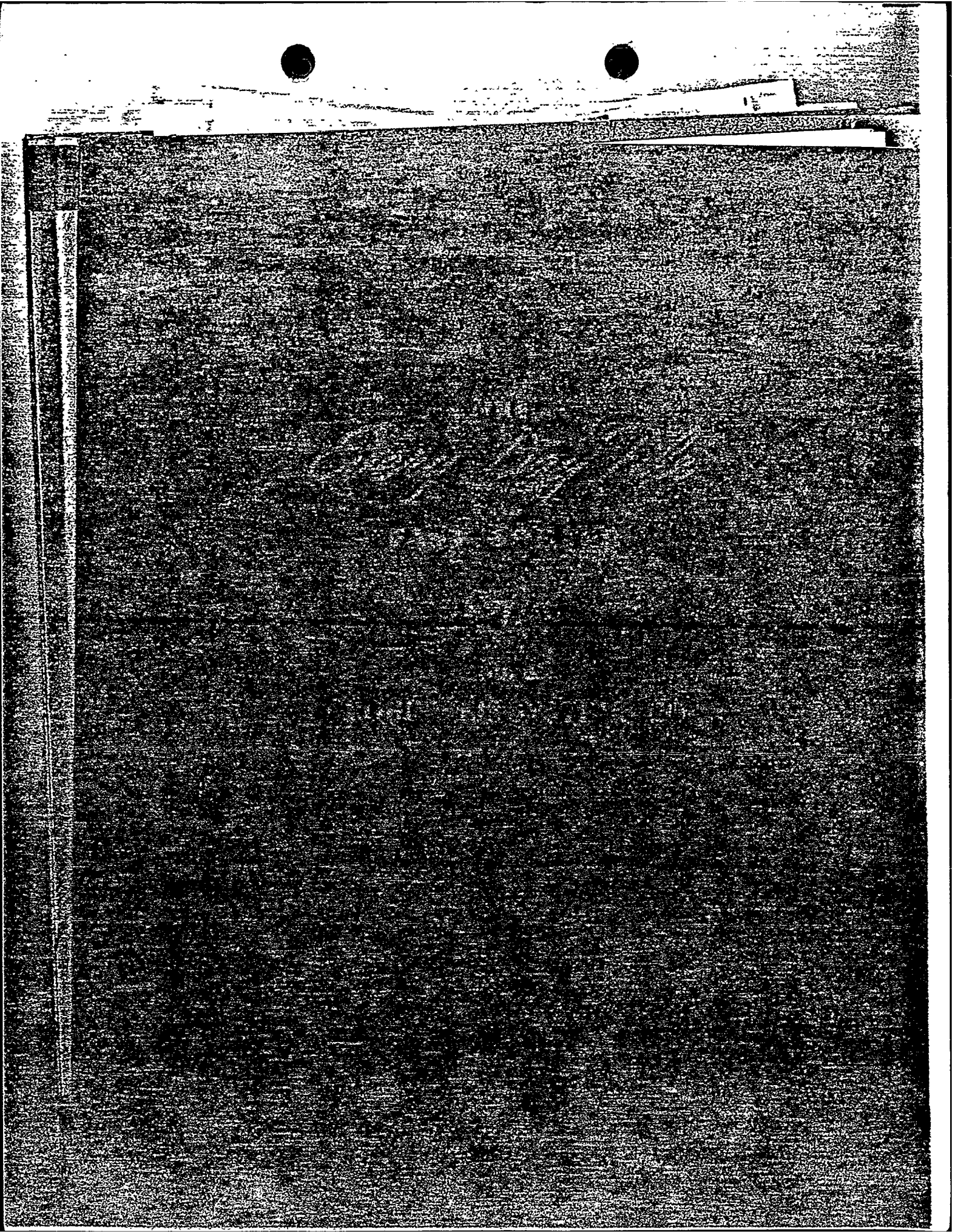


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Your social
security
check...
while you're
outside the
United States

U.S. Department of
Health, Education, and Welfare
Social Security Administration
HEW Publication No. (SSA) 77-10137
July 1977

Your social security check...

while you're outside the United States
The information in this booklet is important to you while you remain outside the United States. It tells about your social security checks, how your absence from the U.S. may affect your social security payments, when and what you should report to us, and other things you should know.

The list on the next page shows when you, or someone acting for you, should notify us. Take a few minutes to read over the list. Then, if one or more of the items may affect you, turn to the page indicated for more detailed information. You don't need to read about any item that doesn't concern you now or may never concern you. But keep this booklet in a handy place and refer to it from time to time so that you don't overlook anything.

If you want more information about social security than is given in this booklet or you need help on a social security matter, contact any U.S. Foreign Service post. The people there will be glad to help you. If you prefer, you can write us directly. It's best to airmail your letter. Our address is:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203
U.S.A.

Be sure to include the social security claim number on which you are receiving benefits whenever you write to us.

You should report promptly if:

- 1 You change your address. (Page 7)
- 2 You work or go into business before you reach 72. (Page 8)
- 3 You change your citizenship. Citizens of certain countries can't get social security checks after they've been out of the U.S. for 6 months. (Page 9)
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Your social security checks
Your social security check is usually dated the third of the month. It's payment for the month before. For example, a check dated May 3 is payment for April.

It usually takes longer to deliver checks outside the U.S. because of the longer distances and extra handling needed. Delivery time varies from country to country and your check may not arrive the same day each month. Sometimes something may happen which will cause an extra delay. If you don't get your check after a reasonable waiting period, contact the nearest U.S. Foreign Service post or write directly to us. We'll find out what happened and see that you get your check as quickly as we can.

If you're in the U.S. now and plan to be out of the country less than 3 months, you might want your checks to stay in the U.S. The people at any social security office can help you make this arrangement.

If you stay abroad 3 months or more, your checks will generally be mailed to where you're living.

Social security benefits aren't taxable in the United States. But foreign governments can, and often do, tax your social security. If you're planning to go abroad, you can find out about taxes in a foreign country at that country's embassy in Washington, D.C. Social security benefits are calculated in United States dollars and there is no provision for increasing or decreasing them because of changes in international exchange rates.

If you lose your check—If you lose your check or if it's stolen or destroyed, contact the nearest U.S. Foreign Service post or write us directly. We can replace your check, but it takes time, so keep your check in a safe place until you cash it.

Cashing checks—We think it's a good idea to cash your checks promptly so they don't get lost or stolen. You're the only one who can endorse your check. If your check is made out to you and your wife or husband, both of you must sign it.

It is a good idea to wait until you are with the person who will cash your check before signing it. If you endorse a check and someone else gets hold of it, that person can cash it. We think you may find it easier to cash your checks the same place every month.

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Each year we send a questionnaire for you to fill out and return to us. This lets us know that you're still eligible for your checks. The instructions on the form tell you exactly how it should be completed. If we don't get it back your checks might stop.

How to report

You can make your report on the pre-addressed post-card form (SSA-1425F) you were given. If you don't have the form or if what you want to report isn't on it, you can report by letter or in person, whichever you prefer. You can go to any U.S. Foreign Service post to make your report.

It'll help us if you include all of the following details on your reports:

- ▶ Name of person or persons about whom the report is being made.
- ▶ What is being reported.
- ▶ Date it happened.
- ▶ Your signature and address.
- ▶ The correct claim number the social security benefits are being paid under. The claim number has nine digits (000-00-0000) and is followed by a letter (A, B, C, D, etc.). It's shown on all letters we send you.

What to report

The remainder of this booklet gives detailed information about when and what you're to report to us. It's important to report promptly to protect your own interests.

If you fail to report something or if you make a false statement about it, you can be penalized by a fine or imprisonment. You can also lose some of your checks if you don't report to us on time.

1 Change of mailing address

It's very important that you tell us of any change in your mailing address so your checks won't be delayed. Please type or print your complete address carefully, including any postal code number and the country. You can abbreviate any long words. Your notice should include the social security claim number on which you are receiving benefits and the names of all people who get checks at the new address.

Send your notice to us by airmail.

We'll have the address changed on your checks as soon as we get the notice. Usually, if we get your notice by the 10th of the month, your new address will be on the next month's check.

If you get your checks through a U.S. Foreign Service post, tell them about your new address, too. They will make sure your next check gets to you at the new address.

2 Work outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—notify us right away. It's in your best interest to tell us, even though you don't think your work or business will affect your social security checks. By "work," we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

We can't explain in this booklet all of the details about how your checks may be affected. When we get your notice, we'll send you a form to fill out. The information you put on the form will help us decide whether your work or business will affect your checks. We'll let you know as soon as we can.

Send your notice to us airmail.

If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the U.S. social security program, the same annual retirement test will be applied as is applied to beneficiaries in the U.S. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

3 Absence from the U.S.

If you are a U.S. citizen or a citizen of any country listed on page 22, your checks will keep coming no matter how long you stay outside of the U.S. This is true except for visits to Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

If you're neither a U.S. citizen nor a citizen of a country listed on page 22, your checks will stop after you've been outside the U.S. for 6 months. But they'll keep coming if you meet one of the conditions listed under exceptions 2 and 3 on pages 22 and 23.

You're "outside the U.S." if you're not in one of the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, or American Samoa. This is true even if you have a reentry permit and plan to return to your permanent home in the U.S.

Once you're away from the U.S. for 30 days in a row, you are considered to be outside the country until you return and stay in the U.S. for at least 30 days in a row. Your checks stop after you've been "outside the U.S." for 6 months, unless you meet one of the exceptions described on pages 22 and 23.

Once your checks are stopped because of the 6-month rule, they can't be started again until you come back and stay in the U.S. for a whole calendar month. This means you have to be in the U.S. on the first minute of the first day of a month and stay through the last minute of the last day of that month.

People who are deported—If you're deported from the U.S. for certain reasons, your benefits are stopped and cannot be started again until you're lawfully admitted to the U.S. for permanent residence. Your dependents can get benefits if they're U.S. citizens or if they stay in the U.S. an entire month. If they're not U.S. citizens and are outside the country for any part of a month, they can't get a check for that month.

- 4 Countries to which checks can't be sent** U.S. Treasury Department regulations prohibit mailing checks to anyone in Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

You can't get a check while you're in one of these countries and we can't send your check to anyone for you. If you're a U.S. citizen, you can get all of your back checks after you leave that country. If you're not a U.S. citizen, you can't get back checks. Of course, your checks can start again after you've left that country.

5 Disabled person can work again

If you get checks because you're disabled, let us know right away if your condition improves. If you go back to work in spite of your condition, tell us that, too.

If you get checks as a disabled worker or as a worker's daughter or son disabled before age 22, and you return to work in spite of a severe impairment, then you can keep on getting checks for a "trial work period" of up to 9 months while you are working. The 9 months need not be consecutive. (Disabled widows, widowers, or surviving divorced wives don't get a trial work period. Neither is a "trial work period" allowed for anyone who qualifies a second time as explained under "If you again become disabled" below.) This "trial work period" gives you a chance to test your ability to work without fear of having your checks stopped.

- If, after 9 months, we see that you're able to work again, you'll get your checks for 3 more months before they stop. This is an adjustment period. If we find your work is not substantial, your checks won't be stopped.

If you again become disabled—If your checks are stopped because you've recovered from your disability and you again become disabled within 5 years (7 years for a worker's disabled dependents or survivors), your checks can start again the first full month you are disabled. You don't have to go through another waiting period, as you did the first time. There is no "trial work period" allowed after you become re-entitled this way.

6 Person not able to manage own funds

Some people who get social security checks cannot manage their own funds. A parent or some other person usually gets checks for a child.

Sometimes older people become unable to manage their own funds. When this happens, the person who takes care of the beneficiary should let us know. Then we can arrange to send the checks to a relative or other person who can act for the beneficiary. We call this person a "representative payee."

Duties of a representative payee—A representative payee accepts the responsibility for receiving and using social security benefits for another person.

If you're a representative payee, it's your job to:

- ▶ See that the checks are used in the person's best interest, and when we ask, tell us how they were used. You'll get a special booklet that tells what you should do. It's called *Your duties as representative payee*.
- ▶ Notify us whenever something on the list on page 3 happens.
- ▶ Notify us if the person leaves your care or custody, moves to a new address, or if you don't want to keep on being the payee.

Death

A person's right to social security checks ends when he or she dies. Checks for the month of death should be returned to the sender. For example, if a person dies in July, even on the last day, the check dated August 3 should be returned.

If the person who died worked under social security, benefits may be paid to the survivors. If his wife (or her husband) and children were getting checks before he or she died, they probably won't have to apply again. Their checks will continue. If they weren't getting checks, someone should contact the nearest U.S. Foreign Service post or write to us for information about checks for them.

8 Marriage

Notify us if any person getting benefits as a child, widow, widower, divorced wife, or parent of the worker gets married. (If a woman who gets checks as a retired or disabled worker marries, she should let us know so we can show her new name on her checks.)

In some cases, social security checks stop after marriage. In others, the amount may be changed because of marriage. This depends on what kind of benefits you get and sometimes on whether the person you marry gets checks.

If your checks as a widow, widower, or divorced wife stop because you remarry, they may be started again if your remarriage ends. For help in getting them started, go to any U.S. Foreign Service post or write directly to us.

If a child's or parent's checks are stopped because of marriage, they cannot be started again unless the marriage is void or is annulled from the beginning.

The chart on the next page shows how marriage will affect your check.

Divorce or annulment of marriage

If you get checks as a wife or husband, notify us if you're divorced or your marriage is annulled.

Divorce or annulment stops a wife's or husband's checks, usually effective the month the decree becomes final. But if you get checks as a wife 62 or older and you were married to the worker 20 years or more, your checks won't stop if you're divorced.

Notify us if your name is changed (even though your checks won't stop) so that we can show your new name on your check.

Type of benefit you now receive	Claim number ends in	If you marry benefits will...
Retired worker or disabled worker	A or HA	Continue unchanged. (Checks to a woman will be under her new married name.)
Widowed mother under age 62, surviving divorced mother or widowed father	E, E1, or E2	End unless your husband or wife gets social security benefits as a retired or disabled worker, a widower, parent, or disabled child over age 18.
Widow or widower age 60 and over	D or D1, D2, D3	Continue (though in some cases in a reduced amount).
Disabled widow under age 60	W, W2	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.
Disabled widower under age 60	W1, W3	End unless your wife gets benefits as wife, mother, widow, parent, or disabled child over age 18.
Child under age 18, student under age 22, or disabled adult child	C, C1, C2, C3, C4, etc.	End (except that disabled adult child benefits continue if the marriage is to another social security beneficiary other than a child under 18 or a student beneficiary).
Parent	F1, F2, F3, F4, etc.	End unless your spouse gets benefits as a widow, widower, parent, divorced wife, or disabled child over age 18.
Divorced wife or surviving divorced widow	B6, B9, D6, D7	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.

10 Young wife, widow, or widowed father no longer has a child in her or his care
A young wife or widow may get checks on her husband's social security record if she has in her care his child (under 18 or disabled) who gets checks. If you get checks *only* because you have such a child in your care (your claim number ends in B2 or E), you should notify us right away if the child leaves your care or if you move away from where the child is living.

A widowed father can get checks on his deceased wife's record under the same circumstances as a widowed mother and should report the same events a wife or widow reports.

Sometimes you may still be considered to have the child in your care even though you're separated temporarily—as long as you're exercising parental control over the child. In all cases, however, it's up to you to notify us if there is any change in where you or the child live or in your responsibility for the child. This doesn't mean you should tell us whenever the child goes on a trip, such as a summer vacation, as long as it's temporary. It does mean that you should tell us if the child leaves home—for example, enters the Armed Forces, or if you move to another area to work and do not take the child with you.

Tell us right away if the child returns to your care after leaving earlier so that we can start your checks again.

11 Changes in school attendance

Checks to a child stop at 18 unless he or she is a full-time unmarried student or is disabled.

To us, people reach a given age on the day before their birthday. For example, if a child's 18th birthday is on June 1, the child reaches 18 on May 31 for social security purposes. If the child is not a student or disabled in May, no check is due for May or any later month. The last check due is for April (dated May 3).

A child between 18 and 22 who continues to be a full-time student at a school that qualifies can get checks. Schools outside the U.S. qualify if three or more accredited U.S. schools accept credits from those schools. The representative payee or the student should notify us right away if the student:

- ▶ Drops out of school (or is expelled, suspended, etc.).
- ▶ Changes schools.
- ▶ Is paid by his or her employer for attending school (at the request or as a requirement of the employer).
- ▶ Becomes a part-time student.

Near the end of the school year, we send each student beneficiary a form to be filled out and returned to us. We use this information to see that checks are being sent properly and can continue to be sent. The student's checks could stop if the report isn't returned to us.

Checks to a student can continue to the end of the semester or quarter in which age 22 is reached if the student has not received or completed the requirements for a bachelor's degree from a college or university. If the school is not operated on a semester or quarter system, checks can continue until the student finishes the course being taken or for 2 months after the month age 22 is reached, whichever comes first.

Checks can continue during a vacation period of 4 months or less provided the student intends to return to full-time attendance afterwards. For example, suppose that the school year ends May 20 and the student intends to go back to school on October 3. The student can get checks all through the summer months. But, if the student didn't intend to return to school until November 1 or later, no checks are due for the summer months because the student was out of school more than 4 calendar months.

It's not the same as a vacation when a student is expelled or suspended from school. Checks won't continue during months of expulsion or suspension.

If checks are stopped because a student left school, they can generally be started again if full-time attendance is resumed. The student can inquire at any U.S. Foreign Service post or can write us directly.

Important—Each student should report items numbered 1, 2, 3, 4, and 8 on page 3 in addition to reporting changes in school attendance.

12 Child nearing 18 is disabled

A child of a worker is considered disabled—and can get checks as an adult disabled in childhood—if before age 22 the child has a condition that prevents work and it is expected to last for at least 12 months. About 5 months before the child reaches 18, the representative payee gets a form explaining when checks can continue after 18.

A child whose checks were stopped at 18 and who becomes disabled before reaching 22 may again receive benefits. Also, an adult who received checks as a person disabled in childhood and who recovered can become eligible for benefits again if the person becomes disabled a second time within 7 years after recovery.

What you need to know about Medicare
Medicare is a two-part health insurance program that helps pay the costs of health care in the U.S. for people 65 and over and for certain disabled people under 65. Medicare's hospital insurance helps pay hospital bills and certain follow-up care after you leave the hospital. Its medical insurance helps pay doctor bills and other medical services. Medicare generally does not cover health services you get outside the U.S.

Hospital insurance: Hospital insurance covers people getting social security checks when they reach 65 and people under 65 who have been entitled to social security checks for 2 consecutive years because they are disabled. Nothing is withheld from your check for hospital insurance, and you don't have to apply. It's available to you if you return to the United States.

Medical insurance: Unlike hospital insurance, you get medical insurance only if you sign up and pay a monthly premium. Like hospital insurance, these benefits are available only in the U.S. Your first chance to sign up begins 3 months before the month your hospital insurance coverage begins and ends 3 months after the month your hospital insurance starts. You can also sign up during January, February, or March of any year after that. Your premium will be 10 percent higher for each 12-month period you could have been enrolled but were not.

You may cancel your medical insurance at any time. In the U.S., contact any social security office for assistance. Overseas, you can mail your notice to us. Medical insurance—and the premiums—will continue for one calendar quarter after the quarter in which you notify us of your cancellation. After that, you can re-enroll, but only once. If you should re-enroll, your premium will be increased by 10 percent for each full year you could have had this protection but were not enrolled.

A reminder

Remember, it's a good idea to keep this booklet handy and refer to it from time to time. If you want more information than this booklet gives or if you have any question about social security, ask at any U.S. Foreign Service post or you can write directly to us. Our address is:

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Be sure to include the social security claim number on which you are receiving benefits whenever you write to us.

Exceptions to the 6-month rule on absence from the U.S. (See page 9)

Exception No. 1—Your citizenship may exempt you. The 6-month rule on absence from the U.S. will not affect your social security checks if you are a U.S. citizen or citizen of one of the following countries:

Argentina	Gabon	Panama
Austria	Greece	Peru
Barbados	Guyana	Philippines
Belgium	Ireland	Poland
Bolivia	Israel	Portugal
Brazil	Italy	San Marino
Bulgaria	Ivory Coast	Spain
Canada	Jamaica	Sweden
Chile	Japan	Switzerland
Colombia	Leichtenstein	Trinidad
Costa Rica	Luxembourg	Tobago
Cyprus	Malta	Turkey
Czechoslovakia	Mexico	United Kingdom
Denmark	Micronesia	Upper Volta
Ecuador	Monaco	West Germany
El Salvador	The Netherlands	Western Samoa
Finland	Nicaragua	Yugoslavia
France	Norway	Zaire

(This list of countries is subject to change from time to time.)

Exception No. 2—The 6-month rule on absence from the U.S. will *not* affect your social security checks if:

- ▶ You were eligible for monthly benefits for December 1956; or
- ▶ You are in the active military service of the U.S.

Exception No. 3—The 6-month rule on absence from the U.S. will *not* affect your social security checks if the worker on whose social security record your benefits are based:

- ▶ Had railroad work which was treated as covered employment under the U.S. social security system; or
- ▶ Died while in the U.S. military service or as a result of a service-connected disability and release from military service was under conditions other than dishonorable; or
- ▶ Lived in the U.S. for at least 10 years; or earned at least 40 quarters of coverage under the U.S. social security system. But after June 1968, citizens of certain countries can't use this 10-year residence or 40 "quarters-of-coverage" exception. These countries either have, or may have, systems which restrict payments to absentee United States citizens.

According to the latest information, these countries are: Albania, Andorra, Central African Republic, Congo, Cuba, East Germany, Egypt, Estonia, Guinea, Hungary, Iceland, Iraq, North Korea, Latvia, Libya, Lithuania, Mauritania, New Zealand, Niger, Paraguay, People's Republic of China, Rumania, Syria, U.S.S.R., Uruguay, North Vietnam, and Zambia.

Your
social security
check...

Su
cheque del
seguro social...

U.S. Department of
Health, Education, and Welfare
Social Security Administration
HEW Publication No. 77-10138
January 1977

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If you want more information about social security than is given in this booklet or you need help on a social security matter, contact any U.S. Foreign Service post. The people there will be glad to help you. If you prefer, you can write us directly. It's best to airmail your letter. Our address is:

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This leaflet is printed in Spanish and English
Este folleto está impreso en Inglés y en Español

2

HEW Publication No. (SSA)77-10138

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- 3 You change your citizenship. Citizens of certain countries can't get social security checks after they've been out of the U.S. for 6 months. (Page 9)
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If you're *not* a U.S. citizen, it would be a good idea to read page 22 about how your absence from the U.S. will affect your checks.

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Your social security checks

Your social security check is usually dated the third of the month. It's payment for the month before. For example, a check dated May 3 is payment for April.

It usually takes longer to deliver checks outside the U.S. because of the longer distances and extra handling needed. Delivery time varies from country to country and your check may not arrive the same day each month. Sometimes something may happen which will cause an extra delay. If you don't get your check after a reasonable waiting period, contact the nearest U.S. Foreign Service post or write directly to us. We'll find out what happened and see that you get your check as quickly as we can.

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It'll help us if you include all of the following details on your reports:

- ▶ Name of person or persons about whom the report is being made.
- ▶ What is being reported.
- ▶ Date it happened.
- ▶ Your signature and address.
- ▶ The correct claim number the social security benefits are being paid under. The claim number has nine digits (000-00-0000) and is followed by a letter (A, B, C, D, etc.). It's shown on all letters we send you.

What to report

The remainder of this booklet gives detailed information about when and what you're to report to us. It's important to report promptly to protect your own interests.

If you fail to report something or if you make a false statement about it, you can be penalized by a fine or imprisonment. You can also lose some of your checks if you don't report to us on time.

1 Change of mailing address

It's very important that you tell us of any change in your mailing address so your checks won't be delayed. Please type or print your complete address carefully, including any postal code number and the country. You can abbreviate any long words. Your notice should include the social security claim number on which you are receiving benefits and the names of all people who get checks at the new address.

Send your notice to us by airmail.

We'll have the address changed on your checks as soon as we get the notice. Usually, if we get your notice by the 10th of the month, your new address will be on the next month's check.

If you get your checks through a U.S. Foreign Service post, tell them about your new address, too. They will make sure your next check gets to you at the new address.

2 Work outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—notify us right away. It's in your best interest to tell us, even though you don't think your work or business will affect your social security checks. By "work," we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

We can't explain in this booklet all of the details about how your checks may be affected. When we get your notice, we'll send you a form to fill out. The information you put on the form will help us decide whether your work or business will affect your checks. We'll let you know as soon as we can.

Send your notice to us airmail.

If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the U.S. social security program, the same annual retirement test will be applied as is applied to beneficiaries in the U.S. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

3 Absence from the U.S.

If you are a U.S. citizen or a citizen of any country listed on page 22, your checks will keep coming no matter how long you stay outside of the U.S. This is true except for visits to Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

If you're neither a U.S. citizen nor a citizen of a country listed on page 22, your checks will stop after you've been outside the U.S. for 6 months. But they'll keep coming if you meet one of the conditions listed under exceptions 2 and 3 on pages 22 and 23.

You're "outside the U.S." if you're not in one of the 50 States, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, or American Samoa. This is true even if you have a reentry permit and plan to return to your permanent home in the U.S.

Once you're away from the U.S. for 30 days in a row, you are considered to be outside the country until you return and stay in the U.S. for at least 30 days in a row. Your checks stop after you've been "outside the U.S." for 6 months, unless you meet one of the exceptions described on pages 22 and 23.

Once your checks are stopped because of the 6-month rule, they can't be started again until you come back and stay in the U.S. for a whole calendar month. This means you have to be in the U.S. on the first minute of the first day of a month and stay through the last minute of the last day of that month.

*- People who are deported—*If you're deported from the U.S. for certain reasons, your benefits are stopped and cannot be started again until you're lawfully admitted to the U.S. for permanent residence. Your dependents can get benefits if they're U.S. citizens or if they stay in the U.S. an entire month. If they're not U.S. citizens and are outside the country for any part of a month, they can't get a check for that month.

4 Countries to which checks can't be sent
U.S. Treasury Department regulations prohibit mailing checks to anyone in Albania, Cuba, East Berlin, East Germany, Khmer Republic (Cambodia), North Korea, People's Republic of China, or Vietnam.

You can't get a check while you're in one of these countries and we can't send your check to anyone for you. If you're a U.S. citizen, you can get all of your back checks after you leave that country. If you're not a U.S. citizen, you can't get back checks. Of course, your checks can start again after you've left that country.

5 Disabled person can work again

If you get checks because you're disabled, let us know right away if your condition improves. If you go back to work in spite of your condition, tell us that, too.

If you get checks as a disabled worker or as a worker's son or daughter disabled before age 22, then you can keep on getting checks for a "trial work period" of up to 9 months while you are working. The 9 months need not be consecutive. (Disabled widows, widowers, or surviving divorced wives don't get a trial work period.) This "trial work period" gives you a chance to test your ability to work without fear of having your checks stopped.

If, after 9 months, we see that you're able to work again, you'll get your checks for 3 more months before they stop. This is an adjustment period. If we find your work is not substantial, your checks won't be stopped.

*If you again become disabled—*If your checks are stopped because you've recovered from your disability and you again become disabled within 5 years (7 years for a worker's disabled dependents or survivors), your checks can start again the first full month you are disabled. You don't have to go through another waiting period, as you did the first time.

6 Person not able to manage own funds

Some people who get social security checks cannot manage their own funds.

A parent or some other person usually gets checks for a child.

Sometimes older people become unable to manage their own funds. When this happens, the person who takes care of the beneficiary should let us know. Then we can arrange to send the checks to a relative or other person who can act for the beneficiary. We call this person a "representative payee."

Duties of a representative payee— A representative payee accepts the responsibility for receiving and using social security benefits for another person.

If you're a representative payee, it's your job to:

- ▶ See that the checks are used in the person's best interest, and when we ask, tell us how they were used. You'll get a special booklet that tells what you should do. It's called *Your duties as representative payee*.
- ▶ Notify us whenever something on the list on page 3 happens.
- ▶ Notify us if the person leaves your care or custody, moves to a new address, or if you don't want to keep on being the payee.

Death

A person's right to social security checks ends when he or she dies. Checks for the month of death should be returned to the sender. For example, if a person dies in July, even on the last day, the check dated August 3 should be returned.

If the person who died worked under social security, benefits may be paid to the survivors. If his wife (or her husband) and children were getting checks before he or she died, they probably won't have to apply again. Their checks will continue. If they weren't getting checks, someone should contact the nearest U.S. Foreign Service post or write to us for information about checks for them.

8 Marriage

Notify us if any person getting benefits as a child, widow, widower, divorced wife, or parent of the worker gets married. (If a woman who gets checks as a retired or disabled worker marries, she should let us know so we can show her new name on her checks.)

In some cases, social security checks stop after marriage. In others, the amount may be changed because of marriage. This depends on what kind of benefits you get and sometimes on whether the person you marry gets checks.

If your checks as a widow, widower, or divorced wife stop because you remarry, they may be started again if your remarriage ends. For help in getting them started, go to any U.S. Foreign Service post or write directly to us.

If a child's or parent's checks are stopped because of marriage, they cannot be started again unless the marriage is void or is annulled from the beginning.

The chart on the next page shows how marriage will affect your check.

9 Divorce or annulment of marriage

If you get checks as a wife or dependent husband, notify us if you're divorced or your marriage is annulled.

Divorce or annulment stops a wife's or husband's checks, usually effective the month the decree becomes final. But if you get checks as a wife 62 or older and you were married to the worker 20 years or more, your checks won't stop if you're divorced.

Notify us if your name is changed (even though your checks won't stop) so that we can show your new name on your check.

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Type of benefit you now receive	Claim number ends in	If you marry benefits will...
Retired worker or disabled worker	A or HA	Continue unchanged. (Checks to a woman will be under her new married name.)
Widowed mother under age 62, surviving divorced mother, or widowed father	E, E1, or E2	End unless your husband or wife gets social security benefits as a retired or disabled worker, a widower, parent, or disabled child over age 18.
Widow or widower age 60 and over	D or D1, D2, D3	Continue (though in some cases in a reduced amount).
Disabled widow under age 60	W, W2	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.
Disabled widower under age 60	W1, W3	End unless your wife gets benefits as a wife, mother, widow, parent, or disabled child over age 18.
Child under age 18, student under age 22, or disabled adult child	C, C1, C2, C3, C4, etc.	End (except that disabled adult child benefits continue if the marriage is to another social security beneficiary other than a child under 18 or a student beneficiary).
Parent	F1, F2, F3, F4, etc.	End unless your spouse gets benefits as a widow, widower, parent, divorced wife, or disabled child over age 18.
Divorced wife or surviving divorced widow	B6, B9, D6, D7	End unless your husband gets benefits as a widower, parent, or disabled child over age 18.

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10 Young wife, widow, or widowed father no longer has a child in her or his care
A young wife or widow may get checks on her husband's social security record if she has in her care his child (under 18 or disabled) who gets checks. If you get checks *only* because you have such a child in your care (your claim number ends in B2 or E), you should notify us right away if the child leaves your care or if you move away from where the child is living.

A widowed father can get checks on his deceased wife's record under the same circumstances as a widowed mother and should report the same events a wife or widow reports.

Sometimes you may still be considered to have the child in your care even though you're separated temporarily—as long as you're exercising parental control over the child. In all cases, however, it's up to you to notify us if there is any change in where you or the child live or in your responsibility for the child. This doesn't mean you should tell us whenever the child goes on a trip, such as a summer vacation, as long as it's temporary. It does mean that you should tell us if the child leaves home—for example, enters the Armed Forces, or if you move to another area to work and do not take the child with you.

Tell us right away if the child returns to your care after leaving earlier so that we can start your checks again.

11 Changes in school attendance

Checks to a child stop at 18 unless he or she is a full-time unmarried student or is disabled.

To us, people reach a given age on the day before their birthday. For example, if a child's 18th birthday is on June 1, the child reaches 18 on May 31 for social security purposes. If the child is not a student or disabled in May, no check is due for May or any later month. The last check due is for April (dated May 3).

A child between 18 and 22 who continues to be a full-time student at a school that qualifies can get checks.

Schools outside the U.S. qualify if three or more accredited U.S. schools accept credits from those schools. The representative payee or the student should notify us right away if the student:

- ▶ Drops out of school (or is expelled, suspended, etc.).
- ▶ Changes schools.
- ▶ Is paid by his or her employer for attending school (at the request or as a requirement of the employer).
- ▶ Becomes a part-time student.

Near the end of the school year, we send each student beneficiary a form to be filled out and returned to us. We use this information to see that checks are being sent properly and can continue to be sent. The student's checks could stop if the report isn't returned to us.

Checks to a student can continue to the end of the semester or quarter in which age 22 is reached if the student has not received or completed the requirements for a bachelor's degree from a college or university. If the school is not operated on a semester or quarter system, checks can continue until the student finishes the course being taken or for 2 months after the month age 22 is reached, whichever comes first.

Checks can continue during a vacation period of 4 months or less provided the student intends to return to full-time attendance afterwards. For example, suppose that the school year ends May 20 and the student intends to go back to school on October 3. The student can get checks all through the summer months. But, if the student didn't intend to return to school until November 1 or later, no checks are due for the summer months because the student was out of school more than 4 calendar months.

It's not the same as a vacation when a student is expelled or suspended from school. Checks won't continue during months of expulsion or suspension.

If checks are stopped because a student left school, they can generally be started again if full-time attendance is resumed. The student can inquire at any U.S. Foreign Service post or can write us directly.

Important—Each student should report items numbered 1, 2, 3, 4, and 8 on page 3 in addition to reporting changes in school attendance.

12 Child nearing 18 is disabled

A child of a worker is considered disabled—and can get checks as an adult disabled in childhood—if before age 22 the child has a condition that prevents work and it is expected to last for at least 12 months. About 5 months before the child reaches 18, the representative payee gets a form explaining when checks can continue after 18.

A child whose checks were stopped at 18 and who becomes disabled before reaching 22 may again receive benefits. Also, an adult who received checks as a person disabled in childhood and who recovered can become eligible for benefits again if the person becomes disabled a second time within 7 years after recovery.

What you need to know about Medicare
Medicare is a two-part health insurance program that helps pay the costs of health care in the U.S. for people 65 and over and for certain disabled people under 65. Medicare's hospital insurance helps pay hospital bills and certain follow-up care after you leave the hospital. Its medical insurance helps pay doctor bills and other medical services.

Medicare generally does not cover health services you get outside the U.S.

Hospital insurance: Hospital insurance covers people getting social security checks when they reach 65 and people under 65 who have been entitled to social security checks for 2 consecutive years because they are disabled. Nothing is withheld from your check for hospital insurance, and you don't have to apply. It's available to you if you return to the United States.

Medical insurance: Unlike hospital insurance, you get medical insurance only if you sign up and pay a monthly premium. Like hospital insurance, these benefits are available only in the U.S. Your first chance to sign up begins 3 months before the month your hospital insurance coverage begins and ends 3 months after the month your hospital insurance starts. You can also sign up during January, February, or March of any year after that. Your premium will be 10 percent higher for each 12-month period you could have been enrolled but were not.

You may cancel your medical insurance at any time. In the U.S., contact any social security office for assistance. Overseas, you can mail your notice to us. Medical insurance—and the premiums—will continue for one calendar quarter after the quarter in which you notify us of your cancellation. After that, you can re-enroll, but only once. If you should re-enroll, your premium will be increased by 10 percent for each full year you could have had this protection but were not enrolled.

A reminder

Remember, it's a good idea to keep this booklet handy and refer to it from time to time. If you want more information than this booklet gives or if you have any question about social security, ask at any U.S. Foreign Service post or you can write directly to us. Our address is:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203
U.S.A.

Be sure to include the social security claim number on which you are receiving benefits whenever you write to us.

Exceptions to the 6-month rule on absence from the U.S. (See page 9)

Exception No. 1—Your citizenship may exempt you. The 6-month rule on absence from the U.S. will not affect your social security checks if you are a U.S. citizen or citizen of one of the following countries:

Argentina	Gabon	Panama
Austria	Greece	Peru
Barbados	Guyana	Philippines
Belgium	Ireland	Poland
Bolivia	Israel	Portugal
Brazil	Italy	San Marino
Bulgaria	Ivory Coast	Spain
Canada	Jamaica	Sweden
Chile	Japan	Switzerland
Colombia	Leichtenstein	Trinidad
Costa Rica	Luxembourg	Tobago
Cyprus	Malta	Turkey
Czechoslovakia	Mexico	United Kingdom
Denmark	Micronesia	Upper Volta
Ecuador	Monaco	West Germany
El Salvador	The Netherlands	Western Samoa
Finland	Nicaragua	Yugoslavia
France	Norway	Zaire

(This list of countries is subject to change from time to time.)

Exception No. 2—The 6-month rule on absence from the U.S. will not affect your social security checks if:

- ▶ You were eligible for monthly benefits for December 1956; or
- ▶ You are in the active military service of the U.S.

Exception No. 3—The 6-month rule on absence from the U.S. will not affect your social security checks if the worker on whose social security record your benefits are based:

- ▶ Had railroad work which was treated as covered employment under the U.S. social security system; or
- ▶ Died while in the U.S. military service or as a result of a service-connected disability and release from military service was under conditions other than dishonorable; or
- ▶ Lived in the U.S. for at least 10 years; or earned at least 40 quarters of coverage under the U.S. social security system. But after June 1968, citizens of certain countries can't use this 10-year residence or 40 "quarters-of-coverage" exception. These countries either have, or may have, systems which restrict payments to absentee United States citizens.

According to the latest information, these countries are: Estonia, Hungary, Iceland, Latvia, Libya, Lithuania, New Zealand, Rumania, Uruguay, U.S.S.R., and Zambia.

Su cheque del seguro social . . . durante su permanencia fuera de los Estados Unidos

La información contenida en este folleto le es de suma importancia mientras permanezca fuera de los Estados Unidos. Le da información respecto a sus cheques del seguro social, cómo su ausencia de los Estados Unidos podrá afectar el pago de los beneficios que recibe del seguro social, cuándo y qué debe informar a nosotros, y otras cosas que le conviene saber.

A continuación damos una lista de las cosas que usted o su representante debe informarnos. Dedique un rato a leer esta lista. Si uno o más de estos incisos le corresponde a usted, entonces pase a la página indicada donde damos una información más detallada al respecto. No tiene que leer aquello que no le concierne y que nunca le afectará en absoluto. Pero guarde este folleto en un lugar conveniente y léalo de vez en cuando y así no pasará nada por alto.

Si desea más información sobre el seguro social que la contenida en este folleto, o necesita ayuda sobre asuntos del seguro social, comuníquese con cualquier oficina del "U.S. Foreign Service post" (Servicio Extranjero de los Estados Unidos). Los empleados de esa oficina tendrán mucho gusto en servirle. Si usted lo prefiere, puede escribirnos directamente. Es mejor que usted envíe su correspondencia por correo aéreo. Nuestra dirección postal es:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

No deje de incluir el número de seguro social bajo el cual está recibiendo beneficios siempre que nos escriba.

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Debe informar enseguida si:

- 1 Cambia su dirección postal. (Página 29)
 - 2 Trabaja o se establece en un negocio antes de cumplir los 72 años de edad. (Página 29)
 - 3 Cambia de ciudadanía. Los ciudadanos de ciertos países no pueden recibir cheques del seguro social después de permanecer 6 meses fuera de los Estados Unidos. (Página 31)
 - 4 Va a un país donde no podemos enviar cheques: Albania, Alemania Oriental, Berlín Oriental, China Comunista, Corea del Norte, Cuba, República de Khmer (Cambodia), Viet Nam.
 - 5 Recibe beneficios por incapacidad y mejora de su condición o regresa a trabajar. (Página 33)
- Alguien deberá hacer el informe por usted si:
- 6 Llegara el caso de no poder manejar sus propios fondos. (Página 34)
 - 7 Muriese. (Página 35)
- Además de informar los incisos del 1 al 7, las esposas, viudas, y otras personas dependientes o sobrevivientes deberán informar también:
- 8 Casamiento (Página 36)
 - 9 Divorcio (Página 38)
 - 10 Si una esposa o viuda joven (o viudo joven) que recibe beneficios deja de tener un niño a su cuidado. (Página 39)
 - 11 Cambios en la asistencia escolar. (Página 40)
 - 12 Si un joven próximo a cumplir los 18 años de edad está incapacitado. (Página 42)
- Si usted *no* es un ciudadano de los Estados Unidos, sería una buena idea leer la página 45 que describe cómo su ausencia de los Estados Unidos podrá afectar sus cheques.

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Sus cheques del seguro social

Los cheques del seguro social están generalmente fechados el tres de cada mes. El pago corresponde al mes anterior. Por ejemplo, un cheque fechado el 3 de mayo es el pago correspondiente al mes de abril.

Generalmente la entrega de cheques fuera de los Estados Unidos se demora más debido a las distancias y los trámites adicionales que requieren. El tiempo de entrega varía de país a país y puede que no lleguen siempre el mismo día del mes. Algunas veces puede ocurrir algo que resulte en una demora adicional. Si usted no recibe su cheque dentro de un período prudencial, comuníquese con la oficina del "U.S. Foreign Service" o escribanos directamente. Nosotros averiguaremos lo que haya pasado y nos esforzaremos en que usted reciba su cheque tan pronto como sea posible.

Si usted se encuentra ahora en los Estados Unidos y piensa estar fuera del país menos de 3 meses, es preferible que sus cheques queden en los Estados Unidos. El personal de cualquier oficina del seguro social le puede ayudar a hacer los correspondientes trámites.

Si ha de permanecer 3 meses o más en el extranjero, sus cheques le serán enviados generalmente a donde esté viviendo.

Los beneficios del seguro social no están sujetos a impuestos en los Estados Unidos. Pero los gobiernos extranjeros pueden cobrar impuestos por su seguro social y muchos lo hacen. Si piensa ir al extranjero, infórmese respecto a los impuestos en el consulado de dicho país en

Washington, D.C. Los beneficios del seguro social se calculan en dólares de los Estados Unidos y no hay disposiciones para aumentar o disminuir los mismos debido a cambios en las tarifas monetarias internacionales.

Si pierde su cheque—Si pierde su cheque, si se lo roban, o es destruido, comuníquese con la oficina del "U.S. Foreign Service" o escribanos directamente. Podemos enviarle un duplicado, pero esto lleva tiempo, así que guarde su cheque en un lugar seguro hasta que pueda ir a cambiarlo.

Cuando haga efectivo los cheques—Creemos que es una buena idea hacer efectivos los cheques con prontitud para evitar que se pierdan o se los roben. Usted es el único que puede endosar su cheque. Si su cheque lleva su nombre y el de su esposa o esposo, ambos tienen que firmarlo.

Nunca endose su cheque hasta que esté frente a la persona que ha de hacerlo efectivo. Si endosa un cheque y alguien se posesiona del mismo, dicha persona podrá hacerlo efectivo. Creemos que le será más fácil cambiar sus cheques todos los meses en el mismo lugar.

Cuestionario Anual

Todos los años enviamos un cuestionario para que usted lo llene y nos lo devuelva. Esto nos indica que usted continúa teniendo derecho a sus cheques. Las instrucciones en el cuestionario explican exactamente cómo debe llenarlo. Si no nos lo devuelve, sus cheques podrán ser suspendidos.

Cómo Informar

Usted puede dar la información en la tarjeta postal (SSA-1425F) que le fue suministrada, la cual contiene nuestra dirección impresa. Si no tiene este formulario, o si lo que quiere informar no está incluido en la tarjeta, entonces podrá dar la información en una carta o en persona, según lo prefiera. Puede ir a cualquier oficina del "U.S. Foreign Service" para dar su informe.

Nos ayudará mucho si usted incluye todos los detalles siguientes en sus informes:

- ▶ Nombre de la persona o personas de quien esté enviando el informe.
- ▶ Lo que esté informando.
- ▶ Fecha en la cual haya ocurrido.
- ▶ Su firma y dirección postal.
- ▶ El número de la reclamación correcto bajo el cual se estén pagando los beneficios del seguro social. El número de la reclamación consta de 9 números (000-00-0000) y una letra (A, B, C, D, etc.): Según aparece en toda la correspondencia que le enviamos.

Qué debe informar

El resto de este folleto incluye una información detallada respecto a cuándo y qué debe informarnos. Es muy importante darnos la información con prontitud y así proteger sus propios intereses.

Si deja de informar algo, o si hace una declaración falsa, puede ser castigado con una multa o presidio. Puede dejar de recibir algunos de sus cheques si no nos envía el informe a tiempo.

1 Cambio de dirección postal

Es muy importante que nos comunique cualquier cambio en su dirección postal para que sus cheques no se atrasen. Sírvase escribir cuidadosamente en maquinilla o en letra de molde su dirección postal completa, incluyendo cualquier número de zona postal, y el país. Puede abreviar las palabras que sean muy largas. Su aviso debe incluir su número de reclamación del seguro social y los nombres de todas las personas que recibirán cheques en la nueva dirección.

Envíenos su aviso por correo aéreo.

Cambiaremos la dirección postal en sus cheques tan pronto como recibamos su aviso. Generalmente, si recibimos su aviso antes del día 10 del mes, su nueva dirección aparecerá en el cheque del mes siguiente.

Si recibe sus cheques por mediación del "U.S. Foreign Service" infórmeles sobre su nueva dirección postal también. Ellos se ocuparán de que su próximo cheque vaya a su nueva dirección postal.

2 Trabajo fuera de los Estados Unidos

Si usted tiene un empleo o su propio negocio fuera de los Estados Unidos—y tiene menos de 72 años de edad—notifíquenos enseguida. Será para su propio beneficio informarnos aun cuando no crea que su empleo o negocio afectará sus cheques del seguro social. Cuando hablamos de "empleo" nos referimos a un trabajo—incluso un trabajo de jornada o tiempo parcial—o si está trabajando por cuenta propia como campesino, escritor, vendedor, artesano, etc. También

debe informar cualquier trabajo de aprendiz. Si es propietario de un negocio debe notificarnos aun cuando no trabaje en el negocio, ni reciba ingreso alguno del mismo.

No podemos explicar detalladamente en este folleto cómo pueden ser afectados sus cheques. Al recibir su aviso, le enviaremos una planilla que debe llenar. La información que nos dé en la planilla nos ayudará a decidir si su trabajo o negocio afectará sus cheques. Usted será notificado tan pronto nos sea posible.

Envíenos su aviso por correo aéreo.

Si un trabajo no está cubierto por el programa del seguro social de los Estados Unidos, la regla general es que usted no puede recibir un cheque por ningún mes en que haya trabajado o haya sido propietario de un negocio por 7 días o más siendo menor de 72 años de edad. Si usted no tiene derecho a recibir el cheque, tampoco sus dependientes lo recibirán. Si su trabajo *está* cubierto por el programa del seguro social de los Estados Unidos el mismo requisito del retiro anual aplicable a los beneficiarios de los Estados Unidos le será aplicado a usted. Si desea una explicación más amplia, vaya a la oficina del "U.S. Foreign Service" más cercana.

3 Ausencia de los Estados Unidos

Si usted es ciudadano de los Estados Unidos o de uno de los países incluidos en la lista de la página 45, continuará recibiendo sus cheques sin importar el tiempo que permanezca fuera de los Estados Unidos. Excepto si va a visitar Albania, Alemania Oriental, Berlín Oriental, China Comunista, Corea del Norte, Cuba, República de Khmer (Cambodia), Viet Nam.

Si usted no es ciudadano de los Estados Unidos o de uno de los países que aparecen en la lista de la Página 45, no se le enviarán cheques después que permanezca más de 6 meses fuera de los Estados Unidos. Pero usted continuará recibéndolos si usted reúne algunas de las condiciones estipuladas en las Excepciones 2 y 3 de las Páginas 45 y 46.

Se considera que usted está "Fuera de los Estados Unidos" si no está en uno de los 50 Estados, el Distrito de Columbia, Puerto Rico, las Islas Vírgenes de los EE.UU., Guam, o Samoa Americana. Se considera como tal aun cuando tenga permiso de reingreso e intenciones de volver a su hogar permanente en los Estados Unidos.

Una vez que se encuentre ausente de los Estados Unidos durante 30 días consecutivos, se le considera fuera del país hasta que regrese y permanezca en los Estados Unidos por lo menos 30 días consecutivos. Sus cheques terminan una vez que haya permanecido "fuera de los Estados Unidos" 6 meses, a menos que reúna una de las excepciones indicadas en las Páginas 45 a 46.

Si debido al reglamento de los 6 meses no se le envían sus cheques, no se le podrán volver a enviar hasta que haya regresado a los Estados Unidos y permanezca un mes calendario completo. Es decir, tiene que estar en los Estados Unidos al comenzar el primer día del mes y permanecer hasta el último minuto del último día del mes.

Personas deportadas—Si lo deportan de los Estados Unidos por ciertas razones, sus beneficios terminan y no pueden comenzar de nuevo hasta que no sea legalmente admitido en los Estados Unidos con residencia permanente. Sus dependientes pueden recibir beneficios si son ciudadanos de los Estados Unidos o si permanecen en los Estados Unidos un mes completo. Si no son ciudadanos de los Estados Unidos y permanecen fuera del país durante cualquier parte del mes, no podrán recibir el cheque de ese mes.

4 Países donde no se pueden enviar cheques

Los reglamentos del Departamento del Tesoro de los Estados Unidos prohíbe enviar cheques a nadie en Albania, Alemania Oriental, Berlín Oriental, China Comunista, Corea del Norte, Cuba, República de Khmer (Cambodia), Viet Nam.

