DENTAL Prob. - 90 8 mos.		YES	YES/YES
McElvane, Jim			YES	YES/NO
McGill, Ethel Lee	Med Prob 9/15/78		YES	NO / NO
McIntosh, Steven	L.P. WARRENT		YES	YES/YES
McMichael, Louise	No papers for G CHILDREN	SSA 907 VA 43	YES	NO / NO
McMullen, Ulyssis III (aka: June)			YES	YES / NO
McNeal, Jessie			YES	YES / NO
Merriam, Judy			YES	YES/YES

F-I-E-11⁹ (8)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Govt. Lst
Middleton, Virginia			YES	YES/YES
Miles, Corhelious			YES	YES/YES
Miles, Paul			YES	YES/YES
Mills, Marie			NO	YES/NO
Minor, Cassandra			YES	YES/YES
Mitchell, Annie			YES	YES/NO
Mitchell, Beverly			YES	YES/YES
Mitchell, Lawanda			YES	YES/YES
Mitchell, L. C.			YES	YES/YES
Mitchell, Tony			YES	YES/NO
Morgan, Lydia (aka; Atkins, Lydia)			YES	YES/YES
Morgan, Oliver			YES	YES/NO
Murphy, Mary			YES	YES/YES
Mutschmann, Jane			YES	YES/YES
Nelson, Enola (Kay)			YES	YES/NO
Newell, Alice (aka; Maxie, Alice)			YES	YES/NO
Newell, Hattie			YES	YES/NO
Newell, Herbert			YES	YES/NO
Newell, Herbert Jr			YES	YES/NO
Newell, Jackie			YES	NO/NO
Newell, Otis			YES	YES/YES
Newell, Otis Jr 9-17-77			YES	YES/NO
Nichols, Ida Mae			YES	YES/YES
Norton, Ken (aka; Grubbs, Gerald)			YES	YES/YES
Norwood, Fairy			YES	YES/YES
Odell, Maureen			YES	YES/YES
O'Neal, Christopher			UNKNOWN	1/23/NO
Parks, Brenda			YES	YES/YES
Parks, Edith			YES	YES/YES
Parks, Gerald			YES	YES/YES
Parks, Patty			YES	YES/YES
Parks, Tracy			YES	YES/YES

F-1-E-11 (8)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Gvt. Lst
Parr, Girlee			YES	YES/YES
Parr, Richard			YES	YES/YES
Patterson, Carroll Anthony (Pat)			YES	YES/YES
Payton, Annie			YES	YES/YES
Perkins, Irvin			YES	YES/YES
Peterson, Ann			NO	YES/YES
Pettaway, Cleo			NO	YES/YES
Pigrum, Gracie			YES	NO/NO
Pikes, Anthony			YES	YES/YES
Pikes, Jackie			YES	YES/YES
Pikes, Lola			YES	YES/YES
Poplin, Oreen Armstrong			YES	YES/YES
Proby, Bessie			YES	YES/NO
Purifoy, Kathy			YES	YES/YES
Pursley, Cynthia			YES	YES/NO
Randolph, Glenda			YES	YES/YES
Randolph, Jim			YES	YES/YES
Rhea, Jerry			YES	YES/YES
Rivers, Mary Francis (Polla Mattaras)			YES	YES/NO
Roach, Essie			YES	YES/YES
Robinson, Emma			YES	YES/YES
Robinson, Enlis			YES	YES/YES
Robinson, Lee			YES	YES/YES
Rochelle, Anthony			YES	YES/YES
Rochelle, Jackie			YES	YES/YES
Rochelle, LaVonne (SAME AS LAVONN STANLEY)				
Rochelle, Tommy			YES	YES/YES
Rodriguez, Aurora			YES	YES/YES
Stewart, Aurora			YES	YES/YES
Stewart, Terry			YES	YES/YES
Whitmire, Lisa			YES	YES/YES
Rodriguez, Gregorio			KEEPS OWN	YES/YES
Rodgers, Opheila				

F-1-E-11 (6)