Usted no puede recibir cheques mientras permanezca en uno de esos países y no podemos enviar cheques a nadie para usted. Si usted es ciudadano de los Estados Unidos podrá recibir los cheques atrasados una vez que haya salido de tal país. Si usted no es ciudadano de los Estados Unidos, no podrá recibir los cheques atrasados. Naturalmente, sus cheques podrán comenzar nuevamente una vez que haya salido de tal país.

5 Persona incapacitada que vuelve a trabajar
Si usted recibe cheques por incapacidad, y se mejora, déjenoslo saber enseguida. Si vuelve a trabajar a pesar de su condición, notifiquenoslo también.

Si usted recibe cheques como trabajador incapacitado o como hijo o hija incapacitado antes de los 22 años, podrá continuar recibiendo cheques por un "período de trabajo a prueba" de hasta 9 meses mientras trabaja. Los 9 meses no tienen que ser necesariamente consecutivos. (Las viudas, viudos, o ex-esposas divorciadas que se incapacitan no participan del "período de trabajo a prueba.") Este "período de trabajo a prueba" le da oportunidad de poner a prueba su habilidad para trabajar sin temor a que sus cheques sean suspendidos.

Si después de los 9 meses, encontramos que usted puede regresar al trabajo, usted recibirá sus cheques por 3 meses más antes de que le sean suspendidos. Este es un período de ajuste. Si hallamos que su trabajo no es substancial, entonces no se le suspenderán sus cheques.

Si vuelve a incapacitarse—Si sus cheques son suspendidos porque se ha recuperado de su incapacidad, y vuelve a incapacitarse dentro de 5 años (7 años para los dependientes o sobrevivientes de un trabajador incapacitado), sus cheques pueden comenzar de nuevo el primer mes completo que esté incapacitado. No tendrá usted que pasar por otro período de espera de 6 meses como le sucedió la primera vez.

6 Persona incapaz de manejar sus propios fondos

No todas las personas que reciben cheques del seguro social pueden manejar sus propios fondos. Uno de los padres, u otra persona recibe generalmente los cheques de un niño.

A veces una persona de edad avanzada no puede manejar sus propios fondos. Cuando esto sucede, la persona que la cuida deberá notificarnoslo. Entonces podremos hacer arreglos para enviar los cheques a un pariente, u otra persona que pueda actuar por ella. Llamamos "tutor" a dicha persona.

Deberes del "tutor"—El tutor acepta la responsabilidad de recibir y usar los beneficios del seguro social en provecho de otra persona.

Si usted es el tutor, su responsabilidad es:

- ▶ Ver que los cheques se empleen de la manera más provechosa para dicha persona y, cuando lo solicitemos, díganos cómo se gastaron. Usted recibirá un folleto especial explicando lo que debe hacer. Se denomina "Sus Obligaciones como Tutor."
- ▶ Notifíquenos cuando ocurra cualquiera de las cosas indicadas en la lista de la Página 25 .
- ▶ Notifíquenos si la persona deja de estar a su cuidado o custodia, cambia de dirección postal, o si usted no desea continuar como tutor.

7 Muerte

El derecho de una persona a los cheques del seguro social termina cuando él o ella muere. Los cheques por el mes de la muerte deben ser devueltos al remitente. Por ejemplo, si la persona muere en julio, aún el último día del mes, el cheque fechado el 3 de agosto debe ser devuelto.

Si la persona que muere trabajó bajo el seguro social, sus sobrevivientes podrán recibir beneficios. Si su esposa (o esposo) e hijos estaban recibiendo cheques antes que él o ella haya muerto, probablemente no tendrán que hacer una nueva solicitud. Sus cheques continuarán. Si ellos estaban recibiendo cheques, alguien debe comunicarse con la oficina del "U.S. Foreign Service" más cercana o escribirnos pidiendo información sobre los cheques para ellos.

8 Casamiento

Notifiquenos si cualquier persona que está recibiendo beneficios como hijo, viuda, viudo, ex-esposa divorciada, o padre del trabajador, se casa. (Si una mujer que recibe cheques como trabajadora retirada o incapacitada se casa, debe informarnoslo para poner en los cheques su nuevo nombre de casada).

En algunos casos, se suspenden los cheques del seguro social después del casamiento. En otros, la cantidad puede que cambie debido al casamiento. Esto depende de la clase de beneficios que esté recibiendo y a veces debido a que la persona con quien se case reciba beneficios.

Si sus cheques como viuda, viudo, o ex-esposa divorciada son suspendidos al volver a casarse, los mismos podrán comenzar de nuevo si su casamiento termina. Si necesita ayuda para empezar a recibirlos de nuevo, vaya a la oficina del "U.S. Foreign Service," o escribanos directamente a nosotros.

Si los cheques como hijos o padres de un trabajador son suspendidos debido a un casamiento, no podrán comenzar de nuevo a menos que el casamiento sea anulado desde el principio.

La tabla de la página 37, muestra cómo serán afectados los cheques por el casamiento.

Tipo de beneficio que recibe ahora	El número de la reclamación termina en	Si usted se casa sus beneficios. . .
Trabajador retirado o trabajador incapacitado	A o HA	No cambiarán (Los cheques para una señora, llevarán el nuevo nombre de casada.)
Madre viuda menor de 62 años o madre divorciada sobreviviente, o padre viudo	E, E1, o E2	Terminarán a menos que su esposo o esposa reciba beneficios.
Viuda o viudo de 60 años o más	D o D1, D2, D3	Continuarán (aunque en algunos casos la cantidad será reducida.
Viuda incapacitada menor de 60 años	W, W2	Terminarán a menos que su esposa reciba beneficios como dependiente adulto.
Viudo incapacitado menor de 60 años	W1, W3	Terminarán a menos que su esposa reciba beneficios como dependiente adulto.
Niño menor de 18 años, estudiante menor de 22 años, o hijo adulto incapacitado	C, C1, C2, C3, C4, etc.	Terminarán (los beneficios de hijo incapacitado continúan si se casa con un beneficiario que no sea un hijo menor de 18 años o un estudiante beneficiario.)
Padre o madre del trabajador	F1, F2, F3, F4, etc.	Terminará a menos que su cónyuge reciba beneficios como dependiente adulto.
Ex-esposa divorciada o viuda divorciada sobreviviente.	B6, B9, D6, D7	Terminará a menos que su esposo reciba beneficios como dependiente adulto.

9 Divorcio o anulación de matrimonio

Si usted recibe cheques como esposa o esposo dependiente, notifíquenos si se divorcia o si su matrimonio es anulado.

El divorcio o anulación suspende los cheques de la esposa o esposo, generalmente con vigencia en el mes que el decreto es final. Pero si usted recibe cheques como esposa a los 62 años o más y usted estaba casada con el trabajador 20 años o más, sus cheques no serán suspendidos si se divorcia.

Infórmenos si su nombre cambia (aun si sus cheques no son suspendidos) de modo que podamos poner en los cheques su nuevo nombre.

10 La esposa joven, viuda, o padre viudo, sin hijos a su cuidado

La esposa joven o viuda puede recibir cheques del seguro social del esposo si ella tiene a su cuidado un hijo de él (menor de 18 años o incapacitado) que recibe cheques. Si usted recibe cheques *solamente* debido a que tiene a ese hijo a su cuidado (su número de reclamación termina en B2 o E), debe notificarnos enseguida si el hijo deja de estar a su cuidado o si usted se traslada de donde el hijo vive.

Un padre viudo puede recibir cheques en el record de su fallecida esposa bajo las mismas circunstancias que una madre viuda, y deberá reportar los mismos acontecimientos que una esposa o viuda reporta.

Algunas veces se le puede considerar aún como si tuviese al hijo bajo su cuidado aunque estén separados temporalmente—siempre que mantenga el control paternal sobre él. En todos los casos, no obstante, de usted depende el notificarnos cualquier cambio en la dirección postal suya o del hijo, o en su responsabilidad sobre él. Esto no quiere decir que cuando el hijo va de viaje, como durante las vacaciones, tendrá que notificárnoslo si es sólo temporalmente. En otras palabras, tendrá que notificarnos si deja el hogar—por ejemplo al entrar en el ejército, o si usted se traslada a otra localidad para trabajar y no se lleva al hijo consigo.

Díganos enseguida si el hijo regresa a su cuidado después de haber partido prematuramente, para así poder volver a enviarle los cheques.

11 Cambio en la asistencia escolar

Los cheques de un niño terminan al cumplir los 18 años a menos que él o ella sea un estudiante de tiempo regular, soltero, o incapacitado.

Para nuestros fines, una persona cumple cierta edad el día antes de su cumpleaños. Por ejemplo, si cumple los 18 años el 1ro. de junio, para fines del seguro social cumple los 18 años el 31 de mayo. Si para mayo ya no es un estudiante, o no está incapacitado, no se le deberá cheque alguno por mayo ni por ningún otro mes subsecuente. El último cheque adeudado es el de abril (fecha mayo 3.)

Un estudiante entre los 18 y 22 años sólo puede recibir cheques mientras continúe como estudiante de tiempo completo en una escuela acreditada. Solamente están acreditadas fuera de los Estados Unidos aquellas escuelas cuyos créditos sean aceptados por tres o más escuelas acreditadas de los Estados Unidos. El estudiante, o su tutor debe notificarnos inmediatamente si antes de finalizar el año escolar, el estudiante:

- ▶ Abandona la escuela (es expulsado, suspendido, etc.).
- ▶ Cambia de escuelas.
- ▶ Su patrono le paga por asistir a la escuela (a solicitud o como requisito de su patrono).
- ▶ Cambia a estudiante de tiempo parcial. Antes del fin del año escolar, le enviamos a cada estudiante un formulario que debe ser contestado y devuelto a nosotros.

Usamos esta información para cerciorarnos que los cheques son debidamente enviados. Si el informe no nos es devuelto, los cheques podrán ser suspendidos.

Los cheques de estudiantes pueden continuar hasta el fin del semestre o trimestre en que cumpla los 22 años si no ha recibido o completado los requisitos de graduación como bachiller de un colegio o universidad. Si la escuela no funciona bajo el sistema de semestre o trimestre, los cheques podrán continuar hasta que los estudiantes terminen el curso que estén tomando o por 2 meses después del mes que cumplan los 22 años, según lo que ocurra primero.

El estudiante puede continuar recibiendo los cheques durante el período de vacaciones por 4 meses o menos, siempre y cuando tenga intenciones de volver a la escuela a base de tiempo completo nuevamente. Por ejemplo, supongamos que el año escolar termina el 20 de mayo y el estudiante tiene intenciones de regresar a la escuela el 3 de octubre. El podrá recibir cheques durante todo el verano. Pero, si no va a regresar a la escuela hasta el 1ro. de noviembre o más tarde, no tiene derecho a los cheques por los meses del verano porque estuvo ausente de la escuela más de 4 meses calendarios.

No se considera lo mismo que vacaciones cuando el estudiante es expulsado o suspendido de una escuela. Sus cheques no continuarán durante los meses de expulsión o suspensión.

El estudiante cuyos cheques hayan sido suspendidos por haber dejado de asistir a la escuela puede volverlos a recibir si asiste a la escuela de nuevo a base de tiempo completo. El estudiante puede informarse en cualquier oficina del "U.S. Foreign Service," o escribir directamente a nosotros.

Importante—Cada estudiante debe informar sobre los incisos 1, 2, 3, 4, 8, de la página 25, además de los cambios en su asistencia escolar.

- 12 Niño próximo a los 18 años, incapacitado**
Se considera incapacitado al hijo de un trabajador—y puede recibir cheques como adulto incapacitado en la niñez—si antes de los 22 años sufre de una condición que le impida trabajar y se espera que dure por lo menos 12 meses. Unos 5 meses antes que el menor cumpla los 18 años, su tutor recibirá un formulario explicando cuándo continúan los cheques después de cumplir los 18 años.

Un niño cuyos cheques terminaron a los 18 años y se incapacitó antes de los 22 años, podrá recibir beneficios de nuevo. También, un adulto que reciba cheques como persona incapacitada en la niñez y se recupera, podrá ser elegible de nuevo a beneficios si se incapacita por segunda vez dentro de los 7 años después de haberse recuperado.

Lo que necesita saber sobre el Medicare

El Medicare es un programa de seguro de salud que consiste de dos partes y ayuda a pagar los gastos del cuidado de la salud en los Estados Unidos para las personas de 65 años o más y ciertas personas incapacitadas menores de 65 años. El seguro de hospital del Medicare ayuda a pagar las cuentas de hospital y por ciertos cuidados post-hospitalarios; el seguro médico ayuda a pagar las cuentas de doctores y otros servicios médicos. El Medicare no cubre los servicios de salud que reciba fuera de los Estados Unidos.

Seguro de Hospital: Toda persona que recibe cheques del seguro social tiene automáticamente seguro de hospital a los 65 años y las personas menores de 65 años que hayan estado recibiendo seguro social o cheques de retiro del ferrocarril por 2 años consecutivos debido a estar incapacitadas. Nada se le rebaja del cheque para el seguro de hospital y no tiene que solicitarlo. Está a su disposición si regresa a los Estados Unidos.

Seguro Médico: Al contrario del seguro de hospital, usted podrá tener el seguro médico solamente si se inscribe y paga la prima mensual. Como el seguro de hospital, estos beneficios aplican solamente en los EE.UU. Su primera oportunidad para inscribirse comienza 3 meses antes del mes que empiece su protección del seguro de hospital y termina 3 meses después del mes en que comienza su seguro de hospital. También puede inscribirse durante enero, febrero, o marzo, de cualquier año después. Su prima será 10 por ciento más alta por cada período de 12 meses en que pudo haberse inscrito y no lo hizo.

Usted podrá cancelar su seguro médico en cualquier momento. En los EE.UU. comuníquese con cualquier oficina del seguro social si necesita ayuda. Si está en el extranjero, podrá avisarnos por correo. El seguro médico—y las primas—continuarán por un trimestre natural después del trimestre en que nos comuniquen su cancelación. Luego, podrá volver a inscribirse una vez solamente. Si se vuelve a inscribir su prima aumentará un 10 por ciento por cada año natural en que pudo haber tenido dicha protección pero no se inscribió.

Recordatorio

Recuerde que es una buena idea guardar este folleto en un lugar conveniente y leerlo de vez en cuando. Si desea más información que la que contiene este folleto, o si desea averiguar algo respecto al seguro social, diríjase a la oficina del "U.S. Foreign Service" o escriba directamente a nosotros. Nuestra dirección postal es:
 Social Security Administration
 P.O. Box 1756
 Baltimore, Maryland 21203 U.S.A.
 No deje de incluir el número de seguro social bajo el cual está recibiendo beneficios siempre que nos escriba.

Excepciones a la regla de los 6 meses de ausencia de los Estados Unidos (Página 31)

Excepción No. 1—Su ciudadanía podrá eximirlo. La regla de los 6 meses de ausencia de los Estados Unidos no afectará el recibir sus cheques del seguro social si usted es ciudadano de los Estados Unidos, o ciudadano de uno de los países siguientes:

- | | | |
|-----------------------|-----------------|--------------------|
| ● Alemania Occidental | ● El Salvador | ● Nicaragua |
| ● Alto Volta | ● España | ● Noruega |
| ● Argentina | ● Filipinas | ● Países Bajos |
| ● Austria | ● Finlandia | ● Panamá |
| ● Barbados | ● Francia | ● Perú |
| ● Bélgica | ● Gabon | ● Polonia |
| ● Bolivia | ● Grecia | ● Portugal |
| ● Brasil | ● Guayana | ● Reino Unido |
| ● Bulgaria | ● Irlanda | ● Samoa Occidental |
| ● Canadá | ● Israel | ● San Marino |
| ● Checoslovaquia | ● Italia | ● Suecia |
| ● Chile | ● Jamaica | ● Suiza |
| ● Chipre | ● Japón | ● Tobago |
| ● Colombia | ● Luxemburgo | ● Trinidad |
| ● Costa de Marfil | ● Liechtenstein | ● Turquía |
| ● Costa Rica | ● Malta | ● Yugoslavia |
| ● Dinamarca | ● México | ● Zaire |
| ● Ecuador | ● Micronesia | |
| | ● Mónaco | |

(Esta lista está sujeta a cambios de vez en cuando)

Excepción No. 2—La regla de los 6 meses de ausencia de los Estados Unidos no afectará sus cheques del seguro social si:

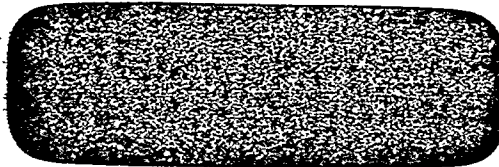
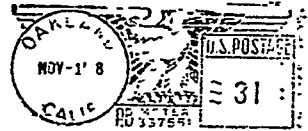
- ▶ Usted era elegible a beneficios mensuales para Diciembre del 1956; o
- ▶ Está en el servicio militar activo de los Estados Unidos.

Excepción No. 3—La regla de los 6 meses de ausencia de los Estados Unidos no afectará sus cheques del seguro social si el trabajador en cuyo seguro social están basados sus beneficios:

- ▶ Trabajó en el ferrocarril y está considerado como empleo cubierto bajo el sistema del Seguro Social de los Estados Unidos; o
- ▶ Murió mientras prestaba servicio militar de los Estados Unidos o como resultado de una incapacidad relacionada con ese servicio militar y su licenciamiento del servicio militar no fué deshonroso; o
- ▶ Vivió en los Estados Unidos por lo menos 10 años o acumuló por lo menos 40 trimestres de protección bajo el sistema del seguro social de los Estados Unidos. Pero después del mes de junio del 1968 los ciudadanos de ciertos países no pueden usar la excepción de estos 10 años de protección. Estos países tienen o puede que tengan sistemas que prohíben pagos a los ciudadanos que están fuera de los Estados Unidos.

De acuerdo con la más reciente información, estos países son: Estonia, Hungría, Islandia, Latvia, Lituania, Nueva Zelandia, República de la Unión Soviética Socialista, Rumanía, Uruguay y Zambia.

ROOM 700, 2150 FRANKLIN STREET • OAKLAND, CALIF. 94612



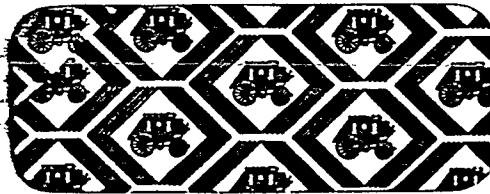
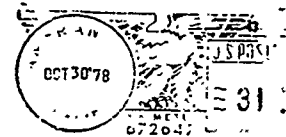
POSTMASTER:
Return this letter immediately if addressee has moved (Do not forward).
If addressee is deceased, return the letter with date of death, if known.
Return Postage Guaranteed

Air Mail

F-3-b-3

WELLS FARGO BANK

POST OFFICE BOX 48002
SAN FRANCISCO, CALIFORNIA 94144
DO NOT FORWARD



VIA AIR MAIL

F-3-b-4

THIS ENVELOPE MUST NOT BE OPENED BY ANY PERSON
OTHER THAN THE ONE TO WHOM IT IS ADDRESSED

ADDRESSEE:

If you change your address, please
report change of address promptly
to the Fund Office.



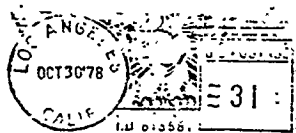
F-3-d-5

ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA

F-3-d-6

NAME	BENEFIT MONTH	GROSS	MEDICARE	W/H TAX	DETACH AND RETAIN THIS STUD
MC KNIGHT, EARL	11/01/78	288.00	8.20		TOTAL PAY 296.20

FOREIGN AIR MAIL



Bailey
33
Guyana
ca

F-3-d-7

--Robert Johnson has a life insurance and burial insurance policy through the longshoreman's Union which he says is valued at about \$1,000.00. I do not know how to go about it; I am having him send for a copy of the policy.

F-3-h-8

Maria-

for our use - we can break down
general living expenses here consistently
as: (Monthly)

Rent - housing	\$150 ⁰⁰
food	150 ⁰⁰
Utilities (electricty)	20 ⁰⁰
Insurance <small>(ours plus any they have still being set aside)</small>	\$5 ⁰⁰

Then these things can be padded up or down depending
on total income -

non-refundable medical, also dental

food can be padded

clothes

entertainment + transportation

for assets, these are vague enough to be padded -

furniture - \$500⁰⁰
antiques \$300⁰⁰

F-3-a-a

Laura

OTHER CHECKS

#

*waiting for feedback
sent*
already coming
"

1.	EDWARDS, JAMES	CSA	?	LETTER SENT (acc. to L.J.)
2.	JEFFERY, EARTIS	CSA	(1307324)	LETTER SENT
3.	CLAY, NANCY	PENS.	(466-12-3550)	LETTER SENT
4.	CONEDY, INEZ	PENS.	(444-16-3639)	LETTER SENT (acc. to L.J.)
5.	DASHIELL, HAZEL	PENS.	(037-18-9457)	LETTER SENT
6.	SWINNEY, CLEVE	CSA	(0900295)	NOT BENT

* "Letter sent" means I have a copy on file so I know it was sent
** "(acc. to L.J.)" means in a correspondence from her she said these (among others) had all been sent at one time or another.

OF COURSE, THERE IS NO NEED TO GET NEW 21's FOR THOSE I ALREADY HAVE ON HAND. FOR THOSE I NEED THE DATE OF ISSUE OF PASSPORT AND THE PASSPORT NUMBER. THE NUMBER I WAS GIVEN FOR HEAVENLY LOVE WAS NOT A U.S. PASSPORT SERIES. DOES SHE HAVE A U.S. PASSPORT?

THE FOLLOWING IS A LIST OF PEOPLE FOR WHOM I DON'T FIND NOTATIONS OF CHECKS BEING RECEIVED AT ALL OR AT THE GEORGETOWN ADDRESS. THOSE SO MARKED WILL HAVE TO WRITE LETTERS TRANSFERRING THEIR MONTHLY CHECKS.

VA CHECKS

VA #

already coming
sent
"
sent

1.	CUNNINGHAM, MILLIE	03-426-305	LETTER SENT*
2.	FARRIS, MARSHALL	?	RECEIVE VA? (\$38/mo.)
3.	GERNANDT, EUGENIA	11-023-503	LETTER SENT
4.	JEFFERY, EARTIS	?	LETTER SENT
5.	MOTON, GLEN	?	LETTER SENT (acc. to Laura)*
6.	RODGERS, MARY J.	03-766-771	LETTER SENT (acc. to Laura)*
7.	THOMAS, BERNICE	03-604-744	NO LETTER

F-3-d-10

To: Jim Randolph

From: Laura (H.)

F-3-D-11

About 7/3/78

Re: your letter to Maria of 7/2/78 -
A few have to be followed up on yet -

1. - Send the 19-21 applications for continuation of aid for students, also spare 1425 and SSA 21 or whatever, also the change of address brown envelopes and the white change of address cards for the P.O.

Moving on:

1. Mark Boutee - he's 20 - he'll be 21 in April. He would have been eligible. Is age up to or through 21? Send other applications for others who will have them here -
2. Eddie Dennis - to be checked on
3. Mary Griffith - send app. for her SSA app. and for widows pension too!
4. Tom Grubb - already rec'd his retirement \$
5. Emma Kennedy - retirement coming - she's rec'd the lump sum already
6. Carol Kerns - no \$ available from relatives now - too tight w/ Phillip, Jeanette. - Hot Spot
7. Bob Rice - \$ available from Masonite until employed ten years.
8. Carolyn Looman - sent letter in 11/77, \$ hasn't come yet, shall send another P.O. type letter and request w/ next batch of mail
9. Ruth Lowery - \$ all drawn in lump sum
10. Verna Johnson - send app. for SSA as student - our school is accredited.
11. Kay Rosas - SSA send ^{re-} app. for \$ since annulment should make her eligible - or we could try.
12. Laura - yes I got mine here.
13. Dorothy Sanders - new letter written as follow up.
14. Doug Sanders - \$ due
15. Al Simon - no Indian money due now, but Pom tribe is still trying for more \$. Ed Simon should know - but Al will be writing to him next batch of mail out
16. Martha Souder - never got ILWU ~~letter~~ \$ - letter written
17. Bruce Turner - no Masonite retirement due (see #7)
18. Lillie Victor - send SSA student's app.

19. Charles Williams - got SSI not SSA but 1425 was completed
in 10/11/77
20. Jan Wiley - no info on BIA money but McElwane might
know where to check.
21. Leroy Wright - all forms done
22. Dorothy Simpson - she gets \$ as Flathead Indian tribe
member

F-3-b-12a

MARIA,

SSA BENEFITS NOT TRANSFERRED AS OF APRIL 8, 1978

1. Addison, Steve :	303-04-0172	1/9/78
2. Albury, Ida Mae	487-01-1159	3/4/78
3. Anderson, Orelia	439-03-5606B	8/17/77
4. Beal, Geneva	428-01-8590	8/12/77
5. Belle, Ethel	062-22-7393	8/17/77
6. Birkley, Julia	184-07-2441	8/19/77
7. Brady, Georgianne	548-56-3806 C	no 21
8. Brady, Michaelleen	548-56-5806	1/9/78
9. Butler, Chlotile	365-18-9917	10/31/77
10. Camp, Lena	454-24-8712	8/17/77
11. Coleman, Mary	162-20-6607	8/17/77
12. Conedy, Inez	444-16-3639	8/9/77
13. Cottingham, Mary	249-38-1675	2/3/78
14. Cunningham, Millie	258-48-4173	3/29/78
15. Dashiell, Hazel	037-18-9457	8/9/77
16. Davis, Barbara	558-44-2275	8/19/77
17. Dawkins, Beatrice	490-20-5807	10/31/77
18. Gernandt, Eugenia	525-54-9038	10/22/77
19. Gill, Betty Jean	352-22-9581	1/9/78
20. Goodspeed, Lou D.	463-16-6315	3/4/78
21. Graham, Willie Lee	546-32-8316	9/16/77
22. Griffith, Emmett, Sr.	437-26-5442	10/31/77
23. Griffith, E. for kids	437-26-5442	10/31/77
24. Hall, Heloise	556-12-9058	10/22/77
25. Harper, Artee	437-09-5543D	1/9/78
26. Harris, Josephine	357-07-5154	8/12/77
27. Hornè, Hazel	200-20-0447	3/29/78
28. Jaekson, David	435-05-5208	mail from Guyana
29. Jackson, Luvenia	527-58-4145	mail from Guyana
30. Johnson, Garnett	500-18-1647	mail from Guyana
31. Johnson, Helen	437-38-6670	1/9/78
32. Johnson, Jessie	440-26-1483	8/17/77
33. Johnson, Robert	437-07-0486	8/9/77
34. Johnson, Ruby Lee	464-50-9154	10/22/77
35. Jones, Eliza	526-28-8756	11/19/77
36. Jones, Lynetta	303-16-7310	
37. Jordan, Fannie	433-56-1779	3/29/78
38. Kennedy, Emma	487-03-4621	8/17/77
39. Layton, Lisa	064-16-0980	10/77
40. Love, Heavenly	177-28-8485	mail from Guyana
41. McGowan, Alluvine	456-80-2690	8/12/77
42. McIntyre, Joyce	428-01-8590	1/9/78
43. McKinnis, Levatus	437-20-9204	3/29/78
44. McKnight, Earl	453-01-9778	mail from Guyana
45. Malloy, Lillian	124-14-0111	3/4/78

25/4 done
21

F-3-a-12a

46. Morris, Pearly	428-05-7925B	8/12/77
47. Mueller, Esther	303-26-4444	7/22/77
48. Nailor, Gertrude	435-14-8943	8/17/88
49. Newell, Hazel	425-90-0870	1/9/78
50. Owens, Jane	510-12-5707	2/13/78
51. Payney, Lucille	568-12-2637D6-his	1/9/78
52. Perkins, Lenora	548-30-8151	3/29/78
53. Poindexter, Amanda	160-32-0925	1/9/78
54. Roberson, Odenia	434-26-6778	8/12/77
55. Sharon, Rose O.	185-44-3527	8/12/77
56. Shelton, Rose	548-38-8705	no 21
57. Smith, Bertha	437-12-4033	8/17/77
58. Sneed, Novella	455-16-0848	8/24/77
59. Stahl, Alfred R.	310-03-8968	8/23/77
60. Staten, Ameal	223-24-5162	3/29/78
61. Swinney, Cleve	303-10-4049	no 21
62. Swinney, Helen	311-20-0226	3/29/78
63. Talley, Vera	458-12-9182B6	3/4/78
64. Taylor, Virginia	205-12-2261	8/12/77
65. Townes, Essie Mae	554-50-7066	8/12/77
66. Tschetter, Alfred	545-48-0030	9/23/77
67. Williams, Louise T.L.	463-34-2951	3/4/78
68. Williams, Syola T.	450-38-3298	3/29/78
69. Worley, Dorothy	404-20-5058	8/23/77
70. Young, Carol Ann	487-26-8943	12/7/77
X. Wright, Leomy...	428-22-0096	mail from Guyana
72. Nichols, Ida	367-26-9838	3/2/78

Copy of the message that was never received.

MARIA,

~~I GOT INSTRUCTIONS TO RETURN THE SSI CHECKS INDIVIDUALLY, BUT NO INSTRUCTIONS AS TO HOW. PLEASE CHECK THIS OUT AND LET ME KNOW BY RADIO IF IT IS OKAY TO PROCEED THIS WAY. I WILL SIMPLY ADDRESS AN ENVELOPE FOR EACH PERSON WHO HAS CHECKS TO RETURN. NO COVER LETTER OF EXPLANATION, NO RETURN ADDRESS, NO RETURN RECEIPT REQUESTED (AND THEREFORE NO RECEIPT OF THE CONTENTS). I WILL JUST MAIL THEM TO THE RESPECTIVE DISTRICT OFFICES.~~

~~I AM A LITTLE WORRIED BECAUSE SOME OF THEM ARE ALREADY ENDORSED AND BECAUSE WE WILL HAVE NO WAY TO PROVE WE SENT THEM BACK IF THEY ARE RIPPED OFF IN THE MAIL.~~

LOOKING FORWARD TO HEARING FROM YOU,

I REMAIN,

JAMES
4/11/78

The list were never answered, so I'm enclosing them again.

*OK.
Cross out the addresses.*

F-3-b-13a

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1. Addison, Steve:	303-04-0172	1/9/77
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39. Layton, Lisa	064-16-0980	10/77
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F-3-d-13d

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70. Young, Carol Ann	487-26-8943	12/7/77
71. Wright, Leomy	428-22-0096	mail from Guyana
72. Nichols, Ida	367-26-9838	3/2/78

F-3-D-13-C

F-3-d-14

APRIL 12, 1978

MARIA,

THIS IS A COPY OF MY NOTES FROM A CALL TO SOCIAL SECURITY (WHICH FINALLY CONNECTED TODAY).

1. I AM TO SEND 21'S DIRECTLY TO THE DISTRICT OFFICE INVOLVED.
2. I AM RETURNING TO YOU (MARIA) 21'S MAILED HERE FROM PEOPLE WHO ARE ALREADY OVER THERE. STONE SAYS REGULATIONS REQUIRE THAT THESE 21'S GO THROUGH THE EMBASSY THERE AND THEN TO DIO. SO...PLEASE DO NOT SEND 21'S TO ME THAT ORIGINATE IN GUYANA BECAUSE I WILL JUST HAVE TO SEND THEM BACK. (THOSE THAT ANSWER QUESTION #4b "no".)
3. THE CLAIMS MANUAL YOU ASKED FOR IS 13 VOLUMNS LONG AND IS UPDATED DAILY WITH TRANSMITTALS (6 or 7/day). THUS WHEN WE GET IT, IF WE DO, IT WILL BE OBSOLETE AND CAN ONLY BE USED BY FILING THE TRANSMITTALS WHICH WOULD BE MAILED SEPARATELY. STONE SAID HE HAD NEVER HEARD OF ANYONE BEING SENT THE TRANSMITTALS OTHER THAN AN SSA OFFICE. ANYWAY, I AM SENDING HIM A FORMAL REQUEST, IN WRITING, FOR BOTH THE MANUAL AND THE UPDATE TRANSMITTALS.
4. STONE HAS DONE NOTHING ON CHECKING ADDRESS CHANGES SINCE I LAST TALKED TO HIM, SO I AM SENDING HIM A COPY OF THE LIST I AM ATTACHING HERE TO GET ME FEEDBACK ON.
5. STONE AGREES THAT ANY 21'S SUBMITTED BEFORE THE FIRST OF THE YEAR WILL HAVE TO BE RESUBMITTED BECAUSE SOMETHING OTHER THAN PROCEDURAL DELAY. SO PLEASE REDO ALL THOSE ON THE ATTACHED LIST WHICH WERE SENT BEFORE THE TURN OF THE YEAR, AND SUBMIT THEM THROUGH THE EMBASSY THERE. IF NECESSARY, WE WILL HAVE TO FIND SOME WAY TO STAND ON THE EMBASSY THERE TO GET ACTION.

JAMES

6. THE PROCEDURE FOR TAKING CARE OF SITUATIONS LIKE J'S MOM IS TO PROVIDE THE EMBASSY WITH A DEATH CERTIFICATE. THEY THEN NOTIFY SSA AND SSA CONTACTS THE NEXT OF KIN (IN THIS CASE J). A FORM #1724 HAS TO BE FILLED OUT REQUESTING UNDERPAYMENT (FOR THE BACK CHECKS NOT RECEIVED). PROOF OF BIRTH WILL HAVE TO BE PRESENTED IN THE FORM OF A BIRTH CERTIFICATE.

MARIA,

Here is the CSA (Civil Service Annuity) address:

U.S. Civil Service Commission
Bureau of Retirement Insurance and
Occupational Health
P.O. Box 686
Washington, D.c. 20044

Here is the VA (Veterans Administration)

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

Here is all I show on:

Hazel Newell	SSI only
Alluvine McGowan	?
Garnett Johnson	SSA \$229.30 (7/77, 8/77, 9/77)
Vinnie Thompson	SSA \$110.80 (7/77-2/78)
	SSI \$205.20 (once upon a time)

Here's my resignation--this stuff is too much!

(ONLY KIDDING.)

JRR
3/24/78

F-3-d-15

*This is the message that
was never received.*

MARIA,

~~I GOT INSTRUCTIONS TO RETURN THE SSI CHECKS INDIVIDUALLY,
BUT NO INSTRUCTIONS AS TO HOW. PLEASE CHECK THIS OUT AND
LET ME KNOW BY RADIO IF IT IS OKAY TO PROCEED THIS WAY. I
WILL SIMPLY ADDRESS AN ENVELOPE FOR EACH PERSON WHO HAS CHECKS
TO RETURN. NO COVER LETTER OF EXPLANATION, NO RETURN ADDRESS,
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JAMES
4/11/78

*No response on the next,
so I've enclosed them again.
jms*

F-3-d-16a

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F-3-d-16d

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71. Wright, Leomy	428-22-0096	mail from Guyana
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F-3-b-16c

APRIL 12, 1978

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F-3-d-17

FEBRUARY 14, 1978

MARIA,

THESE ARE SOME MISCELLANEOUS NOTES LEFT FROM THE INCOME SURVEY OF THOSE ALREADY GONE OVER. MOST OF THEM WILL, NO DOUBT, COME TO NOTHING, BUT IT IS WORTH GOING TO PEOPLE TO FIND OUT.

YOU MIGHT DISCUSS OVER THERE GOING THROUGH SOME KIND OF ACCREDITATION PROCEDURE WHICH WOULD ULTIMATELY RESULT IN OUR BEING RECOGNIZED BY SOCIAL SECURITY SO KIDS ELIGIBLE FOR SSA BENEFITS WHEN IN SCHOOL CAN RECEIVE THOSE BENEFITS WHILE THERE.

ON # 12, I WOULD ASK CHAIKIN WHAT CONSTITUTES GROUNDS FOR ANNULMENT. KAY AND THAT GUY MAY NEVER HAVE HAD A MARRIAGE IN THE USUAL SENSE. ON #21, I HAVE INCLUDED LEOMY WRIGHT BECAUSE I LEFT HER OUT OF THE REGULAR SSA LIST I SENT WITH TERRI.

MOST OF THE REST OF THESE JUST AMOUNT TO DISCUSSING WITH EACH INDIVIDUAL THE DETAILS OF THEIR SITUATIONS. IF POSSIBLE, YOU CAN RADIO ME ANYTHING WORTH WORKING ON AT THIS END.

JIM R.

F-3-D-18a

1. Boutee, Mark 560-15-8057
Eligible for SSA if in an accredited school?
2. Dennis, Eddie 437-52-0348
Heavy Equipment Operator Norris Industry 1967-1976
Union retirement?
3. Griffith, Mary 445-24-9331
Might be eligible because worked 10 years prior to
leaving US, also on deceased husband's claim.
4. Grubbs, Lemuel Thomas 538-38-8992
Has he actually received money from State Teachers
Retirement System?
5. Kennedy, Emma 487-03-4621
Any retirement coming from LA COUNTY School District.
Worked from them 1972 through 1976
6. Kerns, Carol Ann 563-15-9846
Used to get \$60/mo. from father as child support.
Would he give her anything as a student, etc.?
7. Kice, Robert 567-78-0930
Did he receive a pension from Masonite?
8. Looman, Carolyn 294-38-7774
Did she have any benefits coming from her job?
9. Lowery, Ruth
Did she have any pension benefits coming from her job?
10. Johnson, Verna Lisa 437-01-5843
Naomi used to get SSA for her while she was in school.
Might still be eligible if school was accredited.
11. Johnston, Laura 212-54-1948
Did she ever get her money form Mendocino County Welfare
Department? Robin has no record of her receiving it.
12. Rosas, Kay
SSA was discontinued following her marriage to some guy
to keep him from going to Vietnam. Grounds for annulment?
Benefits might be forthcoming if she were single again.
13. Sanders, Dorothy 564-78-4157
Has retirement coming from the Post Office. Being worked
on from here now.
14. Sanders, Douglas 549-82-3731
Should have send in ID card and any equipment to recover
his last checks. Does he have any retirement money coming?

F-3-b-18d

84 - 4286 - 2018

15. Simon, Alvin 570-60-7623
Is he eligible for anything from BIA, like Dorothy Simpson.
- 16.. Souder, Martha 432-34-3792
Anything due her because she was married (and divorced) form ILWU worker?
17. Turner, Bruce 455-02-7485
Did he receive any pension from Masonite?
18. Victor, Lillie
Was cut off SSA when she moved up from LA. Pending school attendance.
19. Williams, Charles Wesley 563-58-3117
SSA transfer document mailed 10/31/77
20. Wilsey, Janice
Eligible to any BIA money?
21. Wright, Leomy 428-22-0096
Wright, Leomy 461-38-2055
Wright, Leomy for kids

F-3-D-18c

*vanburg
mbup*

MARIA,

Here is the CSA (Civil Service Annuity) address:

U.S. Civil Service Commission
Bureau of Retirement Insurance and
Occupational Health
P.O. Box 686
Washington, D.C. 20044

Here is the VA (Veterans Administration)

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

Here is all I show on:

Hazel Newell	SSI only
Alluvine McGowan	?
Garnett Johnson	SSA \$229.30 (7/77, 8/77, 9/77)
Vinnie Thompson	SSA \$110.80 (7/77-2/78)
	SSI \$205.20 (once upon a time)

Here's my resignation--this stuff is too much!

(ONLY KIDDING.)

JRR
3/24/78

F-3-d-19



MARIA,

Here is the CSA (Civil Service Annuity) address:

U.S. Civil Service Commission
Bureau of Retirement Insurance and
Occupational Health
P.O. Box 686
Washington, D.c. 20044

Here is the VA (Veterans Administration)

Veterans Administration Regional Office
211 Main Street
San Francisco, Calif. 94105

Here is all I show on:

Hazel Newell	SSI only
Alluvine McGowan	?
Garnett Johnson	SSA \$229.30 (7/77, 8/77, 9/77)
Vinnie Thompson	SSA \$110.80 (7/77-2/78)
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Here's my resignation--this stuff is too much!

(ONLY KIDDING.)

JRR
3/24/78

F-3-d-20

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
ROOM 110
240 GOLDEN GATE AVENUE
San Francisco, California 94102 • Phone (415) 776-9235

TRUSTEES
GEORGE HARDY
GERALD KELSO

ALTERNATES
WILLIAM SUNDSKY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS S. CHENEY

August 15, 1978

Dear Pensioner:

Pursuant to our letter of April 17, 1978, a copy of which is enclosed for your reference, we have not received the requested verification of your existence.

This letter will serve as notification that we are withholding the August 1, 1978 and all future pension checks, until the information requested has been received.

If you have any questions regarding the matter, please do not hesitate to contact this office.

Very truly yours,

BUILDING SERVICE EMPLOYEES
PENSION TRUST

zh
opeiu #3
afi/cio/130

Enclosure

F-3-d-21a

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
ROOM 110
240 GOLDEN GATE AVENUE
San Francisco, California 94102 Phone (415) 776-9235

April 17, 1978

TRUSTEES
GEORGE HARDY
GERALD KELSO

ALTERNATES
WILLIAM SUNDSBY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS S. CHENEY



Dear Pensioner:

Since the Building Service Employees Pension Trust Fund pension benefit is only payable to the pensioner during his or her lifetime, ending with the last monthly payment preceding his or her death, it has become necessary for the Pension Office to verify the existence of all pensioners residing outside the United States.

Therefore, unless this office receives verification of your existence verified by an appropriate American Consular by August 1, 1978, your pension benefits will be suspended.

If you have any questions, please do not hesitate to contact this office.

Sincerely yours,

PENSION TRUST FUND

tj
opeu-3
afl-cio-130

F-3-d-21d

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
ROOM 110
240 GOLDEN GATE AVENUE
San Francisco, California 94102 Phone (415) 776-9235

TRUSTEES
GEORGE HARDY
GERALD KELSO

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Very truly yours,

BUILDING SERVICE EMPLOYEES
PENSION TRUST

sh
opeiu #3
afl/cio/130

Enclosure

F-3-b-222

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
ROOM 110
240 GOLDEN GATE AVENUE
San Francisco, California 94102 • Phone (415) 776-9235

April 17, 1978

TRUSTEES
GEORGE HARDY
GERALD KELSO

ALTERNATES
WILLIAM SUNDSBY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS S. CHENEY



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Therefore, unless this office receives verification of your existence verified by an appropriate American Consular by August 1, 1978, your pension benefits will be suspended.

If you have any questions, please do not hesitate to contact this office.

Sincerely yours,

PENSION TRUST FUND

tj
opeu-3
afl-cio-130 .

F-3-l-22b

VIVIAN I. ANDERSON

549-12-6394

COLUMN	WRITE	1			2		3
		DATE	SOURCE/EXPLANATION	AMOUNT	BALANCE	PREVIOUS BALANCE	
1	1979	11	4 3	SSA for Mar.	216 00	216 00	
2	12		6 2	SSA for May	216 00	432 00	216 00
3	13		5 3	SSA for Apr.	216 00	648 00	432 00
4	14		17	Vivian Anderson, bank account	784 48	1432 48	648 00
5	15		7 3	SSA for June	230 10	1662 58	1432 48
6	16		9 1	" Aug	590	1668 48	1662 58
7	17		8 3	" July	213 70	1882 18	1668 48
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F-3-d-23

Supplemental Security Income Notice of Change

951

From: Department of Health, Education, and Welfare
Social Security Administration

Date: 06-01-78

VIVIAN I ANDERSON
1435 ALVARADO
TERRACE APT 210
LOS ANGELES CA

Social Security Number:
549-12-6394 AI

90006

BEGINNING JULY 1978 THE AMOUNT DUE YOU WILL BE INCREASED.

THE AMOUNT DUE YOU WILL BE \$111.90. THIS INCLUDES \$111.90 FROM THE STATE OF CALIFORNIA.

THE REASON THE AMOUNT DUE YOU IS BEING RAISED IS THAT THE LAW PROVIDES FOR AN INCREASE IN SUPPLEMENTAL SECURITY INCOME PAYMENTS EACH JULY IF THERE WAS AN INCREASE IN THE COST OF LIVING DURING THE PAST YEAR.

IN FIGURING THE AMOUNT OF YOUR PAYMENTS WE CONSIDERED ALL INCOME WHICH WILL BE AVAILABLE TO YOU IN JULY. OUR RECORDS SHOW THAT YOUR TOTAL MONTHLY INCOME IN JULY WILL BE \$230.10.

THIS AVERAGE MONTHLY INCOME IS BASED ON THE FOLLOWING INCOME---

YOUR INCREASED SOCIAL SECURITY BENEFIT, BEFORE ANY DEDUCTIONS FOR MEDICARE MEDICAL INSURANCE PREMIUMS, OF \$230.10. YOU SHOULD RECEIVE THE INCREASED GREEN-COLORED CHECK ABOUT JULY 03.

F-3-a-24

Important: See other side for an explanation of your appeal rights and other information. ►

Form SSA-L8151-CI (2-78) (Formerly SSA-8151)
Prior editions may be used until supply is exhausted

Please get in touch with social security if:

You believe the decision shown on the other side of this notice is wrong, *or*

You have any questions or need more information.

Most questions can be handled by phoning or writing any social security office. If you visit a social security office, please bring this notice with you. If the decision in your case is based on incorrect information, we'll be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you have the right to appeal. The first step in the appeals process is called reconsideration. **YOU MUST REQUEST RECONSIDERATION IN WRITING WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE.** If you cannot send us a written request for reconsideration within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not reconsider your case unless you have a good reason for the delay.

There are different ways of presenting cases for reconsideration. If you request reconsideration, be sure to tell us which of these procedures you wish to be used in presenting your case. In each, reconsideration will be by a person who had nothing to do with the decision you are appealing. The methods of reconsideration are:

1. **CASE REVIEW.** In a case review, you have the right to review the evidence relating to this decision and to submit any additional oral and written evidence you may have to any social security office. For a medical determination, the case review is made by the disability determination agency of the State in which you live and is the only type of reconsideration available.
2. **INFORMAL CONFERENCE.** In addition to the rights you have in case review, in the informal conference you also have the right to present your case to the person who will decide it, to have witnesses testify for you, and to have a summary record kept of the oral and written evidence presented. The informal conference is not used for appeal of determinations involving medical matters.

In having your case reconsidered, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your social security office for names of organizations that can help you.

THIS IS NOT A BILL

F-3-b-25

VIVIAN ANDERSON
1435 ALVARADOTERRACE
LOS ANGELES CA 90006

USE THE ENCLOSED
REQUEST FOR
MEDICARE PAYMENT
FORM THE NEXT
TIME YOU WISH TO
CLAIM MEDICARE
PAYMENT.

SEE REVERSE SIDE
FOR ADDITIONAL
INFORMATION

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

SERVICES WERE PROVIDED BY NAME / NUMBER	BLUE SHIELD CONTROL NO.	PROCEDURE NO.	UNITS	SERVICE DATES		CHARGES		DEDUC TIBLE	REIMB RATE %	NET PAY
				FROM MO DAY YR	TO MO DAY YR	SUBMITTED	AMOUNT APPROVED BY MEDICARE			
KENNETH E AHERN 000E14320	967811491511073630	0201	4112277112277	6000	3000			800		
APPROVED CHARGE ADJUSTED AFTER REVIEW OF CLAIM						6000	3000	00	2400	
TOTAL FOR THE ABOVE CLAIM						6000	3000	00	2400	
AN ADJUSTMENT TO PREVIOUS CLAIM 0177342017390.										
IMPORTANT: INFORMATION ONLY. PAYMENT OR NOTIFICATION SENT DIRECTLY TO PROVIDER OF SERVICE										
THIS IS NOT A BILL										

HEALTH INSURANCE CLAIM NUMBER 549126394A	PATIENT'S NAME ANDERSON VIVIAN	6000	3000	CLAIMS TOTALS
DATE 09 31 78	STATEMENT NO. 023138279		3000	TOTAL AMOUNT APPROVED BY MEDICARE SUBJECT TO DEDUCTIBLE AND COINSURANCE
CLAIMS INCLUDED IN THIS BOMB 01			00	THIS WENT TOWARD ANNUAL DEDUCTIBLE
YOU HAVE NOW MET \$ 60.00 OF THE ANNUAL \$ 60.00		DEDUCTIBLE FOR 1977	3000	80% OF BALANCE
P.O. BOX 7968 SAN FRANCISCO, CA 94120		BALANCE PAYABLE AT 80%	00	TOTAL MEDICARE PAYMENT
TELEPHONE 415-445-5781		INPATIENT RADIOLOGY & PATHOLOGY PHYSICIAN'S CHARGES AND CERTAIN LABORATORIES PAID IN FULL	2400	

KEEP THIS NOTICE FOR YOUR RECORDS

PLACE OF SERVICE CODES

- | | |
|----------------------|----------------------------|
| 1-Office | 4 Skilled Nursing Facility |
| 2 Home | 5 Outpatient Hospital |
| 3 Inpatient Hospital | 6 Independent Laboratory |
| | 7 Other |

TYPE OF SERVICE CODES

- | | | |
|--|--|--|
| 1 Medical Care | A Specific Diagnostic Services | G Psychiatric |
| 2 Surgery | B Specific Therapeutic Services | H Durable Medical Equipment Rental |
| 3 Consultation | C Immunization/Injections | J Durable Medical Equipment Purchase |
| 4 Diagnostic X-Ray | D Medical Supplies | K Chiropractic Care |
| 5 Diagnostic Laboratory | E Non-Surgical Operating Room Expenses | L Durable Medical Equipment Installation |
| 6 Radiation Therapy | F Physical Therapy | P Prescription |
| 7 Anesthesia | | X X-Ray by Portable X Ray Provider |
| 8 Assistance at Surgery | | |
| 9 Other Medical | | |
| 0 Whole Blood and Packed Red Blood Cells | | |

1. IMPORTANT — YOU CAN USE THIS NOTICE.

- To show your physician or supplier how much of the annual deductible you have met as of the date of this notice.
- As a record of bills paid or denied (if you sent in other medical expenses not shown on this form, you will get a separate notice.)
- To collect other insurance. If you have other health insurance, you may use this notice to claim the benefits from your private insurance policy. Since your private insurance company may keep this notice, you may wish to keep a record of this information or ask your insurance company for a photocopy.