NY 2 - 4286 - 2018

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Gov. Lst
Rollins, Mary			YES	YES/YES
Rozytko, Diane Louie			YES	YES/No
Runnels, Jewell			YES	YES/YES
Sanders, David			IN L.A.	YES/YES
Schexnayder, Nettie			YES	YES/YES
Scott, Allease			YES	YES/YES
Scott, Dollie			YES	YES/YES
Sellers, Alta			YES	YES/YES
Severns, Gina			YES	NO
Simon, Jerome Mark			YES	YES/YES
Simon, Supporia			NO	NO/NO
Sines, Debbie (AKA WETZEL, Debbie)			YES	YES/YES
Smart, Al			Ray Nelson	2/23/NO
Smart, Scotty			Ray Nelson	2/23/NO
Smart, Terri			Ray Nelson	2/23/NO
Smith, David			YES	YES/NO
Smith, Eugene			YES	YES/YES
Smith, Florida (AKA: Johnson, Florida)			YES	YES/YES
Smith, Oliver Marie			YES	YES/YES
Smith, Gazella			YES	YES/NO
Smith, James Alfred (aka; Smith, Al)			YES	YES/YES
Smith, Lillie			NO	YES/YES
Smith, Perez			YES	YES/YES
Smith, Ruth			YES	YES/YES
Smith, Willie			YES	YES/NO
Souder, Delicia			YES	YES/YES
Souder, Wanda			YES	YES/YES
Spriggs, Mae			YES	YES/YES
Stahl, Carol			YES	YES/YES
Stalling, Lula			YES	YES/YES
Stanley, Yvonne			YES	YES/YES
Silver, Andrew			YES	YES/YES

F-1-E-11 (10)

Name	Date Ready/Why	Income/Type	PP/Shots	Imm. Sent on Govt. List
Swaney, Dorece			yes	yes / YES
Swaney, Pat (aka: Martin, Pat)			yes	yes / No
Tarver, Rob			yes	yes / YES
Thomas, Carolyn			yes	yes / YES
Thomas, Retha			yes	yes / YES
Thornton, Pauline			No	yes / YES
Tropp, Kathy			yes	yes / YES
Tschetter, Robin			yes	yes / YES
Upshaw, Eric			yes	yes / YES
Wade, Roberta			yes	yes / YES
Walker, Andrea			yes	yes / YES
Walls, Carolyn			yes	yes / YES
Warford, Joseph			yes	yes / No
Washington, Annie B.			yes	yes / YES
Washington, Carolyn			yes	yes / YES
Webster, Bessie Lee			yes	yes / No
Wesley, Bessie			yes	yes / YES
Wesley, Susie			No	yes / YES
White, Bernice			yes	yes / YES
Wilhite, Kenny (KENNARD)			yes	yes / No
Williams, Louise			yes	yes / YES
Williams, Sue Ellen			yes	yes / YES
Williams, Valisha			yes	yes / YES
Wilson, Delores			yes	yes / YES
Wilson, Jerry Sr			yes	yes / YES
Winters, Curtis			yes	yes / YES
Young, Christine Cobb (Elpise)			yes	yes / No
Young, Guv			yes	yes / YES
Young, Mona			No	No / No

F-1-E-11 (4) K

Calls 120
163

~~Sharon Amad - RT~~ ~~to [unclear]~~
 Paula Adams. RT. Pat Bowman ✓
 Jerome Anderson ~~John [unclear]~~
~~Linda Ritchey~~ ~~Pat [unclear]~~
~~Terri [unclear]~~ ~~Wm & Bentley~~
 Carl Barnett & Jerry Buford. RT ✓
 1 Deane Bean - (Wanda Briggs) ^{signed message}
 Rebecca Bean ^{RT} (Patricia [unclear])
 Charles Beckman ^{Wanda} (Elin [unclear])
 Thomas Bateman (Vicki [unclear])
 Ethel Bell ~~Henry Cannon~~
 Bessie Benson ~~Walter Cannon (St)~~
 Roy Bergman Michael Cartas ✓
 Edith Bergman Jerry Cartas ✓
~~Janet Bergman~~ ~~Erwin Cartas. RT~~
~~Maril Bergman~~ ~~Patricia Cartas~~
 Lina Boque ^{de [unclear] [unclear]} ^{Wanda} ^{Wanda} Patty Catmell ✓
~~Theresa [unclear]~~ ~~Walter Catmell~~ ✓
~~Max Baute~~ (Charles Baute) ^{signed}
 Bob Brewer ✓ ~~Joseph Casanova~~ 1040
 Christine Brewer ✓

H-P-8

Carl Burnett	Mark Bates
Eleanor Bean	Ann Bates
Charles Beitzner	Christina Bates
Peggy Bess	Ann Bates
Edith Bess	Henry Cannon
Tina Bogue P.	Michael Cortes
Walter Carmell	Jerry Cortes
Charles Bantle	Richard Cortes
Sopie Casarola (Hyer)	Nale Chokin
Charles Marshall	Mary E. Clancy
Diana Marshall	John Collier
Marie McCann	Corla Conley
Paul Melano	Mick Conolly
Donna McHenry	Reto Cardillo
Theresa McHenry	Lucy Crenshaw
	Annella Tully
	William Dean
	Eddie Dennis
	E