2. IF YOU NEED MORE INFORMATION.

- Check your Medicare Handbook;
- Contact a Social Security Office; or
- Contact Blue Shield of California, P.O. Box 7968, San Francisco, Ca 94120. (415) 445-5781

3. TIME LIMIT FOR FILING CLAIMS.

For Services Received	File Claims By
Oct. 1, 1972 - Sept. 30, 1973	Dec. 31, 1974
Oct. 1, 1973 - Sept. 30, 1974	Dec. 31, 1975
Oct. 1, 1974 - Sept. 30, 1975	Dec. 31, 1976
Oct. 1, 1975 - Sept. 30, 1976	Dec. 31, 1977
Oct. 1, 1976 - Sept. 30, 1977	Dec. 31, 1978

Where a person could not file his claim within these limits because of an error or delay of the Social Security Administration or of a Medicare carrier or intermediary, the time limit may be extended if the claim is filed within 6 months after the error is corrected.

WHERE TO SEND REFUNDS
 When refunding a payment you should send the check with a letter of explanation. The letter should include your Blue Shield check number, beneficiary name and Medicare identification number (HIC No.) and claim number to which the payment relates. Send this information to **BLUE SHIELD OF CALIFORNIA**, Cash Receiving, P. O. Box 3637 Rincon Annex, San Francisco, California 94119

ALWAYS INCLUDE YOUR HEALTH INSURANCE CLAIM NUMBER and the control number indicated on the explanation of Medicare benefits form when writing about your claim. Take this notice with you if you inquire at your Social Security office.

PLEASE KEEP THIS FORM FOR YOUR RECORDS

4. HOW MUCH DOES MEDICARE PAY

Medicare pays 80% of the charges in the "Amount Approved by Medicare" column above the annual deductible. The annual deductible is now \$60. For calendar years before 1973 it was \$50.

Medicare pays 100% of the charges in the "Amount Approved by Medicare" column for radiology and pathology services from physician while you are a bed patient at a qualified hospital.

5. IF PAYMENT NOT BASED ON THE FULL AMOUNT BILLED

The amount Medicare may pay under law is limited to the lowest of

- Customary charge i.e., the charge made by the physician or supplier in 50% of his billings during the base year.
- Prevailing charge i.e., the charge made 75% of the time by other physicians or suppliers for similar services in the area during the base year.

6. YOUR RIGHT TO REVIEW OF THE CASE

If you have a problem or question about the way your claim was handled or about the amount paid, please get in touch with Blue Shield of California, P.O. Box 7968, San Francisco, CA 94120 (415) 445-5781 within 6 months of the date of this notice.

The Social Security Office will help you file a request for review of your claim if it is more convenient.

REMARKS

- SSA records indicate that either the name or health insurance number is incorrect. Please contact your local Social Security Office for assistance in filing your claim.
- SSA records indicate that you have never enrolled in the Medicare Part B Medical Insurance Program. Payment cannot be made for this claim.
- We are unable to finalize this claim. Please contact your local Social Security Office for assistance in refiling the claim for this deceased beneficiary.
- Reimbursement for purchased durable medical equipment is made in monthly installments. This payment is based on the recognized monthly rent charge. You will receive these monthly installments until the recognized purchase price has been met, except that the installments will stop if your condition no longer requires the use of the equipment.
- More specific information is required to review this claim. Our efforts to obtain such information have been unsuccessful.
- If you did not know that Medicare does not pay for this medical service for this condition you may request a review for this decision. See paragraph above entitled "YOUR RIGHT TO A REVIEW OF THE CASE".
- An alien who has been outside of the United States for six full consecutive calendar months is not eligible for health insurance benefits. Payment can only be made to such an alien for the first full month of presence in the United States. It has been determined that payment cannot be made in this case for the date of service indicated.

CHLOTILE BUTLER

36548-9917

COLUMN	WRITE	1	2	3
DATE	SOURCE/EXPLANATION	AMOUNT	BALANCE	PREVIOUS BALANCE
1977 1	9-2 SSA for Aug.	14890	14890	-
2	10-3 " Sept.	14890	29780	14890
3	11-3 " Ins.	13350	53130	29780
4	12-2 " Nov.	14120	67250	53130
1978 5	1-3 " Dec.	14120	81370	67250
6	2- " " Jan.	14120	95490	81370
7	3- " " Feb.	14120	109610	95490
8	5- " " Apr.	14120	123730	109610
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UNITED STATES
CIVIL SERVICE COMMISSION
WASHINGTON DC 20415

OFFICIAL BUSINESS
Penalty for Private Use \$300

POSTAGE AND FEES PAID
U. S. CIVIL SERVICE COMMISSION



POSTMASTER:

PLEASE FORWARD

If undeliverable after 30 days,
please return to sender.

DONALD R BOWER
* PAUL ADAMS
PD BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA

91
A0569694

F-3-d-28a


CON 117-13-7
JULY 1978

REQUEST FOR REGISTRATION FORM OR BROCHURES

Please send me a registration form, together with a brochure for the following named plan(s).
I want to **consider** changing from the Retired Program to a plan in the Employee Program.
I understand that I can be enrolled on only **one** of the two Programs.

Service Benefit Plan Other

Indemnity Benefit Plan

 Print or type your full name and mailing address. Place a postage stamp on the other side and drop into mail box.	Name	
	Street Address	
	City, State and Zip Code	

This special post card has been prepared to speed the return of health benefits information to you.
Please do not use it for any other purpose.

F-3-d-28d

BRI 41-297C
September 1978

RETURN ADDRESS

Name _____
Street _____
City _____ **State** _____ **Zip** _____

Place stamp
here

**U.S. Civil Service Commission
BRIOH, ATTN: Health Benefits Task Force
P.O. Box 14172
Washington, D.C. 20044**

**SUMMARY OF BENEFITS—
Indemnity Benefit Plan, Low Option**

Kinds of Expenses	Low Option Pays
Hospital Inpatient (room and board, operating room, X-rays, etc.).	100% of first \$1,000 of room and board plus 75% of any additional room and board plus 75% of all other hospital charges. (If you have Parts A and B of Medicare, you do not have to pay the remaining 25%; benefits are paid at 100%).
Hospital Outpatient Charges, and Surgical/Medical expenses (such as surgery, X-ray and laboratory tests, physicians' office visits, prescription drugs, private duty nursing, physical therapy, ambulance, etc.).	75% of allowable charges after the patient meets annual \$75 deductible. (If you have Parts A and B of Medicare, benefits are paid at 100% after the \$75 deductible).
Maximum benefits.	For treatment of mental disorders only: Inpatient—\$15,000 per person per year; Outpatient—\$750 per person per year. There are no other annual or lifetime maximum dollar limits.



UNITED STATES CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE, AND
OCCUPATIONAL HEALTH
Washington, D.C. 20415

**ANNOUNCING AN OPPORTUNITY FOR YOU
TO ENROLL IN THE FEDERAL EMPLOYEES
HEALTH BENEFITS PROGRAM**

New Civil Service Commission regulations allow you to enroll in the Federal Employees Health Benefits Program (**Employee Program**).

The new regulations apply to annuitants who participate in, or are eligible to participate in, the Retired Federal Employees Health Benefits Program (**Retired Program**). The **Retired Program** is for most Federal employees who retired before July 1, 1960, and their survivor annuitants. The new regulations allow you to change to the **Employee Program** previously available only to current employees and most people whose annuity began on or after July 1, 1960.

Our records show that you may be eligible for the **Retired Program** although you are not now participating in it. If so, you also are eligible for coverage under the **Employee Program**. This leaflet gives information to help you decide whether you want to enroll in the **Employee Program**.

If you are not now participating in the **Retired Program** because you are covered under your spouse's family enrollment in the **Employee Program**, you cannot have a separate enrollment in the **Employee Program** unless your spouse changes to a self only enrollment.

F-3-21-282

THE ADDRESS OF YOUR RETIREMENT SYSTEM IS:

▶ **For health benefits correspondence only:**
U.S. Civil Service Commission
Bureau of Retirement, Insurance, and Occupational Health
P.O. Box 14172
Washington, D.C. 20044

▶ **For all other correspondence use the address at the top of this page.**

Information About the *Employee Program*

There are a variety of plans and benefits under the **Employee Program**, and some are considerably more expensive than others. However, the low option of either the Service Benefit Plan (sponsored by Blue Cross and Blue Shield) or the Indemnity Benefit Plan (sponsored by Aetna Life and Casualty) is a very good supplement to Medicare and premium costs are reasonable. The monthly cost to you for one of these two options in 1979 will be:

Service Benefit Plan: Self Only \$3.75 Family \$10.87

Indemnity Benefit Plan: Self Only \$5.26 Family \$12.45

On the following pages are brief summaries of the low option benefits of the Service Benefit Plan and the Indemnity Benefit Plan. All family enrollments under the **Employee Program** cover your unmarried children until age 22.

If you are interested in enrolling in one of the plans in the *Employee Program*—

- Complete the enclosed self-addressed postcard and we will send you a registration form and brochures for the plan(s) in which you are interested.
- Enrollment in one of the plans in the **Employee Program** will be effective no earlier than January 1, 1979, or the first of the month following our receipt of your completed registration form, whichever is later.
- Your share of the cost of enrollment will be withheld from your annuity payment.

SUMMARY OF BENEFITS— Service Benefit Plan, Low Option

Kinds of Expenses	Low Option Pays
Hospital inpatient (room and board, operating room, X-rays, etc.).	100% of covered charges in a Blue Cross member hospital up to 90 days. After 90 days, Supplemental Benefits are payable (at 100% if you have Part B of Medicare).
Hospital Outpatient charges incurred within 72 hours after emergency care or surgery, and for diagnostic tests and certain other types of care.	100% of covered hospital charges.
Home Health care (including nursing care, prescription drugs, physical therapy, and physicians' home visits) provided by a home health care organization that has a written agreement with the local Blue Cross Plan.	100% of covered care up to 30 days following discharge from a hospital.
Surgical/Medical (such as surgery, anesthesia, X-ray and laboratory tests, and in-hospital physician care).	Up to amounts set by fee schedule. Any balance is eligible for Supplemental Benefits (at 100% if you have Part B of Medicare).
Physicians' home/office visits, prescription drugs, private duty nursing, ambulance, physical therapy, durable medical equipment, etc.	Supplemental Benefits—75% of allowable charges after the patient meets annual \$200 deductible. (If you have Part B of Medicare, you do not have to meet the \$200 deductible or pay the remaining 25%; benefits are paid at 100%).
Maximum benefits.	There is a lifetime Supplemental Benefits (only) limit of \$150,000 per person, except that the lifetime Supplemental Benefit for treatment of mental disorders is limited to \$50,000.

NEED MORE HEALTH BENEFITS ENROLLMENT INFORMATION?

CALL 800-424-8030 TOLL FREE OR 653-5485 in the
Washington Metropolitan Area

If you need an explanation for any of the information in the enclosed leaflet about your opportunity to enroll in the Federal Employees Health Benefits Program, you can call one of the above toll-free numbers (if you live within the continental United States). Unfortunately, you cannot use the toll-free number to call from Alaska, Hawaii, Puerto Rico, or a foreign country.

Starting September 18, 1978, you may call Monday through Friday between the hours of...

8:30 AM — 3:00 PM
Your Local Daylight Time

These lines will be available for use through December 31, 1978.

Please use these lines **only** to ask questions about changing your health benefits enrollment from one

program to the other (see enclosed leaflet). The person who will answer the telephone is specially trained only to answer your questions about this subject and will not be able to help you with other retirement matters.

If you **only** need brochures and a registration form, please do not call, but follow the instructions in the leaflet. Of course, if you want to continue your present enrollment, you need do nothing.

We have also arranged for a special post office box for receiving your requests for information. Please address correspondence to us **about this subject only** to:

U.S. Civil Service Commission
BRIOH, ATTN.: Health Benefits Task Force
P.O. Box 14172
Washington, D.C. 20044

BRI 49-297D
September 1978

F-3-b-28d

COUNTY OF LOS ANGELES
STATEMENT OF ALLOWANCE AND DEDUCTIONS
 TO BE RETAINED BY RETIRED MEMBER

Heraldine Bailey

MEMBER NO.	ISSUE DATE	WARRANT NO.	NORMAL ALLOWANCE	COST OF LIVING	TOTAL ALLOWANCE	MISC. DEDUCTIONS	NET PAYMENT	YTD ALLOWANCE
15927	10/31/78	0464456	32415	5164	37579		37579	372505
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD Federal Tax
								000000
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD State Tax
								000000

CODES FOR MISCELLANEOUS DEDUCTIONS		
30 Courts & Records C.U.	57 LAC-USC Med. Care. C.U.	64 Co. Employees Association
31 Credit Union No. 11	58 Public Services C.U.	71 Blue Cross
32 Fiscal Employees C.U.	59 Harbor Hospital C.U.	72 Blue Cross
33 Fireman & Agric. C.U.	60 Olive View C.U.	73 Occidental
34 Rancho Los Amigos C.U.	61 Long Beach Gen. Hosp. C.U.	74 Federal Tax Withheld
35 Engineers C.U.	62 John Wesley Co. Hosp. C.U.	75 State Tax Withheld
36 Chic Center C.U.	63 Flood Control Dist. C.U.	76 Local 1014 Dual Life Insurance
		77 Dental/Vision Insurance

NOT NEGOTIABLE

F-3-D-09

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
FOX PLAZA BUILDING
1390 MARKET STREET, #1018
San Francisco, California 94102 • Telephone (415) 552-9050

TRUSTEES
GEORGE HARDY
GERALD KILSO

ALTERNATES
WILLIAM SUNDSEY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS S. CHENEY



September 29, 1978

Mr. Miller Bridgewater
P.O. Box 893
Georgetown Guyana
SOUTH AMERICA

Dear Pensioner:

This letter will serve as notification that your retirement benefits have been suspended, as we have not received verification of your existence, as requested in our letters of April 17, 1978 and August 15, 1978.

If you are unable to obtain the written verification from the United States Embassy, verification by responsible individuals other than embassy or consular employees would be acceptable. Therefore, we are enclosing the form "Verification of Identity" that is to be completed in its entirety and returned to this office immediately.

Upon receipt of the properly completed and verified form, all suspended payments will be issued to you immediately.

Your cooperation and promptness in resolving this matter would be appreciated.

Very truly yours,

BUILDING SERVICE EMPLOYEES
PENSION TRUST

sh
opeiu #3
afl/cio/130

Enclosure

F-3-2-30

Use this form ONLY when there is a change to be reported for a United States social security beneficiary

Baltimore, Maryland

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

GENEVA BEAL

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFIT IS PAID (The digit number (000-00-0000) followed by a letter or a number B, C, G, D, E, F, or H. Your report cannot be processed without this number.)

428 01 859011

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and 405).

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid. In which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT

DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
Check if change is for: More than 6 mos. 6 mos. or less

2. EMPLOYMENT (As employee or as self-employed person)

DATE OF EMPLOYMENT

3. MARRIAGE

GIVE PLACE OF MARRIAGE

DATE OF MARRIAGE

4. DIVORCE OR ANNULMENT

DATE DECREE FINAL

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE

DATE CLAIMANT LEFT YOUR CARE

6. DEATH

DATE OF DEATH

7. PERSON RECEIVING DISABILITY BENEFITS

MONTH - DAY - YEAR

Returned to work

MONTH - DAY - YEAR

Condition Improved

8. CHANGE OF CITIZENSHIP (If checked give):

No longer citizen of

(Country)

Now a citizen of

(Country)

SIGNATURE OF PERSON MAKING THIS REPORT

DATE SIGNED

Geneva Beal

10-14-78

MAILING ADDRESS (NUMBER AND STREET)

P.O. Box 893

CITY OR TOWNSHIP

GEORGETOWN

POSTAL CODE

894

COUNTRY

GUYANA

Form SSA-1425F (3-77) Replaces SSA-1425FC and SSA-1425FC NA which are obsolete.

(OVER)

F-3-J-31

Social Security Benefit Information

F-3-d-32

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

SPR5166:FE

Date November 1, 1978

Jossie Chambliss
% Mission Village
PO Box 893
Georgetown GUYANA 894

Your Claim Number
057-18-2089 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

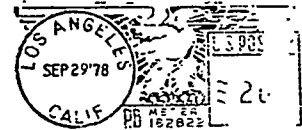
EMPLOYEE'S EARNINGS STATEMENT - DETACH AND RETAIN FOR TAX RECORDS

EMPLOYEE NAME I CONEDY		DEPT. 21-3	EMPLOYEE NUMBER 444-16-3639-8	PERIOD ENDING 08/19/78	CHECK NUMBER 257532	
EARNINGS			TAXES AND DEDUCTIONS			
TYPE OF EARNINGS	HOURS	AMOUNT	DEDUCTIONS	CURRENT AMOUNT	YEAR-TO-DATE AMT.	
OT SHFT ADJ		9.02	FEDERAL W/H			
			FICA	.55	.55	
			SDI	.09	.09	
			STATE W/H			
			DEDUCTIONS	CURRENT AMT.	DEDUCTIONS	CURRENT AMT.
			NOT NEGOTIABLE			
YR. TO DATE GROSS EARN.			LESS		TOTAL CURRENT DEDUCTIONS	NET CHECK AMT.
9.02					.64	*****8.38

STANFORD UNIVERSITY HOSPITAL - STANFORD, CALIFORNIA 94305

I

Central Payroll/Personnel Operations
P.O. Box 2837
Seal Beach, CA 90740



ADDRESS CORRECTION REQUESTED
FORWARDING AND RETURN POSTAGE GUARANTEED

041/HS/XA02
N CLAY
P O BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA 00000

F-3-b-34a

Corporate Offices
600 Grant Street
Pittsburgh, PA 15219



EMPLOYEE BENEFIT INFORMATION

PLAN ADMINISTRATOR - Staff Vice President,
Employee Benefit Programs
Rockwell International Corporation
Corporate Offices
600 Grant Street (PA60)
Pittsburgh, PA 15219
(412) 565-7100

EMPLOYER IDENTIFICATION NUMBER
(Rockwell International Corporation): 95-105-4708

TO: ALL PARTICIPANTS IN THE ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS) (Plan 002)

RE: SUMMARY ANNUAL REPORT (January 1, 1977 - December 31, 1977)

The Employee Retirement Income Security Act of 1974 (ERISA) requires that employers offering benefit plans provide participants with a summary of the financial condition of those plans on a yearly basis. In line with this requirement, we are providing this Summary Annual Report (SAR) which is concerned with the Plan named above. This SAR summarizes the financial information filed with the Internal Revenue Service in July of 1978, and it applies to the Plan's activities for the January 1, 1977 - December 31, 1977 Plan Year.

This SAR shows the assets, liabilities, income and expenses of the Plan and provides certain other information concerning the condition of the Plan as of December 31, 1977. The provision of this information is the sole purpose of this SAR.

Plan Participants and beneficiaries may obtain copies of the following more detailed annual report information for a reasonable charge, or inspect it without charge: The latest full annual report, or any parts of the report including a list of any assets held for investment and a list of transactions involving more than three percent of plan assets. To obtain a copy of any of these documents, write to the Plan Administrator asking for what you want. The Plan Administrator will state the charge for specific documents upon request, so that you can find out the cost before ordering. All the documents listed can be examined at the office of the Plan Administrator at the address shown above, or at your local Personnel Office within 10 days after you complete the proper form at that office.

F-3-a-34h

A02

EIN: 95-105-4708
 FN: 002

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ROCKWELL INTERNATIONAL CORPORATION
 RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
 (ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
 AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF NET ASSETS
 DECEMBER 31, 1977 AND 1976

	1977	1976
ASSETS		
INVESTMENTS - At market value (Note 1):		
Certificates of deposit (cost - 1977, \$5,363,906; 1976, \$6,866,450).....	\$ 5,363,906	\$ 6,866,450
Commercial paper (cost - 1977, \$14,183,000; 1976, \$2,355,000).....	14,183,000	2,355,000
U.S. Government securities (cost - 1977, \$55,766,383; 1976, \$42,262,685).....	54,850,943	43,168,495
Foreign securities (cost - 1977, \$2,182,863; 1976, \$2,182,862).....	2,163,880	2,249,000
Corporate debt securities (cost - 1977, \$25,938,695; 1976, \$20,329,727).....	25,547,215	20,893,108
Corporate stocks:		
Preferred (cost - 1977, \$1,068,000; 1976, \$1,068,000)....	918,750	1,081,875
Common (cost - 1977, \$52,735,916; 1976, \$61,834,635).....	48,752,527	65,554,703
Real Estate (cost - 1977, \$97,594; 1976, \$97,594).....	75,000	75,000
Loans and trust deeds (cost - 1977, \$1,703,618; 1976, \$2,009,801).....	1,733,896	2,040,081
Common trust funds (cost - 1977, \$21,484,905; 1976, \$17,932,594).....	21,484,905	17,932,594
Total	175,074,022	162,216,306
RECEIVABLES:		
Rockwell International Corporation contribution (Note 2)....	11,295,000	9,181,000
Accrued interest and dividends.....	1,638,087	1,084,610
Total	12,933,087	10,265,610
CASH	167,420	64,801
TOTAL	\$188,174,489	\$172,546,717

LIABILITIES AND NET ASSETS

NET ASSETS (Note 2)	\$188,174,489	\$172,546,717
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See notes to financial statements.

F-3-d-34c

A02

EIN: 95-105-4708
 PN: 002

ROCKWELL INTERNATIONAL CORPORATION
 RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
 (ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
 AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF CHANGES IN NET ASSETS
 FOR THE YEARS ENDED DECEMBER 31, 1977 AND 1976

	1977	1976
INCREASES:		
Contributions from Rockwell International Corporation.....	\$ 32,995,000	\$ 23,481,000
Investment income:		
Interest.....	7,702,583	5,465,946
Dividends.....	2,392,568	2,089,472
Rents.....	11,082	8,397
Other.....	1,022	787
Total investment income.....	10,107,255	7,564,602
Net unrealized appreciation of investments (Note 3).....		14,051,578
Total.....	43,102,255	45,097,180
DECREASES:		
Benefit payments.....	15,693,166	12,999,486
Net realized loss on disposition of investments.....	1,043,570	5,434,994
Net unrealized depreciation of investments (Note 3).....	10,727,816	
Administrative expenses.....	9,931	
Total.....	27,474,483	18,444,930
INCREASE IN NET ASSETS.....	15,627,772	26,652,187
NET ASSETS, BEGINNING OF YEAR.....	172,546,717	145,894,530
NET ASSETS, END OF YEAR.....	\$188,174,489	\$172,546,717

See notes to financial statements.

F-3-d-34d

EIN: 95-105-4708
FN: 002

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ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING
POLICIES AND RELATED MATTERS:

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Expenses of the Plan are paid by either the Plan or Rockwell International Corporation ("Rockwell") as provided in the Plan.

Investments are generally stated at market value. Investments in securities traded on security exchanges are valued at the last reported sales price on the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at bid quotations. In instances wherein current sales prices or bid quotations are not available, securities are stated at current values as estimated by independent investment brokerage firms. Loans and trust deeds are valued at the unpaid balance. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Security transactions are accounted for on the dates of settlement and realized gains or losses from such transactions are computed on an average cost basis.

2. INFORMATION REGARDING THE PLAN:

Administration:

The Employee Benefit Plan Committee of Rockwell, the Retirement Committee of the Plan and the Plan Administrator control and manage the operation and administration of the Plan. Security Pacific National Bank and The Shawmut Bank of Boston, N.A., which replaced the First National City Bank effective April 1, 1976, serve as the trustees and manage the assets of the Plan.

F-3-d-e

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FN: 002

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Participation:

The Plan is a defined benefit pension plan extended to eligible employees on the hourly payroll of the Electronics Businesses, North American Aircraft Group and North American Space Operations of Rockwell.

Vesting:

Employees generally become fully vested after 10 years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

Benefits:

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits and for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined by the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity.

Funding:

Contributions to provide benefits under the Plan are made solely by Rockwell. Annual contributions are computed by the Plan's actuary using the aggregate cost method under which all presently unfunded costs, including prior service costs, and all changes in costs due to experience or other factors are amortized over the remaining service lives of the participants. Such contributions are paid to the trustee in cash, generally within 255 days following the close of Rockwell's fiscal year.

Priorities Upon Termination of the Plan:

In the event the Plan is terminated and its assets are distributed and this distribution results in liability of the Pension Benefit Guaranty Corporation ("PBGC"), the assets shall be allocated and distributed in a manner agreed upon by the PBGC and the Employee Benefit Plan Committee. If this distribution could not result in liability of the PBGC, the assets shall be allocated to the extent permitted by the PBGC to provide pensions for life to all participants and their surviving beneficiaries in the following order of priority:

- . those receiving benefits as of the termination date
- . those employees and terminated vested employees aged 55 or over with 10 or more years of vesting service eligible for normal or early retirement or disability benefits as of the termination date

A02

F-3-b-34 f

EIN: 95-105-4708
FN: 002

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- those employees and terminated vested employees at least age 45 but less than 55 with 10 or more years of vesting service eligible for retirement benefits as of the termination date
- those employees and terminated vested employees under age 45 with 10 or more years of vesting service eligible for retirement benefits as of the termination date
- those remaining employees who have a pension interest because of service as of the termination date.

Changes in Plan During Year:

The following changes in the Plan were negotiated in 1974 to be effective in 1977:

- Effective January 1, 1977, the monthly retirement benefit was increased from \$9.00 to \$10.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1975.
- Effective January 1, 1977, the monthly retirement benefit was increased from \$8.50 to \$9.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1972 but prior to January 1, 1975.
- Effective January 1, 1977, the monthly retirement benefit was increased from \$8.00 to \$9.00 per year of credited service for those participants commencing retirement benefits prior to January 1, 1972.

Tax Status:

During the year, the Internal Revenue Service ruled that the Plan, as amended to comply with The Employee Retirement Income Security Act of 1974, continued to qualify as a tax-exempt defined benefit plan under the applicable provisions of the Internal Revenue Code and therefore investment income earned by the Plan is not subject to Federal income taxes.

F-3-b-34g

A02

EIN: 95-105-4708
FN: 002

3. UNREALIZED APPRECIATION (DEPRECIATION):

Unrealized appreciation (depreciation) of investments at December 31, 1977 and 1976 and the net change during each year were as follows:

	<u>1977</u>	<u>1976</u>
Balance at beginning of year.....	\$ 5,276,958	\$(8,774,620)
Net change during year.....	<u>(10,727,816)</u>	<u>14,051,578</u>
Balance at end of year.....	<u>\$(5,450,858)</u>	<u>\$ 5,276,958</u>

4. VESTED BENEFITS:

As of January 1, 1977 the present value of vested benefits, as determined by the Plan actuary, The Wyatt Company, amounted to approximately \$320,000,000.

F-3-a-34h

Two Gateway Center
Pittsburgh, Pennsylvania 15222
(412) 263-6900
TWX 710-664-2193

AUDITORS' OPINION

Rockwell International Corporation
Retirement Plan for Eligible Employees on
the Hourly Payroll (Electronics Operations,
North American Aircraft Operations and
North American Space Operations):

We have examined the statements of net assets of the Rockwell International Corporation Retirement Plan for Eligible Employees on the Hourly Payroll (Electronics Operations, North American Aircraft Operations and North American Space Operations) as of December 31, 1977 and 1976 and the related statements of changes in net assets for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, including confirmation of the investments held in trust at December 31, 1977 and 1976 by correspondence with the trustees.

In our opinion, such financial statements present fairly the financial position of the Plan at December 31, 1977 and 1976 and the changes in its net assets for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

DELOITTE HASKINS & SELLS

June 30, 1978

F-3-b-34i

AO2

VETERANS ADMINISTRATION
211 MAIN ST
SAN FRAN CA 94105

44

OCTOBER 03, 1978

IN REPLY REFER TO: 21/24

MARY F CANNADA
PO BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA
894

FILE NUMBER:
XC-16 775 079
O W CANNA

YOUR AWARD HAS BEEN AMENDED TO PROVIDE FOR PAYMENT AS FOLLOWS.

MONTHLY RATE	EFFECTIVE DATE	REASON
\$100.78	09/01/77	OTHER AWARD CHILD ENTERS SCHOOL
\$106.60	01/01/78	INCOME CHANGE
\$102.91	01/01/79	INCOME CHANGE
\$65.82	07/01/79	OTHER AWARD CHILD BENEFIT TERMINATED

THIS ACTION RESULTED IN AN ADJUSTMENT DUE YOU OF \$414.52.

F-3-2-35

THANK YOU,
VETERANS ADMINISTRATION

IMPORTANT — SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

NOTICE OF PROCEDURAL AND APPELATE RIGHTS

We have based our decision on the evidence of record in your case and the applicable law. This explains your procedural and appellate rights in connection with this decision.

REPRESENTATION. You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Administrator of Veterans Affairs, or you may employ an attorney to assist you with your claim. Typical examples of counsel who may be available include attorneys in private practice or legal aid services. The services of a recognized attorney are subject to a maximum fee limitation of \$10, set forth in 38 U.S.C. 3404(c). If you desire representation, let us know and we will send you the necessary forms. If you have already designated a representative, no further action on your part is required.

NEW EVIDENCE. You may submit additional evidence to strengthen your claim. It is in your interest to send us any new evidence as promptly as possible. We will carefully consider it and let you know whether it changes our decision.

PERSONAL HEARING. If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. The VA will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. The VA cannot pay any other expenses of the hearing, since a personal hearing is not required.

APPEAL. You may appeal our decision to the Board of Veterans Appeals at any time within one year from the date of this letter if you believe the decision is not in accord with the law and the facts now of record. You can start the appeal process by filing a Notice of Disagreement. You may do this by writing a letter to this office stating that you wish to appeal. If more than one benefit is involved, you should identify the benefit or benefits for which you are appealing. If you decide to appeal, we will advise you further as to your procedural rights as your claim progresses through the several stages of the appeal process.

INTENT TO APPEAL
1. STATE THE BENEFIT OR BENEFITS FOR WHICH YOU ARE APPEALING.
2. STATE THE DATE OF THIS DECISION.
3. STATE THE DATE YOU RECEIVED THIS LETTER.
4. STATE THE NAME AND ADDRESS OF YOUR CURRENT SERVICE ORGANIZATION.
5. STATE THE NAME AND ADDRESS OF YOUR CURRENT EMPLOYER.
6. STATE THE NAME AND ADDRESS OF YOUR CURRENT HOME.
7. STATE THE NAME AND ADDRESS OF YOUR CURRENT MAILING ADDRESS.
8. STATE THE NAME AND ADDRESS OF YOUR CURRENT SERVICE ORGANIZATION.
9. STATE THE NAME AND ADDRESS OF YOUR CURRENT EMPLOYER.
10. STATE THE NAME AND ADDRESS OF YOUR CURRENT HOME.
11. STATE THE NAME AND ADDRESS OF YOUR CURRENT MAILING ADDRESS.

SA
2000 WASHINGTON
LORAIN NATIONAL COLONY
BOSTON MA 02111

2000 WASHINGTON
LORAIN NATIONAL COLONY

2000 WASHINGTON
LORAIN NATIONAL COLONY

Rob Jan



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 the person 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
MILDRED CARROLL WORKER'S SOCIAL SECURITY NUMBER
155-14-2055 D

2. PRINT YOUR NAME (If you are filing application on behalf of an incompetent adult, enter that person's name in this space and answer all subsequent questions on this questionnaire FOR that person.)
YOUR U.S. SOCIAL SECURITY NUMBER

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? NAME OF COUNTRY (or countries)
USA

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? Yes 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)
USA

(d) Do you have a valid passport? Yes No
If "Yes," give the following information:

DATE ISSUED **8-14-77** PASSPORT NUMBER **H-580570** NAME OF GOVERNMENT THAT ISSUED PASSPORT
USA

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? Yes 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.? Yes 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? Yes No

(b) Are you now physically present in the U.S.? Yes No

If "Yes," enter the date you plan to leave the U.S. MONTH, DAY, YEAR

If "No," enter the date you left the U.S. MONTH, DAY, YEAR
8/77

(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? Yes No
If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.
	8/77	1024 Geary Blvd, San Francisco

EMPLOYMENT - SELF-EMPLOYMENT

An employed person is one who 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.

either alone 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.

A self-employed person is one who has a business

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)

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.)

Jonestown Port Kaituma, NWK Guyana

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

*PO Box 893 Georgetown Guyana
So America*

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

Convenience

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

B. (a) Did the worker live in the U.S. for at least 10 years (i.e., make a 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
1029 Geary Blvd, San Fran	8	76	8	77
Philadelphia, P.A.	before	66	8	76

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

(b) If the worker named in item 1 is now deceased, did the worker 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.

(c) Name the country of which the worker is a citizen. (If deceased, name the country of which the worker was a citizen at time of death.) NAME OF COUNTRY OR COUNTRIES
USA

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet titled, "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) The person 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 these net earnings from self-employment are not subject to United States social security taxes, OR
 - (2) The person is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and these 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 the wage earner's deportation.)

(Over)

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.)

I know that anyone who makes or causes to be made a false statement or representation of material fact in an application or 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 is true.

SIGNATURE OF APPLICANT		Date (Month, day, year)
Signature (First name, middle initial, last name) (Write in ink)		March 19, 1978
SIGN HERE	<i>M. J. Carroll</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)	
PO Box 843		
City	Postal Code	Enter Name of Country in which you now live
Georgetown, Guyana		So. 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 :
<i>Laura Johnston</i>		
Address (Number and street, City, Country & Postal Code)		Address (Number and street, City, Country and Postal Code)

*Shelton
Cowan*

COURT TRUSTEE
COUNTY OF LOS ANGELES

WARRANT NO.	CASE NO.	ISSUE DATE	TOTAL AMT.
1469207	D901291	102578	007000

CHILD SUPPORT	ARREARS	ALIMONY	OTHER
7000			

F-3-d-37

NOT NEGOTIABLE .06037

KEEP THIS PORTION FOR YOUR RECORDS



The check attached to this information stub is a benefits payment provided by:
STANFORD UNIVERSITY HOSPITAL

44W 275848
check number

Detach this stub and save for your payment records

The following shows the date and composition of the attached check.

NOV 01 1978 GROSS AMT	\$48.99	(UNITS) X (UNIT VALUE)
FIXED DOLLAR ANNUITY	\$44.65	
VAR ANNUITY-INV.FUND	\$4.34 =	3.18 X 1.36566499
NET AMOUNT	*****48.99	

Please forward this stub to:

INEZ S CONEDY*****

F-3-d-38

Your identification number is:

009184 444163699

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Ched No. 15,636,090
SYMBOL 3054

DO NOT FOLD, SPINDE OR MUTILATE
KNOW YOUR ENDORSER ** REQUIRE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF JOSSIE CHAMBLISS
PD BX 15157
SAN FRAN CA 94101

057-18-2089
90 A 1

DOLLARS	CTS.
\$\$\$112	80

SOC SEC FOR SEP

037
[Signature]
TREASURY OFFICE

30547000000051156360908

F-3-d-39

CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal
(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 7/7 19 78

LORENE DAVIS
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Sec. Ser.	18770
TOTAL		
LESS CASH RECEIVED		
TOTAL NET DEPOSIT		18770

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

F-3-d-41

⑆ 1210 00003 00 47319 ⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

CITY/COUNTY OF SAN FRANCISCO 0697 5240304570 10-31-78 36012
DELANEY, EDITH

AMT. OF CHECK 301.05

EARNINGS	TAXES	DEDUCTIONS	=	NET PAY
301.05	.00	.00	=	301.05
327984	.00	.00	=	327984

DESCRIPTION	HOURS	EARNINGS	YEAR-TO-DATE	DESCRIPTION	TAXES / DED.	YEAR-TO-DATE
REGULAR		301.05	327984			

F-3-d-42

STATEMENT OF EARNINGS AND DEDUCTIONS - DETACH AND RETAIN FOR YOUR RECORDS



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 Grover Davis	WORKER'S SOCIAL SECURITY NUMBER 449-03-8758
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.) Grover Davis	YOUR U.S. SOCIAL SECURITY NUMBER 449-03-8758

CITIZENSHIP

3.	(a) At the time of your birth, of what country (or countries) were you a citizen?	NAME OF COUNTRY (or countries) U. S.
	(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? If "Yes," give the name of the country and explain how and when citizenship was acquired.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(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? If "Yes," give the following information:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	DATE ISSUED	PASSPORT NUMBER
	NAME OF GOVERNMENT THAT ISSUED PASSPORT	
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? If "Yes," explain when and where.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? If "Yes," explain what crime(s), when, and where.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 9/26/78
	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 over 1 year
	(d) Did you enter or leave the U.S. at any time during the past 24 months? If "Yes," give the following information concerning each of your arrivals and departures.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)
	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.	

F-3-b-43a

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 <i>(If self employed, show "self" and name and address of your trade or business.)</i>	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED <i>(If not ended, leave blank)</i>

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 mail delivery to interior of country.

F-3-d-43d

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
215 E. Coleman, Los Angeles, CA.		- 65		- 70
549 W. Imperial, Los Angeles		- 70		- 75

(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-3-d-43c

F-3-4-44

Supplemental Security Income Notice of Overpayment

From: Department of Health, Education, and Welfare
Social Security Administration 15 1355 Sutter, S.F. CA 94109

TEW/

Date: July 6, 1978

Corrie Duncan
998 Divisadero, Apt. 105
San Francisco, CA 94115

Social Security Number:
164-24-1023

We have determined that you received \$ 399.10 more in supplemental security income payments than you were due.

CORRECTED NOTICE Previous notice dated 6/19/78 stated we would withhold \$20.00 per month from your checks. Since you are not now being paid SSI checks, we are now requesting refund of the overpayment.

You were not due checks for 8/77 & 9/77 as, according to our records, you have been outside of the U.S. for over 30 days.

Please read the other side of this notice for important information concerning your right to appeal this determination of overpayment.

You have certain additional rights with respect to overpayments whether or not you agree that you have been overpaid. Under the law, an overpayment must be withheld from payments due you, or paid back unless *both* of the following were true:

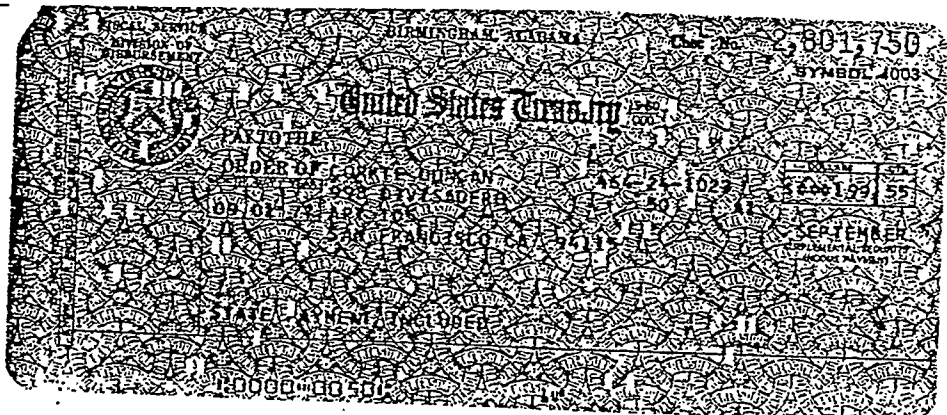
- 1 You were not at fault in any way in connection with the overpayment and you cashed the check(s) because you thought it was (they were) due, *and*
- 2 You could not meet your current necessary living expenses if you had to pay the money back, or repayment would be unfair for some other reason. (To make this decision, we may need additional information about your resources and your monthly income and expenses.)

If you think you meet both of the conditions which would allow us to waive repayment of the overpayment, phone, write or visit a social security office within 30 days after getting this notice to explain why you should not have to repay the overpayment.

Otherwise, you should refund the overpayment of \$ 399.10. Make your check or money order payable to the Social Security Administration, social security number 164-24-1023, and mail it in the enclosed envelope. (If you cannot refund the full amount, please get in touch with us about making monthly installments.)

Department of Health, Education, and Welfare
Social Security Administration

SSA-3171 (1-77)



F-3-b-45

Supplemental Security Income Notice of Overpayment Action

From: Department of Health, Education, and Welfare
Social Security Administration

O/P #133

Corrie Duncan
998 Divisadero Apt 105
SF, Ca. 94115

Date: June 19, 1978

Social Security Number:

464-24-1023

We have determined that you received \$ **399.10** more in supplemental security income payments that you were due.

You were not due checks for 8/77 & 9/77 as according to our records, you have been outside of the U.S. for over 30 days.

Please read the other side of this notice for important information concerning your right to appeal this determination of overpayment.

You have certain additional rights with respect to overpayments whether or not you agree that you have been overpaid. Under the law, an overpayment must be withheld from payments due you, or paid back unless both of the following were true:

- 1 You were not at fault in any way in connection with the overpayment and you cashed the check(s) because you thought it was (they were) due, and**
- 2 You could not meet your current necessary living expenses if you had to pay the money back, or repayment would be unfair for some other reason. (To make this decision, we may need additional information about your resources and your monthly income and expenses.)**

If you think you meet both of the conditions which would allow us to waive repayment of the overpayment, phone, write or visit a social security office within 30 days after getting this notice to explain why you should not have to repay the overpayment. If you do not get in touch with us, we will recover the overpayment as described below.

If we do not hear from you within 30 days, we will withhold \$ **20.00** from your monthly payments beginning **August 1, 1978** to recover your overpayment of \$ **399.10** (Please get in touch with this office if you disagree with the proposed rate of repayment or if you prefer to make refund.)

Please get in touch with a social security office if:

You believe the decision shown on the other side of this notice is wrong; *or*

You have any questions or need more information.

Most questions can be handled by phoning or writing any social security office. If you visit a social security office, please bring this notice with you. If the decision in your case is based on incorrect information, we'll be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you may appeal. The first step in the appeals process is called reconsideration. **You must request reconsideration in writing within 60 days from the date you receive this notice.** If you cannot send us a written request within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not reconsider your case unless you have a good reason for the delay.

There are three different ways to present your case for reconsideration. If you request reconsideration, be sure to tell us which of these procedures you wish to be used in presenting your case. In each, reconsideration will be by a person who had nothing to do with the decision you are appealing. The three methods of reconsideration are:

1. **Case Review.** In a case review, you have the right to review the evidence relating to this decision and to submit any additional oral and written evidence you may have to any social security office.
2. **Informal Conference.** In addition to the rights you have in a case review, in the informal conference you also have the right to present your case to the person who will decide it, to have witnesses testify for you, and to have a summary record kept of the oral and written evidence presented.
3. **Formal Conference.** In the formal conference you have, in addition to the rights you have in a case review and an informal conference, the right to request that we subpoena unwilling witnesses to appear for cross-examination and to bring with them any evidence about your case.

In having your case reconsidered, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your local social security office for names of organizations that can help you.

Supplemental Security Income Notice of Change

951

From: Department of Health, Education, and Welfare
Social Security Administration

Date: 06-14-78

BEATRICE J DAWKINS
1435 ALVARADO TERR
APT 108
LOS ANGELES CA

90006

Social Security Number:
490-20-5807 DI

YOUR CHECK WILL STOP IN JULY 1978.

YOU CANNOT GET SUPPLEMENTAL SECURITY INCOME CHECKS IF YOU ARE OUTSIDE THE UNITED STATES FOR A WHOLE MONTH. SINCE YOU ARE NOW OUTSIDE THE UNITED STATES, WE PLAN TO STOP YOUR CHECKS AS SHOWN ABOVE.

FOR INFORMATION ABOUT ANY CHANGE IN YOUR MEDICAID ELIGIBILITY CAUSED BY THIS ACTION YOU SHOULD GET IN TOUCH WITH YOUR COUNTY WELFARE DEPARTMENT.

F-3-d-47

Important: See other side for an explanation of your appeal rights and other information. ►

Form SSA-L8151-C1 (2-78) (Formerly SSA-8151)
Prior editions may be used until supply is exhausted

Please get in touch with social security if:

You believe the decision shown on the other side of this notice is wrong, or

You have any questions or need more information.

Most questions can be handled by phoning or writing any social security office. If you visit a social security office, please bring this notice with you. If the decision in your case is based on incorrect information, we'll be happy to make whatever change is necessary.

YOUR RIGHT TO APPEAL

If you still are not satisfied with the decision, you have the right to appeal. The first step in the appeals process is called reconsideration. **YOU MUST REQUEST RECONSIDERATION IN WRITING WITHIN 60 DAYS FROM THE DATE YOU RECEIVE THIS NOTICE.** If you cannot send us a written request for reconsideration within 60 days, be sure to contact us by phone. If you wait longer than 60 days, we will not reconsider your case unless you have a good reason for the delay.

There are different ways of presenting cases for reconsideration. If you request reconsideration, be sure to tell us which of these procedures you wish to be used in presenting your case. In each, reconsideration will be by a person who had nothing to do with the decision you are appealing. The methods of reconsideration are:

1. **CASE REVIEW.** In a case review, you have the right to review the evidence relating to this decision and to submit any additional oral and written evidence you may have to any social security office. For a medical determination, the case review is made by the disability determination agency of the State in which you live and is the only type of reconsideration available.
2. **INFORMAL CONFERENCE.** In addition to the rights you have in case review, in the informal conference you also have the right to present your case to the person who will decide it, to have witnesses testify for you, and to have a summary record kept of the oral and written evidence presented. The informal conference is not used for appeal of determinations involving medical matters.

In having your case reconsidered, you can represent yourself or be represented by a lawyer, a friend, or any other person. Contact your social security office for names of organizations that can help you.

F-3-b-48



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

REFER TO:
Florine Dyson
163-42-5800

SOCIAL SECURITY OFFICE 850
303 GOLDEN GATE AVE.
SAN FRANCISCO, CA 94102

TELEPHONE: ~~415-777~~ 556-3956

Ms. Florine Dyson
P. O. Box 15157
San Francisco CA 94101

HOURS: 9-4 pm

Dear Ms. Dyson:

We need the information listed below in connection with the suspension of your Supplemental Security Income checks.

Please answer the question(s), sign and date this letter and return it in the enclosed envelope. If you cannot furnish the information requested, let us know right away, preferably by telephone. Our telephone number and office hours are shown above.

Sincerely yours,

D. Austin
D. Austin, Service Representative

Enclosure _____ DO NOT DETACH _____

Please write below the date you left the country:

✓ _____

Please write below your passport number:

✓ _____

I certify that the above statements are true. I know that anyone who makes a false statement or representation of a material fact for use in determining a right to payment under the Social Security Act commits a crime punishable under Federal law.

✓ _____
(Date Signed)

SIGN
HERE

✓ _____
(Please Sign Here)

(Telephone Number)

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1706 Baltimore, Maryland 21203, U.S.A.

Date October 18, 1978

Irene Eddins
PO Box 893
Georgetown
GUYANA 894

Your Claim Number
440-18-1621 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

F-3-2-49

Enclosures:
Form SSA-609
Form SSA-1425F

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date:

Claim Number: 1/02/78

IRENE EDDINS
PO BOX 893
GEORGETOWN GUYANA

894

440-18-1621 A

F-3-d-50

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 11/78. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

YOUR NEXT PAYMENT FOR \$115.50 WILL INCLUDE BENEFITS DUE THROUGH 11/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR \$115.50.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

^C
Important: See other side for an explanation of your appeal rights and other information. ►

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L475FC-C1 (1-77) (FORMERLY SSA-L475F)
Destroy prior editions

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. If monthly social security benefits are being paid to you now—

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. If monthly social security benefits are not being paid to you now—

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. Medicare outside the U.S.