11-13

William Lee	William Dean	
Richard Smith	Eddie Dennis	
Stephanie Chasen	Elihu Dennis	
Hale Chikin	Katherine Dominick	
Kene Chiku	Mario Duckett	
Robert Chintan	Tress Edwards	
Mary Lee Clancey	Zipporah Edwards	
Ida Mae Clipp	(Erin Eicher) Leroy	
John Cobb	(Erin Eicher)	
Kandis Coble	Jennifer Ann Johnson	
Sharon Cobb	John Johnson	
Corlis Conley	Marshall Farris	
Loretta Cardell	Don Fitch	
Mert Cardell	Don Fitch	J (M)
Rita Cardell	Robert Flanders	(M)
Mary Cottingham	Helen Ford	W (M)
Lady Crossman	Viola Ford	I
Leary Durney	Robert Franklin	II
Patricia Durney	Cornie Frelms	
Gartho Davis	Kim Fye	
Elva Farty	Elva Farty	

~~Carl Burnett~~ ~~Myrtle~~ ~~Tabble~~ ~~not all~~
~~Daniel Leckie~~ Carl Neval
~~Elmer~~ Luella moonhead
 Bessie Benson
 Walter Cartmell
~~Carl B. Bate~~
 Dean Marshall
 Maria McLean
 Paul McLean
~~James~~ Mary Lu. Clary
~~John~~
 Carl Corley
 Rita Cardell
 Lucy Cresswell
 William Dean
 Ruth Browning
 Annie Roberts
 Kevan Smith
 + Marcia Simon
 + Ronald Simon
 Willie Sneed
 - Dorothy Solomon
 - ~~Joseph~~ ~~Solomon~~
~~Abraham~~ ~~Statis~~
 Betty ^{new} ~~alines~~ - Billy Jackson
 Fanya ~~alines~~ - Tanya Col

F-1-E-13 (B)

Kay then need staples
on the

E mail

F-1-E-13

f

(1)

Dale Chapen
~~Wanda Carl~~
 Eugene Benson
 Gene Chaba
 Mary Lu Clancy
 Rita ~~Carl~~ 15
 Willie Dean
 Maria McCant
~~Patricia~~
 Diane Marshall
 Yelanda Mitchell
 Annie Moore
~~Lucy~~
 Kler Malt
 Eptio Muller
 Carl Neval
 Jerry Park
~~Lydia~~
~~Bert~~
 Joie Lewis
 Alfred Simon
 Alvin Simon
 Donald Shick
 Harry Schacht
~~Rose~~
~~Ever~~
 Michael Prada
 Kim Frye
 Connie Frabon
 Helen Ford
~~Walter~~
~~Robert~~
 Inetta Fair Johnson
 Katherine Dominick
~~Edna~~
 Clifford King
 Willie ~~Johnson~~ Bowie

~~Charles~~ B
 Frank Masoply
 CK (Ken notes)
 Eddie Hallman
 Helen Harris
~~Wendy~~
 Denise Hunte
 Corine Johnson
 Richard Johnson
 Bessie Johnson
 Israel Johnson
 James Johnson
~~Joseph~~
~~Richard~~
 Sharon Johnson
 Anna Jones
 Jimmy Jones Jr
 Stephen Jones
 Tim Jones Day
 Timothy Jones Day
 Maria Kalaris
 Robert Kiro
 Paula Law
 Carolyn Layton
 Karen Layton
 Annie Roberts
 Muriel Touchette
 Harriet Trepp
 Ronald Simon
 Kevan Smith
 Ollie Smith
 Richard Stebb
 Nathaniel Suinny
 Deborah Touchette
 Joyce Touchette
 F-I-E-B (M)

Tim Jones (W.T.)	Maria Jones
Timothy Jones (W.T.)	Ronald Lines
Maria Katsaris	Donald Sly (W.T.)
Annell Kellum	Karen Smith
Anita Kelley (W.T.)	Bertie Smith (W.T.)
Ben Kice	Du... ..
Robert Kice	Allie Smith
Edith K... ..	Walter... ..
Lula Law	Dorothy Salamin
Carolyn Layton	Lynia Salamin
Karen Layton	Richard Stahl
Carolyn Layton	Alison Stahl
Ruth L... ..	Theresa Stone
Diana L... ..	Robert Stroud (W.T.)
Pat L... ..	Nathanil Swane
Annie Roberts	Clare Sweeney
Alganetta Roberts	Helena Sweeney
Ben Robinson	Wanda Sweeney
Blanca Rodriguez	Deborah Touchette (W.T.)
Michelle Touchette	Jane Touchette
Harriet Trapp	Michael Touchette