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in

the U.S. than the nearest U.S. hospital which can provide the care needed. 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 your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and

b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We shall need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 67,685,086
SYMBOL 3114

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



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF IRENE EDDINS
1029 GEARY BLVD
APT 28
SAN FRANCISCO CA 94109

440-18-1621
86 A 6

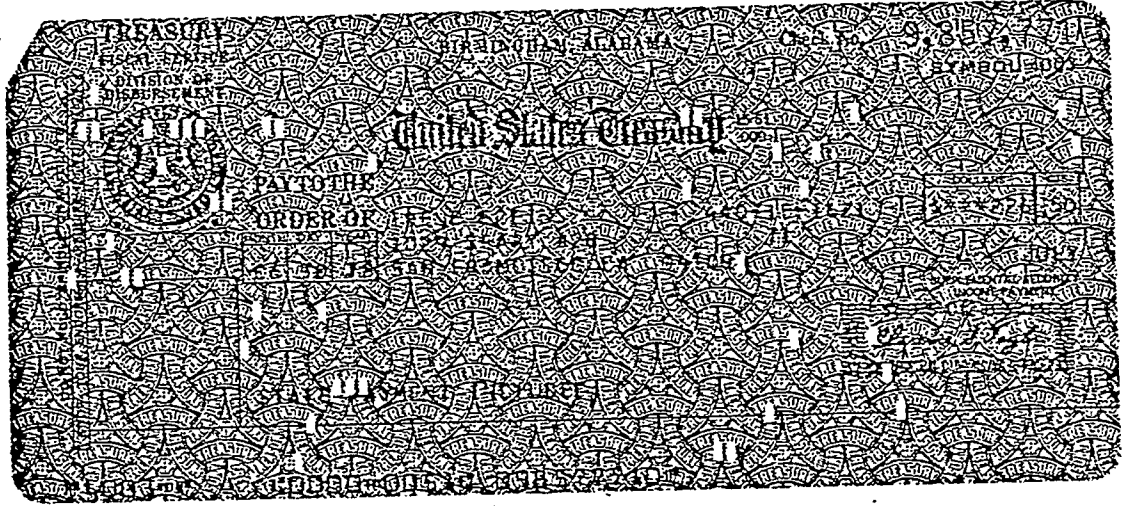
DOLLARS	CENTS
***115	50

SOC SEC FOR JUN

028
Johnson

⑆3114⑆ ⑆0000⑉0051⑆ 676850867⑆

F-3-2-51

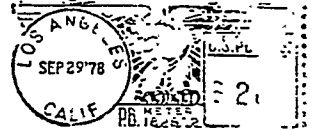


F-3-b-52

Central Payroll/Personnel Operations
P.O. Box 2837
Seal Beach, CA 90740



**Rockwell
International**



ADDRESS CORRECTION REQUESTED
FORWARDING AND RETURN POSTAGE GUARANTEED

011/HR/XA02

S C FAIR
C/O MISSION VILLAGE
P O BOX 893 GEORGETOWN
GUYANA SA00000

F-3-b-53a

Corporate Offices
600 Grant Street
Pittsburgh, PA 15219



EMPLOYEE BENEFIT INFORMATION

PLAN ADMINISTRATOR - Staff Vice President,
Employee Benefit Programs
Rockwell International Corporation
Corporate Offices
600 Grant Street (PA60)
Pittsburgh, PA 15219
(412) 565-7100

EMPLOYER IDENTIFICATION NUMBER
(Rockwell International Corporation): 95-105-4708

TO: ALL PARTICIPANTS IN THE ROCKWELL INTERNATIONAL CORPORATION RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL (ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS AND NORTH AMERICAN SPACE OPERATIONS) (Plan 002)

RE: SUMMARY ANNUAL REPORT (January 1, 1977 - December 31, 1977)

The Employee Retirement Income Security Act of 1974 (ERISA) requires that employers offering benefit plans provide participants with a summary of the financial condition of those plans on a yearly basis. In line with this requirement, we are providing this Summary Annual Report (SAR) which is concerned with the Plan named above. This SAR summarizes the financial information filed with the Internal Revenue Service in July of 1978, and it applies to the Plan's activities for the January 1, 1977 - December 31, 1977 Plan Year.

This SAR shows the assets, liabilities, income and expenses of the Plan and provides certain other information concerning the condition of the Plan as of December 31, 1977. The provision of this information is the sole purpose of this SAR.

Plan Participants and beneficiaries may obtain copies of the following more detailed annual report information for a reasonable charge, or inspect it without charge: The latest full annual report, or any parts of the report including a list of any assets held for investment and a list of transactions involving more than three percent of plan assets. To obtain a copy of any of these documents, write to the Plan Administrator asking for what you want. The Plan Administrator will state the charge for specific documents upon request, so that you can find out the cost before ordering. All the documents listed can be examined at the office of the Plan Administrator at the address shown above, or at your local Personnel Office within 10 days after you complete the proper form at that office.

A02

F-3-b-53d

EIN: 95-105-4708
PN: 002

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ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF NET ASSETS
DECEMBER 31, 1977 AND 1976

	1977	1976
<u>ASSETS</u>		
INVESTMENTS - At market value (Note 1):		
Certificates of deposit (cost - 1977, \$5,363,906; 1976, \$6,866,450).....	\$ 5,363,906	\$ 6,866,450
Commercial paper (cost - 1977, \$14,183,000; 1976, \$2,355,000).....	14,183,000	2,355,000
U.S. Government securities (cost - 1977, \$55,766,383; 1976, \$42,262,685).....	54,850,943	43,168,495
Foreign securities (cost - 1977, \$2,182,863; 1976, \$2,182,862).....	2,163,880	2,249,000
Corporate debt securities (cost - 1977, \$25,938,695; 1976, \$20,329,727).....	25,547,215	20,893,108
Corporate stocks:		
Preferred (cost - 1977, \$1,068,000; 1976, \$1,068,000)....	918,750	1,081,875
Common (cost - 1977, \$52,735,916; 1976, \$61,834,635).....	48,752,527	65,254,703
Real Estate (cost - 1977, \$97,594; 1976, \$97,594).....	75,000	75,000
Loans and trust deeds (cost - 1977, \$1,703,618; 1976, \$2,009,801).....	1,733,895	2,040,081
Common trust funds (cost - 1977, \$21,484,905; 1976, \$17,932,594).....	21,484,905	17,932,594
Total.....	<u>175,074,022</u>	<u>162,216,306</u>
RECEIVABLES:		
Rockwell International Corporation contribution (Note 2)....	11,295,000	9,181,000
Accrued interest and dividends.....	<u>1,538,047</u>	<u>1,084,610</u>
Total.....	<u>12,833,047</u>	<u>10,265,610</u>
CASH.....	167,420	64,801
TOTAL.....	<u>\$188,174,489</u>	<u>\$172,546,717</u>
<u>LIABILITIES AND NET ASSETS</u>		
NET ASSETS (Note 2).....	<u>\$188,174,489</u>	<u>\$172,546,717</u>

See notes to financial statements.

F-3-a-53c

A02

EIN: 95-105-4708
 FN: 002

ROCKWELL INTERNATIONAL CORPORATION
 RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
 (ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
 AND NORTH AMERICAN SPACE OPERATIONS)

STATEMENTS OF CHANGES IN NET ASSETS
 FOR THE YEARS ENDED DECEMBER 31, 1977 AND 1976

	1977	1976
INCREASES:		
Contributions from Rockwell International Corporation.....	\$ 32,995,000	\$ 23,481,000
Investment income:		
Interest.....	7,702,583	5,465,946
Dividends.....	2,392,568	2,089,472
Rents.....	11,082	8,397
Other.....	1,022	787
Total investment income.....	10,107,255	7,564,602
Net unrealized appreciation of investments (Note 3).....		14,051,578
Total.....	43,102,255	45,097,180
DECREASES:		
Benefit payments.....	15,693,166	12,999,486
Net realized loss on disposition of investments.....	1,043,570	5,434,994
Net unrealized depreciation of investments (Note 3).....	10,727,816	
Administrative expenses.....	9,931	
Total.....	27,474,483	18,444,993
INCREASE IN NET ASSETS.....	15,627,772	26,652,187
NET ASSETS, BEGINNING OF YEAR.....	172,546,717	145,894,530
NET ASSETS, END OF YEAR.....	\$188,174,489	\$172,546,717

See notes to financial statements.

F-3-b-53d

EIN: 95-105-4708
FN: 002

ROCKWELL INTERNATIONAL CORPORATION
RETIREMENT PLAN FOR ELIGIBLE EMPLOYEES ON THE HOURLY PAYROLL
(ELECTRONICS OPERATIONS, NORTH AMERICAN AIRCRAFT OPERATIONS
AND NORTH AMERICAN SPACE OPERATIONS)

NOTES TO FINANCIAL STATEMENTS

1. SUMMARY OF SIGNIFICANT ACCOUNTING
POLICIES AND RELATED MATTERS:

The accompanying financial statements of the Plan are prepared on the accrual basis of accounting. Expenses of the Plan are paid by either the Plan or Rockwell International Corporation ("Rockwell") as provided in the Plan.

Investments are generally stated at market value. Investments in securities traded on security exchanges are valued at the last reported sales price on the last business day of the year; securities traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at bid quotations. In instances wherein current sales prices or bid quotations are not available, securities are stated at current values as estimated by independent investment brokerage firms. Loans and trust deeds are valued at the unpaid balance. Dividend income is recorded on the ex-dividend date. Income from other investments is recorded as earned. Security transactions are accounted for on the dates of settlement and realized gains or losses from such transactions are computed on an average cost basis.

2. INFORMATION REGARDING THE PLAN:

Administration:

The Employee Benefit Plan Committee of Rockwell, the Retirement Committee of the Plan and the Plan Administrator control and manage the operation and administration of the Plan. Security Pacific National Bank and The Shawmut Bank of Boston, N.A., which replaced the First National City Bank effective April 1, 1976, serve as the trustees and manage the assets of the Plan.

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EIN: 95-105-4708
PH: 002

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Participation:

The Plan is a defined benefit pension plan extended to eligible employees on the hourly payroll of the Electronics Businesses, North American Aircraft Group and North American Space Operations of Rockwell.

Vesting:

Employees generally become fully vested after 10 years of vesting service, as defined by the Plan. There is no partial vesting of benefits.

Benefits:

The Plan provides for normal retirement benefits upon reaching age 65 and has provisions for early retirement and disability benefits and for benefits upon meeting certain other preconditions. Benefits under the Plan are determined based upon years of credited service, as defined by the Plan, multiplied by a benefit unit. Benefits are payable in the form of a joint and survivor annuity.

Funding:

Contributions to provide benefits under the Plan are made solely by Rockwell. Annual contributions are computed by the Plan's actuary using the aggregate cost method under which all presently unfunded costs, including prior service costs, and all changes in costs due to experience or other factors are amortized over the remaining service lives of the participants. Such contributions are paid to the trustee in cash, generally within 255 days following the close of Rockwell's fiscal year.

Priorities Upon Termination of the Plan:

In the event the Plan is terminated and its assets are distributed and this distribution results in liability of the Pension Benefit Guaranty Corporation ("PBGC"), the assets shall be allocated and distributed in a manner agreed upon by the PBGC and the Employee Benefit Plan Committee. If this distribution could not result in liability of the PBGC, the assets shall be allocated to the extent permitted by the PBGC to provide pensions for life to all participants and their surviving beneficiaries in the following order of priority:

- . those receiving benefits as of the termination date
- . those employees and terminated vested employees aged 55 or over with 10 or more years of vesting service eligible for normal or early retirement or disability benefits as of the termination date

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3. UNREALIZED APPRECIATION (DEPRECIATION):

Unrealized appreciation (depreciation) of investments at December 31, 1977 and 1976 and the net change during each year were as follows:

	<u>1977</u>	<u>1976</u>
Balance at beginning of year.....	\$ 5,276,958	\$(8,774,620)
Net change during year.....	<u>(10,727,816)</u>	<u>14,051,578</u>
Balance at end of year.....	<u>\$(5,450,858)</u>	<u>\$ 5,276,958</u>

4. VESTED BENEFITS:

As of January 1, 1977 the present value of vested benefits, as determined by the Plan actuary, The Wyatt Company, amounted to approximately \$320,000,000.

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EIN: 95-105-4708
FN: 002

PAGE 6 of 8

- those employees and terminated vested employees at least age 45 but less than 55 with 10 or more years of vesting service eligible for retirement benefits as of the termination date
- those employees and terminated vested employees under age 45 with 10 or more years of vesting service eligible for retirement benefits as of the termination date
- those remaining employees who have a pension interest because of service as of the termination date.

Changes in Plan During Year:

The following changes in the Plan were negotiated in 1974 to be effective in 1977:

- Effective January 1, 1977, the monthly retirement benefit was increased from \$9.00 to \$10.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1975.
- Effective January 1, 1977, the monthly retirement benefit was increased from \$8.50 to \$9.00 per year of credited service for those participants commencing retirement benefits on or after January 1, 1972 but prior to January 1, 1975.
- Effective January 1, 1977, the monthly retirement benefit was increased from \$8.00 to \$9.00 per year of credited service for those participants commencing retirement benefits prior to January 1, 1972.

Tax Status:

During the year, the Internal Revenue Service ruled that the Plan, as amended to comply with The Employee Retirement Income Security Act of 1974, continued to qualify as a tax-exempt defined benefit plan under the applicable provisions of the Internal Revenue Code and therefore investment income earned by the Plan is not subject to Federal income taxes.

F-3-d-53g

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EIN: 95-105-4708
FN: 002

**Deloitte
Haskins-Sells**

PAGE 8 of 8

Two Gateway Center
Pittsburgh, Pennsylvania 15222
(412) 263-6900
TWX 710-664-2193

AUDITORS' OPINION

Rockwell International Corporation
Retirement Plan for Eligible Employees on
the Hourly Payroll (Electronics Operations,
North American Aircraft Operations and
North American Space Operations):

We have examined the statements of net assets of the Rockwell International Corporation Retirement Plan for Eligible Employees on the Hourly Payroll (Electronics Operations, North American Aircraft Operations and North American Space Operations) as of December 31, 1977 and 1976 and the related statements of changes in net assets for the years then ended. Our examinations were made in accordance with generally accepted auditing standards and, accordingly, included such tests of the accounting records and such other auditing procedures as we considered necessary in the circumstances, including confirmation of the investments held in trust at December 31, 1977 and 1976 by correspondence with the trustees.

In our opinion, such financial statements present fairly the financial position of the Plan at December 31, 1977 and 1976 and the changes in its net assets for the years then ended, in conformity with generally accepted accounting principles applied on a consistent basis.

DELOITTE HASKINS & SELLS

June 30, 1978

F-3-b-53i

A02

F-3-b-54

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 05/19/78	DATE OF THIS STATEMENT 06/19/78
ACCOUNT NUMBER 00-47351-0	
DISPOSITION CODE H	NUMBER OF ENCLOSURES 1

SYLVESTER FAIR
 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					
00		00	00	00	00	00	00	
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
						00		
							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 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	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
 IMPORTANT INFORMATION

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THE JOBST INSTITUTE, INC.

REMITTANCE ADVICE

653 MIAMI STREET • P.O. BOX 653 • TOLEDO, OHIO 43694, U.S.A.

59399

DISTRIBUTION	INVOICE NUMBER	INVOICE DATE	REFERENCE NUMBER	BATCH NO	ENTRY DATE	Tax	GROSS AMOUNT	DISCOUNT		DED CODE	DEDUCTION AMOUNT	NET AMOUNT
REJM-STATE OF CALIF	211010000669880	80778	80096	32	80778	1	3089	00	00			3089
												3089

F-3-2-55

01 INVOICE	01 CASH DISCOUNT	05	09 FREIGHT MINUS
02 RETURN	02	06 MISCELLANEOUS MINUS	10 FREIGHT PLUS
03 PAYMENT	03 OTHER DISCOUNT	07 PARCEL POST AND INSURANCE	11 FREIGHT MEMO
04	04	08 SALES TAX	12 MISCELLANEOUS PLUS

EUGENIA GERMANOT
RETAIN THIS STATEMENT WITH YOUR RECORDS

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT.

CHICAGO, ILLINOIS

Check No. 14,144,667
SYMBOL 2078

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER... REQUIRES IDENTIFICATION



United States Treasury ⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

10 07 78

MERCEDESE GUIDRY
1435 ALVARADO TERR
APT 110
LOS ANGELES CA 90006

CSF0601966W
67

DOLLARS	CTS.
131	73

CSF ANNUITY

024
E. Clark
FISCAL SERVICE OFFICE

⑈ 2078 ⑈

⑆0000⑆005⑆ 141446679⑈

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

AUSTIN, TEXAS

Check No. 44,476,624
SYMBOL 2207

DO NOT FOLD, SPINDLE OR MUTILATE
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United States Treasury ⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

10 01 78

MERCEDES h GUIDRY
1435 ALVARADO
TERRACE APT 110
LOS ANGELES CA 90006

00-516-466
24 44 1P
10 VA PENS

DOLLARS	CTS.
30	78

007
E. Clark
FISCAL SERVICE OFFICE

⑈ 2207 ⑈

⑆0000⑆005⑆ 444766245⑈

F-3-d-56

CITY AND COUNTY OF SAN FRANCISCO
CONTROLLER'S WARRANT

11-177
12-10

SERIAL NO.
15708

GENERAL FUND

THE TREASURER
IS HEREBY
AUTHORIZED TO
PAY

DATE	HC-884952-000	CONTROLLER'S NO.	SEP 78	8-169.84C-044
09-26-78		115708		

EXACTLY THREE HUNDRED FIFTY NINE DOLLARS AND 60 CENTS

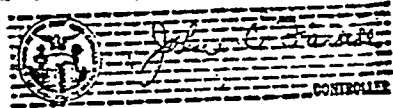
\$359.60
DOLLARS CTS.

TO THE ORDER OF
AND

VICLA GODSHALK
JUDY MERRIAM
1029 GEARY ST #28
SF CA 94119

XR13

THIS WARRANT IS VOID IF
NOT PRESENTED TO THE
COUNTY TREASURER FOR
PAYMENT WITHIN SIX
MONTHS FROM DATE.



CLERK RECEIVED

⑆00115708⑆ ⑆1210⑆0177⑆ 00666⑆90004⑆

F-3-D-57



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 RAYMOND D. GODSHALK	WORKER'S SOCIAL SECURITY NUMBER 555-07-4198
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.)	YOUR U.S. SOCIAL SECURITY NUMBER

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? **U.S.A.**

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? Yes 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? **U.S.A.**

(d) Do you have a valid passport? Yes No
If "Yes," give the following information:

DATE ISSUED 3-04-76	PASSPORT NUMBER G463558	NAME OF GOVERNMENT THAT ISSUED PASSPORT U.S.A.
-------------------------------	-----------------------------------	--

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? Yes 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.? Yes 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? Yes No

(b) Are you now physically present in the U.S.? Yes No

If "Yes," enter the date you plan to leave the U.S. **9-26-78**

If "No," enter the date you left the U.S.

(c) When do you plan to return to the U.S.? **NOT DECIDED**

(d) Did you enter or leave the U.S. at any time during the past 24 months? Yes No
If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.

F-3-D-58a

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 apprentice.

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.

A person is self-employed if he has a business either

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 <i>(If self employed, show "self" and name and address of your trade or business.)</i>	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED <i>(If not ended, leave blank)</i>

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/AGRICULTURAL PROJECT
NEAR PT. KAITUMA, N.W. R.
GUYANA, SOUTH AMERICA
- (b) Show the address to which checks are to be sent.
P.O. Box 893
GEORGETOWN, GUYANA
- (c) If you cannot receive checks at the place where you live, please explain why.

No Reliable mail delivery to interior of country.

F-3-A-582

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
2650 RANCHERIA Rd REDWOOD VALLEY, CA	JUNE	1967	April	1976
1401 SOUTH STATE ST UKIAH, CA	April	1965	JUNE	1967

(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

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-3-D-58C

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.)

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) <u>09-25-78</u>
Signature (First name, middle initial, last name) (Write in ink) SIGN HERE	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) <u>P.O. Box 893</u>	
City <u>GEORGETOWN</u>	Postal Code <u>GUYANA SOUTH AMERICA</u>
Enter Name of Country in which you now live	

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)

F-3-d-58d

Social Security Request for Information

From: Bureau of Retirement and Survivor's Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Mrs. Mary M. Griffith
P.O. Box 893
Georgetown
GUYANA

Refer To: IRI-7122
Date
July 21, 1978
Your Claim Number
437-26-5442
Worker's Name
E. A. Griffith

F-3-b-59

Dear Mrs. Griffith:

Additional information is required in order to complete your claim.

Because my request was not clear, the Embassy did not obtain a death certificate for your late husband from you. Please send it as we must have it to process your claim and to increase your children's benefits. We must have the original death certificate, or a copy certified by the issuer of the document or by an Embassy official. I am sorry for the inconvenience my error has caused you.

Armondo may be eligible for benefits after age 18. Please have him complete the enclosed SSA-1372F. He must complete it himself; you cannot complete it for him. Please be sure that he shows the month, day and year when he shows dates on the SSA-1372F.

We hope to hear from you soon.

Please send the above to us as quickly as possible. We suggest that you use AIRMAIL and the enclosed envelope for your reply.

If you need help with your claim, the people in the nearest United States Foreign Service Office will be glad to assist you.

Sincerely yours,

Robert R. Sawyer
Robert R. Sawyer
Claims Adjudicator

Enclosure:
Return Envelope
SSA-1372F, SSA-5000

**ALWAYS INCLUDE THE ABOVE SOCIAL SECURITY CLAIM NUMBER
ON ALL CORRESPONDENCE.**

Department of Health, Education, and Welfare
Social Security Administration

SSA-L426 U4 (3-74) (Formerly SSA-L426)

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203 U.S.A.

Date: OCT-10 1978

F-3-D-60

Your Claim Number
437-26-5442 G1

MARY H GRIFFITH FOR
MARIAN L GRIFFITH
PO BX 893
GEORGETOWN
GUYANA 894

Reason for action
RETURNED CHECK

Type of action
REINSTATEMENT

- As a result of the action being taken, benefit payments have been refigured as shown below. The amount shown in column 4, represents all benefits due on this claim through the month shown in column 5. You will then receive the amount shown in column 3 regularly each month.
- Benefit payments have been discontinued with the month shown in column 2 for the reason shown above.
- We have determined that you are entitled to the benefits shown below.
- As shown below, the next payment will be sent to you shortly. You will then receive the amount shown in column 3 regularly each month.

1. Additional payment information	2. Effective month	3. Regular monthly payment	4. Net amount of next payment	5. Next payment will pay amt. due you through month of
		297.20	2580.50	7/78

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. Your social security office will be glad to assist you in making this request. If additional evidence is available you should submit it with your request.

If you have any questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this notice with you.

Note to Terminated Beneficiary:

Earnings for the entire year both before and after your benefits were stopped must be considered in determining whether you earned more than the allowable yearly limit as shown in Item 1 on the back of this notice. Also, see Item 2 for the annual reporting requirement.

Important: See other side for an explanation of your appeal rights and other information.

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L3926-C2 (4-78)
(Formerly SSA-L107A)

NOTIFICATION CONCERNING YOUR BENEFITS

8161 8170
8170 1-790

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

The information in items 1 and 2 below apply to all beneficiaries who are not disabled, including those receiving benefits as dependents of a disabled wage earner. Items 3 and 4 may apply to any beneficiary. Item 5 applies only to persons receiving benefits based on their own disability.

1. How Your Work and Earnings Affect Your Benefits

The recent social security amendments made two changes in the way that work affects your benefits. There are now two exempt amounts, one for people under 65 and a higher amount for people 65 or older. The second change in the law states that regardless of total yearly earnings, benefits may be paid for nonwork months under the monthly earnings test for only one year. (See item 1c below.) After benefits have been paid on this basis, future year's benefits are payable based solely on your total earnings for the year.

a. If you are under age 65 and earn \$3,240 (exempt amount) or less in a taxable year ending after December 1977, nothing will be withheld from your benefits.

b. If you attain age 65 by the end of 1978 and you earn \$4,000 (exempt amount) or less in a taxable year ending after December 1977, nothing will be withheld from your benefits.

If you earn over the exempt amount in a year \$1 will be withheld from your benefits for each \$2 of earnings above \$3,240 (under age 65) or \$4,000 (over age 65). You will never have more than \$1 in benefits withheld for each \$2 of earnings above the exempt amount.

c. Effective with 1978, regardless of total earnings, benefits may be payable for any nonwork month; that is, a month in which you neither earn wages of more than \$270 (under age 65) or \$334 (over age 65) nor perform substantial services in self-employment. However, once the nonwork month(s) provision is used in a year, it is no longer applicable to any subsequent year. In subsequent years only the yearly earnings limitation test will apply.

Benefits are also payable for all months in which you are age 72 or older, regardless of the amount of your earnings in or after the month you reach 72. If you are self-employed only part of your total earnings have to be counted, for example, if you become age 72 in April, we count 3/12 of your total earnings; if you become 72 in May, we count 4/12 of your total earnings, and so on.

2. Report Any Significant Change in Your Work and Earnings to Any Social Security Office

Examples of important changes are:

- If you go to work while under age 72 and expect to earn over the exempt amounts.
- If you have previously reported that you expect to earn over the exempt amounts from work, but
 - You stop work, or
 - You do not earn over \$270 (under age 65) or \$334 (over age 65) for any month and you do not perform substantial services in self-employment, or
 - You expect to earn substantially more or less in the year than you previously told us.

Prompt reports enable us to make adjustments to your benefit payments when you have income from work. Delayed reports make it necessary for us to withhold benefits during periods when you may not have income from work.

Even when benefits are terminated during the year, you must file an annual report if you earn over the exempt amounts. In this report include your earnings for the entire year both before and after your benefits were terminated.

Any difference between the amount of benefits withheld based on your estimate of earnings and the amount that must be withheld on the basis of your actual earnings will be adjusted after the close of the year when you file your next annual report.

3. If You Are Enrolled For Medical Insurance Coverage, This Information About Medical Insurance Premiums Applies to You

a. If monthly social security benefits are being paid to you now—Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. If monthly social security benefits are not being paid to you now—You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Future bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

4. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

- The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you and
- You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should call, write, or visit any social security office to discuss the matter. The people there may ask you about your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

5. Special Reporting Events Needed Only From People Receiving Benefits Because of Their Disability

- Your medical condition improves.
- You return to work (regardless of how much you earn) or your work status changes (if you are working now.)
- You begin receiving workmen's compensation benefits, the amount you are already receiving changes, or you receive a lump sum payment.

The "Rights and Responsibilities Booklet" you received with your award certificate contains additional information concerning events you need to report.

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 64,980,947
SYMBOL 3114

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER... ACQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF IRMA L GILL

429-34-4050

DOLLARS	CENTS
***146	40

MONTH	DAY	YEAR
07	03	73

802 FELL

47 A 6

SAN FRANCISCO CA 94117

SOC SEC FOR JUN

023
Pherson
CASH BANK NOTE OFFICE

⑆3114⑆

⑆0000⑆0051⑆ 649809479⑆

F-3-a-61

Bank of Montreal

(California)

BANK OF MONTREAL
 333 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	
05/19/78	06/19/78	
ACCOUNT NUMBER		
00-47329-4		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

EUGENIA A. GERNANDT
 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				
00		00 01	17180	34360	44335	00	34360
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	17180	602				51540	602
						\$1540	
						ENDING BALANCE	

F-3-2-622

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTANTANEOUS 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 | 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	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
 IMPORTANT INFORMATION



Bank of Montreal (California)

OFFICE

5-22-78
DATE

ADVICE OF MISPLACED CHECK

TO OUR DEPOSITOR: Eugenia Gerhardt

ACCOUNT NUMBER 00-47329-4

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT

ON 5-17-78 IN THE AMOUNT OF \$ 694.90

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

DATE OF THIS TRANSMITTAL

5-30-78

D. M. [Signature]
AUTHORIZED SIGNATURE

TRANSMITTAL TO DEPOSITOR

AC-80 (4/78)

11-3 1210

April 25 1978

11-3 1210

\$ 694.90

DOLLARS

EUGENIA A. GERHARDT

Eugenia Gerhardt

11-3 1210

00000069490

CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal

(California)
333 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94115

DATE 6/2/78

EUGENIA A. GERHARDT
P.O. BOX 15118
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	<u>Sec. Sec.</u>	<u>171.80</u>
OTHER DEPOSITS		
TOTAL		<u>171.80</u>
LESS CASH RECEIVED		
NET DEPOSIT		<u>171.80</u>

11-3 1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

11-3 Bank of Montreal Services 11-3

F-3-d-62d

00000069490

0000017180

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

Bank of Montreal (California)

ADVICE OF MISPLACED CHECK

ACCOUNT NUMBER

DATE

DEPOSITOR

IN THE AMOUNT OF

ATTACHED TO THE MISPLACED CHECK FOR OTHER DEBIT ENTRY THAT WAS PREVIOUSLY CREDITED TO YOUR ACCOUNT

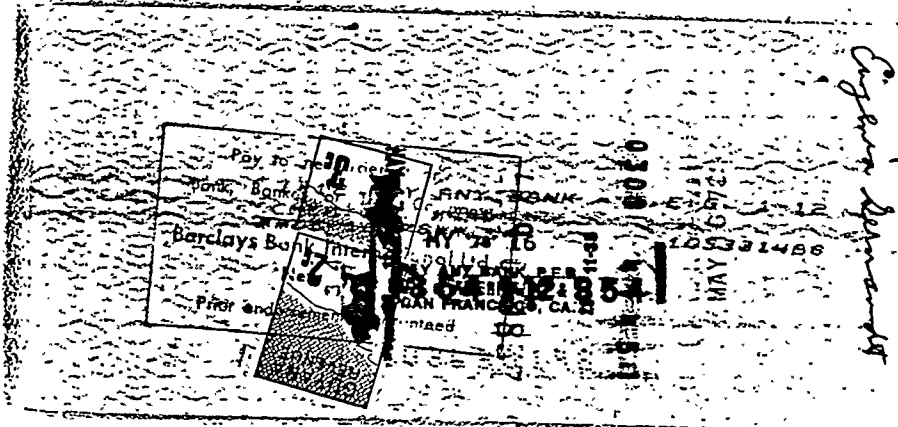
THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT

WE APPRECIATE YOUR PATIENCE IN THIS MATTER

DATE OF THIS TRANSMITTAL

TRANSMITTAL TO DEPOSITOR

AUTHORIZED SIGNATURE



0300 05704

PAY ANY BANK, P.O. BOX
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO, CA
11-31-78

JUN -2 78 11

Supplemental Security Income Notice of Change

951

From: Department of Health, Education, and Welfare
Social Security Administration

F-3-2-63

Date: 06-01-78

MERCEDESE GUIDRY
1435 ALVARADO TERR
LOS ANGELES CA 90006

Social Security Number:

439-26-5550 DI

BEGINNING JULY 1978 THE AMOUNT DUE YOU WILL BE INCREASED.

THE AMOUNT DUE YOU WILL BE \$48.92. THIS INCLUDES \$48.92 FROM THE STATE OF CALIFORNIA.

THE REASON THE AMOUNT DUE YOU IS BEING RAISED IS THAT THE LAW PROVIDES FOR AN INCREASE IN SUPPLEMENTAL SECURITY INCOME PAYMENTS EACH JULY IF THERE WAS AN INCREASE IN THE COST OF LIVING DURING THE PAST YEAR.

THE NEW AMOUNT DUE YOU AS SHOWN ABOVE IS THE AMOUNT WE WOULD SEND IF WE WERE NOT RECOVERING AN OVERPAYMENT. SINCE THIS NEW AMOUNT IS NOT GREATER THAN THE RATE OF RECOVERY PREVIOUSLY ESTABLISHED, WE WILL WITHHOLD ALL OF THE NEW AMOUNT DUE YOU UNTIL THE REMAINING OVERPAYMENT OF \$4,058.11 IS RECOVERED. PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE IF YOU DISAGREE WITH THIS RATE OF WITHHOLDING OR IF YOU PREFER TO MAKE REFUND.

IN FIGURING THE AMOUNT OF YOUR PAYMENTS WE CONSIDERED ALL INCOME WHICH WILL BE AVAILABLE TO YOU IN JULY. OUR RECORDS SHOW THAT YOUR TOTAL MONTHLY INCOME IN JULY WILL BE \$293.08.

THIS AVERAGE MONTHLY INCOME IS BASED ON THE FOLLOWING INCOME—

YOUR INCREASED SOCIAL SECURITY BENEFIT, BEFORE ANY DEDUCTIONS FOR MEDICARE MEDICAL INSURANCE PREMIUMS, OF \$125.30. YOU SHOULD RECEIVE THE INCREASED GREEN-COLORED CHECK ABOUT JULY 03.

YOUR VA PENSION OF \$30.78.

YOUR CIVIL SERVICE ANNUITY OF \$137.00.

Important: See other side for an explanation of your appeal rights and other information. ▶

Form SSA-L8151-C1 (2-78) (Formerly SSA-8151)
Prior editions may be used until supply is exhausted

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Mercedese M. Guidry
% Mission Village
PO Box 893
Georgetown, Guyana
SOUTH AMERICA

Date
June 16, 1978

Your Claim Number
439-26-5550 A

F-3-1-64

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

ADDITIONAL INFORMATION ABOUT YOUR CLAIM

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 60 days, benefit payments will be stopped until it is received.

F-3-h-65

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
No. 0 (7-63) U.S. GPO: 1973-545-313/45

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Luc D. Goodspeed
Box 893
Georgetown GUYANA

Date
3/19/78

Your Claim Number
463-16-6315 B

F-3-D-66

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

(See Attached Please.)

Enclosures:
Form SSA-609
Form SSA-1425F
Form SSA-21, Envelope, SSA-5000

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 34,451,817
SYMBOL 3127

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSEMENT - ACQUIRE IDENTIFICATION



United States Treasury 15-51
000

PAY TO THE

ORDER OF RAYMOND D GODSHALK 555-07-4198
BX 466 17 A 5
10 | 3 | 78 REDWOOD VALLEY CA 95470

DOLLARS	CTS.
***308	70

SOC SEC FOR SEP

SEP 13 1978
Charles A. Taylor
FEDERAL RESERVE OFFICE

⑆31273⑆ ⑆0000⑉0051⑆ 344518174⑆

F-3-d-67

F-3-b-68

LOCKHEED HOURLY RETIREMENT PLAN
BENEFIT INCREASE TO RETIREES
ELIGIBLE FOR LOCKHEED HOURLY RETIREMENT BENEFITS

JUNE 15, 1978

C G HALL
977 FELL ST
SAN FRANCISCO
CALIF 94117

131204

DEAR RETIREE

AS A RETIRED EMPLOYEE WHO IS ELIGIBLE FOR LOCKHEED HOURLY RETIREMENT PLAN BENEFITS, YOU ARE ENTITLED TO A 5% INCREASE IN YOUR MONTHLY PENSION BENEFIT EARNED UNDER THE HOURLY PLAN, EFFECTIVE AS OF JANUARY 1, 1978.

YOUR JULY 1, 1978 PENSION CHECK WILL INCLUDE THIS BENEFIT INCREASE FOR THE MONTH OF JULY 1978, PLUS A RETROACTIVE PAYMENT COVERING THE MONTHS BACK TO JANUARY 1, 1978 (OR TO YOUR RETIREMENT DATE, IF IT IS LATER THAN JANUARY 1, 1978). YOUR AUGUST 1, 1978 PENSION CHECK AND FUTURE PENSION CHECKS WILL BE PAID AT THE NEW BENEFIT LEVEL.

AMOUNT OF MONTHLY BENEFIT BEFORE BENEFIT INCREASE.....	\$ 116.59
AMOUNT OF JULY, 1978 PAYMENT AFTER BENEFIT INCREASE....	\$ 122.42
AMOUNT OF RETROACTIVE PAYMENT DUE.....	\$ 34.98
TOTAL GROSS AMOUNT OF JULY, 1978 PAYMENT.....	\$ 157.40
GROSS AMOUNT OF AUGUST 1, 1978 AND FUTURE MONTHLY BENEFITS.....	\$ 122.42

THE ABOVE AMOUNTS DO NOT INCLUDE ANY REDUCTIONS FOR THE EARLY RETIREE MEDICAL PLAN, OR FEDERAL OR CALIFORNIA STATE WITHHOLDING TAXES.

THIS IS AN ADVANCE NOTICE. YOUR CHECK FOR JULY, 1978 WILL INCLUDE THE PAYMENTS DESCRIBED ABOVE. NO CHECK IS ENCLOSED WITH THIS NOTICE.

LOCKHEED RETIREMENT PLAN OFFICE
P. O. BOX 551
PUEBLO, CALIFORNIA 91520
PHONE NO. (213) 847-6615

See above -

If this check is not being received at P.O. B 893, regularly, another letter from Mr Hall needs to be written. I'm concerned because this letter came to the Fell St address.

Phyllis



DEPARTMENT OF HEALTH, EDUCATION AND WELFARE
HEALTH CARE FINANCIAL ADMINISTRATION

DELINQUENT NOTICE
NOTICE OF PREMIUM PAYMENT DUE
PLEASE RETURN THIS CARD AND YOUR PAYMENT IN THE ENCLOSED ENVELOPE

FOR OFFICE USE ONLY

Please pay promptly if you
pay premiums monthly,
payment received after the
25th of the month this bill is
received will not be credited
before your next bill is
received. If you have already
paid part of the total payment,
do pay only the balance.

HOSPITAL INSURANCE		GENERAL INSURANCE	
BEST BIC PERIOD	BEST BIC AMOUNT	CURRENT BILLING PERIOD	CURRENT PERIOD AMOUNT
		GENERAL INSURANCE	
BEST BIC PERIOD	BEST BIC AMOUNT	CURRENT BILLING PERIOD	CURRENT PERIOD AMOUNT
NOV 77-APR 78	39.00	MAY 78-JUL 78	23.60
		TOTAL PAYMENT	62.60
			DE DUE
			MAY 5
		CLAIM NUMBER	458-16-3265M

Part due
premiums
must be paid
by the termi-
nation date
shown or
Medicare
coverage will
end on that
day.

ROSE M. HINES
998 DIVISADERO
APT 206
SAN FRANCISCO CA
94115

L F-3-3-69a

JULY RATE INCREASE INCLUDED

Form HCVFA
3206 (9-77)

Please pay by check or money order to: Social Security Medical Insurance. Show claim number printed above at the top of your check or money order. Do not send cash or stamps. Please do not staple or fold this card. SEE INFORMATION ON BACK.

Address label area with fields for NAME, NUMBER AND STREET, CITY, STATE, ZIP CODE. Includes a box for 'Place Stamp Here. The Post Office Will Not Deliver Mail Without Postage.'

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
Mid-America Program Service Center
P. O. Box 15688
Kansas City, Missouri 64106

F-3-3-69a

IMPORTANT MESSAGE

If you are billed for your premium quarterly (every 3 months), the total past due amount must be paid by the termination date shown on the reverse side.

If you are billed for your premium monthly, at least one month's premium must be paid by that date.

If you don't pay your premium, your Medicare insurance protection will end. When your Medicare coverage ends, you cannot apply for it again until a general enrollment period, which is the first 3 months of each year. Your premiums may be higher because you allowed your insurance to end, and your coverage will not begin until July 1 of the year in which you reapply. If you allow your Medicare insurance to lapse a second time, you will never again be eligible for Medicare.

Even if you allow your Medicare insurance to end, you still must pay all premiums owed for past coverage.

8886/MP-234713

• Show your claim per left corner of your check or money order enclosed your premium notice and your signed check or money order?

PLEASE DO NOT COMPLETE THIS FORM UNLESS YOU HAVE A CHANGE OF ADDRESS TO REPORT

SOCIAL SECURITY CLAIM NUMBER	
PRINT NAME SURVIVOR	STREET NUMBER, STREET NAME
CITY	STATE
ZIP CODE	DATE
ENTER NAME OF COUNTY, IF ANY, IN WHICH YOU LIVE.	

F-3-A-70

PHYLLIS D. HOUSTON POB 6143 SAN FRANCISCO, CALIF. 94101		110 11-36/62 1210
PAY TO THE ORDER OF <u>Paula Adams</u>		<u>October 5 1978</u> <u>\$793.60</u>
<u>seven hundred and ninety three and 60/100 DOLLARS</u>		
BARCLAYS BANK OF CALIFORNIA THIRD AND MARKET OFFICE 599 MARKET STREET SAN FRANCISCO, CALIFORNIA 94105 MEMO: <u>Lawyer and Judge Houston</u> <u>Foundation for Peace</u> <u>Phyllis D. Houston</u> ⑆ 1210 00361 00113 18533 ⑈		

Carolyn

Paula has the original copy
and of the above crossed check.

Best wishes - Dad's Love,
Phyllis

F-3-d-71

Maria,

PHYLLIS D. HOUSTON		111
POB 6143		
SAN FRANCISCO, CALIF. 94101		
		November 8, 1978
		11-36/02 1210
PAY TO THE ORDER OF	<u>Paula Adams</u>	<u>\$793.60</u>
<u>seven hundred and ninety-three and 60/100</u> DOLLARS		
BARCLAYS BANK OF CALIFORNIA THIRD AND MARKET OFFICE 699 MARKET STREET SAN FRANCISCO, CALIFORNIA 94105		
<u>for Patricia & Judy Houston</u> <u>Room, Social and Ch. Exp.</u>		<u>Phyllis D. Houston</u>
⑆1210⑆0036⑆00113 18533⑈		

I sent the original to Paula as always.

Phyllis

cc: Carolyn

F-3-d-72

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 34,408,046
SYMBOL 3127

DO NOT FOLD, SPIN, OR MUTILATE.
KNOW YOUR ENDORSEMENT. REQUIRE IDENTIFICATION.



United States Treasury ^{15¢}/₀₀₀

PAY TO THE

ORDER OF

MONTH	DAY	YEAR
10	03	79

PHYLLIS HOUSTON FCR 545-60-7505
CHLRN OR R H HOUSTON 46 01 5
BX 6143
SAN FRANCISCO CA 94101

DOLLARS	CENTS
\$\$\$793	60

SOC SEC FCR SEP

013
Charles S. Taylor
FEDERAL RESERVE OFFICER

⑈ 31273 ⑈ ⑆0000⑈005⑆⑆ 344080462⑈

Social Security Benefit Information

F-3-D-73

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71722:PE

Date August 4, 1978

Joseph Helle
Mission Village
PO Box 893
Georgetown Guyana
SOUTH AMERICA - 894

Your Claim Number
544-24-9228 C1

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 6 months, payments will be stopped until it is received.

Enclosures:
Form SSA-609, SSA-21 & Envelope
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 56,084,779
SYMBOL 2078

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSEER - REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻¹/₀₀₀

PAY TO THE

ORDER OF JOSEPHINE HARRIS
802 FELL ST
SAN FRANCISCO CA 94117

357-07-5154

79 A 4

DOLLARS	CTS.
\$\$\$101	60

SEC. SEC FOR JUN

018
[Signature]
FEDERAL RESERVE BANK OF CHICAGO

⑆ 2078 ⑆ ⑆ 0000 ⑆ 005 ⑆ ⑆ 560847793 ⑆

F-3-b-74

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 65,259,139
SYMBOL 3114

DO NOT FOLD, BEND OR MUTILATE.
KNOW YOUR ENDORSE ... ACQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF ANNIE M HARRIS
802 FELL ST
SAN FRANCISCO CA 94117

437-26-8365

35 A 6

DOLLARS	CENTS
\$\$\$146	90

SOC SEC FOR JUN

MONTH	DAY	YR
07	03	78

026
Johnson
REGIONAL DISBURSING OFFICER

3114

000000051 652591390

F-3-2-75

84-4286-2018

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

KANSAS CITY, KANSAS

Check No. 19,102,697
SYMBOL 3114

DO NOT FOLD, BEND OR MUTILATE
KNOW YOUR ENDORSEER... REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF ANNIE M HARRIS
802 FELL ST
SAN FRANCISCO CA 94117

437-26-8365
97 A 6

DOLLARS	CENTS
****146	90

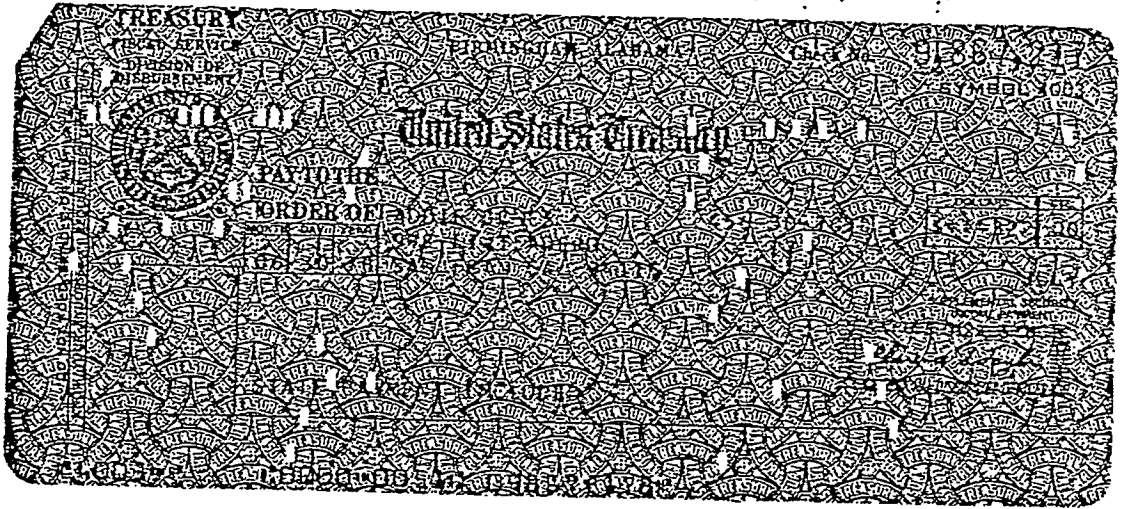
MONTH	DAY	YEAR
10	03	78

SOC SEC FCR SEP

034
Johnson

⑈31141⑈ ⑆0000⑈0051⑆ 191026979⑈

F-3-d-76



F-3-1-77

ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA

F-3-2-78

DETACH AND RETAIN THIS STUD

NAME	BENEFIT MONTH	GROSS	MEDICARE	W/H TAX	TOTAL PAY
JOHNSON, ROBERT	11/01/78	368.00	8.20		376.20

F-3-2-79

NOTICE OF PAYMENT OF GROUP ANNUITY PROCEEDS

NAME OF DECEDENT Lynetta P Jones

ADDRESS PO Box 15156

CITY OR TOWN San Francisco, California STATE & ZIP CODE 94115

COUNTY

DATE OF DEATH December 1, 1977.

NAME OF BENEFICIARY James W Jones

DATE OF BIRTH unknown RELATIONSHIP Son

ADDRESS same as deceased

CITY OR TOWN STATE & ZIP CODE

COUNTY

CONTRACT NUMBER 950-25-303-16-7310 MONTHLY PAYMENT FROM RETIREMENT FUND \$ 31.68
ONE INSTALMENT DUE PRIOR TO DEATH

NAME OF CONTRACTHOLDER DANA CORPORATION

Notice is hereby given that payment will be made by the undersigned of the proceeds described above. The payments described above are not guaranteed and cease upon death, notice from Group Annuity Contractholder or insufficiency of Group Annuity Contractholders Retirement Fund.

ADDRESS OF STATE
San Francisco District
Humboldt Bank Building
785 Market Street
San Francisco, CA 94102

The Equitable Life Assurance
Society of the United States

P. O. Box 2498
New York, N.Y. 10001

L. C. Sperling, Asst. Vice President

E. C. June 5, 1978.

MISCELLANEOUS DEDUCTIONS

CODE	EXPLANATION
01-08	Public Employees Retirement System—Retirement (Normal Adjustment, Arrears, Additional, etc.)
10	Cal. Western Major/Medical and/or Life Insurance
11-12	Fixed-Variable Maintenance
13	Legislators Miscellaneous
14	Superior Court Judges Miscellaneous (see 03.91)
16	Dues in California State Employees Association
17	Charitable Contribution (see 03.92)
27	Tax Sheltered Annuity—CSUC Only (see 03.93)
28	Administrative Charge for Deferred Compensation
29	Deferred Compensation (see 03.94)
30	Tax Sheltered Annuity—Other than CSUC
31	State Teachers Retirement System—Retirement Adjustment
32	Judges Retirement System—Retirement Adjustment
33	Government Life Insurance
35	Accounts Receivable for Salary Overpayment
36	U.S. Savings Bond
38	Child Support Assignment of Wages
39	Judgement or Tax Levy
40-42	University of California Retirement (Adjustment, Fixed-Variable Annuity)
49	Contribution to Union Benefit Trust Fund
50	Parking (see 03.95)
51	Credit Union (see 03.96)
62-73	Health Benefits Deductions (Basic, Medicare Supplement, Major Medical)
74	G.C. 1156 (f) Insurance/Employee Benefit (see 03.97)
75	G.C. 1156 (g) Insurance/Employee Benefit (see 03.98)
76	Judges' Retirement—Surviving Children Benefits
77	PERS Survivors Benefits Contribution
78-82	Health Benefits Deductions (Basic, Medicare Supplement, Major Medical)
86	Dues in Employee Associations (Other than CSEA) (see 03.99)
94	Illinois State Withholding Tax
95	Calif. State Withholding Tax
96	New York State Withholding Tax
97	Old Age, Survivors, and Disability Insurance
99	Federal Withholding Tax

See Controller's Payroll Procedures Manual Section 08, available in your departmental personnel office, for further explanation and Organization Code explanation.

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99	Federal Withholding Tax

See Controller's Payroll Procedures Manual Section 08, available in your departmental personnel office, for further explanation and Organization Code explanation.

BLUE SHIELD of California

P.O. BOX 3637, SAN FRANCISCO, CA 94119 (415) 445-5151
 P.O. BOX 92945, LOS ANGELES, CA 90009 (213) 642-5600

PATIENT'S NAME	GROUP NO.	SUBSCRIBER NO.	CLAIM NO.	PROVIDER OF SERVICES	MO.	DAY	Y.
JONES MARCELINE	970-000	306242805	01780520574702		06	28	

A CLAIM HAS BEEN RECEIVED FOR THE SERVICES SHOWN BELOW. IT HAS BEEN PROCESSED IN ACCORDANCE WITH THE BENEFITS OF THE SUBSCRIBER'S BLUE SHIELD HEALTH PLAN.