E-3

Betty Eschitto

Ruth Tupper

~~Franklin~~

Tommy Walker

Brenda Warren

Gloria Warren

Moses Washington

Louis Williams

Walter Williams

Jerry Wilson

FILE 13

Charles Marshall	Hubert Newell
Diana Marshall	Karl Newell
Eileen Marshall	Aha Newell ^{Dean}
Maria Mc Carr [†]	Susan & Jerran Sue Nathan ^{Walter}
Paul Mc Carr	Billy Oliver
Rena Mc Murray	Tanya Oliver ^{Col}
Theresa Mc Murray	Jerry Parks
Guy Mitchell	Rose Petersen
Yolanda Mitchell	Michael Prokes
Annie Moore	Jerry Prokes
Betty Moore	Ever Re Joyce
Linda Prokes	Mike Prokes
Lynne Morgan	Rose Ann Ruggiero
Blanca Smith	Alvin Sutherland
Ronald Smith	Larry Schacht ¹¹
Glen Moten	Donald Scheid ¹⁰
Ethel Mueller	Alfred Simas ¹⁰
Jane Mutschman	Alvin Simas ¹¹
Carl Neval P	Anthony Simas ¹¹
Charles Newell	Barbara Simas
	Hooper Simas

Er. Wood

Kenny Bone (Reed)

Mae Kathryn Griffith

Beverly C. Mitchell (Ging Mitchell)

Beverly Mitchell (Age 16)

(M)

M

U

U

U

A: Ruth Atkins
 Ida M. Albudy
~~Ruby Lee Johnson~~
~~William L. Anderson~~
~~Virginia Taylor~~
~~Frene Eddins~~
~~Clara Mettner~~
 Lillian Alexander
 Jerome Anderson
 Birdie Arnold
 Maurice Anderson
 Tommy Anderson
 Marcuette Anderson
 Ida Marie Albudy
 Stephen M. Addison
 Samuel M. Anderson
 Orelia Anderson
 Linda Arterbery

Geraldine Bailey ✓
 Wesley Breidenbach ✓
 Abigail Bryant ✓
 Ronnie Beckmann ✓
 Willie Lee Bowie (Brecher)
 Geneva Beal ✓
 Mary Bailey ✓
 Brian Bonigant ✓
 Ruby Bight ✓
 Jack W. Parroy ✓
 Rebecca May Beckman ✓
 Pamela Bradshaw ✓
 Michaela Brady ✓
 Della Brown ✓
 Bessie Marie Jones Johnson
 Elsie Bell ✓
 Miller Budgwick ✓
 Thomas Butman ✓
 Shirley Baisy (Wilson)
 Selma Bordenauer
 Aris Breidenbach ✓
 Christi E. M. Sato ✓
 Clotie Butler ✓
 M. Alfred Carrad.
 Lillian Payne
 Zellene Bryant
 Amanda Pandlister

F-1-E-13 (A)

~~Helene Brantbeck~~

F-1-E-13^{AM}(13)

Madeline Lusk ✓
 Rosie Lee Powhine ✓
 Fair Baker ✓
 LOIS F. BREIDENBACH ✓
 Dorothy Buckley ✓
 Beatrice Bille ✓
 Julia Buckley ✓
 Claudia Bouyer ✓
 Lena Benton ✓
 Janis Baker ✓
 Joseph Leo Helle Bean ✓
 Melvina Brenderburg ✓
 Helen Elaine Bachman ✓
 Geraldine F. Blair ✓
 NIM BREWSTER ✓
 Lorella Buckley ✓
 Jack L. Bean ✓
 Rory L. Bargeman ✓
 Patricia Baumgart ✓
 Anna Biggs ✓
 Regina Bouser ✓
 Leo TERENCE BARGEMAN ✓
 Dorothy Brewer ✓
~~Patricia Bouser~~
 Cathy Barrett ✓
 Ben Barrett ✓
 Christine Bowers ✓
 James Bogue ✓

Phillip Blakey ✓
 Eric T. Baker ✓
 Alfred Bell ✓
 Ethel Bell ✓
 Thomas, James, Ernest Bogue
 Virginia Bogue
 Juanita Bogue
 Kenney Bogue (REED)
 Jocelyn Brown
 Donald R. Bower
 Mack Brette
 Edith G. Bogue
~~Patricia Bouser~~
 Eleanor Bean
 Carl H. Barnett

F-1-E-13 (M)