EXPLANATION OF BENEFITS

FOR THE CLAIM RECEIVED ON 05/23/78

F-3-d-82

OUT OF STATE PROVIDERS
 C/O CA BLUE SHIELD
 720 CALIF ST
 SAN FRANCISCO XX 99999

03000

891744058

11650591

SERVICES BILLED	PROC. NO.	DATES OF SERVICE				NO. OF SERVICES	AMOUNT BILLED		MAX. CONTRACT AMOUNT PAYABLE BY BLUE SHIELD		UNPAID			AMOUNT PAID		
		MO	DAY	TO MO	TO DAY				AMOUNT	CODE						
HOSPITAL RATE	993100	01	78	10	19	09	0	643	50	643	50	128	70	1	514	80
HOSP MISC.	996200	01	78	10	19	01	0	15	00			15	00	2		00
HOSP MISC.	986000	01	78	10	19	01	0	421	51	421	51	134	30	3	287	21
LABORATORY	9300000	01	78	10	19	01	0	17	00	17	00	3	40	4	13	60

- UNPAID CODE EXPLANATION
- 1 \$128.70 IS THE PATIENT'S CO-PAYMENT PORTION
 - 2 PERSONAL ITEMS ARE NOT A BENEFIT OF THIS CONTRACT.
 - 3 \$50.00 HAS BEEN CREDITED TOWARD THE DEDUCTIBLE AND \$84.30 IS THE PATIENT'S CO-PAYMENT PORTION
 - 4 \$3.40 IS THE PATIENT'S CO-PAYMENT PORTION
- THIS IS AN ADJUSTED PAYMENT FOR A PREVIOUSLY PROCESSED CLAIM.

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
 (California)
 353 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104

DATE 7/7 1978

LURELLA JOHNSON
 P.O. BOX 15156
 SAN FRANCISCO, CALIF. 94115

CASH

CHECKS	SOL. SEC.	72.90
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		72.90

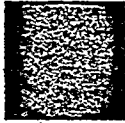
11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

F-3-d-83

⑆01210⑆0003⑆00 47395 2⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.



DETACH AND
RETAIN AS
YOUR
PERSONAL
RECORD

**NON-NEGOTIABLE
STATEMENT OF DEDUCTIONS**
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM

0 917 772

YEAR TO DATE			MONTH ENDED			MEMBER NUMBER	MONTHLY ALLOWANCE	DEDUCTIONS			AMOUNT DUE	
FED. W.H. TAX	ST. W.H. TAX	TOTAL ALLOWANCE	MO.	DAY	YR.			FED. W.H. TAX	ST. W.H. TAX	OTHER		
		4651611	03	17	8	445464	430.86				430.86	
03												
HEALTH SUBSIDY	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT

SEE REVERSE SIDE FOR DEDUCTION CODES

EARL J JOHNSON
P O BOX 893
GEORGETOWN
GUYANA SOUTH AMERICA

F-3-10-84



PENSION FUND OF THE CHRISTIAN CHURCH
(Disciples of Christ)

Remove 1975 Special Rider and attach to
Certificate of Membership issued between
July 1, 1972 and June 30, 1978.

SPECIAL RIDER

The Certificate of Membership is amended as follows:

Disability Benefits - (Effective July 1, 1978)

F-3-b-85a

Section II B 1 a (2)

"The amount of the Short Term Disability Pension shall be 60% of the member's compensation base (excluding the portion thereof in excess of \$14,000) on which dues were paid during the twelve (12) months immediately preceding the time such disability began."

Widow Pension - (Effective July 1, 1975)

Section II C 1 e

"The Widow Pension shall cease upon her death or remarriage; however, the Widow Pension shall be continued if --

- (i) The remarriage is consummated after June 30, 1975;
- (ii) The widow is age 60 or over at the time of the remarriage; and
- (iii) The widow had been married to the deceased member for at least twenty (20) years."

Compensation Base - (Effective October 26, 1977)

Section III A

"The compensation base for computing dues and benefits shall be the total cash salary received by the member plus all housing and/or parsonage allowances, including utilities allowance. Where a parsonage is provided, the fair rental value, but at least 20 percent of the cash salary, shall be added to the cash salary. Other allowances, such as book, travel, auto, etc., may be added to maximize the compensation base and increase benefits."

47R-6M-6-78

F-3-b-85b

PENSION FUND
OF



THE
CHRISTIAN
CHURCH

(Disciples of Christ)

700 TEST BUILDING
54 MONUMENT CIRCLE
INDIANAPOLIS,
INDIANA 46204
317-634-4504

Lester D. Palmer
Vice President-Secretary

July 6, 1978

Dear Pension Plan Member:

Pension Plan Disability Benefits are increased July 1, 1978 without an increase in dues. Both the "Short Term" and the "Long Term" disability maximums on pensions begun on or after July 1, 1978, are raised to a maximum of \$700.00 per month. This is 60% of annual compensation, not exceeding \$14,000.

The enclosed "Special Rider" updates your Pension Plan Certificate of Membership. It includes the increase in the Disability Benefit as well as all other amendments since new Certificates were issued in 1972. Though Certificates are not required to draw benefits, it is good to have one. If you have lost your Certificate or if you have a Certificate dated before July 1, 1972, you should check it out. A pre 72 Certificate would only be appropriate for a handful of Pension Plan members who have partial participation. If total dues from the organization and member are being remitted at the 13% rate, or if 5% special "member only" dues are sent, you should have a 1972-78 model Certificate and should write for a appropriate document.

Otherwise, please remove the 1975 "Special Rider" and attach this rider to your Certificate of Membership so that you will have an up-to-date full description of your Pension Plan Benefits.

Cordially yours,

Lester D. Palmer
Lester D. Palmer

LDP/gd



AC 950-25-303167310

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES
Group Administration Department
P.O. Box 2498
New York, New York 10001

In connection with the recent Death Claim settlement, enclosed for your records is a copy of the Notification of Payment form the Equitable is required to submit to the deceased's State of residence.

278-71 (77/05) F-3-b-85c

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

STATEMENT OF ACCOUNT

BENEFITS PAYABLE TO JAMES W JONES

5

PAYMENT FOR 950-25-303167310, FOR 77/12/01
PAYMENT FROM PLAN FUNDS-

\$81.68

F-3-b-85d

AMOUNT OF CHECK

*****\$81.68

THIS PAYMENT BELONGS TO THE ESTATE OF THE DECEASED AND IS BEING PAID TO THE PAYEE INDIVIDUALLY AND ON BEHALF OF ALL THE OTHER HEIRS AND NEXT OF KIN OF THE DECEASED.

JAMES W JONES
DANA CORPORATION PERFECT CIRCLE DIV
P O BOX 1446
RICHMOND INDIANA 47374
ATT: VIOLET JEANS PERSONNEL OFFICE

DATE
JUN 8, 1978
EMPLOYEE/ANNUITANT
LYNETTA P JONES

69 00480819

PLEASE DETACH BEFORE DEPOSITING CHECK

F-3-b-85e

This is for
file on Gem.

F-3-b-87

Social Security Medicare Notice

From: Bureau of Health Insurance

If you inquire, please include your Medicare Claim No. 563-30-8822A
Date JUN 05, 1978

ROSA L KEATON
% MISSION VILLAGE
BX 893
GEORGETOWN
GUYANA SO AMERICA 894

Your State Public Assistance Agency is no longer paying your Medicare MEDICAL INSURANCE premiums. The first month for which you are responsible for your medical insurance premium is

(Month and Year)

JUN 1978

If you are receiving social security payments, the premiums (including any you may owe for past months) will be deducted from future payments.

If you are not receiving social security payments, you will soon receive a bill for all premiums currently due. If you still owe premiums for any months before your State began paying them, the first month shown on your billing notice may be earlier than the date above. Do not pay anything until you receive this bill.

If you want to cancel your medical insurance coverage, notify your social security office immediately.

If you have any questions about this notice or your medical insurance protection, telephone or visit your social security office. Please take this notice with you if you visit a social security office.

YOUR NEXT SOCIAL SECURITY BENEFIT PAYMENT WILL BE IN THE AMOUNT OF \$336.20 AND WILL BE RECEIVED AROUND JUL 03, 1978

F-3-J-86a

Bank of Montreal 
(California)

BANK OF MONTREAL
 333 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 05/19/78	DATE OF THIS STATEMENT 06/19/78	
ACCOUNT NUMBER 00-47412-6		
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1	PAGE NO 1

EMMA KENNEDY
 P.O. BOX 15156
 SAN FRANCISCO, CA

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				
00		00	22810	45620	58864	00	45620
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING -BALANCE	DATE
DP		22810	602			68430	602
						68430	
						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 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	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
 IMPORTANT INFORMATION

0.300 65705

PAY ANY DEBIT P.E.G.
BK. OF AM. S. TREAL
(CALIFORNIA)
SAN FRANCISCO CA
11-3 11-9

JUN -2 78

Social Security Benefit Information

F-3-b-88

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

SPR-5165:FE

Heavenly H. Love
Mission Village
P.O. Box 893
Georgetown Guyana
SO AMERICA 894

Date

October 23, 1978
Your Claim Number

177-28-8480 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-1592AF (2-74)

Social Security Medicare Information

F-3-b-89

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

SPR-5165:DA

Date

October 23, 1978

Your Claim Number:

177-28-8480 A

Heavenly H. Love
Mission Village
P.O. Box 893
Georgetown Guyana
SO AMERICA 894

You have asked us to stop your medical insurance coverage under Medicare. The decision to keep or drop this protection is, of course, one which only you can make. We think you should carefully consider the following facts before your decision becomes final, particularly if you plan to come to the United States to live or to receive medical services.

Hospital and medical insurance pays for services furnished inside the United States. (Inside the United States means within the 50 States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.) Therefore, if you plan to come to the United States to live or receive health services, your health insurance protection may be very important to you. If, however, you do not return to the United States to live or receive medical care, these insurance programs will not benefit you. Your decision to drop the medical insurance part of your health insurance would be proper in that case. Stopping your medical insurance does not affect your hospital insurance if you have such coverage. Hospital insurance is provided free of charge and may be used by you if you ever return to the United States.

You may not be eligible to enroll for medical insurance in the future. IF YOU ARE ENDING YOUR SECOND ENROLLMENT, YOU CANNOT SIGN UP AGAIN FOR THIS PROTECTION. If you are ending your first enrollment, you may sign up again during January, February, or March of any year. Coverage would not begin until the following July, and your premiums may be higher than before.

Your medical insurance coverage and your obligation to pay premiums end on 9-30-78. We received your written request for cancellation on 5-22-78, but coverage and the obligation for premiums continue through the end of the calendar quarter after the calendar quarter in which the written request is received. (A calendar quarter is a 3-month period which ends March 31, June 30, September 30, or December 31 of any year.)

If you have any questions, this office will be glad to assist you.

Social Security Benefit Information

F-3-b-90

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date:

10/23/78

Claim Number:

177-28-8480 A

HEAVENLY H LOVE
MISSION VILLAGE
PO BOX 893
GEORGETOWN GUYANA
SO AMERICA

894

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

THE PAYMENT YOU WILL RECEIVE SHORTLY AFTER 10/03/78 WILL BE ADJUSTED BY \$108.20 FOR ALL MEDICAL INSURANCE PREMIUMS PREVIOUSLY DUE.

THE STATE STOPPED PAYING PREMIUMS 9/77, THEREFORE, YOU ARE RESPONSIBLE FOR ALL PREMIUMS TO DATE.

A
Important: See other side for an explanation of your appeal rights and other information. ►

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L475FC-C1 (1-77) (FORMERLY SSA-L475F)
Destroy prior editions

Social Security Benefit Information

F-3-2-91

8108

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date:

09/13/78

Claim Number:

088-42-5801 A

LOVELIFE LOWE
BOX 893
GEORGETOWN GUYANA

894

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 10/77. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

YOUR NEXT PAYMENT FOR \$208.00 WILL INCLUDE BENEFITS DUE THROUGH 09/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR \$121.80.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

C

Important: See other side for an explanation of your appeal rights and other information. ▶

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L475FC-C1 (1-77) (FORMERLY SSA-L475F)
Destroy prior editions

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. If monthly social security benefits are being paid to you now—

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. If monthly social security benefits are not being paid to you now—

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. Medicare outside the U.S.

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in

the U.S. than the nearest U.S. hospital which can provide the care needed. 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 your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

- The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and
- You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We shall need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

T-3-D-92

AIR MAIL

STATE OF CALIFORNIA—BOARD OF ADMINISTRATION

EDMUND G. BROWN JR., Governor

PUBLIC EMPLOYEES' RETIREMENT SYSTEM

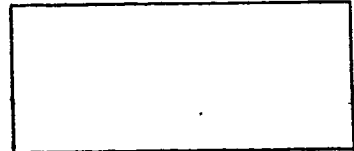
1416 NINTH STREET, P.O. BOX 1953
SACRAMENTO, CALIFORNIA 95809
Telephone (916) 445-0483



Schedule No. 8290

October 31, 1978

Reply to Section 018
Refer to 294-38-7774



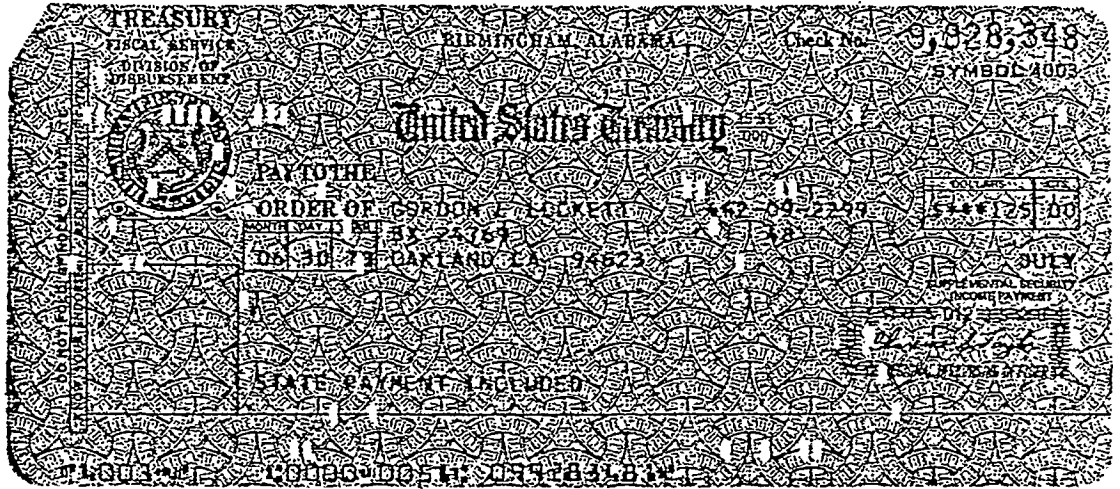
Carolyn Looman
PO Box 893
Georgetown, Guyana
South America

1. Enclosed is a warrant for the amount of accumulated contributions standing to your credit in the Public Employees' Retirement System, which is sent following notice of your separation. You are hereby informed that your membership in the Retirement System is terminated. However, should you re-enter service, the law provides that your membership becomes effective on the date of re-employment, and you may have the option of redepositing your withdrawn contributions plus interest.
2. Enclosed is a warrant for the balance of the accumulated contributions standing to your credit in the Public Employees' Retirement System. Should you re-enter State service your membership would become effective on the date of re-employment, and you may have the option of redepositing your withdrawn contributions plus interest.
3. A warrant in the amount of your retirement contributions was mailed to the person or organization shown in box above. This refund was made in accordance with your instructions to us and represents a refund of all contributions standing to your credit in the Public Employees' Retirement System. You are hereby informed that your membership in the Retirement System is terminated. However, should you re-enter service, the law provides that your membership becomes effective on the date of re-employment, and that you may have the option of redepositing your withdrawn contributions plus interest.
4. Enclosed is a warrant in the amount of \$ _____ which represents the accumulated contributions credited to _____
This warrant is sent to you in accordance with instructions received in this office.
5. Enclosed is a warrant for the amount of contributions reported to this System in error. Your employment did not qualify you as a member, and the contributions deducted from your paycheck are being returned to you.
6.

BOARD OF ADMINISTRATION
PUBLIC EMPLOYEES' RETIREMENT SYSTEM

my

PERS-ACC-50 (1/77)

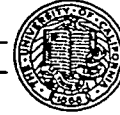


7-3-b-93

F-3-D-94

UNIVERSITY OF CALIFORNIA SYSTEMWIDE ADMINISTRATION

BERKELEY • DAVIS • IRVINE • LOS ANGELES • RIVERSIDE • SAN DIEGO • SAN FRANCISCO



SANTA BARBARA • SANTA CRUZ

Office of the Vice President
Academic and Staff Personnel Relations

BERKELEY, CALIFORNIA 94720
June 2, 1978

Lisa P. Layton
P. O. Box 893
Georgetown, Guyana

Dear Ms. Layton:

We have been notified by the Public Employees' Retirement System that the forms for your retirement have not been received by them, and hence they have not processed your retirement. Because you are not yet receiving a retirement annuity, we have been unable to deduct health insurance premiums.

Also, since you are so far from a Kaiser service facility, you should change your health insurance to one of the other University sponsored health plans. We are enclosing an Annuitants' Newsletter which gives you information about rates for Blue Cross, and the two Equitable plans. Please see pages 5, 6, and 7. Also enclosed are brochures which explain the benefits of each plan, and an enrollment form which you should complete and return to the office below:

Group Insurance, Room 302
University of California
2111 Bancroft Way
Berkeley, CA 94720

Please indicate on the form which health plan you wish, sign, date, and return it to us. Your coverage will be retroactive to December 1, 1977.

If you have any questions regarding your health insurance, please do not hesitate to contact this office.

Sincerely,

A handwritten signature in cursive script that reads "Jean Lucas".

Jean Lucas,
Annuitant Health Plan Assistant

Enclosures

BA BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.
SHATTUCK-VINE OFFICE
BERKELEY CALIF

PERIOD ENDING
NOV 25, 1977
 BRANCH PHONE NO
415-273-5584

F-3-b-95

13 **LISA P LAYTON**
GEORGETOWN GUYANA
SOUTH AMERICA

0557-PS13

OPEN AN AUTOMATIC CHRISTMAS CLUB - THE EASY WAY TO SAVE FOR YEAR-END EXPENSES.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS NO.	AMOUNT	DEPOSITS NO.	AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	0	00	3	83029	102482

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DEPOSITS AMOUNT
						01 1 38552
						01 25 6977
						01 1 37500A

PREVIOUS BALANCE	\$194.53	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	\$375.00	MINIMUM AVERAGE BALANCE	\$842.00AV	ENCLOSURES	0
------------------	----------	---	----------	-------------------------	------------	------------	---

Key to Symbols: * Gap in Check Sequence
 ** Includes Interest Payment Last Period
 B BankAmericard® Instant Cash
 R Reversing Entry
 M Miscellaneous
 OD Overdrawn

ER-1 10-76 (REV.) A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.

BA BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

**SHATTUCK-VINE OFFICE
BERKELEY CALIF**

F-3-b-96

PERIOD ENDING
JAN 26, 1978
BRANCH PHONE NO.
415-273-5584

L **LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA**

0557-PS13

**BUYING A HOME...ASK ABOUT OUR NEW FIVE-YEAR
VARI-RATE HOME LOAN AT YOUR BRANCH.**

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS NO. AMOUNT	DEPOSITS NO. AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	1 80	0 00	19902

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
SERV. CHGE.	126	80					

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS	AMOUNT OF ENTRIES YOU AUTHORIZED CREDITS	MINIMUM AVERAGE BALANCE	ENCLOSURES
\$199.82	\$ 0.80		\$199.00MN	0

Key to Symbols: * Gap in Check Sequence
 ** Includes Interest Payment Last Period
 B BankAmericard® Instant Cash M Miscellaneous
 A Automatic Deposit R Reversing Entry OD Overdrawn
 MN or AV Minimum or Average Balance used for Service Charge Calculation.



The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

SHATTUCK-VINE OFFICE
P.O. Box 4003
BERKELEY CALIF 94709

F-3-b-97

PERIOD ENDING
FEB 23, 1978
BRANCH PHONE NO
415-273-5584

13 LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA

0557-PS13

AT BANK OF AMERICA WE HAVE SIX DIFFERENT CHECKING PLANS TO CHOOSE FROM. THE CHOICE IS YOURS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS - DEBITS NO	AMOUNT	DEPOSITS NO	AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	1	80	0	00	19822

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO	DATE PAID	CHECKS-AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
SERV.CHGE.	223	80					

PREVIOUS BALANCE	AMOUNT OF ENTRIES YOU AUTHORIZED	MINIMUM AVERAGE ENCLOSURES
\$199.02	DEBITS \$ 0.80 CREDITS	\$199.00MN 0

Key to Symbols: * Gap in Check Sequence B BankAmericard[®] Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdrawn
 ER-1 10-78 (REV.) A Automatic Deposit MN or AV Minimum or Average Balance used for Service Charge Calculation.



The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

PERIOD ENDING

MAY 25, 1978
BRANCH PHONE NO
415-273-5584

SHATTUCK-VINE OFFICE
BERKELEY CALIF

F-3-b-98a

0557-PS15

15: LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA

LOANS FOR PLANES, BOATS AND RECREATION VEHICLES...
COME IN AND LET'S TALK ABOUT FINANCING.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS NO. AMOUNT	DEPOSITS NO. AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	2 18889	0 00	773

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
SERV. CHGE. 306	5/5	18800					

PREVIOUS BALANCE

3176.62

AMOUNT OF ENTRIES YOU AUTHORIZED
DEBITS CREDITS

\$ 0.89

MINIMUM AVERAGE ENCLOSURES
BALANCE

\$8.00MN

1

Key to Symbols: * Gap in Check Sequence
** Includes Interest Payment Last Period

B BankAmericard* Instant Cash
R Reversing Entry

M Miscellaneous
OD Overdrawn

SR-1 10-78 (REV.) A Automatic Deposit

MN or AV Minimum or Average Balance used for Service Charge Calculation.

LISA P. LAYTON

F-3-b-98b

306

APR 22 1978

11-35
1210

PAY TO THE ORDER OF

Peoples Temple

One hundred eighty eight

188.00

DOLLARS CENTS

BANK OF AMERICA

SHATTUCK-VINE BRANCH
1536 SHATTUCK AVE., BERKELEY, CA 94709

MEMO

Lisa P. Layton

⑆ 1210 ⑆ 0035 ⑆ 306 ⑆ 05573 ⑆ 0412 ⑆ 0000018800 ⑆

CUSTOMER SERVICE BY BARRONS INTERNATIONAL



The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

SHATTUCK-VINE OFFICE
BERKELEY CALIF

F-3-b-99

PERIOD ENDING

AUG 28, 1978
BRANCH PHONE NO.
415-273-5584

15 LISA P LAYTON
P O BOX 893 GEORGETOWN
GUYANA SOUTH AMERICA

0557-PS15

BEFORE YOU SEND YOUR CHILDREN TO COLLEGE SEND THEM TO BANK OF AMERICA-ALL THE BANK A STUDENT NEEDS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS NO. AMOUNT	DEPOSITS NO. AMOUNT	NEW BALANCE
CHECKING	0557-3-01112	1 80	0 00	533

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
SERV. CHGE.	828	80					
PREVIOUS BALANCE		AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS		CREDITS		MINIMUM/AVERAGE BALANCE ENCLOSURES	
\$6.13		\$ 0.80				\$6.00MN 0	

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdrawn
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.

NR-1 10-78 (REV.)

BANK OF AMERICA
NATIONAL TRUST AND SAVINGS ASSOCIATION

SHATTOCK - VINE
BERKELEY, CALIF.
BRANCH

557

887


887 NOV 25 77
DATE

Your Savings Checking Tenplan Account No. 3-1112
has been credited with \$ 69.77 Received by TELLER
received from _____

F-3-b-100

L. P. Layton
272 Hermann St
Berkeley CA 94707

IN-M-3 2-77 Acknowledgement of In-Mail Deposit

PAY PERIOD ENDING MO. DAY YR.	ACCOUNT	TYPE PAY	TIME			RATE		GROSS	DED OR ADJUST.		DATE MO. DAY YR.	CHECK NUMBER	CHECK DISF.	LOC
			CODE	HOURS OR % TIME	CODE	FACTOR	CODE		AMOUNT					
103177	603000	00	7	13.00	1	5.7000	74.10				112377875104538	1		
											8-75104			
 STATEMENT OF EARNINGS AND DEDUCTIONS Questions should be addressed to your department														
479385	LAYTON	LP		74.10	00					683-			69.77	
EMPLOYEE NUMBER	EMPLOYEE NAME		GROSS	CODE	AMOUNT	AMOUNT	F.I.C.A.	OTHER DEDUCTIONS	NET					
					CALIF STATE TAX FEDERAL WITHHOLD TAX	RETIREMENT								

FORM U1415 (R 5/73)

RETAIN THIS STATEMENT AS A RECORD OF EARNINGS, TAXES AND RETIREMENT DEDUCTIONS

F-3-b-101

LELA H. MURPHY

560-20-8425

COLUMN WRITE

DATE	SOURCE/EXPLANATION	AMOUNT	BALANCE	PREVIOUS BALANCE
1977 1 9	SSA for Aug.	318.20	318.20	-
78C 2 13	" Dec.	318.20	636.40	318.20
1977 3 12	SSA Ins.	654.20	1290.60	636.40
1978 4 2	" for Jan	318.20	1608.80	1290.60
5 1	North American Benefit Assoc.	552.17	2160.97	1608.80
6 3	SSA for Feb.	318.20	2479.17	2160.97
7				2479.17
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20	F-3-d-102			
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40				

Collect	NO. 3	NO. 2	NO. 1	JAN.	FEB.	MAR.	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	NO BAL.
	FOLLOWUP			OLDEST ITEM												

NAME **MURPHY, LELA H.** ACCT. NO. _____
 ADDRESS **560-20-8425** SHEET NO. _____
 CITY _____ CREDIT LIMIT _____

DATE	DESCRIPTION	CHARGES	V	CREDITS	BALANCE	PREVIOUS BALANCE
BALANCE FORWARD						X
12/3	SSA			300 40	300 40	-
1/3	SSA			300 40	600 80	300 40
2/6	SSA substitute			300 40	901 20	600 80
2/9	SSA			300 40	1201 60	901 20
3/3	SSA			300 40	1502 00	1201 60
4/1	SSA			300 40	1802 40	1502 00
5/3	SSA			300 40	2102 80	1802 40
6/3	SSA			300 40	2403 20	2102 80
7/1	SSA			318 20	2721 40	2403 20
8/3	SSA			318 20	3039 60	2721 40
9-5	Cash			158 00	3,197 60	3039 60
F-3-a-103						

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71736:PE

Date 05/26/78

Amie J McGowan
Box 893
Georgetown GUYANA 894

Your Claim Number
355-01-1484 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the additional distance and the special handling involved.

Benefits may not be payable if you are not a United States citizen and are outside the country for more than 6 full consecutive calendar months. The conditions for payment of benefits are explained in the enclosed booklet. To help us determine whether you can continue to receive your benefits while you are outside the U.S., please complete the enclosed form SSA-21 as checked below:

- all questions on the form must be completed
- answer the questions checked in red on the form

This form should be completed and returned to us in the enclosed envelope. Your benefits will be stopped if the completed form is not received within 90 days.

If you are not a United States citizen and do not meet any of the conditions which permit payment of benefits outside the United States, you must return to this country at least once every 30 days for us to continue payments. Or, once you are outside the United States for 30 full consecutive days prior to the end of the 6-month period, you must return to the United States and spend 30 full consecutive calendar days here.

If neither of the above is done, benefits will be stopped after an absence of 6 consecutive calendar months. Once benefits are stopped, they can be started again if you return to this country and live here for 1 full calendar month. This means you must be in the United States continuously from before midnight of the last day of one month until after midnight of the last day of the next month.

F-3-b-104

OVER

While you are outside the U.S., you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work affects your right to receive benefits. We are enclosing a postcard which you may use to report any of the events described in the booklet. Please notify the nearest social security office when you return to the United States.

Any check you receive for a month for which you are not eligible should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
SSA-21
SSA-609
SSA-1425F
Return Envelope

UNITED STATES OF AMERICA
RAILROAD RETIREMENT BOARD
U.S. RAILROAD RETIREMENT BOARD
1515 CLAY STREET, ROOM 412
OAKLAND, CALIFORNIA 94612

JUN 6 1978

FAMILY OR FRIENDS OF THE FAMILY OF
ANNIE MCGOWAN, (DECD)
7625 E. ROAD
REDWOOD VALLEY, CA. 95470

RE: A-355-01-1484

It is requested that you

meet OUR REPRESENTATIVE

at the NORTHWESTERN PACIFIC RR DEPOT
4th & WILSON STREETS
SANTA ROSA, CALIF. 95402

ON TUESDAY, JUNE 13, 1978, at
9:30 a.m.

Please bring with you the items checked below.

YOU NEED NOT FURNISH ANY ITEM UNLESS IT IS CHECKED.


- Proof of marriage
- Proof of age for
- Proof of relationship for
- Social Security number(s) for
- Proof of death. (death certificate) Or give us the date that she expired.

If you cannot be there, please contact the Board office shown at the top of this letter. If you write, give a telephone number at which you can be reached.

VERY TRULY YOURS,
L. N. Rollins
L. N. ROLLINS
CONTACT REP.

Enclosure

F-3-b-105

RRB FORM RL-119 (11-76) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF ANNUITY ADJUSTMENT OR REINSTATEMENT	When Writing To The Board Always Give: THE EMPLOYEE'S NAME and THIS CLAIM NO.  A 355-01-1484	DATE JUN 21 1978
---	--	---------------------

• F-3-b-106a

The monthly annuity payments in this case have been reinstated for the reason(s) given below.

We are sorry for any inconvenience we may have caused you.

Benefits will now be paid as follows:

<u>NAME</u>	<u>MONTHLY RATE</u>	<u>EFFECTIVE DATE</u>
Annie McGowan	\$124.25	12-1-77

Your check includes the amount due you through 5-31-78.

Succeeding checks will be mailed during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest district office of the Board. If you call in person, please bring this notice and any other material you have about your claim with you.

H.P. Gibbons

H. P. Gibbons
 Director of Retirement Claims

Enclosures
 Check
 703
 974

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

IMPORTANT

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of your annuity.

**IF YOUR CHECKS ARE MAILED
DIRECTLY TO YOU --**

- **ANNUITY CHECKS** are mailed to you by the Treasury Department. If you receive an annuity check for any month for which you should not be paid, return the check to the:

Treasury Department
P.O. Box 8670
Chicago, Illinois 60680

- **IF YOU CHANGE YOUR ADDRESS**, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

**IF YOUR CHECKS ARE SENT TO YOUR
CHECKING OR SAVING ACCOUNT--**

- **YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD** if you change your home or mailing address, so that you will be sure to receive Board mail (including important notices about payment of your annuity).

If you believe the decision on your claim is incorrect, you may ask that the decision be reconsidered based on additional evidence you may have. If you have no additional evidence or statements to submit, you may ask for more details as to the reason for the decision.

If you still disagree with the decision after the claim has been reconsidered or additional information furnished, you may appeal to the Bureau of Hearings and Appeals. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

**ALWAYS GIVE YOUR CLAIM NUMBER AND THE EMPLOYEE'S NAME WHEN
WRITING TO US.**

06 21 78821

AB-2 (11-76)

Your regular railroad retirement annuity will be increased to \$126.75 beginning with your next month's payment. This increase is based on the rise in the cost-of-living.

F-3-d-106 b

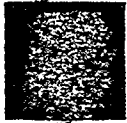

703 (6-78)

Your premium payments due for medical insurance have been deducted from the enclosed annuity check. This deduction covers premiums due for months after your annuity was suspended. The monthly rate shown in this letter is the rate before the premium deduction.

Succeeding monthly premiums will be deducted from your annuity check each month.

974
(12-73)

F-3-d-106 c



Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Mary Murphy
c/o Mission Village
Box 893
Georgetown Guyana
SOUTH AMERICA 894

Date
July 14, 1978
Your Claim Number
385-26-7009 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

F-3-d-107

Enclosures:
Form SSA-609
Form SSA-1425F
Forms SSA-21 F4, SSA-5000, Return Envelope

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

ADDITIONAL INFORMATION ABOUT YOUR CLAIM

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 60 days, benefit payments will be stopped until it is received.

F-3-d-108

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Social Security Administration
No. 0 (7-63)

EARL MCKNIGHT

ILWU-PMA Benefit Plans - 1188 Franklin Street
San Francisco, CA 94109 (415) 673-8500

MEDICARE PLAN REIMBURSEMENT RATE INCREASE

The monthly Medicare (Part B) premium rate commencing July 1, 1978 is \$8.20 for each eligible Medicare enrollee. Reimbursement based on the new rate is included in this payment for all Medicare eligibles, and the amount is noted on each check stub as follows:

Medicare \$8.20 (1-person rate)	Medicare \$16.40 (2-person rate)
---------------------------------------	--

DISABLED PERSONS UNDER AGE 65

A disabled person under age 65 is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement date. A person under age 65 must notify the Benefit Plans office when he or she becomes eligible for Medicare. ILWU-PMA Welfare Plan health coverage is combined with Medicare when an eligible person is enrolled in Medicare. Therefore, if you have not reported your own or your dependent's entitlement to Medicare-- do so now, as this will allow us to reimburse your Medicare premium.

ALL PENSIONERS/WIDOWS

The Benefit Plan office should be notified should any event listed below occur.

1. A change of marital status-
 - (a) Divorced or separated
 - (b) Married
 - (c) Widowed
2. A change of Medicare status-
 - (a) Loss of Part B coverage
 - (b) Medicare entitlement before age 65

For your information, ILWU locals keep a supply of record change forms for reporting such changes.

TJ/jc
7/1/78 - OPEU/29

F-3-2-109

Social Security Notice of Benefit Termination

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: 09/19/78
IRI-71736:PE

Joyce F McIntyre
PO Box 893
Georgetown
GUYANA 894

Claim Number:
428-01-8590 C1

For

For Children of

As Gdn. of

Cons. of

R-3-1-110

You are not entitled to receive benefit payments beginning 10/76 for the reason indicated below. Any check received for this month, or later months, should be returned to the Treasury Department, Bureau of Accounts, Division of Disbursement, as shown on the check envelope. Social security benefit checks are normally dated the third of the month following the month for which they are payable. If the check (s) has been cashed, please make repayment in the amount of the check (s).

Overpayment Information (See Reverse Side)

- Our records indicate you have been overpaid \$. If your benefits have been sent to a financial institution, they must be returned. If the check (s) covering this amount has not been cashed, please return it to the Treasury Department as shown above. If the check (s) has been cashed, make the refund payable to the Social Security Administration, and send it to Social Security Administration, Division of International Operations, P.O. Box 1756, Baltimore, Maryland 21203 U.S.A. Always include your claim number as indicated above on the check or money order. Please disregard this request if you have already repaid the overpayment.

Termination Reasons

- Death of beneficiary

Note: All of the beneficiary's unused benefits (plus accrued interest) belong to his estate and should be remitted to the legal representative or, if there is no legal representative, disposed of in accordance with State law.

Caution: This instruction does not apply to uncashed checks; they should be returned as indicated above. If the check is for a month prior to death, get in touch with any social security office as the check may be reissued.

Auxiliary Benefits

- Divorce Marriage Remarriage

Child or Student Benefits

- No longer meets full-time student requirements

Note: If the student has not attained age 22, benefits may be payable if full-time school attendance is resumed in or before the month the student becomes 22.

- Attained age 18 or 22 and not receiving benefits because of a disability.

Note: Get in touch with any social security office if the child is disabled as further benefits may be payable.

Mother or Widow Benefits

- Child attained age 18 and not disabled*
 Death Marriage of Child*
 Failure to have a child entitled to benefits in your care*

** Note: If the child returns to your care or you attain age 62 (or age 60 if you are then a widow; or age 50 if then disabled and a widow), get in touch with any social security office as you may be entitled to further benefits.*

Miscellaneous

- Other

It has been determined that your student benefits should have terminated effective 10/76. Since you received \$86.80 10/76 through 05/77 and \$92.00 for 06/77, you are overpaid the above amount.

Important: See other side for an explanation of your appeal rights and other information.

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-597F (7-76)

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, Social Security Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post. If you visit an office, please take this letter with you.

Overpayment Information

If you have been overpaid, please read the following:

If you wish to repay the overpayment by installments or have a smaller amount withheld from your social security payment over a longer period of time, get in touch with any social security office. Any overpayment must be withheld from benefits or paid back unless the following statements are true:

- a. The overpayment was not your fault in any way and you checked the check (s) because you thought it was correctly paid to you, and
- b. You could not meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address on the other side. We may ask you about your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Notice of termination of medical insurance benefits

Date: 07/25/78

Claim No: 124-14-0111 A

LILLIAN E MALLOY
BOX 893
GEORGETOWN GUYANA 894

Date Your Medical Insurance Ends

JUN 30, 1978

As you requested, your medical insurance protection has been stopped. The date your coverage ended is shown above. This notice concerns your medical insurance only. If you have hospital insurance, that coverage will continue.

Medical insurance premiums will no longer be deducted from your social security checks. If any excess premiums have been withheld from your benefits, they will be refunded in a separate check.

Please write to the address shown above if you want information about starting your medical insurance again.

F-3-D-111

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

1-12 40
210

JUN 30 1978

No 01009482

CHEMICAL BANK
422 PARK AVENUE (85TH STREET)
NEW YORK, N. Y. 10022

R- 2747

29.61 \$ 29.61*

TO
THE
ORDER
OF

MISS LILLIAN E MALLOY
P O BOX 15156
SAN FRANCISCO, CA
94115

Dorothy M. Andrews
EXECUTIVE DIRECTOR

⑆01009482⑆ ⑆0210⑆0012⑆ 610⑆402803⑆

F-3-d-112

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Irene Mason
c/o Mission Village
P.O. Box 893
GEORGETOWN GUYANA

Date: June 28, 1978

Claim Number:
421-24-4439 F2

E-3-D-113

Information about your social security benefits is shown below:

1	Your next check will be for	\$ 238.60
2	It will cover benefits due you through	June 1978
3	And will be sent about	July 1978
4	After that, you will receive your regular check of	\$ 207.80

We were notified by the State of California that they stopped paying your medical insurance premiums for you as of November 1977. Therefore, you were responsible for all premiums since that date. Action was taken to withdraw you from the medical insurance program effective March 1, 1978. The above mentioned check included a refund of \$30.80 in premiums withheld from your monthly benefit payment since that date.

We are sorry for any inconvenience this may have caused you.

Please notify any social security office promptly of any event which might affect the payment of benefits. There is an explanation on the back of this notice of how work and earnings affect benefit payments. If you are enrolled in the medical insurance program, please see Item 2 on the back of this notice.

If you have questions about your claim, you may get in touch with any social security office or write to us at the above address.

Enclosures:
SSA-609
SSA-1425F

Important: See other side for an explanation of your appeal rights and other information. ▶

Department of Health, Education, and Welfare
Social Security Administration

SSA-L761F (3-76)

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. If monthly social security benefits are being paid to you now—

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. If monthly social security benefits are not being paid to you now—

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. Medicare outside the U.S.

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in

the U.S. than the nearest U.S. hospital which can provide the care needed. 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 your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and

b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We shall need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

Social Security Medicare Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A. TRI-71722:DA

Date May 29, 1978

Peraley Morris
% Mission Village
Box 893
Georgetown Guyana
SO AM 894

Your Claim Number:
428-05-7925 B

F-3-b-114

You have asked us to stop your medical insurance coverage under Medicare. The decision to keep or drop this protection is, of course, one which only you can make. We think you should carefully consider the following facts before your decision becomes final, particularly if you plan to come to the United States to live or to receive medical services.

Hospital and medical insurance pays for services furnished inside the United States. (Inside the United States means within the 50 States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.) Therefore, if you plan to come to the United States to live or receive health services, your health insurance protection may be very important to you. If, however, you do not return to the United States to live or receive medical care, these insurance programs will not benefit you. Your decision to drop the medical insurance part of your health insurance would be proper in that case. Stopping your medical insurance does not affect your hospital insurance if you have such coverage. Hospital insurance is provided free of charge and may be used by you if you ever return to the United States.

You may not be eligible to enroll for medical insurance in the future. IF YOU ARE ENDING YOUR SECOND ENROLLMENT, YOU CANNOT SIGN UP AGAIN FOR THIS PROTECTION. If you are ending your first enrollment, you may sign up again during January, February, or March of any year. Coverage would not begin until the following July, and your premiums may be higher than before.

Your medical insurance coverage and your obligation to pay premiums end on 09/30/78. We received your written request for cancellation on 05/22/78, but coverage and the obligation for premiums continue through the end of the calendar quarter after the calendar quarter in which the written request is received. (A calendar quarter is a 3-month period which ends March 31, June 30, September 30, or December 31 of any year.)

If you have any questions, this office will be glad to assist you.

F-3-a-115

TO: Levatus McKinnis
(Name)

437-20-9204
(Social Security Number)

Subject: REDETERMINATION OF PENSION BENEFITS

(Pursuant to Revision of Pension Agreement effective June 1, 1976)

Under the Pension Agreement between the Industrial Employers and Distributors Association and Warehouse Union Locals 6 and 17, ILWU as revised effective June 1, 1976 your pension credits have been recomputed as follows:

..... 19 years 2 months service @ 9.50 \$ 182.08

..... 3 years 5 months service @ 4.75 \$ 16.23

..... years months service @ \$ \$

TOTAL CREDITED SERVICE \$ 198.31

Actuarial Equivalent Benefit for Optional Early Retirement \$

Actuarial Equivalent Benefit for Joint & Survivor Option _____% \$

Pre-Retirement Death Benefit \$

Less Benefits Paid for by Company contribution to Company Plan \$

AMOUNT OF PENSION BENEFIT \$ 198.31

Commencing July 1, 1978 your regular monthly pension check will be issued in the foregoing amount, less deduction for dependent's hospital-medical coverage, if any, and plus Medicare reimbursement, if any.

Should it subsequently be discovered that the foregoing determination was in error for any reason, an appropriate adjustment in your pension benefits will be made.

**INDUSTRIAL EMPLOYERS and
DISTRIBUTORS ASSOCIATION**
as administrator of the
Warehousemen's Pension Trust

CC: Warehouse Union Locals 6 and 17
Wells Fargo Bank
Pension Files

By *Greene*

Social Security Medicare Notice

F-3-12-116

From: Bureau of Health Insurance

If you inquire, please include your Medicare Claim No. 367-26-9838A
Date SEP 05, 1978

IDA M NICHOLS
P O BOX 893
GEORGETOWN GUYANA 894

Your State Public Assistance Agency is no longer paying your Medicare MEDICAL INSURANCE premiums. The first month for which you are responsible for your medical insurance premium is

(Month and Year)

SEP 1978

If you are receiving social security payments, the premiums (including any you may owe for past months) will be deducted from future payments.

If you are not receiving social security payments, you will soon receive a bill for all premiums currently due. If you still owe premiums for any months before your State began paying them, the first month shown on your billing notice may be earlier than the date above. Do not pay anything until you receive this bill.

If you want to cancel your medical insurance coverage, notify your social security office immediately.

If you have any questions about this notice or your medical insurance protection, telephone or visit your social security office. Please take this notice with you if you visit a social security office.

**THE AMOUNT OF YOUR NEXT SOCIAL SECURITY PAYMENT WILL BE \$105.40
THIS PAYMENT WILL REFLECT DEDUCTIONS FOR MEDICARE PREMIUMS SINCE
SEP 1978 BEGINNING NOV 1978 YOUR REGULAR SOCIAL SECURITY
PAYMENT WILL BE IN THE AMOUNT OF \$113.60.**

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Ida M. Nichols
P.O. Box 893
GEORGETOWN GUYANA

Date
September 12, 1978

Your Claim Number
367-26-9838-A

F-3-d-117

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

F-3-b-118

REPORT OF CHANGE OF STATUS
OF AN INDIVIDUAL OUTSIDE THE UNITED STATES
(Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

Our address is:
Social Security
P.O. Box 1756
Baltimore, Maryland 21203

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

IDA M. NICHOLS

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID (It is a nine-digit number (000-00-0000) followed by a letter or a letter and a number, such as B, C, C, D, E, F, or H. Your report cannot be processed without this number.)

3 6 7 2 6 9 5 3

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and 405). It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act. The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
Check if change is for: More than 6 mos. 6 mos. or less

2. EMPLOYMENT (As employee or as self-employed person) DATE OF EMPLOYMENT

3. MARRIAGE GIVE PLACE OF MARRIAGE DATE OF MARRIAGE

4. DIVORCE OR ANNULMENT DATE DECREE FINAL

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE DATE CLAIMANT LEFT YOUR CARE

6. DEATH DATE OF DEATH

7. PERSON RECEIVING DISABILITY BENEFITS
 Returned to work MONTH - DAY - YEAR
 Condition improved MONTH - DAY - YEAR

8. CHANGE OF CITIZENSHIP (If checked give):
No longer citizen of _____ (Country) Now a citizen of _____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT

DATE SIGNED

IDA M. NICHOLS

10-10-74

MAILING ADDRESS (NUMBER AND STREET)

P.O. Box 893

CITY OR TOWNSHIP

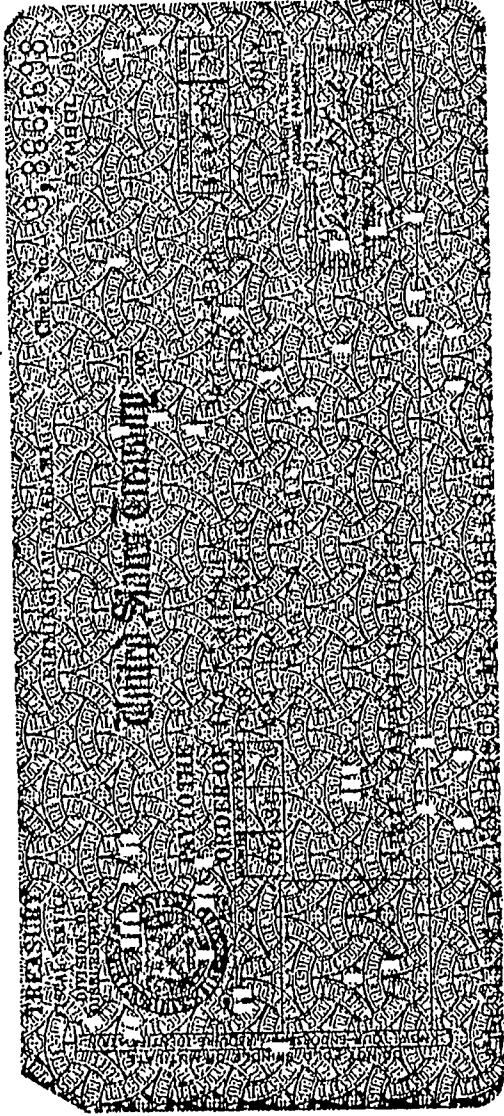
GEORGETOWN

POSTAL CODE

894

COUNTRY

GUAYANA



F-3-b-119

VETERANS ADMINISTRATION

DECEMBER 30, 1977

11000 WILSHIRE BLVD
44 LOS ANGELES CA 90024

IN REPLY REFER TO: 21/24

FILE NUMBER:

428 34 5894

CLEVELAND NEWELL 1
9310 KALMIA ST
LOS ANGELES CA 90002

.00 C NEWEL
C NEWEL

*Memo
File*

Your award has been amended to provide for payment as follows:

	MONTHLY RATE	EFFECTIVE DATE
	209.00	01 01 77
\$	222.00	01 01 78
	217.00	07 25 82
	212.00	01 13 85

THIS IS BASED ON OUR DETERMINATION THAT YOUR NET COUNTABLE INCOME FOR 1978 WILL BE \$ 0. WE CONSIDERED YOUR EXPECTED INCOME FOR 1978 OF \$ 0 EARNINGS, \$ 0 SOCIAL SECURITY, \$ 0 ANNUITY, \$ 0 OTHER SOURCES, YOUR SPOUSES \$ 0 EARNINGS, \$ 0 SOCIAL SECURITY, \$ 0 ANNUITY, \$ 0 OTHER SOURCES, AND ALL ALLOWABLE EXCLUSIONS AND DEDUCTIONS. THIS REFLECTS THE PROVISIONS OF THE RECENT LAW, EFFECTIVE 1-1-78, WHICH ALSO RAISED ALL ANNUAL INCOME LIMITS.

F-3-d-120

**IMPORTANT—SEE REVERSE FOR PROCEDURAL AND APPEAL RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE**

NOTICE OF PROCEDURAL AND APPEAL RIGHTS

We have based our decision on the evidence of record in your case and the applicable law. This explains your procedural and appeal rights in connection with this decision.

REPRESENTATION. You may be represented, without charge, by an accredited representative of a veterans organization or other service organization recognized by the Administrator of Veterans Affairs, or you may employ an attorney to assist you with your claim. If you desire representation, let us know and we will send you the necessary forms. If you have already designated a representative, no further action on your part is required.

NEW EVIDENCE. You may submit additional evidence to strengthen your claim. It is in your interest to send us any new evidence as promptly as possible. We will carefully consider it and let you know whether it changes our decision.

PERSONAL HEARING. If you desire a personal hearing to present evidence or argument on any point of importance in your claim, notify this office and we will arrange a time and place for the hearing. You may bring witnesses if you desire and their testimony will be entered in the record. The VA will furnish the hearing room, provide hearing officials, and prepare the transcript of the proceedings. The VA cannot pay any other expenses of the hearing, since a personal hearing is not required.

APPEAL. You may appeal our decision to the Board of Veterans Appeals at any time within one year from the date of this letter if you believe the decision is not in accord with the law and the facts now of record. You can start the appeal process by filing a Notice of Disagreement. You may do this by writing a letter to this office stating that you wish to appeal. If more than one benefit is involved, you should identify the benefit or benefits for which you are appealing. If you decide to appeal, we will advise you further as to your procedural rights as your claim progresses through the several stages of the appeal process.