Mary Frances Catino ✓
Maurice Campbell ✓
L. Presa L. Cordell ✓
Chin Cordell ✓
Stephanie Chastain ✓
Hazel Cordell ✓
Georgia McCatney ✓
Arvilla Cole ✓
Inez J. Conedy ✓
Bertha J. Cook ✓
Nellie Cunningham ✓
Orlando Cole ✓
Dorothy Cole ✓
Ruby J. Carroll ✓
Maryann Scheid Casanova ✓
Cindy L. Cordell ✓
Jeffrey J. Corey ✓
~~Paula J. Corey~~ ✓
Vernette Christian ✓
Phyllis Christian ✓
Lois E. Clark ✓
Francine Hallmon Crenshaw ✓
Lusia Lu Calliss ✓
Ida Mae Chappin ✓
Rafael Clark ✓
Mary Ann ✓
Christine Milled ✓
Mary Ellen Cook ✓

F-1-B-13 (10)

Mildred Carroll ✓
Loretta Chavis ✓
Mary Canada ✓
Edith E. Cordell ✓
Mary Coleman ✓
~~Janey Minton~~
~~Don Casanova (Schick)~~
Don Casanova (Schick)
Nancy Clay ✓
Julia Rene Cordell ✓
Candace Cordell ✓
Kanya Cox (Lolima) ✓
Karen Cox (44) ✓
Thelma Cannon ✓
Vita Cannon ✓
patricia Cartmell ✓
Mary Cottingham ✓
Loretta Cordell ✓
Mark Cordell ✓
Barbara Cordell ✓
William P. Castillo ✓
Carlisle (Cousley) Castle ✓
~~Salma Marie~~
John ✓
Lucy Chenshaw ✓
Henry Cannon ✓

RF-1-E-13 (17)

Burger Lee Deane ✓
 Hazel F. Daskill ✓
 Arde Dennis ✓
 Joyce Douglas ✓
 Robert E. Davis ✓ (Bob)
 Violet Katherine Bellard ✓
 Bessie L. Dickson ✓
 Louis de Lino ✓
 Marguit de Lino ✓
 Cynthia Davis ✓
 Corrie Duncan ✓
 Florine Dupont ✓
 Darrell Dennis ✓
 Beatrice J. Dunkin ✓
 Regina Durican ✓ (W)
 Calvin C. Douglas ✓
 Edith Wellaney ✓
 Gerene Douglass ✓
 Brian Danks ✓
 Ronnie Dennis ✓
~~W. J. Dennis~~
 Nepleard Dennis ✓
 Lepie S. Davis ✓
 Marguete Davis ✓
 Brian Dennis Scary ✓
 Eldred ✓
 Edna Dennis ✓
 Katherine M. Domusck ✓

17
 # - I - E - 13 (AR)

1947-1948

Barbara Davis ✓
Ellen L. Dupont ✓

James J. [unclear]

F-1-E-13 (R)

Julius Evans ✓
Shirley Ann Edwards ✓
Sandra Evans ✓
Jane Eddin ✓
James Edwards ✓
Evelyn M. Eickel (Levy) ✓
Irene Edwards ✓
Gyporah Edwards ✓

Betty Fitch ✓
Mary Lee Ford ✓
Sheree Ann Fieldst ✓
Brislah Foster ✓
Amanda Faust ✓
Fannie B Ford ✓
Lucie Fortin ✓
Casey Finney ✓
Maurice C Fitch ✓
Donald J Field ✓
Robert D. Fuller ✓
Claude Fortson ✓
Barbara Farrell ✓
Tai Fongelle ✓
Kim Foy ✓
Lynette Fair ✓
Marshall Ferris ✓
Donald K. Fitch ✓
Thomas R. Fitch ✓
Rebecca Ann Flower ✓
Viola Forks ✓

F-13 (19)

Lee Dimpf Goodspeed ✓
 Susan Dimond ✓
 Cleveland Gorica ✓
 Mattie Kilson ✓
 Willie J. Brady ✓
 Van G. ~~Barrett~~ ✓
 Sylvia E. ~~Barrett~~ ✓
 Juanita L. ~~Barrett~~ ✓
 Pauline Groot ✓
 Tom Gubbs ✓
 Pat Brunet ✓
 Gloria ~~Barrett~~ ✓
 Emmett ~~Barrett~~ ✓
 Claude Goodspeed ✓
 Ronald W. Grimm ✓
 Mary Griffith ✓
 Tina ~~Barrett~~ ✓
 Stanley ~~Barrett~~ ✓
 Eugenia ~~Barrett~~ ✓
 Vernon ~~Barrett~~ ✓
 Amondo ~~Barrett~~ ✓
 Betty J. ~~Barrett~~ ✓
 Robert W. ~~Barrett~~ ✓
 Gerald R. ~~Barrett~~ (By Newton) ✓
 Mattie ~~Barrett~~ ✓
 Marian ~~Barrett~~ ✓
 John ~~Barrett~~ ✓

1
 F-1-B-13 (100)

Meredith Sunday
Renée Day
Anitra Akene
Mae Kathryn Griffith
David George
Frankie Longley

F-1-E-13 (10)

Rosanna Hines ✓	Shirley B. Hicks ✓
John Harriet ✓	Eugene A. Hayden ✓
Carl H. Hall ✓	Aazel Haine ✓
Patricia Hallow ✓	
Martha Ann Hicks ✓	
Helaine J. Hall ✓	
Florence Heath ✓	
Emma Mae Hiee ✓	
Ann Hehils ✓	
Josephine Hains ✓	
Kalen Hama ✓	
Rahelle Haxman ✓	
Nevada Harris ✓	
Davis Howard ✓	
Nena Dittering ✓	
Artee Harper ✓	Marie L. Dora ✓
Ellie B. Harrington ✓	Alia Johnson ✓
William H. Harsh (Constance) ✓	Judith K. Johnson ✓
Mattie B. Henderson ✓	
Annie H. Harriet ✓	
Osalee Hilton ✓	
Chels D. Henderson ✓	
Magnolia Harriet ✓	
Dorothy Hains ✓	

W.

F-I-E-B (see)

Margaret James ✓	Lavera James ✓
Johnny ^{Moss} Jones ✓	Jessie Johnson ✓
Jessie Jones ✓	Earl Johnson ✓
Larry Johnson ✓	Abbie Jones ✓
Donald Jackson ✓	Kathryn D. Jackson ✓
Cornelia Jones ✓	Cartis Jeffery ✓
Agona Johnson ✓	Tommy Johnson ✓
Clara L. Johnson ✓	Loyd Johnson ✓
Patsy Ruth Johnson ✓	Ricky Johnson ✓
Annette D. Jones ✓	Robert Ray Jones ✓
Laura Johnston ✓	Genie Johnson ✓
Dessie Jordan ✓	Glenn Y. Jones ✓
Lula E. Jordan ✓	Louise Jackson ✓
Rosa Jackson ✓	Willie Ann Johnson ✓
Mary Johnson ✓	John
Mahalia Johnson ✓	Fannie Jordan ✓
Beatrice A. Jackson ✓	Janice Johnson ✓
Ruby W. Johnson ✓	Billy Jones ✓
Bladys Jackson ✓	Jessie Johnson
Thelma Jackson ✓	Beatrice Jackson ✓
Helen Johnson ✓	Lula Jordan ✓
Verna Sue Johnson ✓	Robert Johnson ✓
Love M. Joy ✓	Jura Johnson ✓
Birda T. Johnson ✓	Edw. Johnson ✓
Annette Jones ✓	Stephen Jones ✓
Eliza Jones ✓	Dessie Jordan ✓
Marquette Jeffery ✓	Ullertine Jones ✓
Pauline Jackson ✓	Nancy Jones ✓

1-15-13 (25)

Dave B Jackson

Luisa Jackson

Helen Johnson

Susan Johnson

Samuel Johnson

Joe Johnson Jr

Ronald D. James

Paul Jones

Tammy D. Jones

Riley Lee Johnson

EN-ENB (W)

Sender of copy (Lover)

- Rosa LaBeaton ✓
- Louisa Kennedy ✓
- Danny K. Kuitala ✓
- Corrine M. Kice (Joker) ✓
- Chuck Kitchell ✓
- Elfreida Kendall ✓
- Ellen Klingman ✓
- Sharon Kurlingburg ✓
- Wanda B. Kirk ✓
- Carol Kinn ✓
- Feresa King ✓
- Sommie S. Keaton Sr. ✓
- Charlotta King ✓
- Barbara Kenyon ✓
- Thomas S. Kice ✓
- Kellerstone Kimple (Joni) ✓
- Leola King ✓
- ~~Lorraine J. King~~
- Edith Kuitala ✓
- Ward E. Keller ✓

F-1-E-13 (106)