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	
05/19/78	06/19/78	
ACCOUNT NUMBER		
00-47341-3		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

GERTRUDE NAILOR
 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					
00		00	01	17810	37930	48271	00	37930
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
DP	17810	602				5740	602	
						55740		
						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 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
- SD 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	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
 IMPORTANT INFORMATION

F-3-b-122d
 April 25 1978
 NUMBER 11-3 1210
 \$ 681.60
 DOLLARS
 GERTRUDE NAILOR
 Gertrude Nailor
 Bank of Montreal (California)
 233 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104
 1210 0003 000 4734 3
 0000068160

CHECKING ACCOUNT DEPOSIT TICKET
 Bank of Montreal (California)
 233 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104
 DATE 6/23 1978

CASH	
Sec. Sct.	178.10
TOTAL	
LESS CASH RECEIVED	TRF'L
NET DEPOSIT	178.10

 BE SURE EACH ITEM IS PROPERLY ENDORSED
 Jul 2 1978 F-3-b-122c
 11-3 Business Services 11-3
 1210 0003 000 4734 3
 0000017810
 CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

Bank of Montreal (California)
 S.F. OFFICE
 DATE 5-22-78
ADVICE OF MISPLACED CHECK
 TO OUR DEPOSITOR: Gertrude Nailor ACCOUNT NUMBER 00-47341-3
 ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT ON 5-17-78 IN THE AMOUNT OF \$ 681.60
 THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT. WE APPRECIATE YOUR PATIENCE IN THIS MATTER.
 DATE OF THIS TRANSMITTAL
 F-3-b-122d
 AUTHORIZED SIGNATURE
 AC-80 (4/78) TRANSMITTAL TO DEPOSITOR

Veronica Miller

03 90
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 08 24
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 MAY 1987

ANY BANK
 SAN FRANCISCO, CA 94104

854

0300 657111
 JUN -2 78
 PAY ANY FIRM, REG.
 BK. OF AM. IN. COMM.
 (CALIF. STATE) JAV
 SAN FRANCISCO, CA
 11-3 11-3

Bank of Montreal (California)

ADVICE OF MISPLACED CHECK

ACCOUNT NUMBER

IN THE AMOUNT OF \$

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.
 THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.
 ON THE AMOUNT OF YOUR ACCOUNT
 ATTACHED IS THE MISPLACED CHECK FOR OTHER DEBIT ENTRY THAT WAS PREVIOUSLY

AUTHORIZED SIGNATURE

TRANSMITTED TO DEPOSITOR

40 90 4 121

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date 09/22/78

Edith A. Parks
c/o Mission Village
PO Box 893
Georgetown
GUYANA

Your Claim Number
291-24-4573 A

F-3-b-123

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

ON OUTSIDE THE UNITED STATES
 (Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

On Social Security
 P.O. Box 1756
 Baltimore, Maryland 21203 U.S.

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

EDITH A. PARKS

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID. It is a nine digit number (000-00-0000) followed by a letter or a letter and a number (A, B, C, D, E, F, or H). Your report cannot be processed without this number.

2 9 1 | 2 4 | 4 5 7 |

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Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
 P.O. Box 1756
 Baltimore, Maryland 21203 U.S.A.

F-3-D-124

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
 Check if change is for: More than 6 mos. 6 mos. or less

2. EMPLOYMENT (As employee or as self-employed person) DATE OF EMPLOYMENT

3. MARRIAGE GIVE PLACE OF MARRIAGE DATE OF MARRIAGE

4. DIVORCE OR ANNULMENT DATE DECREE FINAL

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE DATE CLAIMANT LEFT YOUR CARE

6. DEATH DATE OF DEATH

7. PERSON RECEIVING DISABILITY BENEFITS

Returned to work MONTH - DAY - YEAR

Condition improved MONTH - DAY - YEAR

8. CHANGE OF CITIZENSHIP (If checked give):

No longer citizen of _____ (Country) Now a citizen of _____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT

Edith A. Parks

DATE SIGNED

10 1 75

MAILING ADDRESS (NUMBER AND STREET)

P.O. Box 893

CITY OR TOWNSHIP

GEORGETOWN

POSTAL CODE

894

COUNTRY

GUYANA - SOUTH AMERICA

Form 88A-1425F (3-77) Replaces 88A-1425FC and 88A-1425FC NA which are obsolete.

(OVER)

ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA

F-3-b-125

DETACH AND RETAIN THIS STUD

NAME	BENEFIT MONTH	GROSS	MEDICARE	W/H TAX	TOTAL PAY
POPLIN, OREEN	11/01/78	225.00	8.20		233.20

Social Security Benefit Information

F-3-b-126

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Oreen Poplin
c/o Mission Village
Box 893
Georgetown Guyana
SOUTH AMERICA

Date

August 14, 1978
Your Claim Number
466-05-6300 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F
SSA-21 & Envelope, SSA-5000

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

ELI LILLY AND COMPANY—RETIREMENT PLAN
SENT TO:

EVA H PUGH

EVA H PUGH
P O BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA

CA

DATE 11/01/78
CHECK NUMBER 11 101790
SOCIAL SECURITY NO. 304-01-7850

F-3-J-127

	THIS MONTH		YEAR-TO-DATE	
RETIREMENT AMOUNT	50.29		553.19	
TOTAL BENEFITS		50.29		553.19
TOTAL COST		0.00		0.00
TOTAL BEFORE TAXES		50.29		553.19
TOTAL TAXES		0.00		0.00
NET AMOUNT		50.29		553.19

F-3-d-128

THE LILLY RETIREMENT PLAN

The Employee Retirement Income Security Act of 1974 (ERISA) requires annual communication to participants regarding the Lilly Retirement Plan. This plan is administered by the Employee Benefits Committee of Eli Lilly and Company, 307 E. McCarty St., Indpls., IN 46225, (317) 281-2000. The following required financial reports are for the year of 1977.

STATEMENTS OF ASSETS AND LIABILITIES

	December 31	
	1977	1976
ASSETS		
Cash and time deposits	\$ 907,255	\$ 2,988,425
Investments—Note D:		
United States Government securities	31,581,215	13,818,614
Corporate bonds and notes	14,853,859	13,684,833
Common stocks	100,804,777	116,185,242
Common stock of Eli Lilly and Company	1,893,750	2,857,500
Common trust funds	50,634,386	32,232,006
Group annuity contract—Note G	10,480,516	10,480,494
Real estate	2,378,413	2,386,927
Other	522,881	616,724
	<u>212,947,797</u>	<u>192,272,340</u>
Accounts receivable for security sales	106,967	—
Interest and dividends receivable	1,436,093	904,953
Contribution receivable	—	15,685,956
	<u>215,398,112</u>	<u>212,051,684</u>
Less interests of pension plans of affiliated companies—Note E	2,291,267	1,929,650
	<u>\$213,106,845</u>	<u>\$210,122,034</u>
LIABILITIES AND NET ASSETS AVAILABLE FOR PLAN BENEFITS		
Accounts payable for security purchases	\$ 1,031,256	\$ 296,260
Net assets available for plan benefits	212,075,589	209,825,774
	<u>\$213,106,845</u>	<u>\$210,122,034</u>

See notes to financial statements

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR PLAN BENEFITS

	Year Ended December 31	
	1977	1976
Additions:		
Contributions	\$ 17,867,630	\$ 16,702,204
Interest and dividend income	10,910,993	7,400,403
Net gain on sale of securities	1,737,305	1,444,530
	<u>30,375,928</u>	<u>25,547,137</u>
Deductions:		
Retirement and disability benefits	12,192,271	10,724,339
Death benefits	110,000	107,450
	<u>12,302,271</u>	<u>10,831,789</u>
	<u>18,073,657</u>	<u>14,715,348</u>
Unrealized appreciation (depreciation) in aggregate current value of securities	(15,823,842)	19,909,214
NET ADDITIONS	<u>2,249,815</u>	<u>34,624,562</u>
Net assets available for plan benefits at beginning of year	209,825,774	175,201,212
NET ASSETS AVAILABLE FOR PLAN BENEFITS AT END OF YEAR	<u>\$212,075,589</u>	<u>\$209,825,774</u>

See notes to financial statements

NOTES TO FINANCIAL STATEMENTS

NOTE A—SIGNIFICANT ACCOUNTING POLICIES

Investments: Marketable securities and bank sponsored common trust funds are stated at aggregate current value. Securities which are traded on a national securities exchange are valued at the last reported sales price on the last business day of the year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices. For other securities which do not have an established market, the trustees have established a current value for such securities through an investment committee. Insurance contracts are stated at cost, which approximates current value.

Realized gains and losses on securities sold or redeemed are determined on the basis of average cost.

NOTE B—DESCRIPTION OF THE PLAN

The Lilly Retirement Plan is a noncontributory defined benefit plan which covers substantially all employees in the United States and provides for retirement, disability and survivor benefits. Contributions to the Plan by Eli Lilly and Company are actuarially determined and include normal cost, interest on unfunded prior service cost, and amortization of prior service cost over 40 years.

The Company has the right to terminate the Plan. In the event the Plan is terminated, the net assets are to be set aside for the payment of benefits to the participants. The Plan specifies that the order of such payments shall be first for participants receiving benefits at the date of termination, second for participants eligible for early retirement or vested participants at the date of termination, and third for all remaining participants at the date of termination who would have qualified for benefits at normal retirement age. However, in the event of termination, the Pension Benefit Guaranty Corporation guarantees the payment of all nonforfeitable basic benefits subject to certain limitations prescribed by the Employee Retirement Income Security Act of 1974.

NOTE C—BENEFITS

	December 31	
	1977	1976
Present value of vested benefits:		
For retired and terminated employees	\$107,112,730	\$ 97,290,062
For active employees	120,393,925	106,801,471
	<u>\$227,506,655</u>	<u>\$204,091,533</u>
Estimated actuarially determined unfunded prior service costs	\$ 81,008,198	\$ 81,500,613

The calculation of the present value of vested benefits under the Plan, and of the actuarially determined prior service costs (estimated accrued benefit cost arising from qualifying service before establishment of, or retroactive amendments to the Plan) were made by consulting actuaries as of January 1, 1978 and 1977. Based on these actuarial valuations, the current rate of employer contributions should be sufficient to meet current service costs and to fund the initial past service costs plus interest thereon over a period of 40 years.

The more significant assumptions underlying the actuarial computations for 1977 and 1976 were as follows:

Actuarial cost method	Frozen initial liability
Interest rate	7%
Mortality basis	1951 group annuity table—1963 projection and 1956 disabled railway employees table
Employee turnover	A turnover rate table wherein turnover for males ranges from 25% at age 15 to 0 at age 55 and for females ranges from 34% at age 15 to 0 at age 55
Compensation Adjustments	Approximately 6% annual rate to age 40 and 4% annual rate over age 40
Retirement	45% of all employees retire at age 62 and 55% at age 64 (normal retirement at age 65)

NOTE D—INVESTMENTS

The cost of investments at December 31, 1977 and 1976 was as follows:

	1977	1976
United States Government securities	\$ 32,167,954	\$ 12,965,124
Corporate bonds and notes	15,048,106	14,347,013
Common stocks	97,607,511	99,392,866
Common stock of Eli Lilly and Company	201,877	242,253
Common trust funds	53,742,342	34,938,105
Group annuity contract	10,480,516	10,480,494
Real estate	2,247,833	2,386,927
Other	684,271	729,359
	<u>\$212,180,410</u>	<u>\$175,482,141</u>

Eli Lilly

NOTES TO FINANCIAL STATEMENTS (Continued)

NOTE E—PENSION PLANS OF AFFILIATED COMPANIES

Employees of two companies affiliated with Eli Lilly and Company (Eli Lilly and Co., Inc. and Eli Lilly S. A., Puerto Rico Branch) are covered by pension plans separate from The Lilly Retirement Plan. However, contributions are made by all three companies to one trustee and the assets of the three plans are held in common. The trustee maintains an accounting of the aggregate current value of assets associated with each plan on a unit valuation basis.

NOTE F—INCOME TAX STATUS

The Internal Revenue Service has ruled that the Plan qualifies under Section 401(a) of the Internal Revenue Code and is, therefore, not subject to tax under present income tax laws.

NOTE G—GROUP ANNUITY CONTRACT

The Plan has deposited funds in a group annuity insurance contract with the Travelers Insurance Company earning a guaranteed interest rate of 9%. This contract has a termination date of June, 1980.

Plan participants and beneficiaries may obtain copies of the following more detailed annual report information upon request:

1. The latest full annual report including a list of the assets held for investment; and
2. A list of any loans or obligations in default.
3. A list of reportable transactions.

To obtain a copy of the documents listed above, write to the administrator asking for what you want. All of the documents listed above can be examined at your local employee benefits office.

NOTICE: YOUR MONTHLY CIVIL SERVICE ANNUITY CHECK HAS BEEN ADJUSTED AS SHOWN BELOW.

BRI 49-312-B
MARCH 1978

	GROSS MONTHLY ANNUITY	MONTHLY HEALTH BENEFITS	MONTHLY MEDICARE	OTHER DEDUCTIONS OR ADDITIONS *		NET MONTHLY CHECK		
				CODE	AMOUNT	CODE	AMOUNT	
OLD STATUS ▶	455.00	16.22						438.78 YOUR OLD CHECK BEFORE ADJUSTMENT
NEW STATUS ▶	477.00	16.22						460.78 NEW CHECK BEGINNING 10-1-78

YOUR CIVIL SERVICE RETIREMENT CLAIM NO. **CSA2107165**

BESSIE M PROBY
1435 ALVERADO TERR
LOS ANGELES CA 90006

REASON FOR ADJUSTMENT
4.9 COST-OF-LIVING

Authorizing Agency

U.S. CIVIL SERVICE COMMISSION
BUREAU OF RETIREMENT, INSURANCE
AND OCCUPATIONAL HEALTH
WASHINGTON, D. C. 20415

F-3-d-129a

*SEE REVERSE FOR EXPLANATION OF CODES

PLEASE KEEP THIS NOTICE FOR YOUR PERSONAL RECORDS. IF YOU HAVE ANY QUESTIONS CONCERNING THIS ADJUSTMENT CONTACT THE U.S. CIVIL SERVICE COMMISSION AT THE ADDRESS SHOWN ABOVE. BE SURE TO INCLUDE YOUR CLAIM NUMBER AS SHOWN ABOVE. (OVER)

The DIRECT DEPOSIT PROGRAM is for YOU

Over a year ago, a DIRECT DEPOSIT PROGRAM was implemented and it provides you the option of having your Civil Service annuity check deposited directly into a personal checking or savings account in a bank, savings bank, savings and loan association or similar institution, or Federal or State chartered credit union. More than 300,000 annuitants plus 7 million recipients of other Federal recurring payments have already signed up for DIRECT DEPOSIT. Participation is easy and without cost to you.

HERE ARE SOME ADVANTAGES TO YOU:

- While you are away from home, your money will be deposited directly into your account and will be available for your use.
- Your check can't be stolen from your mailbox.
- You will not have to stand in long lines or experience any other problems in cashing your check.

FOR ADDITIONAL INFORMATION SEE THE REVERSE SIDE OF THIS CARD

FORM 10-20120

F-3-d-129a

BRI 49-401
JUNE 1978

■ INFORMATION ABOUT YOUR COST OF LIVING INCREASE

Your gross monthly annuity has been changed as shown on the front of this notice by a cost-of-living increase. The difference in the amount of your annuity is not necessarily exactly equal to the percentage increase indicated under the "REASON FOR ADJUSTMENT" because the law requires that we round to the nearest dollar. Any deductions or additions shown are not affected in any way by the increase.

Any survivor rates shown on the other side of this notice include the cost-of-living increase.

The cost-of-living increase does not apply to additional annuity purchased by voluntary contributions. This exclusion applies only to a relatively small number of annuitants.

NRCC/MP-25-418 B

CODES FOR OTHER DEDUCTIONS AND ADDITIONS

CODE DEDUCTION FOR:

- 10 Government Claim
- 11 Special Payment
- 12 Annuity Overpayment
- 15 State National Guard
- 22 Retroactive Health
- 23 Benefits Premium
- 24 Retroactive Medicare Premium
- 31 Federal Income Tax
- 35 Court Ordered Garnishment

CODE ADDITION FOR:

- 50 Government Claim
- 51 Special Payment
- 52 Accrued Annuity
- 72 Retroactive Health
- 73 Benefits Premium
- 74 Retroactive Medicare Premium

If you want to participate and alleviate any concerns about receiving your check, this is all you must do:

Contact the financial organization where you now have, or where you want to have, an account and complete a DIRECT DEPOSIT Form SF 1199A. (To be sure that the proper information is available to complete the form, it is best to take your annuity check with you when you go to sign up for DIRECT DEPOSIT.) Since the services provided by all financial organizations are not the same, ask your financial organization to explain to you what their policy is regarding notification from them concerning receipt of your payment.

Keep Civil Service informed of any change in your home or mailing address. This is because in the DIRECT DEPOSIT PROGRAM, only your check will be sent to the financial organization. All other mail from Civil Service will be sent directly to your home or mailing address.

If you need additional information about DIRECT DEPOSIT, contact your financial organization or the Civil Service Commission at the address below:

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

NRCC/MP-25-418 B

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 48,451,079
SYMBOL 2077

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



United States Treasury ¹⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

MONTH DAY YEAR
05 03 78

BESSIE M PROBY
1435 ALVARADO TERR
APT 101
LOS ANGELES CA 90006

337-12-1121
79 A

DOLLARS	CTS.
*****92	80

SOC SEC FOR APR

015
E. Schubert
VICE PRESIDENT OF FISCAL SERVICE

⑈ 20779⑈ ⑆0000⑈0051⑆ 484510796⑈

F-3-d-130

F-3-d-131a

Bank of Montreal
(California)

BANK OF MONTREAL
333 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	
05/19/78	06/19/78	
ACCOUNT NUMBER		
00-47336-7		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

LUVENIA JACKSON
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					
00	00	01	12200	24400	31483	00	24400	
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
DP	12200	602				36600	602	
						36600		
						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 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	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
IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal

(California)
333 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 6/2 19 78

CASH		
CHECKS	Soc. Sec.	122.00
TOTAL		
LESS CASH RECEIVED		
TOTAL ITEMS	NET DEPOSIT	122.00



11-3
1210

BE SURE EACH ITEM IS
PROPERLY ENDORSED

PAID TO THE ORDER OF
LUVENIA JACKSON

P.O. BOX 15156

SAN FRANCISCO, CALIF. 94115

11-3 Service 11-3

F-3-D-131 de

⑆ 1210 0003 00 47336 711 ⑈

⑆ 000000 12200 ⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 65699

PAY ANY OTHER P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA.
11-3 11-3

JUN -2 78

F-3-d-132

Bank of Montreal 
(California)

BANK OF MONTREAL
 333 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	
05/19/78		06/19/78	
ACCOUNT NUMBER			
00-47335-9			
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO	
M		1	

DAVE JACKSON
 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					
00		00	00	56120	56120	00	56120	
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
						56120		
							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 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
- SD 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	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
 IMPORTANT INFORMATION

Social Security Benefit Information

F-3-1-133

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Margaret James
PO Box 893
Georgetown Guyana
SOUTH AMERICA

Date
June 14, 1978
Your Claim Number
124-16-6941 HA

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 90 days, benefit payments will be stopped until it is received.

Enclosures: SSA 21, Envelope
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-1592AF (2-74)

F-3-a-134

Building Service Employees Pension Trust

PRINCIPAL TRUST OFFICE
FOX PLAZA BUILDING
1390 MARKET STREET, #1018
San Francisco, California 94102 • Telephone (415) 552-9050

TRUSTEES
GEORGE HARDY
GERALD KELSO

ALTERNATES
WILLIAM SUNDSBY
ROBERT D. ANACKER

ADMINISTRATOR
ELLIS S. CHENEY



September 29, 1978

Ms. Gladys Jackson
P.O. Box 893
Georgetown Guyana
SOUTH AMERICA

Dear Pensioner:

This letter will serve as notification that your retirement benefits have been suspended, as we have not received verification of your existence, as requested in our letters of April 17, 1978 and August 15, 1978.

If you are unable to obtain the written verification from the United States Embassy, verification by responsible individuals other than embassy or consular employees would be acceptable. Therefore, we are enclosing the form "Verification of Identity" that is to be completed in it's entirety and returned to this office immediately.

Upon receipt of the properly completed and verified form, all suspended payments will be issued to you immediately.

Your cooperation and promptness in resolving this matter would be appreciated.

Very truly yours,

BUILDING SERVICE EMPLOYEES
PENSION TRUST

sh
opeiu #3
afl/cio/130

Enclosure

L.A. County Administration
Building,
500 W. Temple St.
Los Angeles, Calif

PO Box 893
Georgetown Guyana

Re: Gladys Jackson
274 Hermann St.
San Fran, Calif

Dear Sirs,

Please change the address that you
have in my records so that I can
receive my mail at this new address.

Please change immediately from the
above San Francisco address to:

PO Box 893

Georgetown, Guyana
South America

Thank you

Sincerely

Gladys Jackson

L. A. County Administration Bldg.
500 W. Temple Street
Los Angeles, CA 90012

F-3-b-135

L.A. County Administration
Building,
500 W. Temple St.
Los Angeles, Calif

PO Box 893

Georgetown, Guyana

Re: Gladys Jackson
274 Hermann St
San Fran, Calif

Dear Sirs,

Please change the address that you
have in my records so that I can
receive my mail at this new address.

Please change immediately from the
above San Francisco address to:

PO Box 893

Georgetown, Guyana

South America

Thank you

Sincerely

Gladys Jackson

F-3-k-136

L. A. County Administration Bldg.
500 W. Temple Street
Los Angeles, CA 90012

Beacon Maintenance Co
Retirement Fund
Golden Gate Ave
San Francisco, Calif

Georgetown, Guyana

Re: Gladys Jackson
274 Herman St
San Fran, Calif

Dear Sue,

Please change the address
that you have in my records so
that I can receive my mail at
this new address. Please change
immediately from the above San
Francisco address to:

P.O. Box 893
Georgetown, Guyana
South America

Thank you,

Sincerely,

Gladys Jackson

P.O. Box 6143
San Francisco, CA

F-3-d-137

Service Employees Pension Fund
240 Golden Gate Ave., Rm. 109
San Francisco, CA 94102

UNITED STATES
CIVIL SERVICE COMMISSION
WASHINGTON, D. C. 20415

POSTAGE AND FEES PAID
U.S. CIVIL SERVICE COMMISSION
FIRST CLASS



EARTIS JEFFREY
% MISSION VLG
PO BOX 893
GEORGETOWN GUYANA

CSA1307324

F-3-d-138a

BRI 49-402
March 1978

BRI 49-402
March 1978

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

WE HAVE YOUR CHANGE OF ADDRESS

Direct deposit—authorized receiving point. (If blank, annuity checks go to home address below.)

Home address:

Your claim number:

F-3-d-138d

If you changed your check mailing address, we will direct your next payment to that address unless the monthly disbursing schedule would delay delivery. In such case, the change will be made for the following check. If your home address has changed, please notify your old post office to forward your mail. Please Note: If you requested other service in your communication, you will receive a separate reply.

Use the back of this form to notify us of future home address change.

TO CHANGE YOUR HOME ADDRESS ON OUR RECORDS . . .

Complete the back of the enclosed acknowledgement and mail it to this special unit for address changes:

United States Civil Service Commission
BRIOH Retirement Address Unit
Post Office Box 686
Washington, D.C. 20044

OTHER CORRESPONDENCE TO THE CIVIL SERVICE COMMISSION . . .

For prompt service, please address other correspondence to: U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415.

Always include your civil service retirement claim number, including the prefix "CSA" or "CSF" so that we can identify your records.

F-3-d-138c

See Other Side

BRI 49-402
March 1978

CHANGE OF ADDRESS—Mail to:
 U.S. Civil Service Commission
 BRIOH Retirement Address Unit
 Post Office Box 686
 Washington, D.C. 20044

DO NOT USE THIS FORM TO HAVE YOUR ANNUITY PAYMENTS SENT TO A FINANCIAL ORGANIZATION OR TO CHANGE TO ANOTHER FINANCIAL ORGANIZATION. Instead, you must use Standard Form 1199A, Authorization for Deposit of Federal Recurring Payments, which you get at any participating bank, savings and loan association, or Federal or State chartered credit union.

PRINT YOUR NAME (First, Middle, Last)		YOUR RETIREMENT CLAIM NUMBER (Including prefix "CSA" or "CSF")	YOUR DATE OF BIRTH
NEW HOME ADDRESS (Please print)	NUMBER AND STREET	If you have authorized direct deposit to your account in a financial organization, no change will be made in that arrangement unless you indicate that you now want your check to be mailed to your home address. If you do, write your initials in the block below. (Initials) <input type="checkbox"/> I now want my annuity check sent to my home address.	
	CITY, STATE, AND ZIP CODE		
YOUR SIGNATURE (Sign your name—do not print)			

U.S. Civil Service Commission, BRIOH Retirement Address Unit, P. O. Box 686, Washington, D.C. 20044

ABOUT YOUR ADDRESS—Monthly annuity payments go to your home address **UNLESS** you have authorized direct deposit into your account in a financial organization. (See enclosed acknowledgement.)

Information about your annuity and related benefits **ALWAYS** is sent to your home address; use the back of our acknowledgement form to notify us promptly if it changes. (If you have authorized direct deposit, no change will be made in that arrangement unless you tell us to mail your payments to your home address.)

FOR YOUR PROTECTION—Change of address requests must be over the signature of the annuitant. Changes reported to us by telegram, telephone, or a third party cannot be honored. Be sure to notify your old post office of any home address change so they can forward your mail.

MORE ABOUT DIRECT DEPOSIT—If your annuity check still goes to your home address—and you travel, move, or have other check delivery problems—you may prefer direct deposit. If so, complete Standard Form 1199A, Authorization for Deposit of Federal Recurring Payments, which you get at any participating bank, savings and loan association, or Federal or State chartered credit union.

To change direct deposit to another financial organization, complete a new Standard Form 1199A with the new organization. Your home address also appears on SF 1199A and, if changed, we update our records when this form is filed with us.

EXPLAIN TO YOUR FAMILY—By law, annuity payments are for the use of the annuitant. Death, incapacity, or any other event affecting annuity title must be reported to us immediately. This is especially important if you authorize direct deposit to a financial organization.

Social Security Medicare Information

F-3-2-139

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

TRI:71735:DA

Date August 4, 1978

Helen Johnson
PO Box 893
Georgetown Guyana
SOUTH AMERICA 894

Your Claim Number:
437-38-6670 HA

You have asked us to stop your medical insurance coverage under Medicare. The decision to keep or drop this protection is, of course, one which only you can make. We think you should carefully consider the following facts before your decision becomes final, particularly if you plan to come to the United States to live or to receive medical services.

Hospital and medical insurance pays for services furnished inside the United States. (Inside the United States means within the 50 States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.) Therefore, if you plan to come to the United States to live or receive health services, your health insurance protection may be very important to you. If, however, you do not return to the United States to live or receive medical care, these insurance programs will not benefit you. Your decision to drop the medical insurance part of your health insurance would be proper in that case. Stopping your medical insurance does not affect your hospital insurance if you have such coverage. Hospital insurance is provided free of charge and may be used by you if you ever return to the United States.

You may not be eligible to enroll for medical insurance in the future. IF YOU ARE ENDING YOUR SECOND ENROLLMENT, YOU CANNOT SIGN UP AGAIN FOR THIS PROTECTION. If you are ending your first enrollment, you may sign up again during January, February, or March of any year. Coverage would not begin until the following July, and your premiums may be higher than before.

Your medical insurance coverage and your obligation to pay premiums end on 09/30/78. We received your written request for cancellation on 05/22/78, but coverage and the obligation for premiums continue through the end of the calendar quarter after the calendar quarter in which the written request is received. (A calendar quarter is a 3-month period which ends March 31, June 30, September 30, or December 31 of any year.)

If you have any questions, this office will be glad to assist you.

I-3-2-140

April 13, 1977

City Employees' Retirement System
Room 505
111 E. First St.
Los Angeles, CA. 90012

Dear Sirs:

I am Earl Johnson, SSA# 440-12-6910. I am supposed to be receiving my retirement checks from the Dept. of Recreation and Parks. I understand you have these checks and are holding them until you have received word from me. I have moved to San Francisco, and my mailing address is P.O. Box 15156, San Francisco 94115.

Please send me my checks immediately, as I am badly in need of funds. Your very prompt attention to this matter will be appreciated.

Sincerely,

Earl Johnson
Earl Johnson

10156323182 #

Wells Fargo Bank
NATIONAL ASSOCIATION

BUSH-DIVISADERO OFFICE
1750 DIVISADERO ST. SAN FRAN CA
94115

F-3-*h*-142

0015 Z PG 1 ITEMS 0

Prepared for: RUBY N JOHNSON
1415 SCOTT ST APT 304
SAN FRANCISCO CA 94115

If you have any questions,
please call:

415 396-3783

NOW! DOUBLE YOUR MONEY IN LESS THAN NINE YEARS
WITH A SAVINGS PLAN THAT YIELDS 8.06% ANNUALLY.
1,000 DOLLARS OR MORE INVESTED IN OUR NEW 10-YEAR
DEPOSIT CERTIFICATE WILL EARN ANNUAL INTEREST AT A
RATE OF 7.75%. OTHER TIME DEPOSIT PLANS AVAILABLE.
SUBSTANTIAL INTERST PENALTY FOR EARLY WITHDRAWAL.

Please report any errors or omis-
sions within 14 days. Otherwise
statement will be considered correct.

Statement period:

7/ 7/78 THROUGH 8/ 3/78

Transactions		Transactions		Balance
CHECKING ACCOUNT 0015 632318				BEGINNING BALANCE
				7/ 7 .40
TOTAL DEBITS	.00	TOTAL CREDITS	.00	8/ 3 ENDING BALANCE
				.40

F-3-b-144

Social Security Award Certificate

Department of Health, Education, and Welfare
Social Security Administration
~~P.O. Box 1756, Baltimore, Maryland 21203~~

Date September 24, 1978

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

Claim Number 433-56-1779 A

Type of Benefit	Date of Entitlement	Monthly Benefit
Retirement	08/78	\$222.40

Fannie Jordan
Mission Village
Georgetown
GUYANA

Amount of First Payment: \$222.40

Shortly after September 3, 1978, you will receive your first payment which will include all benefits due you through August 1978. After that, a payment for \$214.20 will be sent each month.

Now that you are age 65 your disability benefits are being changed to retirement benefits beginning with the month shown on your new award certificate. You are subject to the 7-day work test. If you work on 7 or more days in a calendar month, you may not be eligible for social security benefits. We are enclosing a booklet which explains how your employment may affect your monthly benefits, as well as form SSA-1425F, which you should use to report such information to us.

Enclosures:
SSA-10137
SSA-1425F

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
Commissioner of Social Security

If you believe this determination is not correct, you may request that your claim be re-examined. If you want this reconsideration you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

The right to receive social security benefits carries with it certain responsibilities. They are explained in the booklet furnished you. Read this booklet carefully. Be sure that you understand clearly what you can expect by way of benefits, and what is to be expected of you. If you have any questions or wish additional information about your benefits, please get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit an office, however, please take this Certificate with you.

KEEP AS A PERMANENT RECORD — DO NOT DESTROY

Social Security Benefit Information

F-3-2-146

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date 8-14-78

Fannie Jordan
Mission Village
Georgetown
GUYANA

Your Claim Number
433-56-1779 HA

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You will receive a check shortly in the amount of \$3069.50 which includes all benefits due you for 5/77 thru 7/78.

The amendments to the Social Security Act increased your monthly benefit amount to \$208.80 effective 6/77 and \$222.40 effective 6/78.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

Social Security Benefit Information

F-3-D-147

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71736:PE

Robert Johnson
c/o Mission Village
PO Box 893 Georgetown
Guyana SOUTH AMERICA 894

Date

09/15/78

Your Claim Number

437-07-0486 A

We have stopped your social security checks because we have not received the Report to United States Social Security Administration we sent you. We have enclosed another one, and a self-addressed envelope. The form must be completed and returned before you can receive checks again.

If you have any questions about your claim, or need help in completing the form, please get in touch with the American Embassy.

Enclosures:
Form SSA-7162
Envelope

F-3-d-148a

Bank of Montreal
(California)



BANK OF MONTREAL
333 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	
05/19/78		06/19/78	
ACCOUNT NUMBER			
00-47354-5			
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO.	
M	1	1	

ROBERT 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				
00		01	29620	59240	76438	00	59240
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP		29620 602				88860	602
						88860	
						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 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	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
IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal
(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 6/2 19 76
6027

CASH		
CHECKS	Six Sec.	296.20
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		296.20



11-3
1210

ROBERT JOHNSON
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

11-3
F-3-b-1480

⑆ 1 2 1 0 ⑆ 0 0 0 3 7 0 0 1 7 3 5 4 ⑆

⑆ 0 0 0 0 2 9 6 2 0 ⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

BE SURE EACH ITEM IS PROPERLY ENDORSED

JUN - 2-78

PAY AMOUNT P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO, CA
11-3

0300 65710

ROBERT JOHN

ILWU-PMA Benefit Plans - 1188 Franklin Street
San Francisco, CA 94109 (415) 673-8500

MEDICARE PLAN REIMBURSEMENT RATE INCREASE

The monthly Medicare (Part B) premium rate commencing July 1, 1978 is \$8.20 for each eligible Medicare enrollee. Reimbursement based on the new rate is included in this payment for all Medicare eligibles, and the amount is noted on each check stub as follows:

Medicare \$8.20	Medicare \$16.40
(1-person rate)	(2-person rate)

DISABLED PERSONS UNDER AGE 65

A disabled person under age 65 is entitled to Medicare coverage after the 24th month of his or her social security benefit entitlement date. A person under age 65 must notify the Benefit Plans office when he or she becomes eligible for Medicare. ILWU-PMA Welfare Plan health coverage is combined with Medicare when an eligible person is enrolled in Medicare. Therefore, if you have not reported your own or your dependent's entitlement to Medicare-- do so now, as this will allow us to reimburse your Medicare premium.

ALL PENSIONERS/WIDOWS

The Benefit Plan office should be notified should any event listed below occur.

1. A change of marital status-
 - (a) Divorced or separated
 - (b) Married
 - (c) Widowed
2. A change of Medicare status-
 - (a) Loss of Part B coverage
 - (b) Medicare entitlement before age 65

For your information, ILWU locals keep a supply of record change forms for reporting such changes.

TJ/jc

7/1/78 - OPEU/29

F-3-b-149

F-3-b-150a

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

Bank of Montreal 
(California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT	
06/19/78	07/19/78	
ACCOUNT NUMBER		
00-47395-2		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	2	1

LUEDELLA 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				
01	30.90	01	72.90	5.00	164.23	.00	35.90
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	30.90	6/28				50.00	6/28
	72.90	7/07				22.90	7/07
						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 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	Days in Cycle	Annual Percentage Rate				

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SEE REVERSE SIDE FOR
 IMPORTANT INFORMATION

NUMBER
F-3-D-1500

June 23 1978

PAY TO THE ORDER OF Cash \$309.90/00

Three hundred nine and ninety/100 DOLLARS

Bank of Montreal LUEDELLA JOHNSON

Cash *Luedella Johnson*

⑆1210⑉0003⑆.00 47395 2⑈ ⑈0000030990⑈

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
322 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 7/7/78 1978

LUEDELLA JOHNSON
P.O. BOX 15158
SAN FRANCISCO, CALIF. 94115

CASH	
CHECKS	500.90
CASH	78.90
TOTAL	579.80
LESS CASH RECEIVED	
TOTAL ITEMS	NET DEPOSIT
	78.90

⑆1210⑉0003⑆.00 47395 2⑈ ⑈0000007290⑈

11-3 Services 11-3

F-3-D-1500

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 0450

I ACKNOWLEDGE RECEIPT IN CASH OF
THE FULL FACE AMOUNT OF THIS CHECK.

PAY ANY BANK P.E.G.
BK. OF MONTREAL
SAN FRANCISCO CA

Lred...

PAY TO THE ORDER OF
Bank of Montreal

(California)
FOR DEPOSIT ONLY
CHECK CASHING AND
MONEY ORDER SERVICES
COMPANY
00-10362-4

0300 17167

PAY ANY BANK P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA.
11-3 11-3

JUL -7 78

Social Security Benefit Information

F-3-d-151a

8681

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date:

8/2/78

Claim Number:

438-64-3394 HA

DONALD JACKSON
X MISSION VILLAGE
PO BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA

894

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 06/78. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

IF YOU DO NOT INTEND TO RETURN TO THE UNITED STATES, YOUR DECISION TO WITHDRAW FROM THE MEDICAL INSURANCE PROGRAM MAY BE WISE. HOWEVER, IF THERE IS A POSSIBILITY THAT YOU MAY RETURN TO THE UNITED STATES IN THE FUTURE, TO LIVE OR TO RECEIVE MEDICAL SERVICES, YOU MAY WISH TO CONSIDER CONTINUING YOUR MEDICAL INSURANCE PROTECTION. YOU SHOULD ALSO CONSIDER THE LIMITATIONS ON REENROLLMENT IN THE PROGRAM.

YOUR NEXT PAYMENT FOR \$502.90 WILL INCLUDE BENEFITS DUE THROUGH 07/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR \$494.70.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

I

(OVER)

Important: See other side for an explanation of your appeal rights and other information. ▶

Department of Health, Education, and Welfare
Social Security Administration

SSA-L475F (1-77)

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. *If monthly social security benefits are being paid to you now—*

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. *If monthly social security benefits are not being paid to you now—*

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. *Medicare outside the U.S.*

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in

the U.S. than the nearest U.S. hospital which can provide the care needed. 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 your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

- a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and
- b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We shall need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

F-3-d-151d

A PERSON HAS ONLY TWO OPPORTUNITIES TO ENROLL IN THE MEDICAL INSURANCE PROGRAM. THIS ENDS YOUR FIRST ENROLLMENT. IF YOU WISH TO ENROLL AGAIN, YOU MUST SIGN UP DURING JANUARY, FEBRUARY, OR MARCH OF ANY YEAR. COVERAGE WOULD NOT BEGIN UNTIL THE FOLLOWING JULY AND YOUR PREMIUMS MAY BE HIGHER THAN THEY WOULD BE IF YOU HAD NOT WITHDRAWN FROM THE PROGRAM.

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

AUSTIN, TEXAS

Check No. 34,313,350
SYMBOL 2207

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSER... REQUIR... IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF MARY J RODGERS
719 PAGE ST
SAN FRANCISCO CA 94117

03-766-771

50 62 21

DOLLARS	CTS.
*****50	00

MONTH	DAY	YEAR
06	21	78

COB
[Signature]
FISCAL SERVICE OFFICE

⑈ 22077⑈

⑆0000⑆0051⑆ 343133505⑈

F-3-l-152

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

AUSTIN, TEXAS

Check No. 90,318,025
SYMBOL 2207

DO NOT FOLD SPINDLE OR MUTILATE
KNOW YOUR ENDORSEER . . . REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF MARY J ROGERS

03-766-771

MONTH YEAR
06 30 78

710 PAGE ST
SAN FRANCISCO CA 94117

21 62 21
10

DOLLARS	CTS
*****50	00

VA COMP

[Signature]
UNITED STATES TREASURY OFFICER

⑈ 22077 ⑈

⑆0000⑆005⑆ 903180256⑈

F-3-d-153

F-3-b-154a

Bank of Montreal
(California)



BANK OF MONTREAL
333 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 05/19/78	DATE OF THIS STATEMENT 06/19/78
ACCOUNT NUMBER 00-47401-0	
DISPOSITION CODE M	PAGE NO 1

ODENIA ROBERSON
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					
00		00 01	19580	114410	125779	00	114410	
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE		DATE
DP	19580	602				133990		602
						ENDING BALANCE		
						133990		

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 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 LINE	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
IMPORTANT INFORMATION

Bank of Montreal (California) 

DATE

ADVICE OF MISPLACED CHECK

ACCOUNT NUMBER

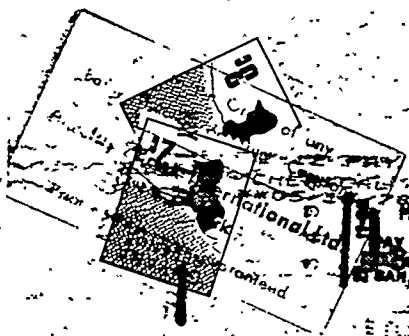
IN THE AMOUNT OF

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT. WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

DATE OF THIS TRANSMITTAL

[Signature]
TRANSMITTED SIGNATURE

TRANSMITTAL TO DEPOSITOR



0300 65712

4 11-3

MAY 1978

Deanna Robinson



JUN -2 78

PAY ANY OTHER BANK
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO, CA.
11-3 11-3

0300 65712

F-3-D-155a

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

Bank of Montreal
 (California)



STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 06/19/78	DATE OF THIS STATEMENT 07/19/78	
ACCOUNT NUMBER 00-47401-0		
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1	PAGE NO 1

ODENIA ROBERSON
 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				
00		01	27070	133990	145720	00	133990
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	27070	707				161060	707
						161060	
						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 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
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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	

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SEE REVERSE SIDE FOR
 IMPORTANT INFORMATION

0300 17137

PAY ANY BANK P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA
11-3 11-3

JUL -7 79

F-3-b-156a

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

Bank of Montreal
 (California)



STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 07/19/78	DATE OF THIS STATEMENT 08/18/78	
ACCOUNT NUMBER 00-47401-0		
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1	PAGE NO 1

ODENIA ROBERSON
 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				
00		00	21680	161060	172622	00	161060
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP		21680				182740	803
						182740	
						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 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
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- 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	Days in Cycle	Annual Percentage Rate			

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SEE REVERSE SIDE FOR
 IMPORTANT INFORMATION

0300 57820

PAY ANY BANK P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA.
11-3 11-3

AUG -3 78 1

F-3-D-157a

Bank of Montreal
(California)



BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 267

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 08/18/78	DATE OF THIS STATEMENT 09/19/78	
ACCOUNT NUMBER 00-47401-0		
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1	PAGE NO 1

ODENIA ROBERSON
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					
00		01	21680	182740	192902	00	182740	
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
DP		21680 905				204420	905	
						204420		
							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 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	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
IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal

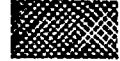
(California)
221 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94111

DATE 9/4 1978

SFF 5-2 11-3

ODENA ROBERSON
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Automatic deposit	
TOTAL		
LESS CASH RECEIVED		
TOTAL DEPOSIT	NET DEPOSIT	216.80



11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

F-3-b-157

⑆ 1210 0003 00 474 0 ⑆

⑆ 0000021680 ⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 00933

PAY ATTORNEY P.E.G.
BK. OF CALIF. REAL
(CALIF. STATE BAR)
SANTA MONICA CA.
11-3 11-3

SEP -5 78

 Bank of Montreal (California)


Particulars F-3-b-158 Amount

SP Branch

We advise having credited your account with the amount(s) shown.


C/A 474010 Account 7-7 1978

To: Odenia Roberson
P.O. Box 15156
S.F., Ca. 94115

<u>Sec. Sec.</u>	<u>\$270.70</u>
<u>9</u>	

DD-2 12/72

CHECKING ACCOUNT DEPOSIT TICKET

 Bank of Montreal
 (California)
 333 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104

DATE 8/3 1978

ODENIA ROBERSON
 P.O. BOX 15156
 SAN FRANCISCO, CALIF. 94115

CASH	
<u>Sec. Sec. 216.80</u>	
NET DEPOSIT	<u>216.80</u>

11-3
1210


BE SURE EACH ITEM IS PROPERLY ENDORSED

F-3-b-159

⑆01210⑆⑆0003⑆⑆00 47401 0R⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

CHECKING ACCOUNT DEPOSIT TICKET

 Bank of Montreal
 (California)
 333 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104

DATE 9/4 1978

ODENIA ROBERSON
 P.O. BOX 15156
 SAN FRANCISCO, CALIF. 94115

CASH	
<u>Quoted deposit</u>	
NET DEPOSIT	<u>216.80</u>

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

bb F-3-b-160

⑆01210⑆⑆0003⑆⑆00 47401 0R⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

F-3-2-161



EMBASSY OF THE
UNITED STATES OF AMERICA
Georgetown, Guyana

August 17, 1978

Mrs. Willie B. Reed
Box 893
Georgetown, Guyana

Dear Mrs. Reed:

We refer to a request for services received from the office of the Social Security Administration in Baltimore, Maryland concerning an overpayment made to you in the sum of \$112.40 and a penalty which was imposed because you did not file an annual report on time.

Their office has received your correspondence of April 25, 1978 and the penalty has been revoked. However, there is still an outstanding overpayment of \$112.00 and if you request a waiver, please complete and return to this office the attached SSA-632. The overpayment may be recovered by withholding \$10.00 a month, as requested in your letter or, if you wish partial withholding, a signed statement to this effect will be necessary.

Sincerely,

A handwritten signature in cursive script, appearing to read "D. Ellice, Jr.", written in dark ink.

Douglas V. Ellice, Jr.
American Consul

Enclosure:
As stated above

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Notice of termination of medical insurance benefits

Date: 09/25/78

Claim No: 423-16-8734 A

WILLIE B REED
P O BOX 893
GEORGETOWN GUYANA 894

Date Your Medical Insurance Ends SEP 30, 1978
--

As you requested, your medical insurance protection has been stopped. The date your coverage ended is shown above. This notice concerns your medical insurance only. If you have hospital insurance, that coverage will continue.

Medical insurance premiums will no longer be deducted from your social security checks. If any excess premiums have been withheld from your benefits, they will be refunded in a separate check.

Please write to the address shown above if you want information about starting your medical insurance again.

F-3-D-162

F-3-b-163a

423-1-20-784

NAME OF OVERPAID (PERSON)

NAME OF INSURED INDIVIDUAL

Willie B Reed

same

Privacy Act Notice: If an overpayment has been made, the Social Security Administration (SSA) is required by law to recover such amount unless recovery of the overpayment may be waived. Recovery of an overpayment may be waived only if you are not at fault in connection with the overpayment AND recovery would deprive you of income necessary to meet your ordinary living expenses or would be otherwise unfair. The information requested on this form is authorized by law and will enable SSA to determine whether recovery may be waived. If SSA determines that recovery may not be waived, the financial information on this form may be important in establishing the rate of recovery or the extent of the recovery efforts. Disclosure of information requested on this questionnaire is voluntary, but failure to provide the information requested may result in a denial of your request for waiver, and, if SSA is unable to recover the overpayment, it may be necessary to report the overpayment to the General Accounting Office for further collection effort.

The information you furnish on this form may be disclosed by SSA to another person or to another government agency for the following purposes:

- 1) to assist SSA in establishing the right of an individual to social security or black lung benefits and/or the amount thereof;
- 2) to facilitate statistical research and audit activities necessary to assure the integrity and improvement of the programs administered by SSA; and
- 3) to comply with Federal laws requiring the exchange of information between SSA and another agency (such as the General Accounting Office).

* Sections 204, 1631(b), and 1870 of the Social Security Act, as amended (42 United States Code 404, 1383, and 1395gg) and section 413(b) of the Federal Coal Mine Health and Safety Act of 1969, as amended (30 United States Code 923(b)).

PART I - WITHOUT FAULT STATEMENT

(To be completed by all applicants for waiver)

1. Explain fully why you thought the incorrect payment was due you and why the overpayment was not your fault.

The income was below the maximum limit and I had not reached the peak years.

2. Did you report the change which affected your monthly payment? Yes No

IF "YES" WHEN DID YOU REPORT? April 25, 1978

IF "NO" WHY DIDN'T YOU REPORT?

3. If you are overpaid because of your earnings, what did you do to limit your earnings?

All I did was stop working and I retired.

In October, 1976 when I first got work.

6. Do you NOW fully understand reporting responsibilities?

If "No," explain:

Yes

No

PART II - REPRESENTATIVE PAYMENT MADE

(To be completed ONLY by a representative payee)

6. Give the name and present address of the person for whom you received payment:

7. Were the incorrect payments used for this person?

Explain:

Yes

No

PART III - POSSESSION OF OVERPAYMENT

(To be completed by all applicants for waiver)

8. Do you have any of the incorrectly paid checks or payments in your possession?

Yes

No

If "Yes," show the total amount: _____

THESE FUNDS SHOULD BE RETURNED TO SOCIAL SECURITY IMMEDIATELY.

9. Have you transferred by loan, gift, sale, etc. any property or cash since you were notified of the overpayment?

Yes

No

If "Yes," explain: _____

10. Have you been advised that you will receive an inheritance?

Yes

No

If "Yes," explain: _____

F-3-D-163b

11. List the following items which are included in your income (if you are a dependent, list the living in the household with you) from:

Social Security benefits	\$ 112.00
Supplemental Security Income payment	\$ 0
State or local welfare payment. Specify:	\$ 0
Other benefits, such as Veterans Administration, civil service, unemployment, Black Lung, railroad, private pension, etc. Specify:	\$ 0
Earnings (take-home wages and average net earnings from self-employment.) Specify: (gross \$3400)	\$ 2800.00 net
Other income, such as dividends, interest, rentals, roomers or boarders, etc. Specify:	\$ none
TOTAL MONTHLY INCOME	\$ 2800.00

12. Do you support, either fully or in part, anyone other than yourself? Yes No
 If "Yes," give the following information about each person you support:

NAME	ADDRESS	AGE	RELATIONSHIP TO YOU (IF NONE, ENTER "NONE.")