John C. Cady	Walter Morgan
John Jean Lucas	Annie McEwen
Heben Rose	Mary H. Martin
John Layton	Buna Murrell (Minnie Cullity)
George Lee	Sebastian R. C. Murrell
George Livingston	Mary Marshack
John Ester Lewis	Alta McEwen
Louise Taylor	Caral D. McCay
Rita Linn (Tupper)	Annie Mitchell
Carrie Langston	Edith Murrell
Donnie Rose	Callie M. Mitchell
Karen Jendel	Ewca Murrell
Jerry D. Livingston	Clara McKenzie
Margaret Lacey	Christie Miller
Lessie M. Lang	June Mason
Zaithi Langston	May McEwen
Minnie Magaline Lyell	Virginia Middleton
Gordon S. Lockett	Earl McLaughlin
Dorothy Lee	William McEwen
Christine R. Lucic	Edward Moore
Pearl Land	Mary Murrell
Carolyn Loman	Laura Miller
Anna Briggs Kay	Beverly Mitchell
Diane Lundquist	L. C. McKinnis
Ruth W. Lawrey	Joseph C. McEwen
	Dorothy H. Macow
	Ray Mc Knight
	Pearl M. Murrell

F-I-E-B (10)

Viola Matson ✓	Ernie (Ray) Nelson ✓
Lillian Malby ✓	Cardell Neal ✓
Catillo McCool ✓	Gertrude Nelson ✓
Danny Marshall ✓	Darlene Newman ✓
Ann McKnight ✓	Chris Newell ✓
Cheryl McCool ✓	Hazel Marie Nutter ✓
Rose McKnight ✓	Fairy Lee Norwood ✓
Henry Mercer ✓	Iida Mae Nichols ✓
Mary Murphy ✓	Cleveland Newell ✓
Vicky Marshall ✓	Karl Newell ✓
Anita March ✓	Herbert Newell ✓
Lugene Morrison ✓	
Deana McKnight ✓	
Cassandra Minor ✓	
Earl McKnight ✓	
Wonne Morrison ✓	
Earnestine March ✓	
Danny Matson ✓	Charita M. Oliver ✓
Opette McAndrew ✓	Bertice R. Pratt (M) ✓
Quincy McCall ✓	Zellie Bryant ✓
Eileen R. Cannon ✓	Bruce Howard Oliver ✓
Suzette G. Mitchell ✓	Jane Sues ✓
Leopold R. McMurry ✓	William S. Oliver ✓
Theresa T. McMurry ✓	
Annell D. Matson ✓	F-1-E-13 ⁰⁰ (AT)
Chorah Muehl ✓	
Jane Ellen Muehl ✓	
Betty Munn ✓	

Brian L. Perkins ✓
 Denise Lurby ✓
 Pat Patterson ✓
 Richard Perkins ✓
 Eva H. Pugh ✓
~~Brother Perkins~~
 Drew Poplin ✓
 Don C. Potts ✓
 Sarah C. Potts ✓
~~Marshall Potts~~
 Lorne B. Parris ✓
 Amanda Poindester ✓
~~Ernest P.~~
 Joyce Parks ✓
 Dale Parks ✓
 Patty Parks ✓
 Brenda Page ✓
 Robert B. Paul ✓
 Beatrice Parker ✓
 Thomas J. Partak ✓
 Relette Paul ✓
 Blinda Peltis ✓
 Alfred Perkins ✓
 James R. Pugh ✓
 L. Vialbi. Pagnel ✓
 Oscar Parsley ✓
 Harold Petrus ✓

M.
~~Paul Michael~~
 Paul Michael McCarroll
 Lydia Morgan
 J. E. Marshall
 Diana Marshall
 Ellen Motes

Ruth Quinn ✓

F-1-E-B 66 (18)

(R. Odencia Roberson ✓	Glenn Roberts ✓
	Jerome O. Shea ✓	E. Gloria Rodriguez
	Ophelia Rodgers ✓	Darlene Ramey
	Gloria Ross ✓	Ben Robinson (NICA) O's mitchel
	Clara Ryzynko ✓	Aggie Netta Robertson
	Robert Ryzynko ✓	Elizabeth Ruggers
	Edith Rolly ✓	Roseann Ruggers
	Annie Ryzynko ✓	
	Elizabeth Ruggers ✓	
	Diane Laine Ryzynko ✓	
	Shirley Robinson ✓	
	Odell Chodess ✓	
(Betha Reese ✓	
	Erin Marie Rankin (Docket) ✓	
	Santiago A. Ross ✓	
	Janice Ross	
	Elice Ross ✓	
	Aurora Rodriguez ✓	
	Estelle Raulback ✓	
	Ray Robas ✓	
	Michael Thomas Raymond ✓	
	Antela Risher ✓	
	L. Bee R. Risher ✓	
	Dorothy G. Risher ✓	
(Jackie Risher ✓	F-1-E-13 (19)
	Mary Risher ✓	
	Jerome O. Rhea (Gent) ✓	
	Mary P. Ruggers ✓	

Martha M. Sanders ✓	Armed States ✓
Edeline M. Strickland ✓	James & Simpson ✓
Judith Carter ✓	Mary Louise Shavers ✓
Alida Lutz ✓	Delores Smith ✓
Florence J. Sanders ✓	Scyria Solomon (Trainer)
Eloise Sneed ✓	Anthony S. Sinos
Harriet S. Sneed ✓	Abraham S. Slaton
Clifford L. Sneed ✓	Portia Salomon
Douglas Sanders ✓	Marcia Simon
Bonnie Simon ✓	Mildred Smith
Michael Simon ✓	
Nancy Sines ✓	
Paul S. Sines ✓	
Pauline Simon ✓	
Ruby Simon (Schroeder) ✓	
Ruby Shesley ✓	
Helena Snell ✓	
Jerry Smith ✓	
James & Lige ✓	
Jerome Simon ✓	
Travella Sisco ✓	
Barbara Smith ✓	
Betty Smith ✓	
Erigena Smith ✓	
James A. Ghal Smith ✓	
Phyllis Smith ✓	
Rose O. Shayone ✓	
Howard Smith ✓	

F-7-E-13 (10)

DOROTHY SANDERS ✓
 MELANIE SIMONS ✓
 TIM SWINNEY ✓
 WANDA KAY BOUTWELL ✓
 MARATHY SIMPSON ✓
 PAULINE SCOTT ✓
 PAUL SALOMON ✓
 MARK ✓
 FRANCIS STANTON ✓
 COEN L. GOTT ✓
 ALVARY GATHEWELL ✓
 ALVIN B. SWINNEY ✓
 WANDA S. SWINNEY ✓
 BARBARA SMITH ✓
 RONALD B. SMITH ✓

JIM LEE TAYLOR ✓
 SCOTT THOMAS JR ✓
 RICHARD DAVID DROSS ✓
 RONALD TALLEY ✓
 CHARLES E. TOUCHETT ✓
 BURNELL THOMAS ✓
 ERNEST THOMAS ✓
 MARTHA E. TURNER ✓
 ESSIE MAE TOWNSEND ✓
 ALFRED W. TOUCHETT ✓
 MARY A. TOUCHETT ✓
 DE FLORA TOUCHETT ✓
 VERRIE THOMPSON ✓
 GABRIEL THOMAS ✓
 JENNIE MAE TURNER (BOGGS) ✓
 VIRGINIA TAYLOR ✓
 HELEN THOMAS ✓
 MARY TUPPER ✓
 CAROLYN THOMAS ✓
 VERA TALLEY ✓
 COENELIUS TRUSS ✓
 ALBERT TOUCHETT ✓
 ALLEANE TUCKER ✓
 LUCILLE B. TUGLACK ✓
 TONY TUCKER ✓
 ALVIN TUCKER ✓
 RICHARD DAVID DROSS ✓

F-1-E-13 (A)

T. James Turner

Bruce Turner

Helma Coakman Thomas

Etta Thompson

Armeda Taylor

Lillian Marie Uctoo

Stanley Glenn Wright

F-1-E-13 (1913)

W. JANE WARREN ✓
 Neighwanda Walker ✓
 James Wilson ✓
 Kenny Wilhite ✓
 Gloria Dawn Walker ✓
 Syola Williams ✓
 Marlene Wheeler ✓
 Eddie Washington ✓
 Theo Williams ✓
 Rabuta Wadel ✓
 Barbara Walker ✓
 Andrea Walker ✓
 Diane Wilkinson ✓
 Regie Marshady ✓
 Tom J. Wagner ✓
 Leslie Gortier Wilson ✓
 Peter A. Watherspoon ✓
 Annil B. Washington ✓
 Eastene Watkins ✓
 Mary B. Watherspoon ✓
 Dorothy Worley ✓
 Biell Wilson ✓
 Mary Walker ✓
 Syola Williams ✓
 Vera Wiggins ✓
 Charles Wesley Williams ✓
 Keith Wade ✓
 Ezzel Wilson III ✓

Johanna Mae Yates ✓
 Carol Young ✓
 Little Ann Victor ✓
 Christine Young ✓
~~Abraham Terry Mc~~
 Jane Ellen Hutchins ✓

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W Jewel Wilson ✓
Theony Wright ✓
Keith Wright ✓
Mark Wagner ✓
Brenda Warren ✓
Greg Walker ✓
(~~Shirley~~) Laveria L. Williams ^{Chapman}
Lisa Wright ✓
Cheryl White ✓
Joseph L. Wilson ✓
Preston Lee Wade

F-1-E-13 ^W (AP)