13. LIST THE USUAL EXPENSES OF YOUR HOUSEHOLD ON A MONTHLY BASIS:

	MONTHLY PAYMENT	
Rent or mortgage, including property tax	\$ 50.00	
Food	\$ 30.00	
Clothing	\$ 10.00	
Utilities (electricity, gas, fuel, telephone, water)	\$ 5.00	
Miscellaneous household expenses (repairs, cleaning supplies, etc.)	\$ 0	
Insurance (life, automobile, medical, household, etc.)	\$ 5.00	
Medical and dental care (not covered by insurance)	\$ 0	
Automobile expenses (gas, oil, maintenance) or other transportation costs	\$ 0	
Personal items (barber, hairdresser, toilet articles)	\$ 10.00	
Other expenses (such as newspapers, etc.) Specify:	\$ 2.00	
Other debts being paid by monthly installments:		
CREDITOR	AMOUNT OWED	MONTHLY PAYMENT
	\$	\$
	\$	\$
	\$	\$
	\$	\$
TOTAL MONTHLY EXPENSES		\$

your spouse own any valuable property of real estate? No Yes
 If "Yes," specify and give current market value. If mortgage, show amount of mortgage.

(b) List the amount of any funds you have (including those of your spouse, if you live with your spouse):

Cash on hand	\$ 250.00
Checking account balance	\$
Name and address of financial institution(s)	
Savings account balance	\$
Name and address of financial institution(s)	
Current value of any stocks and bonds	\$
Name of stocks and bonds you have:	
Value of other personal property and other funds (trust funds, etc.)	\$ 250.00
Explain: furniture	
TOTAL	\$ 250.00

REMARKS:

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

SIGNATURE OF OVERPAID PERSON OR REPRESENTATIVE PAYEE

SIGNATURE (First name, middle initial, last name) (Write in ink)	DATE (Month, day, year)
WILLING ADDRESS (Number and street, Apt. No., P.O. Box, or Rural Route)	TELEPHONE NUMBER
CITY AND STATE	ENTER NAME OF COUNTY (IF ANY) IN WHICH YOU NOW LIVE

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

1. SIGNATURE OF WITNESS	2. SIGNATURE OF WITNESS
ADDRESS (Number and street, City, State, and ZIP Code)	ADDRESS (Number and street, City, State, and ZIP Code)

M 84-4286-2018

Social Security Benefit Information

F-3-D-164

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Willie B. Reed
P O Box 893
Georgetown
GUYANA

Date: July 25, 1978

Claim Number:

423-16-8734 A

We are sending a check for \$ 112.00 within a few days, which is due for the reason(s) below:

- Payment of Supplemental Lump Sum
- Payment of underpayment due
- Payment of an amount previously due or withheld
- Amount due because of an increase in rate.
- Check(s) returned by the former payee is (are) now payable to you.
- Payment is in addition to your regular monthly benefit check.
- Refund of benefits withheld because of work.
- Refund of excess medical insurance premiums.

This check along with the check you may have recently received for \$2.30 represent the complete amount which was previously withheld from your benefits.

If you have questions about your claim, you may get in touch with any social security office or write to us at the above address.

Important: See other side for an explanation of your appeal rights and other information. ►

Department of Health, Education, and Welfare
Social Security Administration

SSA-L563F (3-76)

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. If monthly social security benefits are being paid to you now—

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. If monthly social security benefits are not being paid to you now—

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. Medicare outside the U.S.

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in

the U.S. than the nearest U.S. hospital which can provide the care needed. 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 your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

- a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and
- b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We shall need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

WESTERN FEDERAL SAVINGS & LOAN ASSOCIATION

UNITED CALIFORNIA BANK
1335 BURLINGAME AVE., BURLINGAME, CALIF.

90-1371
1211



44462

600 SOUTH HILL STREET, LOS ANGELES, CALIFORNIA 90014
MAIN OFFICE

Stanfield
201-003359-2

WESTERN FEDERAL 1000dols00cts

\$ OCT 25 1979
1,000.00

PAY TO THE
ORDER OF

Donna E. Stanfield

WESTERN FEDERAL SAVINGS

201-SAN BRUNO-201

⑆0004462⑆ ⑆1211⑆1371⑆ ⑆27909043⑆11

Hugh Smith

F-3-D-165

F-3-D-1669

UNITED STATES
CIVIL SERVICE COMMISSION
WASHINGTON, D. C. 20415

POSTAGE AND FEES PAID
U.S. CIVIL SERVICE COMMISSION
FIRST CLASS



CLEAVE L SWINNEY
PO BOX 893
GEORGETOWN GUYANA

CSA0900295

BRI 49-402
March 1978

BRI 49-402
March 1978

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

WE HAVE YOUR CHANGE OF ADDRESS

Direct deposit—authorized receiving point. (If blank, annuity checks go to home address below.)

Home address:

Your claim number:

F-3-D-1669

If you changed your check mailing address, we will direct your next payment to that address unless the monthly disbursing schedule would delay delivery. In such case, the change will be made for the following check. If your home address has changed, please notify your old post office to forward your mail. Please Note: If you requested other service in your communication, you will receive a separate reply.

Use the back of this form to notify us of future home address change.

U.S. Civil Service Commission, BRIOH Retirement Address Unit, P. O. Box 686, Washington, D.C. 20044

ABOUT YOUR ADDRESS—Monthly annuity payments go to your home address **UNLESS** you have authorized direct deposit into your account in a financial organization. (See enclosed acknowledgement.)

Information about your annuity and related benefits **ALWAYS** is sent to your home address; use the back of our acknowledgement form to notify us promptly if it changes. (If you have authorized direct deposit, no change will be made in that arrangement unless you tell us to mail your payments to your home address.)

FOR YOUR PROTECTION—Change of address requests must be over the signature of the annuitant. Changes reported to us by telegram, telephone, or a third party cannot be honored. Be sure to notify your old post office of any home address change so they can forward your mail.

F-3-D-1669

MORE ABOUT DIRECT DEPOSIT—If your annuity check still goes to your home address—and you travel, move, or have other check delivery problems—you may prefer direct deposit. If so, complete Standard Form 1199A, Authorization for Deposit of Federal Recurring Payments, which you get at any participating bank, savings and loan association, or Federal or State chartered credit union.

To change direct deposit to another financial organization, complete a new Standard Form 1199A with the new organization. Your home address also appears on SF 1199A and, if changed, we update our records when this form is filed with us.

EXPLAIN TO YOUR FAMILY—By law, annuity payments are for the use of the annuitant. Death, incapacity, or any other event affecting annuity title must be reported to us immediately. This is especially important if you authorize direct deposit to a financial organization.

CHANGE OF ADDRESS—Mail to:
 U.S. Civil Service Commission
 BRIOH Retirement Address Unit
 Post Office Box 686
 Washington, D.C. 20044

DO NOT USE THIS FORM TO HAVE YOUR ANNUITY PAYMENTS SENT TO A FINANCIAL ORGANIZATION OR TO CHANGE TO ANOTHER FINANCIAL ORGANIZATION. Instead, you must use Standard Form 1199A, Authorization for Deposit of Federal Recurring Payments, which you get at any participating bank, savings and loan association, or Federal or State chartered credit union.

PRINT YOUR NAME (First, Middle, Last)		YOUR RETIREMENT CLAIM NUMBER (Including prefix "CSA" or "CSF")	YOUR DATE OF BIRTH
NEW HOME ADDRESS (Please print)	NUMBER AND STREET	If you have authorized direct deposit to your account in a financial organization, no change will be made in that arrangement unless you indicate that you now want your check to be mailed to your home address. If you do, write your initials in the block below.	
	CITY, STATE, AND ZIP CODE		
YOUR SIGNATURE (Sign your name—do not print)		(Initials) <input type="checkbox"/>	I now want my annuity check sent to my home address.

TO CHANGE YOUR HOME ADDRESS ON OUR RECORDS . . .

Complete the back of the enclosed acknowledgement and mail it to this special unit for address changes:

United States Civil Service Commission
 BRIOH Retirement Address Unit
 Post Office Box 686
 Washington, D.C. 20044

OTHER CORRESPONDENCE TO THE CIVIL SERVICE COMMISSION . . .

For prompt service, please address other correspondence to: U.S. Civil Service Commission, Bureau of Retirement, Insurance, and Occupational Health, Washington, D.C. 20415.

Always include your civil service retirement claim number, including the prefix "CSA" or "CSF" so that we can identify your records.

See Other Side

BRI 49-402
 March 1976

Prudential

The Prudential
Insurance Company
of America

F-3-D-167

Inter-Company
Message and Reply

TO [ABRAHAM L. STATEN]
P.O. BOX 893
George town, GUYANA
[South America]

Group Pension Office
Hanover Road
Florham Park, New Jersey 07932

Group Pension Division
Terminal Box 2314
Los Angeles, California 90054

Attention

Mr. STATEN:

C-223-24-5162

GA Contract No.

9032

Date

3-16-78

Message

In your letter you inform our office that you have not received your November 1, and December 1, 1977 pension payments in the amount of \$467.50 each. Please note that our records shows that your November 1, 1977 through March 1, 1978 checks were mailed to your old address in San Francisco, CA and were not return by the post office. A stoppage with the bank have been placed on these

Signature

Reply

checks, if you have any of these checks in your possession please return them so they can be reissued to you

Sincerely,
Sheyl Kulligan
Pension Administrator
Group Pension Dept

Signature

Date

Nov + Dec Received. Have not yet received Jan-Apr.

Printed in U.S.A.
GP2289 ED 3-74

ORIGINAL COPY

Prudential

The Prudential
Insurance Company
of America

F-3-D-168

Inter-Company
Message and Reply

TO ABRAHAM L. STATEN
P.O. BOX 893
George town, Guyana
South America

Group Pension Office
Hanover Road
Florham Park, New Jersey 07932

Group Pension Division
Terminal Box 2314
Los Angeles, California 90054

Attention Mr. STATEN: C-273-24-5162 GA Contract No. 9032 Date 3-16-78

Message
In your letter you inform our office that you have not received your November 1, and December 1, 1977 pension payments in the amount of \$467.50 each. Please note that our records shows that your November 1, 1977 through March 1, 1978 checks were mailed to your old address in San Francisco, CA and were not return by the post office. A stoppage with the bank have been place on these

Reply
checks, if you have any of these checks in your possession please return them so they can be reissue to you.

Sincerely,
Sheryl Kuller
Pension Administrator
Group Pension Dept

Signature _____ Date _____

Printed in U.S.A.
GP2289-A ED 3-74

DUPLICATE COPY

place of birth?

F-3-D-169

The Prudential
Insurance Company
of America

Western Home Office
P. O. Box 2314, Terminal Annex
Los Angeles, California 90051

Prudential

ABRAHAM L. STATEN
P.O. BOX 893
Georgetown, GUYANA
South America

Group Annuity Contract No. 9632
Certificate No. 223-24-5162

Dear Mr. STATEN:

Before we begin mailing your checks outside of the United States, as requested, we must have the enclosed form completed.

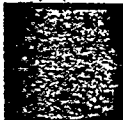
Future annuity payments will be withheld by the Prudential until this form and the Internal Revenue Service Form 1001 (if necessary) are received. Please notify Prudential of any change in your address so that payments may be promptly mailed to you at your new address.

We have enclosed a self-addressed envelope for your convenience.

Sincerely,

Sheryl Kelleys
Pension Administrator
Group Pension Dept.

GWP 258-A 9-77
GP 2356-A 9-77



F-3-b-170

The Prudential
Insurance Company
of America

Western Home Office
P. O. Box 2314, Terminal Annex
Los Angeles, California 90051

Prudential

ABRAHAM L. STATEN
P.O. BOX 893
Georgetown, GUYANA
South America

Group Annuity Contract No. 9032
Certificate No. 223-24-5162

Dear

Before we begin mailing your checks outside of the United States, as requested, we must have the enclosed form completed.

Future annuity payments will be withheld by the Prudential until this form and the Internal Revenue Service Form 1001 (if necessary) are received. Please notify Prudential of any change in your address so that payments may be promptly mailed to you at your new address.

We have enclosed a self-addressed envelope for your convenience.

Sincerely,

Sheryl Kellogg

GWP 258-A 9-77
GP 2356-A 9-77



Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date 6/9/78

Alfred R. Stahl
c/o Mission Village
P.O. Box 893
Georgetown
GUYANA SA

Your Claim Number
310-03-8968 A

We are withholding your social security checks for 06/78 and later months because we have not received the supplemental application we sent you. The form must be completed and returned before we can determine whether to start your benefit payments again.

If you have questions about your claim, please write to us at the above address.

Enclosures:
Form SSA-21
Envelope

F-3-D-171

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L442 (5-74)



STATEMENT FROM THE FEDERAL BUREAU OF INVESTIGATION

25 W 2511170566

The Federal Reserve System
Federal Reserve Bank of San Francisco

*****THIRTY-NINE AND 00/100 DOLLARS

OCT 01 1978
NOT VALID BEFORE

***39*00
Dollars Cents

ALFRED R STAHL **
P O BOX 141
REDWOOD VALLEY CA 95470

009632 310038968



⑈ 2511170566 ⑆ ⑆ 1220 ⑈⑈ 0021 ⑆ 154400358 ⑈⑈ 11

F-3-b-172

F-3-b-173a

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	
05/19/78		06/19/78	
ACCOUNT NUMBER			
00-47400-2			
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO	
M	1	1	

ALFRED R. STAHL
 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					
00		00	01	29890	261380	278735	00	261380
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
DP	29890	602				291270	602	
						291270		
							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 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	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
 IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET

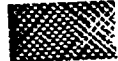


Bank of Montreal
(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 6/2 1978

ALFRED R. STAHL
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Sec. Acc.	298 90
TOTAL		
LESS CASH RECEIVED		
TOTAL NET DEPOSIT		298 90



11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

JUN 2 1978 F-3-b-173b
11-3 BULL. SERVICE 11-3

⑆ 1 210 0003 00 47400 20

⑆ 0000029890

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 6-5-71

PAY ANY DEPOSIT P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA.
11-3 11-3

JUN -2 78

Social Security Benefit Information

F-3-D-174

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Date

August 21, 1978

Carol A Stahl For
Bonnie L Stahl
PO Box 893
Georgetown
GUYANA SA 894

Your Claim Number
310-03-8968 C1

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-1592AF (2-74)

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Carol A Stahl
PO Box 893
Georgetown
GUYANA SA 894

Date August 21, 1978

Your Claim Number

310-03-8968 B2

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Your full monthly benefit amount of \$157.80 is due effective August 1978 based on your statement that you are no longer working. Please complete the enclosed form SSA 777 and return it to us as soon as possible in the envelope provided.

F-3-d-175

Enclosures:
Form SSA-609
Form SSA-1425F SSA-777

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

PURCHASE ORDER

PURCHASE ORDER NO. 7415

UKIAH UNIFIED SCHOOL DISTRICT

Date of P. O. 10-12-78

ADMINISTRATIVE OFFICES:

~~P.O. Box 767~~ 445 S. DORA ST
 School and Henry Streets
 Ukiah, California 95482
 Phone: 707-462-8633

REQUISITION 07956

Date of Req. 10/11/78

SCHOOL DISTRICTS ARE NOT SUBJECT TO
 FEDERAL MANUFACTURER'S EXCISE TAX
 (Section 4224 Internal Revenue Code)

PLEASE SHOW SEPARATE DEDUCTIONS
 OF THIS TAX ON INVOICES.

YOUR INVOICE AND SHIPPING TAG
 MUST SHOW THIS ORDER NUMBER.

INVOICES MUST BE SUBMITTED IN TRIP-
 Llicate TO INSURE PROMPT PAYMENT.

PREPAY ALL DELIVERIES

PURCHASE
 FROM

Carol Stahl
 P.O. Box 141
 Redwood Valley, Cal. 95470

Ship to.....
 SCHOOL

QUANTITY	UNIT	ITEM	PRICE	UNIT	AMOUNT
		Refund Blue Cross deduction for Sept. billing			21.27
		F-3-b-176			

ADSE. TOTAL
 SALES TAX
 TOTAL

Budget Classification 10-01-5900-795
 (One classification per requisition)

REQUISITIONED AUTHORIZED NOT VALID UNLESS SIGNED
 By..... By..... Signed W. O. M.
 Principal Administration-Business Services

FOR SCHOOL PERSONNEL ONLY:
 Submit the completed original, second and third copies
 to the Central Administration Office.
 Fourth copy is retained by person or department
 initiating the requisition.

Received by
 Signature

UKIAH UNIFIED

50133278

REFERENCE	AMOUNT	REFERENCE	AMOUNT	REFERENCE	AMOUNT
	21.27	Carol Stahl			
F-3-b-177					

NOT NEGOTIABLE

TOTAL

21.27

F-3-b-179
No. 32332
Date 8/18/78

SAVINGS BANK OF MENDOCINO COUNTY
Ukiah CALIFORNIA

Incoming Collection Letter Maker Mrs. C. L. Swinney Description correspondence to close checking 01-068884 Mrs. C. L. Swinney (Hill Top Haven) Instructions	Payer 90-406 PAID AUG 18 1978 Savings Bank of Mendocino Ukiah, CA
---	--

Your No.	
Your Date	
Protest	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Due Date	eight
Amount	bal 4214.01
Interest	
Total	4214.01
Less Exchange	
Enclosed Draft No.	For
We credit your A/C	
Reason For Non-Payment	

Mrs. C. L. Swinney
P. O. Box 893
Georgetown Guyana
South America

JCL-1

THIS IS TO ADVISE YOU THAT WE HAVE THIS DAY CHARGED YOUR ACCOUNT AS FOLLOWS:

	DATE	ACCOUNT NUMBER
	8/18/78	01 06888 4

DESCRIPTION	NUMBER	INTEREST	PRINCIPAL	BALANCE	AMOUNT
<i>Per correspondence close checking by collection</i>					
TOTAL					4214.01

MAIL TO Hill Top Haven SAVINGS BANK OF MENDOCINO COUNTY

APPROVED BY _____

F-3-b-180

UNITED CALIFORNIA BANK
TRUST SERVICES

No. 82355869

DATE	TRUST NUMBER	ORIG.	TRUST NAME
070178	420186019		WESTERN BANCORPORATION SUBFUND A

DESCRIPTION	CODE	AMOUNT	VALUET	RESR	SECURITY NUMBER	NUMBER SHARES
WILLIE D. SNEED MONTHLY RETIREMENT BENEFIT		11621				
MEDICAL-DENTAL PLAN CONTRIBUTION		1250				
		6103.71				

F-3-b-181

CREDIT TICKET NUMBER
82355869

UNITED CALIFORNIA BANK
TRUST SERVICES

No. 82411945

DATE	TRUST NUMBER	ORIG.	TRUST NAME						
110178	410186019		WESTERN BANCORPORATION SUBFUND A						
DESCRIPTION				CODE	AMOUNT	TAXT	MEM	SECURITY NUMBER	NUMBER SHARES
WILLIE D. SNEED MONTHLY RETIREMENT BENEFIT					11621				
MEDICAL-DENTAL PLAN CONTRIBUTION					1250				
F-3-d-182									
CHECK/TICKET NUMBER					\$103.71				
82411945									

UNITED CALIFORNIA BANK
TRUST SERVICES

No. 82452673

DATE	TRUST NUMBER	ORIG.	TRUST NAME						
110178	410186019		WESTERN BANCORPORATION SUBFUND A						
DESCRIPTION				CODE	AMOUNT	TAXT	MEM	SECURITY NUMBER	NUMBER SHARES
WILLIE D. SNEED MONTHLY RETIREMENT BENEFIT					11621				
MEDICAL-DENTAL PLAN CONTRIBUTION					1250				
F-3-d-183									
CHECK/TICKET NUMBER					\$103.71				
82452673									

CONTROL 73070329071		PLAN 11 939	CLAIM 16808	DRAFT 2141523			
EMPLOYER WESTERN BANCORPORATION		SUB-GROUP 3-39 UCB		DATE 11/04/77 11223 09			
EMPLOYEE W D SNEED		DEPENDENT					
DESCRIPTION OF SERVICES		NO. DAYS CALLS	DATES OF SERVICE	AMOUNT CHARGED	AMOUNT COVERED		REMARKS
PROVIDERS	TYPE				MAJ. MED.	BASIC	
MENDOCINO COM HOSP	HL OUT-PAT		09-14-7	33.25	33.25		
	X-RAY-LAB			12.00	12.00		
				45.25	45.25		

F-3-Q-184

NOTE - OUR DRAFTS ISSUED
36.20 TO W D SNEED

MAJOR MEDICAL BENEFITS PAID THIS TRANSACTION	36.20
PAID TO-DATE	657.32
MM CASH DEDUCTIBLE RECORD APPLIED THIS TRANSACTION	0.00
DEDUCTIBLE REMAINING	0.00

SUB TOTAL	45.25	0.00
45.25 @ 80%	36.20	
AMOUNT OF SETTLEMENT	36.20	

W D SNEED
1551 ROAD D
REDWOOD VALLEY CA

L35G

SAVE FOR TAX RECORDS

88D-65 ED. 9/74

WESTERN BANCORPORATION

F-3-185

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Mid-America Program Service Center, Kansas City, Missouri 64106

Novella Sneed
c/o Mission Village
Box 893
Georgetown, Guyana So. America

Date:

08/01/78

Claim Number:

455-16-0848A

Your request that your social security benefit checks be mailed to the above address while you are outside of the United States has been received.

If you are under age 72 and do any work or engage in any business while outside of the United States, you may not be eligible to a benefit payment for any calendar month during which you work on any part of 7 or more days. This is true, regardless of how little you earn from such work, or how few hours you spend working during those 7 days.

If your social security checks are being sent to a United States bank for deposit to your account while you are outside the United States, you must notify the Social Security Administration when the need for this arrangement no longer is necessary.

We are enclosing a booklet which give information about work and other matters which affect your right to receive social security payments while you are outside the United States. We have also enclosed a form SSA-1425(F) which can be used to report the events described in the booklet.

Please complete and return the enclosed form SSA-21.

Enclosures
Form SSA-609

Form SSA-21

F-3-2-186
Supplemental Security Income
Notice of Change

950

From: Department of Health, Education, and Welfare
Social Security Administration

Date: 08-23-78

NOVELLA SNEED
1029 GEARY #51
SAN FRANCISCO CA

94109

Social Security Number:
455-16-0848 AI

YOUR CHECK WILL STOP IN SEPTEMBER 1978.

YOU CANNOT GET SUPPLEMENTAL SECURITY INCOME CHECKS IF YOU ARE OUTSIDE THE UNITED STATES FOR A WHOLE MONTH. SINCE YOU ARE NOW OUTSIDE THE UNITED STATES, WE PLAN TO STOP YOUR CHECKS AS SHOWN ABOVE.

FOR INFORMATION ABOUT ANY CHANGE IN YOUR MEDICAID ELIGIBILITY CAUSED BY THIS ACTION YOU SHOULD GET IN TOUCH WITH YOUR COUNTY WELFARE DEPARTMENT.

Important: See other side for an explanation of your appeal rights and other information. ►

Form SSA-8151 (12-76)

F-3-d-187a

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	
05/19/78	06/19/78	
ACCOUNT NUMBER		
00-47348-0		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

NOVELLA SNEED
 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					
00		00	01	9580	19160	24722	00	19160
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
DP		9580	602			28740	602	
						28740		
						ENDING BALANCE		

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTANTALN 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 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	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
 IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET

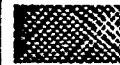


Bank of Montreal
300 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE PAID 11-3-78

35047
NORILLA SNEED
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH	
SEC. SEC	9580
TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	9580



11-3
1210

BE SURE EACH ITEM IS
PROPERLY ENDORSED

11-3 SERVICES

F-3-d-187d

⑆ 1210 00057 00 47348 011 ⑆

⑆0000009580⑆

CHECKS AND OTHER ITEMS RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 2-2-48 1

PAY ANY BANK: P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA.
11-3 11-3

MAY -4 78

F-3-D-188a

BANK OF MONTREAL
 333 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	
05/19/78		06/19/78	
ACCOUNT NUMBER			
00-47403-7			
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO.	
M	1	1	

BERTHA SMITH
 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				
00		00 01	19630	117780	129178	00	117780
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP		19630 602				187410	602
						187410	
						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 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	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
 IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal

(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 5/27 1978

F-3-D-188

BERTHA SMITH
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH		
CHECKS	Sec. Ser.	196 30
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		146 30



11-3
1210

BE SURE EACH ITEM IS
PROPERLY ENDORSED

JUN 2 1978

11-3 Services 11-3

⑆ 1 210 0003 00 47403 78

⑆000019630⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

0300 65709

PAY ANY BANK, P.E.G.
BK. OF MONTREAL
(CALIFORNIA)
SAN FRANCISCO CA
11-3 11-3

JUN -2 78

Social Security Benefit Information

F-3-d-189

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

TRT-71734-PE

Date
September 12, 1978

Virginia V. Taylor
PO Box 893
Georgetown
GUYANA

Your Claim Number
205-12-2261 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Shortly you will receive a check representing payment due you for August 1977 through August 1978.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-1592AF (2-74)

464-18-4492 A

0 06 02/79

Form Approved,
Budget Bureau No. 72-6510

F-3-b-190

**DO NOT RETURN THIS CARD UNLESS YOU PLAN TO COME TO THE
UNITED STATES TO LIVE OR TO RECEIVE MEDICAL SERVICES.**

ERNEST THOMAS
PO BX 893
GEORGETOWN GUYANA 894
SOUTH AMERICA

I understand that the Medical Insurance
Program does not provide payment for
services furnished outside the U.S.

Please send me further information about
the program and an application which I may
use if I decide to take this insurance.

SIGNATURE

DHEW — SOCIAL SECURITY ADMINISTRATION



Form SSA 1739
(4-70)

PRYOR 6-04034

F-3-b-191

18	F N	1525 41 35	0	2	39.50	7	5 18 78	43	0	3604744
PAID DATE	PREFIX	NUMBER	PAYEE	OFFICE	TOTAL MONTHLY AMOUNT	CYCLE	DATE OF RELEASE	NO OF PAYS	TYPE AWARD	IC NUMBER

THE VETERANS ADMINISTRATION WISHES TO MAKE SURE THAT YOU AS THE BENEFICIARY OF A GOVERNMENT LIFE INSURANCE POLICY, ARE RECEIVING YOUR MONTHLY CHECK(S). IF YOU ARE RECEIVING YOUR CHECK(S), PLEASE SIGN BELOW IN THE SAME MANNER YOU ENDORSE YOUR INSURANCE CHECK(S). ALSO, PLEASE INCLUDE YOUR DATE OF BIRTH AND RETURN THIS CARD IN THE ENCLOSED ENVELOPE WHICH NEEDS NO POSTAGE.

SIGNATURE (DO NOT TYPE OR PRINT) <i>Bernice Thomas</i>	DATE OF BIRTH <i>Jan 7, 1910</i>
---	-------------------------------------

BERNICE THOMAS
1615 SUTTER #101
SAN FRANCISCO CA 94109

2ND REQUEST

FUTURE CHECKS MAY BE DELAYED
IF YOU DO NOT PROMPTLY REPLY.

SEE REVERSE SIDE IF YOU SIGN
WITH AN "X" MARK.

PLEASE INDICATE ANY CHANGE
OF ADDRESS.

**BENEFICIARY
SIGNATURE CARD**

FORM 10-67
L 1010 4774

VETERANS ADMINISTRATION

Social Security Benefit Information F-3-b-112

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203 U.S.A.

Date
SEP 9 1978

BERNELL M TARDY
BX 893
GEORGETOWN
GUYANA SO AMERICA 894

Your Claim Number
570-18-9112 A

Reason for action
RETURNED CHECK
Type of action
REPAYMENT

- As a result of the action being taken, benefit payments have been refigured as shown below. The amount shown in column 4, represents all benefits due on this claim through the month shown in column 5. You will then receive the amount shown in column 3 regularly each month.
- Benefit payments have been discontinued with the month shown in column 2 for the reason shown above.
- We have determined that you are entitled to the benefits shown below.
- As shown below, the next payment will be sent to you shortly. You will then receive the amount shown in column 3 regularly each month.

1. Additional payment information	2. Effective month	3. Regular monthly payment	4. Net amount of next payment	5. Next payment will pay amt. due you through month of
THIS REPRESENTS BENEFITS DUE FOR JULY		155.60	155.60	8/78

If you believe that this determination is not correct, you may request that your case be re-examined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. Your social security office will be glad to assist you in making this request. If additional evidence is available you should submit it with your request.

If you have any questions about your claim, you should get in touch with any social security office. Most questions can be handled by telephone or mail. If you visit the office, however, please take this notice with you.

Note to Terminated Beneficiary:

Earnings for the entire year both before and after your benefits were stopped must be considered in determining whether you earned more than the allowable yearly limit as shown in Item 1 on the back of this notice. Also, see Item 2 for the annual reporting requirement.

Important: See other side for an explanation of your appeal rights and other information.

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L3926-C2 (4-78)
(Formerly SSA-L107A)

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. If additional evidence is available, you should submit it with your request.

The information in items 1 and 2 below apply to all beneficiaries who are not disabled, including those receiving benefits as dependents of a disabled wage earner. Items 3 and 4 may apply to any beneficiary. Item 5 applies only to persons receiving benefits based on their own disability.

1. How Your Work and Earnings Affect Your Benefits

The recent social security amendments made two changes in the way that work affects your benefits. There are now two exempt amounts, one for people under 65 and a higher amount for people 65 or older. The second change in the law states that regardless of total yearly earnings, benefits may be paid for nonwork months under the monthly earnings test for only one year. (See Item 1c below.) After benefits have been paid on this basis, future year's benefits are payable based solely on your total earnings for the year.

- a. *If you are under age 65 and earn \$3,240 (exempt amount) or less in a taxable year ending after December 1977, nothing will be withheld from your benefits.*
- b. *If you attain age 65 by the end of 1978 and you earn \$4,000 (exempt amount) or less in a taxable year ending after December 1977, nothing will be withheld from your benefits.*

If you earn over the exempt amount in a year \$1 will be withheld from your benefits for each \$2 of earnings above \$3,240 (under age 65) or \$4,000 (over age 65). You will never have more than \$1 in benefits withheld for each \$2 of earnings above the exempt amount.

- c. Effective with 1978, regardless of total earnings, benefits may be payable for any nonwork month; that is, a month in which you neither earn wages of more than \$270 (under age 65) or \$334 (over age 65) nor perform substantial services in self-employment. However, once the nonwork month(s) provision is used in a year, it is no longer applicable to any subsequent year. In subsequent years only the yearly earnings limitation test will apply.

Benefits are also payable for all months in which you are age 72 or older, regardless of the amount of your earnings in or after the month you reach 72. If you are self-employed only part of your total earnings have to be counted, for example, if you become age 72 in April, we count 3/12 of your total earnings; if you become 72 in May, we count 4/12 of your total earnings, and so on.

2. Report Any Significant Change in Your Work and Earnings to Any Social Security Office

Examples of important changes are:

- a. If you go to work while under age 72 and expect to earn over the exempt amounts.
- b. If you have previously reported that you expect to earn over the exempt amounts from work, but
 - (1) You stop work, or
 - (2) You do not earn over \$270 (under age 65) or \$334 (over age 65) for any month and you do not perform substantial services in self-employment, or
 - (3) You expect to earn substantially more or less in the year than you previously told us.

Prompt reports enable us to make adjustments to your benefit payments when you have income from work. Delayed reports make it necessary for us to withhold benefits during periods when you may not have income from work.

Even when benefits are terminated during the year, you must file an annual report if you earn over the exempt amounts. In this report include your earnings for the entire year both before and after your benefits were terminated.

Any difference between the amount of benefits withheld based on your estimate of earnings and the amount that must be withheld on the basis of your actual earnings will be adjusted after the close of the year when you file your next annual report.

3. If You Are Enrolled For Medical Insurance Coverage, This Information About Medical Insurance Premiums Applies to You

- a. *If monthly social security benefits are being paid to you now—*
Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.
- b. *If monthly social security benefits are not being paid to you now—*
You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Future bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

4. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

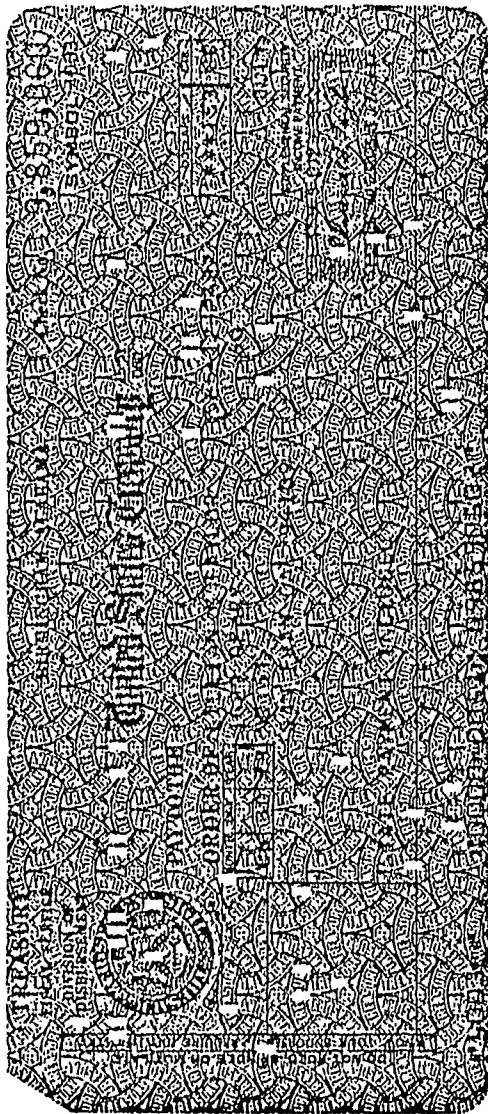
- a. The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you and
- b. You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should call, write, or visit any social security office to discuss the matter. The people there may ask you about your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

5. Special Reporting Events Needed Only From People Receiving Benefits Because of Their Disability

- a. Your medical condition improves.
- b. You return to work (regardless of how much you earn) or your work status changes (if you are working now.)
- c. You begin receiving workmen's compensation benefits, the amount you are already receiving changes, or you receive a lump sum payment.

"The 'Rights and Responsibilities Booklet' you received with your award certificate contains additional information concerning events you need to report.



F-3-6-193

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 81,738,598
SYMBOL 3127



United States Treasury ¹⁵⁻⁵¹/₀₀₀

DO NOT FOLD, SPIN, OR MUTILATE
YOUR CHECK. REQUIRE IDENTIFICATION

PAY TO THE

ORDER OF LILLIAN M TAYLOR

565-12-2482

DOLLARS	CENTS
\$\$\$188	20

MONTH	DAY	YEAR
07	03	78

1029 GEARY

98 A 5

APT 51

SOC. SEC. FOR JUN

SAN FRANCISCO CA 94109

012
Lillian M Taylor
REGIONAL DISBURSING OFFICER

⑆31273⑆ ⑆0000⑆0051⑆ 817385987⑆

F-3-1-194

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 82,994,342
SYMBOL 3127

DO NOT FOLD, SPINdle OR MUTILATE
KNOW YOUR ENDORSEER... REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE
ORDER OF

MONTH DAY YEAR
07 14 79

LILLIAN TAYLOR

1029 GEARY ST 51

94107 SAN FRANCISCO CA 94107

DOLLARS	CENTS
82994	342

42 TAX REF

565122482 FRESNO 94

013
Clarence L. Taylor
TREASURER

⑈ 31273 ⑈

⑆0000⑆0051⑆ 829943422⑈

F-3-h-195

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 30,352,647
SYMBOL 3127

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSEER - REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

LILLIAN H TAYLOR
1029 GEARY
APT 51
SAN FRANCISCO CA 94109

565-12-2482
47 A 5

DOLLARS	CTS.
\$\$\$188	20

SOC SEC FOR JUL

MONTH	DAY	YEAR
08	03	73

012
Lillian H Taylor

⑆3⑆273⑆

⑆0000⑆005⑆⑆ 303526476⑆

F-3-2-196

mailed 8/27/78
to 303 Golden Gate
SF 94102

Jup

F-3-D-197a

sent again 8/21/78



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 <i>Lillian Taylor</i>	WORKER'S SOCIAL SECURITY NUMBER <i>555-12-2482</i>
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.) <i>Lillian Taylor</i>	YOUR U.S. SOCIAL SECURITY NUMBER <i>555-12-2482</i>

CITIZENSHIP

3.	(a) At the time of your birth, of what country (or countries) were you a citizen? <i>U.S.</i>	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? If "Yes," give the name of the country and explain how and when citizenship was acquired.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(c) Of what country (or countries) are you now a citizen? <i>U.S.</i>	NAME OF COUNTRY (or countries)
	(d) Do you have a valid passport? If "Yes," give the following information:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	DATE ISSUED <i>7-22-76</i>	PASSPORT NUMBER <i>G1828820</i>
		NAME OF GOVERNMENT THAT ISSUED PASSPORT <i>U.S.</i>
	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? If "Yes," explain when and where.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(f) After becoming a U.S. citizen have you ever been convicted of any crime against the U.S.? If "Yes," explain what crime(s), when, and where.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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 <i>6-22-78</i>
	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? If "Yes," give the following information concerning each of your arrivals and departures.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)
		ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.

F-3-1-1978

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 <i>(If self employed, show "self" and name and address of your trade or business.)</i>	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED <i>(If not ended, leave blank)</i>

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. (c) 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: MissionVillage
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-3-d-197c

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 in U.S., make his temporary, Yes No or permanent home in the U.S.?

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
473 Bankfront Walk Los Angeles, CA.	12	47		77

(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.)

F-3-0-197c

(Over)

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)?
If "Yes," answer (b). Yes No

(b) Do you wish to terminate your enrollment to Supplementary Medical Insurance at this time?
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. Yes No

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

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)		6-21-78
SIGN HERE <i>Fullean Taylor</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)
F-3-b-197d	

P. O. Box 15157
San Francisco, CA
June 21, 1978

11/20/78
6/21/78

Social Security Administration
303 Golden Gate Ave.
San Francisco, CA 94102

Dear Sirs,

As I am moving out of the State of California, effective immediatly, I will no longer be eligible for SSI benefits. Please send me no more checks at my former address 1029 Geary Blvd., San Francisco, 94109.

Thank you very much for your help in this matter.

Yours truly,

[Handwritten signature]

565-12-2482 -

F-3-k-197e

Social Security Medicare Notice

From: Bureau of Health Insurance

If you inquire, please include your Medicare Claim No.

545-48-0030 A

Date

MAY 05, 1978

ALFRED W TSCHETTER
MISSION VILLAGE
PO BOX 893
GEORGETOWN
GUYANA 894

Your State Public Assistance Agency will pay your Medicare **MEDICAL INSURANCE** premiums beginning

F-3-1-198

(Month and Year)

JUL 1977

You will receive a Medicare card if you do not have one. If this action entitles you to earlier medical insurance coverage, you will receive a new Medicare card reflecting the date of the earlier coverage.

If you already have medical insurance under Medicare and you have paid the premiums or had them deducted from your social security benefits, the billing or deductions will stop and any overpayment will be refunded to you, less any premiums you may owe for past months.

If you have any questions about your premium payments or your medical insurance protection, telephone or visit your social security office. Please take this notice with you if you visit a social security office.

You may use this notice to show that you are entitled to Medicare Medical Insurance.

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-1614 (1-76)

LANE BRYANT PENSIONER DISCOUNT CARD

F-3-b-199

Catherine Thrash

NAME

Indianapolis **9-21-65**

STORE EMPLOYED YEAR RETIRED

Catherine Thrash

AUTHORIZED SIGNATURE

THIS CARD EXPIRES ON JANUARY 31, 1979

QUARTERLY PENSION PAYMENT
OF
PENSION PAYABLE 1N ADVANCE

DATE	PENSION AMOUNT	MEDICARE	SURGICAL	RESP.	NOTARY	NET AMOUNT
08/78		24.60				24.60

PLEASE DETACH BEFORE DEPOSITING CHECK AND KEEP FOR YOUR RECORDS.

THE PENSION FUND OF LANE BRYANT, INC.
1501 BROADWAY
NEW YORK, N. Y. 10036

Catherine Thrash

F-3-b-200

QUARTERLY PENSION PAYMENT
OF
PENSION PAYABLE IN ADVANCE

DATE	PENSION AMOUNT	MEDICARE	SURGICAL	RESP.	NOTARY	NET AMOUNT
11/78		24.60				24.60

PLEASE DETACH BEFORE DEPOSITING CHECK AND KEEP FOR YOUR RECORDS.

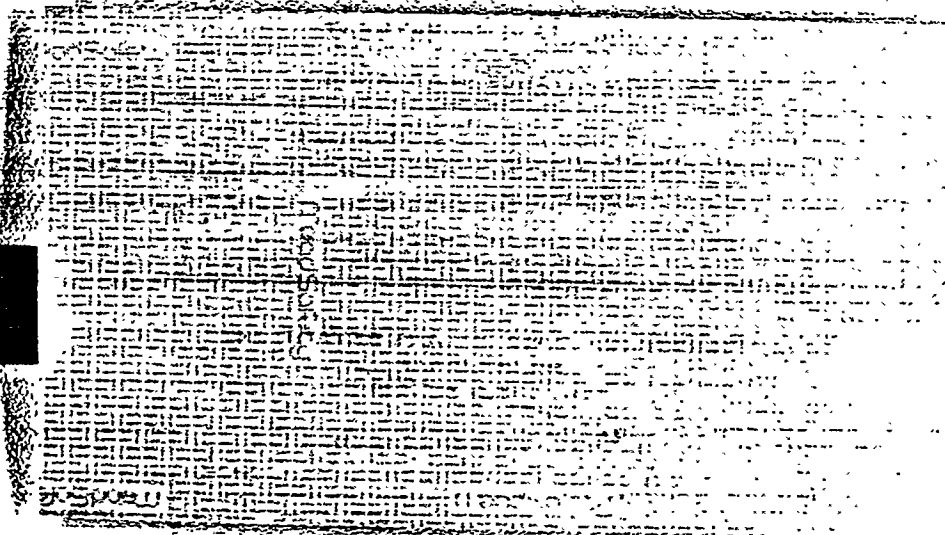
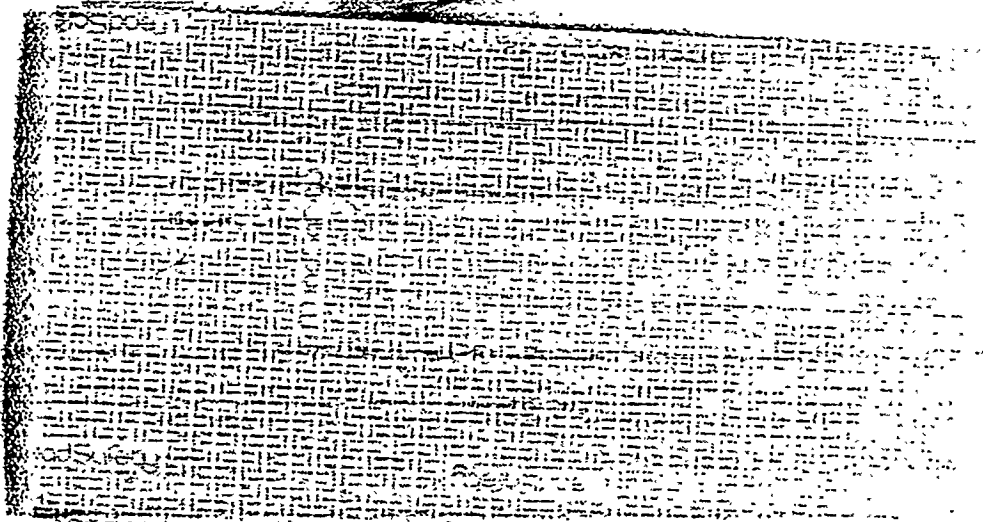
THE PENSION FUND OF LANE BRYANT, INC.
1501 BROADWAY
NEW YORK, N. Y. 10036

Catherine Thrash

F-3-b-201

This card may be used only by the
Pensioner whose name appears on
the reverse side, or a member of his
or her immediate family.

1954-55



F-3-1-202



VETERANS ADMINISTRATION
CENTER

FEDERAL BUILDING, FORT SNELLING
ST. PAUL, MINNESOTA 55111

October 31, 1978

IN REPLY
REFER TO: 335/242G1
FN 1525 41 35
XC 03604744

Bernice Thomas
Mission Village
P O Box 893
Georgetown, Guyana 894
FC304

Your monthly insurance check in the amount of \$ 39.50 has been stopped because you failed to complete and return either of the two Beneficiary Signature Cards we sent you.

Please complete the enclosed Beneficiary Signature Card (VA Form 24-5798), and return it to this office with a copy of this letter so that payments may be resumed as soon as possible.

Sincerely yours,

B. Darnell
Finance Officer

Enclosure
VAF 24-5798
Envelope

FL 4-323
Apr 1975

"To care for him who shall have borne the battle, and for his widow, and his orphan."—ABRAHAM LINCOLN

Date: July 28, 1978

In Reply
Refer to: FN 1525 41 35
XC 03 604 744
335/242C1

VETERANS ADMINISTRATION
CENTER

FEDERAL BUILDING, FORT SNELLING
ST. PAUL, MINNESOTA 55111



Bernice Thomas
Mission Village
P. O. Box 893
Georgetown Guyana 894 FC304

Beneficiary Signature Cards similar to the one enclosed were mailed to you at the above address on April 4, 1978. The card was to be completed and returned to help us in reviewing the monthly payments of National Service Life Insurance made by the Veterans Administration.

Since a completed card has not been returned to us, we are suspending your monthly payments until we have information you are actually receiving your insurance checks.

It is necessary that you complete the enclosed card by filling in your date of birth and your personal signature. Return the card to us in the self-addressed envelope which requires no postage.

Upon receipt of the required information we will take action to resume monthly payments to you as in the past.

Bob Darnell
For
ROBT. W. MENSSEN
Chief, Operations Section

Enclosures:
VA Form 24-5798
Envelope

F-3-a-203a

"To care for him who shall have borne the battle, and for his widow, and his orphan." - ABRAHAM LINCOLN

PROTECTION OF PRIVACY INFORMATION SHEET

Public Law 93-579 entitled the Privacy Act of 1974 requires that all claimants be informed of the purposes and uses to be made of the information which is solicited. The following is furnished to explain the reason why the information is requested and the general uses to which that information may be put.

AUTHORITY: The Veterans Administration is empowered to solicit the information requested in this form under the authority of Title 38, United States Code.

PURPOSE: The information requested by this form is considered relevant and necessary to determine maximum entitlement to the benefit for which you have applied.

USES: The information will be used in your best interests in determining eligibility to the maximum benefits allowable by law. The responses which are submitted may be disclosed as permitted by law outside the Veterans Administration.

EFFECTS OF NON-DISCLOSURE: Disclosure of the requested information is voluntary. No penalty will be imposed for failure to respond. However, the decision as to entitlement for the benefit you are claiming must then be made on the basis of the available evidence of record. This may result in a delay in the processing of the claim, payment of less than maximum benefits, or complete disallowance of your claim. Failure to provide information in connection with the benefit currently being sought will have no detrimental effect on any other benefit to which you are entitled.

VA FORM 20-8739
JUL 1975

F-3-d-203d

F-3-b-204

Supplemental Security Income Notice of Change

950

From: Department of Health, Education, and Welfare
Social Security Administration

Date: 03-15-78

•ESSIE TCWNS
272 HERMAN
SAN FRANCISCO CA 94102

Social Security Number:
554-50-7066 AI

YOUR CHECKS WILL STOP APRIL 1978.

YOU CANNOT GET SUPPLEMENTAL SECURITY INCOME CHECKS IF YOU ARE OUTSIDE THE UNITED STATES FOR A WHOLE MONTH. SINCE YOU ARE NOW OUTSIDE THE UNITED STATES, WE PLAN TO STOP YOUR CHECKS AS SHOWN ABOVE.

FOR INFORMATION ABOUT ANY CHANGE IN YOUR MEDICAID ELIGIBILITY CAUSED BY THIS ACTION YOU SHOULD GET IN TOUCH WITH YOUR COUNTY WELFARE DEPARTMENT.

Important: See other side for an explanation of your appeal rights and other information. ►

Form SSA-8151 (12-76)

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Notice of termination of medical insurance benefits

Date: 09/25/78

Claim No: 554-50-7066 A

ESSIE TOWNS
PO BX 893
GEORGETOWN GUYANA SO
AMERICA 894

Date Your Medical Insurance Ends SEP 30, 1978
--

As you requested, your medical insurance protection has been stopped. The date your coverage ended is shown above. This notice concerns your medical insurance only. If you have hospital insurance, that coverage will continue.

Medical insurance premiums will no longer be deducted from your social security checks. If any excess premiums have been withheld from your benefits, they will be refunded in a separate check.

Please write to the address shown above if you want information about starting your medical insurance again.

F-3-d-205

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71734:PE

Date 8/16/78

Essie Towns
PO Box 893
Georgetown Guyana So
AMERICA

Your Claim Number
554-50-7066 A

F-3-2-206

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

F-3-b-207

Social Security Benefit Information

8421

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date:

08/21/78

Claim Number:

554-50-7066 A

ESSIE TOWNS
PO BX 893
GEORGETOWN GUYANA SO
AMERICA

894

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 09/78. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

YOUR NEXT PAYMENT FOR \$132.10 WILL INCLUDE BENEFITS DUE THROUGH 08/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR \$132.10.

SEE ITEM 2 ON THE BACK OF THIS NOTICE FOR MEDICAL INSURANCE PROGRAM INFORMATION.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

C

Important: See other side for an explanation of your appeal rights and other information. ►

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L475FC-C1 (1-77) (FORMERLY SSA-L475F)
Destroy prior editions

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. *If monthly social security benefits are being paid to you now—*

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. *If monthly social security benefits are not being paid to you now—*

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. *Medicare outside the U.S.*

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in

the U.S. than the nearest U.S. hospital which can provide the care needed. 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 your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later day, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

- The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and
- You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We will need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

F-3-2-208

(Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

Social Security
P.O. Box 17
Baltimore, Maryland 21203 U.S.

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

ESSIE TOWNS

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID
It is a nine digit number (OO 00-0000) followed by a letter or a letter and a number.
B, C, G, L, E, F, or H. Your report cannot be processed without this number.

5 5 4 5 0 7 0 0 1 1

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and 405)

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
Check if change is for: More than 6 mos. 6 mos. or less

2. EMPLOYMENT (As employee or as self-employed person)

DATE OF EMPLOYMENT

3. MARRIAGE GIVE PLACE OF MARRIAGE

DATE OF MARRIAGE

4. DIVORCE OR ANNULMENT

DATE DECREE FINAL

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE

DATE CLAIMANT LEFT YOUR CARE

6. DEATH

DATE OF DEATH

7. PERSON RECEIVING DISABILITY BENEFITS

MONTH - DAY - YEAR

Returned to work

MONTH - DAY - YEAR

Condition improved

8. CHANGE OF CITIZENSHIP (If checked give):

No longer citizen of _____ (Country)

Now a citizen of _____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT

DATE SIGNED

ESSIE TOWNS

8 28 78

MAILING ADDRESS (NUMBER AND STREET)

P.O. Box 893

CITY OR TOWNSHIP

GEORGETOWN

POSTAL CODE

894

COUNTRY

GUYANA

SCOTT

11/11/78

Form SSA-1425F (3-77) Replaces SSA-1425FC and SSA-1425FC NA which are obsolete.

(OVI 11)

Supplemental Security Income Notice of Change

950

From: Department of Health, Education, and Welfare
Social Security Administration

Date: 08-07-78

•VERA TALLEY
1029 GEARY #9
SAN FRANCISCO CA

94109

Social Security Number:
465-48-2263 AI

YOUR CHECK WILL STOP IN SEPTEMBER 1978.

YOU CANNOT GET SUPPLEMENTAL SECURITY INCOME CHECKS IF YOU ARE OUTSIDE THE UNITED STATES FOR A WHOLE MONTH. SINCE YOU ARE NOW OUTSIDE THE UNITED STATES, WE PLAN TO STOP YOUR CHECKS AS SHOWN ABOVE.

FOR INFORMATION ABOUT ANY CHANGE IN YOUR MEDICAID ELIGIBILITY CAUSED BY THIS ACTION YOU SHOULD GET IN TOUCH WITH YOUR COUNTY WELFARE DEPARTMENT.

F-3-De-209

Important: See other side for an explanation of your appeal rights and other information. ►

Form SSA-L8151-C1 (2-78) (Formerly SSA-8151)
Prior editions may be used until supply is exhausted

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Vera M. Talley
Bx 893
Georgetown Guyana
SOUTH AMERICA

Date August 15, 1978

Your Claim Number
458-12-9182 B6

F-3-D-210

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

F-3-d-211

(Use this form ONLY if you are a beneficiary of a United States Social Security benefit)

Social Security Administration
P.O. Box 17
Baltimore, Maryland 21203

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

▶ VERA M. TALLEY

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID (The claim number (000-00-0000) followed by a letter or a letter and a number (A, B, C, D, E, F, or H). Your report cannot be processed without the claim number.)

4 5 8 | 1 2 | 9 1 8 | P. 6

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and 425).

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
Check if change is for: More than 6 mos. 6 mos. or less

2. EMPLOYMENT (As employee or as self-employed person) DATE OF EMPLOYMENT

3. MARRIAGE GIVE PLACE OF MARRIAGE DATE OF MARRIAGE

4. DIVORCE OR ANNULMENT DATE DECREE FINAL

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE DATE CLAIMANT LEFT YOUR CARE

6. DEATH DATE OF DEATH

7. PERSON RECEIVING DISABILITY BENEFITS
 Returned to work MONTH - DAY - YEAR
 Condition Improved MONTH - DAY - YEAR

8. CHANGE OF CITIZENSHIP (If checked give):

No longer citizen of _____ (Country) Now a citizen of _____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT

▶ Vera M. Talley

DATE SIGNED

8-28 78

MAILING ADDRESS (NUMBER AND STREET)

P.O. Box 893

CITY OR TOWNSHIP

GEORGETOWN

POSTAL CODE

894

COUNTRY

GUYANA - SOUTH AMERICA

Form SSA-1425F (3-77) Replaces SSA-1425FC and SSA-1425FC NA which are obsolete.

(OVER)

4. Are there any other persons living in the same household as you and your spouse? YES NO
(If "Yes," please give:)

Name	Relationship	Date of Birth	Blind	Disabled	If under 21	
					Student	Married

5. A. Do you (or your spouse) expect to travel or visit outside the United States (50 States or District of Columbia) within the next 12 months?
 If Yes, answer B, C, D, and E. YES NO

B. Who will be outside the U.S. *(check one)* You Spouse Both

C. Expected date or departure from U.S.	D. Expected date of return to the U.S.	E. Name of country(ies) to be visited
---	--	---------------------------------------

6. Have you or your spouse been out of the United States (50 States or District of Columbia) in the last year?
 If Yes, explain and give the dates you were gone. YES NO

7. Have you or your spouse received or do you expect to receive any of the following this month? For those checked yes, show the amount of the income on a monthly basis in the space to the right of the item(s).

A. wages	<input type="checkbox"/> YES <input type="checkbox"/> NO	monthly amount \$ _____	E. rents, dividends, interest, royalties	<input type="checkbox"/> YES <input type="checkbox"/> NO	monthly amount \$ _____
B. self employment earnings	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	F. support or contributions from any person or organization	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
C. social security if yes, give claim number _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	G. Other income <i>(specify)</i> _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____
D. pension, annuities, or unemployment, workmen's compensation, VA, RRB, Civil Service, or Black Lung benefits? If yes, give claim or ID number(s) _____	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____			

8. Do you expect any change *(either increase or decrease)* in the amount of your *(or your spouse's)* income within the next twelve months?
 If "Yes," explain: YES NO

9. Has there been a change in the amount of your *(or your spouse's)* income *(as listed in 7A thru 7 G)* in the last year? *(Do not include changes in social security)*
 If yes, give the date of change and type of income that changed. YES NO

Month/Year _____ Type of Income _____

10. Do you or your spouse own any motor vehicles?
(If "Yes," complete the following:) YES NO

Year	Make & Model	Month/yr obtained	Main purpose for which the vehicle is used?

Social Security Medicare Information

F-3-D-212

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Vera M Talley
Box 893
Georgetown GUYANA
SOUTH AMERICA 894

Date September 12, 1978

Your Claim Number:
458-12-9182

You have asked us to stop your medical insurance coverage under Medicare. The decision to keep or drop this protection is, of course, one which only you can make. We think you should carefully consider the following facts before your decision becomes final, particularly if you plan to come to the United States to live or to receive medical services.

Hospital and medical insurance pays for services furnished inside the United States. (Inside the United States means within the 50 States, District of Columbia, Puerto Rico, the Virgin Islands, Guam, and American Samoa.) Therefore, if you plan to come to the United States to live or receive health services, your health insurance protection may be very important to you. If, however, you do not return to the United States to live or receive medical care, these insurance programs will not benefit you. Your decision to drop the medical insurance part of your health insurance would be proper in that case. Stopping your medical insurance does not affect your hospital insurance if you have such coverage. Hospital insurance is provided free of charge and may be used by you if you ever return to the United States.

You may not be eligible to enroll for medical insurance in the future. IF YOU ARE ENDING YOUR SECOND ENROLLMENT, YOU CANNOT SIGN UP AGAIN FOR THIS PROTECTION. If you are ending your first enrollment, you may sign up again during January, February, or March of any year. Coverage would not begin until the following July, and your premiums may be higher than before.

Your medical insurance coverage and your obligation to pay premiums end on 9/30/78. We received your written request for cancellation on 5/2/78, but coverage and the obligation for premiums continue through the end of the calendar quarter after the calendar quarter in which the written request is received. (A calendar quarter is a 3-month period which ends March 31, June 30, September 30, or December 31 of any year.)

If you have any questions, this office will be glad to assist you.

F-3-b-213a

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 05/19/78	DATE OF THIS STATEMENT 06/19/78	
ACCOUNT NUMBER 00-47393-6		
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1	PAGE NO 1

VERA TALLEY
 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				
00		00 01	4400	8800	11354	00	8800
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	4400	602				13200	602
						13200	
						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 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	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
 IMPORTANT INFORMATION

F-3-b-213d

April 25 1978

11-3
1210

\$176.00

DOLLARS

VERA TALLEY

VERA TALLEY

00000017600

1210 0003 00 47393 6

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
232 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE: 99 78

VERA TALLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH	
CHECKS	44.00
TOTAL	
CASH RECEIVED	
NET DEPOSIT	44.00

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

JUN 2 1978

11-3 Business Services 11-3

F-3-b-213c

00000004400

1210 0003 00 47393 6

CHECKS AND OTHER ITEMS RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

Bank of Montreal (California) F-3-b-213d

5-22-78
DATE

ADVICE OF MISPLACED CHECK

TO OUR DEPOSITOR: VERA TALLEY

ACCOUNT NUMBER: 00-47393-6

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT IN THE AMOUNT OF \$176.00

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

DATE OF THIS TRANSMITTAL:

D. M. [Signature]
AUTHORIZED SIGNATURE

TRANSMITTAL TO DEPOSITOR

AC-80 (4/75)

Vera Valley



MAY 16 1978
11-3

JUN - 2 78

PAY ANY (CALIF. PERM.) P.E.G.
BK. OF MONTREAL
(CALIF. BRANCH)
SAN FRANCISCO CA
11-3

0300 65701

Bank of Montreal (California)

ADVICE OF MISPLACED CHECK

ACCOUNT NUMBER

DATE OF THIS TRANSMITTAL

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT.

WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

CHARGED TO YOUR ACCOUNT IN THE AMOUNT OF

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY

DEPOSITOR TO OUR

TRANSMITTAL TO DEPOSITOR

10-90 (1-78)

F-3-b-214a

Bank of Montreal 
(California)

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 06/19/78	DATE OF THIS STATEMENT 07/19/78	
ACCOUNT NUMBER 00-47393-6		
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1	PAGE NO. 1

VERA TALLEY
 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				
00	100	01	4690	13200	15388	00	13200
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP		4690	706			17890	706
						17890	
						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 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	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
 IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET

 **Bank of Montreal**
(California)
333 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 7/6 19 78 BANK OF MONTREAL

CASH		
C	Sec. Sec.	4690
H		
E		
C		
K		
S		
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		4690



11-3
1210

VERA TALLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

11-3
F-3-b-219b
Services

BE SURE EACH ITEM IS
PROPERLY ENDORSED

⑆ 1210 00003 00 47395 6 ⑈

⑈ 0000004690 ⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 15055

PAY AN... P.E.G.
BIC. C.F. ... TREAL
(C... HA)
SAN FR... RO CA.
11-3 11-3

JUL -6 78

F-3-b-215a

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

Bank of Montreal 
(California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT	
07/19/78	08/18/78	
ACCOUNT NUMBER		
00-47393-6		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M	1	1

VERA TALLEY
 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					
00		00	01	4690	17890	20391	00	17890
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
DP		4690	803			22580	803	
						-22580		
						ENDING BALANCE		

SERVICES FOR YOUR CONVENIENCE

- COMMERCIAL LOANS
- INSTANTANEOUS 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 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	Days in Cycle	Annual Percentage Rate

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CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal
(California)
333 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 8/3 19 78

CASH	
CHECKS	Sec. Sec. 46 90
OTHER DEPOSITS	
TOTAL	46 90
LESS BANK CHARGES	
NET DEPOSIT	46 90



11-3
1210

BE SURE EACH ITEM IS
PROPERLY ENDORSED

VERA TALLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

AUG 3 11-3
BANK OF MONTREAL
11-3 F-3-d-215d

⑆ 210 0003 00 47393 6 ⑆

⑆ 0000004690 ⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 57847

PAY ADJ. INT. REG.
BK. OF MONTREAL
(C.M. JIA)
SAN FRANCISCO CA.
11-3 11-3

AUG -3 78

F-3-10-21ba

Bank of Montreal
(California)



BANK OF MONTREAL
333 CALIFORNIA STREET
SAN FRANCISCO CALIFORNIA 94104
REFER YOUR INQUIRIES TO
THE ABOVE ADDRESS OR CALL
(415) 391-8060, EXT. 267

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT		DATE OF THIS STATEMENT	
08/18/78		09/19/78	
ACCOUNT NUMBER			
00-47393-6			
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO	
M	1	1	

VERA TALLEY
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				
00		01	4690	22580	24778	00	22580
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP		4690 905				27270	905
						27270	

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 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

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		No.	Amount	No.	Amount				
		CREDIT LINE	Balance on Which Finance Charge Was Computed	PERIODIC RATE	Days in Cycle	Annual Percentage Rate			

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IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET



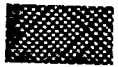
Bank of Montreal

233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94115

DATE 11-3-78

VERA BAKER 11-3
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH	
CHECKS	Automatic Depo
TOTAL	
LESS CASH RECEIVED	
TOTAL NET DEPOSIT	46.90



11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

F-3-h-216

⑆ 1210 0003 00 47393 6 ⑆

⑆ 0000004690 ⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 00929

PAY TO THE ORDER OF
BK. OF AMERICA
(COMMERCIAL)
SAN FRANCISCO CA.
11-3 11-3

SEP -5 78

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
 (California)
 325 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104

DATE 9/4 19 78

CASH		
C	Automatic depts	
H		
E		
C		
K		
S		
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		46 90

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

VERA TALLEY
 P.O. BOX 15156
 SAN FRANCISCO, CALIF. 94115

F-3-d-217

⑆1210⑉0003⑆ 00 47393 6⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
 (California)
 325 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104

DATE 7/6 19 78

CASH		
C	Sec. Sec.	46 90
H		
E		
C		
K		
S		
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		46 90

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

VERA TALLEY
 P.O. BOX 15156
 SAN FRANCISCO, CALIF. 94115

F-3-d-218

⑆1210⑉0003⑆ 00 47393 6⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
 (California)
 325 CALIFORNIA STREET
 SAN FRANCISCO, CALIF. 94104

DATE 8/3 19 78

CASH		
C	Sec Sec	46 90
H		
E		
C		
K		
S		
TOTAL		
LESS CASH RECEIVED		
NET DEPOSIT		46 90

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

VERA TALLEY
 P.O. BOX 15156
 SAN FRANCISCO, CALIF. 94115

F-3-d-219

⑆1210⑉0003⑆ 00 47393 6⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

TO PURCHASE TREASURY BILLS AT THE BANK OF GUYANA:

F-3-b-220

1. The first step is to go in and talk to the people at the Bank of Guyana and find out what the cost of, say G\$500,000 worth of Treasury Bills. There will be a different price on different days because instead of investing the full \$500,000, for Treasury Bills they add your interest to your investment to equal \$500,000. Treasury Bills are renewable every three months.

For example:

Next Opening selling date will be June 16:

- A. The value of the T-bills is ~~isxxxxxxx~~ \$500,000.
- B. At 1 1/2% interest, you would purchase for approx \$492,500
- C. On maturity date, Sept 16, they will be worth \$500,000.
- D. If they are redeemed before Sept 16, you would get whatever interest is accumulated so far.
- E. If you redeem before they have been held at least 8 days, you lose part of your investment. Interest does not accumulate until after 8 days.

2. You do not have to buy only on opening selling dates. That is the date of the highest interest paid, ~~but~~ You can purchase any time of the period. That is why you must check with the Bank of Guyana before drawing your money out of an account. Bank of Guyana will tell you exactly what amount you must draw out to invest ~~xxxx~~ for any set figure you give them. For example, if you want to invest for \$500,000 and the interest period is half gone. They will give you a figure of approx \$496,250 to draw out of your ~~xxxx~~ account to give the full \$500,000 on maturity date.

3. Interest is calculated at any time and ~~the~~ Treasury Bills can be redeemed at any time in the period of 3 months which they run.

4. If you want them reinvested on exactly their selling date, you can sign a form which will automatically reinvest them until you can go in and sign the forms.

5. To get the money out of the External Account that you want to invest, you must get a letter or some statement from the bank you are drawing the money out of, that the account that the Guyana dollars you are going to invest in the Treasury bills is from an external account. The letter does not need to state what the money is going to be used for, but only what type of account it came from. When you take the check and the letter to the Bank of Guyana, you must get a letter from them signed by Mr. Brandt of the foreign reserve department stating that the money being invested in Treasury bills came from an external account and is therefore transferrable back into U.S. dollars or back into the external account.

6. Mr. Brandt of the Bank of Guyana is also the person you see about getting a letter granting permission for the interest on the Treasury Bills to be deposited into an external account. You cannot deposit the interest into an external account otherwise.

7. To find the department where you buy the Treasury bills, go up the *STAIRS AND go to the left hand side of the long counter AND state your business*

CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST

DETACH THIS STUB BEFORE DEPOSITING THIS CHECK.

SOC. SEC. NO.	PENSION PER
464184492	08/01/78
PENSION AMOUNT	
142.00	
YEAR TO DATE	
GROSS AMOUNT	
1,136.00	

Thomas

F-3-b-222 13851

PENSION CHECK NO.
0013851

CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST

DETACH THIS STUB BEFORE DEPOSITING THIS CHECK.

SOC. SEC. NO.	PENSION PER
464184492	07/01/78
PENSION AMOUNT	
142.00	
YEAR TO DATE	
GROSS AMOUNT	
994.00	

E. Thomas

F-3-b-221 12918

PENSION CHECK NO.
0012918

CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST

DETACH THIS STUB BEFORE DEPOSITING THIS CHECK.

SOC. SEC. NO.	PENSION PER
464184492	10/01/78
PENSION AMOUNT	
142.00	
YEAR TO DATE	
GROSS AMOUNT	
1,420.00	

E. Thomas

F-3-b-224 15740

PENSION CHECK NO.
0015740

CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST

DETACH THIS STUB BEFORE DEPOSITING THIS CHECK.

SOC. SEC. NO.	PENSION PER
464184492	09/01/78
PENSION AMOUNT	
142.00	
YEAR TO DATE	
GROSS AMOUNT	
1,278.00	

E. Thomas

F-3-b-223 14789

PENSION CHECK NO.
0014789

CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST

DETACH THIS STUB BEFORE DEPOSITING THIS CHECK.

SOC. SEC. NO.	PENSION PER
464184492	11/01/78
PENSION AMOUNT	
142.00	
YEAR TO DATE	
GROSS AMOUNT	
1,562.00	

E. Thomas

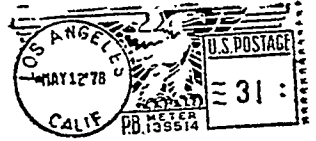
F-3-b-225 16686

PENSION CHECK NO.
0016686

CEMENT MASONS TRUSTS FOR SOUTHERN CALIFORNIA
500 S. VIRGIL AVENUE
LOS ANGELES, CALIFORNIA 90020

28

F-3-b-226a



E. Thomas
P.O. Box 893
Georgetown
Guyana, South America

F-3-D-226b

CEMENT MASONS SOUTHERN CALIFORNIA HEALTH AND WELFARE FUND
11 COUNTIES CEMENT MASONS VACATION SAVINGS PLAN
CEMENT MASONS SOUTHERN CALIFORNIA PENSION TRUST
CEMENT MASONS JOINT APPRENTICESHIP TRUST

500 SOUTH VIRGIL AVENUE
LOS ANGELES, CALIFORNIA 90020
386-2901

May 1, 1978

TO: ALL ACTIVE ELIGIBLE CEMENT MASONS and RETIRED CEMENT MASONS
Eligible for Health & Welfare Benefits for the Eligibility
Period, April 15, 1978 through October 14, 1978

FROM: CEMENT MASONS SOUTHERN CALIFORNIA HEALTH & WELFARE FUND

Gentlemen:

Effective May 1, 1978, the Cement Masons Southern California Health & Welfare Fund became self-funded on Hospital/Medical benefits. You have previously been mailed the booklet describing these hospital/medical benefits.

Enclosed you will find new claim forms to be used for claims which were started after May 1, 1978. These completed forms should be mailed to the Claims Office, P. O. Box 76935, Los Angeles, California 90076 also indicated on the back of the form.

Hospital/Medical benefits for Retired employees and their dependents are LIMITED to certain special categories of Retirees. ONLY if you meet the eligibility requirements as explained on page 7 and ONLY if you are entitled to Hospital/Medical benefits prior to May 1, 1978 are the benefits applicable to you or your dependents.

It is important that you do not use the Aetna Claim form for claims which were started after May 1, 1978. Claims started prior to May 1, 1978 should be reported to the Claims Dept., Aetna Life & Casualty at the following address: Aetna Life & Casualty, P.O. Box 1909, Long Beach, California 90801 (Group Policy Number 361618).

We have also enclosed your Health & Welfare identification card for the Eligibility Period, April 15, 1978 through October 14, 1978.

The Vision Service Plan brochure is enclosed for your convenience. The Vision Plan applies ONLY to Active Eligible Cement Masons and their eligible dependents.

If you have any questions, please do not hesitate to contact this office.

Sincerely,

CEMENT MASONS ADMINISTRATIVE OFFICE

③

F-3-2-2260
HEALTH BENEFIT CLAIM FORM

CEMENT MASONS SOUTHERN CALIFORNIA HEALTH AND WELFARE
 P.O. BOX 76935
 LOS ANGELES, CA. 90076

PATIENT & MEMBER INFORMATION (To be completed by Member) (PLEASE TYPE OR PRINT)						
1. Member Name (First, Middle Initial, Last)		2. Members S.S. No.	3. Union Local No.	4. Check Plan: Active <input type="checkbox"/> Retired <input type="checkbox"/> Self Pay <input type="checkbox"/>		
5. Members Address (Street, City, State, Zip Code)		6. Patient's Name (First, Middle Initial, Last)		7. Patient's Date of Birth Mo. Day Yr.		
		8. Full Time Student (Complete only if claim for child, age 19 to 23) <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, WHERE				
12. Is patient covered under other Health Benefit Plan? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, check type <input type="checkbox"/> Group <input type="checkbox"/> Private <input type="checkbox"/> Medicare Enter Plan Name and Address of Claims Offices:		9. Patient's Address (If different from Member)		10. Patient's Sex <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		
		13. Was Condition Related To: A. Patient's Employment? <input type="checkbox"/> YES <input type="checkbox"/> NO B. An Accident? <input type="checkbox"/> YES <input type="checkbox"/> NO		14. If an Accident date ____ 19__ and time ____ <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. Description (how & where):		
15. PATIENT'S OR AUTHORIZED PERSONS SIGNATURE I authorize the Release of any Medical Information Necessary to Process this request. SIGNED _____ DATE _____		16. Authorize payment of medical benefits to undersigned physician or supplier for SIGNED (Member or Authorized Person) _____				
PHYSICIAN OR SUPPLIER INFORMATION (To be Completed By Provider)						
17. DATE OF ILLNESS INJURY PREGNANCY	18. DATE OF FIRST SYMPTOMS DATE OF ACCIDENT DATE OF LMP	19. DATE FIRST CONSULTED YOU FOR THIS CONDITION	20. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS? <input type="checkbox"/> NO <input type="checkbox"/> YES			
21. DATE PATIENT SHOULD BE ABLE TO RETURN TO WORK	22. DATES OF PATIENTS DISABILITY FROM DATE	TOTAL DISABILITY THROUGH DATE		FROM DATE	PARTIAL DISABILITY THROUGH DATE	
23. NAME OF REFERRING PHYSICIAN			24. FOR SERVICES RELATED TO HOSPITALIZATION, GIVE HOSPITALIZATION DATES	DATE ADMITTED	DATE DISCHARGED	
25. NAME AND ADDRESS OF FACILITY WHERE SERVICES RENDERED (If Other Than Home or Office)						
26. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY REQUIRING SERVICES OR SUPPLIES (RELATE DIAGNOSIS TO PROCEDURE BY REFERENCE TO NOS. 1, 2, 3, ETC. IN COL. D) 1 2 3						
27. A DATE OF EACH SERVICE	B PLACE OF SERVICE *SEE CODES BELOW	C DESCRIBE SURGICAL OR MEDICAL PROCEDURES AND OTHER SERVICES OR SUPPLIES FURNISHED FOR EACH DATE GIVEN (EXPLAIN UNUSUAL SERVICES) PROCEDURE CODE			D DX NO.	E CHARGES (EXPLAIN UNUSUAL CIRCUMSTANCES IN COLUMN C)
28. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE, TELEPHONE NO., AND IDENTIFICATION NO.	29. PROVIDERS TAX NO.	30. TOTAL CHARGES \$				
34. ACCEPT ASSIGNMENT <input type="checkbox"/> YES <input type="checkbox"/> NO	35. SIGNATURE OF PHYSICIAN OR SUPPLIER SIGN HERE	33. PROFESSIONAL STATUS MD <input type="checkbox"/> CHIROPRACTOR <input type="checkbox"/> PSYCHOLOGIST <input type="checkbox"/> OTHER <input type="checkbox"/>	31. AMOUNT PAID \$	37. YOUR PATIENT'S ACCOUNT NO.		
		32. BALANCE DUE \$	36. DATE SIGNED			

*PLACE OF SERVICE CODES
 01.- (IH) - INPATIENT HOSPITAL
 02.- (OH) - OUTPATIENT HOSPITAL
 03.- (O) - DOCTOR'S OFFICE

04.- (H) - PATIENT'S HOME
 05.- (SNF) - SKILLED NURSING FACILITY
 06.- (IL) - INDEPENDENT LABORATORY

07.- (LTC) - LONG TERM CARE
 08.- (IC) - INTERMEDIATE CARE
 09.- (C) - CLINIC

10.- (OL) - OTHER LOCATIONS

See Other Side

**HEALTH PLAN BENEFITS
REQUEST FORM**

Cement Masons Southern California

HEALTH AND WELFARE FUND

P.O. Box 76935

Los Angeles, CA. 90076

HOW TO REQUEST BENEFITS

1. COMPLETE THE "PATIENT INFORMATION" (ITEMS 1 THROUGH 16) ON THE REVERSE SIDE OF THIS FORM.

If you wish your medical benefits paid directly to your doctor, sign item 16. A separate form should be submitted for each family member.

2. HAVE YOUR DOCTOR COMPLETE THE "PHYSICIAN OR SUPPLIER INFORMATION" (ITEMS 17 THROUGH 37) OR ATTACH COMPLETELY ITEMIZED BILLS.

An itemized bill is one that shows the patient's name, relationship, date of service, the type of service rendered and the nature of the condition being treated.

3. COMPLETION OF ITEMS 17 THROUGH 37 IS REQUIRED FROM THE PRIMARY ATTENDING PHYSICIAN ONLY. A SEPARATE CLAIM FORM IS NOT NECESSARY FOR RELATED X-RAY LABORATORY, ANESTHESIA, ASSISTANT SURGEON OR AMBULANCE SERVICES. ATTACH ITEMIZED BILLS.

4. SEND THE COMPLETED "BENEFIT REQUEST FORM" AND ANY BILLS DIRECTLY TO THE CLAIMS OFFICE, INDICATED BELOW.

IMPORTANT REMINDER

Please be sure you have provided the employee's Social Security Number.

Please mail all Hospital, Physician or Supplier Bills to:

**Cement Masons Southern California
Health and Welfare Fund
P. O. Box 76935
Los Angeles, California 90076
(213) 385-1762**

**HEALTH PLAN BENEFITS
REQUEST FORM**

**Cement Masons Southern California
HEALTH AND WELFARE FUND**
P.O. Box 76935
Los Angeles, CA. 90076

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**Cement Masons Southern California
Health and Welfare Fund
P. O. Box 76935
Los Angeles, California 90076
(213) 385-1762**

CEMENT MASONS SOUTHERN CALIFORNIA
HEALTH AND WELFARE FUND
500 South Virgil Avenue, Suite 200
Los Angeles, California 90020

NOTICE TO ELIGIBLES

If you are eligible in the Health and Welfare
Trust Fund, please print on spaces to the
right.

**USE
INK**

Employee Name _____ (Member)

Employee Social Security No. _____ (Soc. Sec. Number)

Employee Union Local No. _____ M- _____ (Local Union #)

Present this card when obtaining services for you or
your eligible dependents.

Claims Office *F-3-d-e*
P.O. Box 76935
Los Angeles, Calif. 90076

**CEMENT MASONS
HEALTH & WELFARE FUND**

CEMENT MASONS TRUSTS FOR SOUTHERN CALIFORNIA
500 SOUTH VIRGIL AVENUE
LOS ANGELES, CALIFORNIA 90020



E THOMAS
P O BOX 893
GEORGETOWN
GUYANA SOUTH AMERICA 464-18-4492

F-3-b-227a

CEMENT MASONS SOUTHERN CALIFORNIA
HEALTH AND WELFARE FUND
500 South Virgil Avenue, Suite 200
Los Angeles, California 90020

NOTICE TO ELIGIBLES

If you are eligible in the Health and Welfare Trust Fund, please print on spaces to the right.

**USE
INK**

Employee Name
Employee Social Security No.
Employee Union Local No.

Present this card when obtaining services for you or your eligible dependents.

Claims Office F-3-b-227b
P.O. Box 76935
Los Angeles, Calif. 90076

**CEMENT MASONS
HEALTH & WELFARE FUND**

(Member)
 (Soc. Sec. Number)
M- (Local Union #)

Note to Hospitals

If you wish to certify the benefits payable to this individual, contact the claims office shown below, giving them the identifying information on the reverse of this card and the admitting diagnosis. If the patient is other than the employee, also give the patient's name, birthdate and relationship to the employee.

FORWARD ALL BILLS DIRECTLY TO THE

Claims Office
P.O. Box 76935
Los Angeles, Calif. 90076
(213) 385-1762

This card is for identification purposes.

IDENTIFICATION OF BENEFITS

This card will identify the specific benefits provided for the eligible members of the Health and Welfare Trust Fund named through April 14, 1979.

NOTICE TO EMPLOYEES

The Plan covers your eligible dependents. They will be identified through your eligibility—you do not have to write their names and Social Security numbers on this card.

F-3-b-228

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

Bank of Montreal 
(California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT	DATE OF THIS STATEMENT	
06/19/78	07/19/78	
ACCOUNT NUMBER		
00-47365-0		
DISPOSITION CODE	NUMBER OF ENCLOSURES	PAGE NO
M		1

ETTA THOMPSON
 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				
00		00		216042	216042	00	216042
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
						216042	
						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 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	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
 IMPORTANT INFORMATION

F-3-b-229

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

Bank of Montreal 
(California)

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 08/18/78	DATE OF THIS STATEMENT 09/19/78
ACCOUNT NUMBER 00-47365-0	
DISPOSITION CODE M	PAGE NO 1

ETTA THOMPSON
 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					
00		00		216042	216042	00	216042	
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
						216042		
							ENDING BALANCE	

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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 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
 IMPORTANT INFORMATION

**SOCIAL SECURITY ADM
1355 SUTTER
SAN FRANCISCO CA 94109**

Refer to:

Date: 8-14-78
Phone: 556-9242

ETTA THOMPSON 950
1029 GEARY 371
SAN FRANCISCO CA 94109 A

4F

Dear SSI Recipient:

Every year, each SSI (gold check) recipient is required by law to provide information and evidence regarding his/her continuing financial eligibility for those SSI benefits. In order to continue to receive the monthly checks and Medi-Cal benefits, you must complete this redetermination process. You must complete the forms and provide any documents or evidence necessary to support the answers you gave.

Please come in between 9:00 AM and 1:00 PM on 21 AUG 1978.
Be sure you have responded to this letter by phone, by mail, or in person no later than the above date.

If you are unable to come into the office, answer all the questions on both forms, sign both forms, and mail them in with any of the items listed below that apply to your case. **BE SURE YOU READ THE LIST BELOW. ALSO BE SURE YOU HAVE COMPLETED EACH ITEM AND SIGNED EACH FORM.**

When you come in for your interview, **BE SURE TO BRING THE FOLLOWING:**

- 1) Complete the attached forms but do not sign (unless you are mailing them in)
- 2) Your latest checking account statement and/or savings passbook (if any)
- 3) Your pay stubs or self employment records (if you have worked recently)
- 4) Your vehicle registration (if you own a motor vehicle)
- 5) Your life insurance policies (if you own any)
- 6) Proof of U.S. citizenship (birth certificate, voter registration, etc.) or of your alien status (green or blue card)
- 7) Your most recent award letter if you receive any monthly benefits besides Social Security or SSI (for example, union pension, VA benefits)
- 8) Rent receipt or rental agreement (if you live with someone else, we need a signed statement from the head of the household or roommate which states total living expenses, amount you contribute, and how many people share the household)

REMEMBER: The law requires that you complete this redetermination process if you are to continue to receive SSI gold checks. **FAILURE TO COMPLETE THIS PROCESS WILL RESULT IN SUSPENSION OF YOUR SSI BENEFITS!**

REDETERMINATION UNIT

NOTE: PLEASE RETURN THIS LETTER TO US

F-3-l-230a

NOTIFY US IMMEDIATELY IF YOU:

- a) change your address
- b) move into or out of another's household
- c) are admitted and expect to stay 30 days or longer in a public institution, hospital, skilled nursing facility, intermediate care facility, nursing home or jail
- d) are released from one of the above named facilities
- e) leave the United States (50 States or District of Columbia) for 30 days or more
- f) separate from your husband or wife, or start living together again after separation
- g) marry, or your marriage ends by divorce or annulment, or your husband or wife dies
- h) your wife/husband have an increase or decrease in income from work, unemployment check, pension, or other payments
- i) receive help or money from someone else to pay your bills
- j) sell your home, real estate, car, or other personal property
- k) or your wife/husband have a bank account which increases in value
- l) are disabled or blind and your condition improves
- m) are 18 to 22 and you start or stop attending school regularly

SOMEONE SHOULD REPORT IF:

- a) you become unable to manage your own funds
- b) you stop treatment required for drug addiction or alcoholism
- c) you should die

A PENALTY MAY BE IMPOSED FOR FAILURE TO REPORT CHANGES

F-3-b-230b

SUPPLEMENT TO FORM SSA 8200

1. Have you cooking or food storage facilities? (California only).....Yes No
2. Have you or your spouse (or former spouse ever):
 - a. Been in military service?.....Yes No
 - b. Worked for a railroad?.....Yes No
 - c. Worked for a Federal, state, county, or city government?.....Yes No
 - d. Worked for a private employer with a pension plan?.....Yes No
 - e. Belonged to a union with a pension plan?.....Yes No
3. Have you or your spouse sold property or given away money or property in the last 12 months?.....Yes No
4. Does anyone help you take care of yourself (for example, help you with, eating, dressing, bathing, taking medication, caring for your room or moving about)?.....Yes No
5. I have received reporting instructions and agree to notify SSA immediately of changes which occur. I understand failure to report an event could result in a penalty deduction of \$25 to \$100 if the report is not made within 30 days after the end of the quarter in which the event occurred.....Yes No

F-3-D-230c



DO NOT WRITE IN THIS SPACE

**STATEMENT FOR DETERMINING CONTINUING ELIGIBILITY
FOR SUPPLEMENTAL SECURITY INCOME PAYMENTS**

I understand that the information requested below is needed to determine my continuing eligibility to Supplemental Security Income and/or State supplementary payments and may result in an adjustment of my payment. I also understand that this information may be used in determining my eligibility for State Medicaid or social services.

(CIRCLE ONE) C NC

INTERVIEWER'S
INITIALS

Show your first name, middle initial, last name, and social security number in the spaces below, if you are married, your spouse's name and number should be shown below your name and number.

Your Name	Social Security Number
Spouse's Name	Social Security Number

1. Check (✓) the block below which shows your present marital status

A. <input type="checkbox"/> Single, widowed or divorced	B. <input type="checkbox"/> Married and living with spouse	C. <input type="checkbox"/> Married and living in a separate household from your spouse. Enter date you and your spouse began living apart _____
---	--	--

If married, widowed, or divorced in the last year, give date of event: Month/Year _____

2. Check and complete the section below which best describes your living arrangement. Do not check more than one box.

You live in a

house apartment mobile home room Other (specify) _____

(If you have checked one of the above, complete (A) or (B) below)

OR

You live in a

rest or retirement home hospital nursing home school rehabilitation center other institution

(If you have checked one of the above, complete (C) below)

A. <input type="checkbox"/> If you own, are buying, or rent your home give: Amount of monthly mortgage or rental payment _____ Estimated current market value of home you own or are buying _____ Does anyone else pay part or all of your mortgage, real estate taxes, rent, or utilities? <input type="checkbox"/> YES <input type="checkbox"/> NO	B. <input type="checkbox"/> If someone else owns or is buying or rents your home give: Their Name _____ Their relationship to you _____ Do they furnish food? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	---

C. Name and Address of Institution _____

F-3-d-230d

_____ Date of Admission _____

3. Has there been a change in your living arrangements in the last year? YES NO
If yes, give the date of most recent change Month/Year _____

F-3-b-231

Supplemental Security Income Notice of Overpayment

From: Department of Health, Education, and Welfare
Social Security Administration

OPL, 556-2345

• Etta Thompson
C/O Mission Village
P.O. Box 898
Georgetown, Guyana
South America

Date: June 21, 1978

Social Security Number:
450-20-5494

We have determined that you received \$ 885.88 more in supplemental security income payments than you were due.

A person is not eligible to receive SSI if he or she goes outside the U.S. and stays for period of over 30 calendar days. According to our records, you left the U.S. on 10/14/77, but continued to receive your SSI through April 1978. You were not entitled to any of the checks you received November 1977 through April 1978.

Please read the other side of this notice for important information concerning your right to appeal this determination of overpayment.

You have certain additional rights with respect to overpayments whether or not you agree that you have been overpaid. Under the law, an overpayment must be withheld from payments due you, or paid back unless *both* of the following were true:

- 1 You were not at fault in any way in connection with the overpayment and you cashed the check(s) because you thought it was (they were) due, *and*
- 2 You could not meet your current necessary living expenses if you had to pay the money back, or repayment would be unfair for some other reason. (To make this decision, we may need additional information about your resources and your monthly income and expenses.)

If you think you meet both of the conditions which would allow us to waive repayment of the overpayment, phone, write or visit a social security office within 30 days after getting this notice to explain why you should not have to repay the overpayment.

Otherwise, you should refund the overpayment of \$ 885.88. Make your check or money order payable to the Social Security Administration, social security number 450-20-5494, and mail it in the enclosed envelope. (If you cannot refund the full amount, please get in touch with us about making monthly installments.)

11.	Do you or your spouse own life insurance policies? If yes, is the total amount of the face value on the policy (or all policies) for you or your spouse more than \$1500?	<input type="checkbox"/> YES <input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> NO
12.	How much cash money do you and your spouse have available to you?	\$ _____	
13.	Do you, either individually or jointly with anyone else, have any of the following? For those checked yes, show the current value.		
	current value		current value
A. Checking account	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	E. Money in safe deposit box(es) <input type="checkbox"/> YES <input type="checkbox"/> NO
B. Savings account (any kind)	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
C. Savings Certificates	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	F. Other negotiable item(s) <input type="checkbox"/> YES <input type="checkbox"/> NO
D. Stocks, Bonds, Notes	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$ _____	\$ _____
14.	Do you or your spouse have any household or personal item valued at more than \$500? If yes, explain in remarks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
15.	Do you or your spouse have any other money or property of any kind? (Such as houses, mobile homes, other building, land, equipment, business, or any other item not considered elsewhere on this statement). If yes, explain in remarks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
16.	Have you or your spouse sold any property, or given money or property to any person in the last year? If yes, give the date _____ and explain in remarks.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
17.	Complete this question only if payments are based on blindness or disability and you are under age 22.		
	A. Are you now regularly attending school? If Yes, answer B and C.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	B. Do you expect to remain in school for the next 12 months (except for summer vacation and other periods that school is not in session)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	C. If there has been, or will be a change in your school attendance explain, giving the date school attendance started or stopped, and the name and address of the school you were attending, or are now attending or expect to attend.		
	_____ _____ _____		

Remarks: (you may use this space for any explanations. If you need more space attach a separate sheet.)

YOUR RESPONSIBILITIES

You must notify the Social Security Administration immediately if there is a change in your address, living arrangements, family size or composition, income, resources, or if you leave the United States (50 States or District of Columbia) and expect to be absent for 30 consecutive days.

If you are receiving payments as a blind or disabled individual you must also report any improvement in your medical condition or your return to work.

Do you agree to notify the Social Security Administration immediately if any of the above events occur? YES NO

Do you give your permission for the Social Security Administration to check any information you have given on, or in connection with, this statement and to ask your employers for information about your wages? YES NO

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

SIGNATURES

Your Signature (<i>First Name, Middle Initial, Last Name</i>) (Write in ink.) SIGN HERE ▶	Date (<i>Month, day, year</i>) ✓
Spouse's Signature (<i>First Name, Middle Initial, Last Name</i>) SIGN HERE ▶	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*)

City and State	Zip Code	Enter name of county (if any) in which you live
----------------	----------	---

NOTE: If residence address is different from mailing address; show residence address in "Remarks"

Your statement does not ordinarily have to be witnessed. If, however, you have signed by mark (X), two witnesses to the signing who know you must sign below, giving their full addresses.

1. Signature of Witness	2. Signature of Witness
Address (<i>Number and street, City, State, and Zip Code</i>)	Address (<i>Number and street, City, State, and Zip Code</i>)

NOTE: If you are filing this statement on behalf of another person, please print below, your full name, followed by your title or relationship to the recipient (for example, "John J. Jones, Son")

Name (<i>First, middle initial, last</i>)	Title or Relationship
---	-----------------------

F-3-b-232

PO Box 893
Georgetown, Guyana
So. America

July 10, 1978

Dept of Health, Education and Welfare
Social Security Administration

Re: Etta Thompson 450-20-5494
SSN - 8171 dated June 21, 1978

Dear Sirs,

In response to your recent letter, I would like to request an appeal based on the following information:

(1) I did leave on October 14, 1975, which would still leave me eligible for the Nov. 1, 77 award.

(2) I notified you immediately of my move and my change of address & fully meeting my reporting responsibilities.

(3) I would like to review your verification that the checks from November 77 thru April 78 were actually received by me and/or deposited in my account.

(4) I would like a total review because I feel I am not responsible for any of the benefits continuing, nor should I have to repay them.

Thank you for your time and consideration.

Very sincerely

Etta Thompson

F-3-b-233

Bank of Montreal 
(California)

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 07/19/78	DATE OF THIS STATEMENT 08/18/78
ACCOUNT NUMBER 00-47365-0	
DISPOSITION CODE M	PAGE NO 1

ETTA THOMPSON
 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					
00		00	00	216042	216042	00	216042	
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE	
							216042	
							ENDING BALANCE	

- SERVICES FOR YOUR CONVENIENCE
- COMMERCIAL LOANS
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 - TIME CERTIFICATES OF DEPOSITS

AFFILIATES IN
 CANADA, EUROPE
 CENTRAL AND
 SOUTH AMERICA,
 JAPAN AND HONG KONG

- DP Deposit
- DM Debit Memo
- DR Debit Reversal
- CM Credit Memo
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- OD Account Overdrawn
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- LP Loan Payment
- PA Standby Payment
- SR Standby Payment Reversal
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- SP Standby Payoff
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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
 IMPORTANT INFORMATION

F-3-D-235

Supplemental Security Income Notice of Overpayment

From: Department of Health, Education, and Welfare
Social Security Administration

OPI, 556-9236

• Etta Thompson
C/O Mission Village
P.O. Box 898
Georgetown, Guyana
South America

Date: July 26, 1978

Social Security Number:
450-20-5194

We have determined that you received \$ 885.88 more in supplemental security income payments than you were due.

A person is not eligible to receive SSI if he or she goes outside the U.S. and stays for period of over 30 calendar days. According to our records, you left the U.S. on 10/14/77, but continued to receive your SSI through April 1978. You were not entitled to any of the checks you received November 1977 through April 1978.

Please read the other side of this notice for important information concerning your right to appeal this determination of overpayment.

You have certain additional rights with respect to overpayments whether or not you agree that you have been overpaid. Under the law, an overpayment must be withheld from payments due you, or paid back unless *both* of the following were true:

- 1 You were not at fault in any way in connection with the overpayment and you cashed the check(s) because you thought it was (they were) due, *and*
- 2 You could not meet your current necessary living expenses if you had to pay the money back, or repayment would be unfair for some other reason. (To make this decision, we may need additional information about your resources and your monthly income and expenses.)

If you think you meet both of the conditions which would allow us to waive repayment of the overpayment, phone, write or visit a social security office within 30 days after getting this notice to explain why you should not have to repay the overpayment.

Otherwise, you should refund the overpayment of \$ 885.88. Make your check or money order payable to the Social Security Administration, social security number 450-20-5194, and mail it in the enclosed envelope. (If you cannot refund the full amount, please get in touch with us about making monthly installments.)

IMPORTANT-SECOND NOTICE !!!

F-3-~~2~~-236

8638

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: 08/28/78
Claim Number:

ETTA THOMPSON
BOX 893
GEORGETOWN GUYANA

450-20-5494 A

894

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 07/78. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

YOUR NEXT PAYMENT FOR \$218.20 WILL INCLUDE BENEFITS DUE THROUGH 09/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR \$201.80.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

C

Important: See other side for an explanation of your appeal rights and other information. ►

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L475FC-C1 (1-77) (FORMERLY SSA-L475F)
Destroy prior editions

F-3-b-237

REPORT TO SOCIAL SECURITY ADMINISTRATION
BY PERSON OUTSIDE THE UNITED STATES

(Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

Our address is:
Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

LEONIE WRIGHT

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID It is a nine digit number (000-00-0000) followed by a letter or a letter and a number, such as A, B, C, D, E, F, or H. Your report cannot be processed without the correct claim number.

4 2 9 2 2 0 0 9 6 LETTER

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and 425).

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
Check if change is for: More than 6 mos. 6 mos. or less

2. EMPLOYMENT (As employee or as self-employed person)

DATE OF EMPLOYMENT

3. MARRIAGE GIVE PLACE OF MARRIAGE

DATE OF MARRIAGE

4. DIVORCE OR ANNULMENT

DATE DECREE FINAL

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE

DATE CLAIMANT LEFT YOUR CARE

6. DEATH

DATE OF DEATH

7. PERSON RECEIVING DISABILITY BENEFITS

MONTH - DAY - YEAR

Returned to work

MONTH - DAY - YEAR

Condition improved

8. CHANGE OF CITIZENSHIP (If checked give):

No longer citizen of _____ (Country)

Now a citizen of _____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT

DATE SIGNED

Leonie Wright

6-30-77

MAILING ADDRESS (NUMBER AND STREET)

P.O. Box 893

CITY OR TOWNSHIP

GEORGETOWN

POSTAL CODE

COUNTRY

GUYANA - SOUTH

Form SSA-1425F (3-77) Replaces SSA-1425FC and SSA-1425FC NA which are obsolete.

(OVER)

Social Security Benefit Information

F-3-d-238

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71736:PE

Leomy Wright
% Mission Village
P.O. Box 893
Georgetown
GUYANA 894

Date
June 8, 1978
Your Claim Number
428-22-0096 B2, C1

This notice also applies to your children.

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

F-3-a-239

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71734:PE

Louise Williams
Mission Village
PO Box 893
Georgetown
GUYANA

Date
June 12, 1978
Your Claim Number
463-34-2951 A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Your next check for \$2,018.80 represents your benefits for October 1977 through May 1978. It has been adjusted for any medical insurance premiums due. We will contact you soon regarding your request to terminate your enrollment to Supplementary Medical Insurance.

Because of the amendments to the Social Security Act, your monthly benefit amount was increased to \$272.90 effective June 1978.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

F-3-D-240

REPORT TO SOCIAL SECURITY ADMINISTRATION
BY PERSON OUTSIDE THE UNITED STATES

(Use this form ONLY when there is a change to be reported for a United States social security beneficiary)

Our address is:
Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

PRINT NAME OF PERSON ABOUT WHOM REPORT IS MADE

LOUISE WILLIAMS

SOCIAL SECURITY CLAIM NUMBER ON WHICH BENEFITS ARE PAID It is a nine digit number (000-00-0000) followed by a letter or a number, such as A, B, C, D, E, F, or H. Your report cannot be processed without the correct claim number.

4 6 3 3 4 2 9 5 1 LETTER

Notice: This notice is given pursuant to the Privacy Act of 1974 (5 United States Code 552a). This report is authorized under sections 202, 203, and 225 of the U.S. Social Security Act, as amended (42 United States Code 402, 403, and 425).

It is mandatory that you promptly report certain changes in your circumstances which could affect your continuing eligibility to benefits or your benefit amount. The kinds of changes you must report to social security are listed below on this form.

If you do not report events as shown on this form, you may not be paid some or all of the benefits due you, or you may be overpaid, in which case, you will have to pay back any benefits you received that were not due you. Also, if you conceal or fail to disclose a reporting event with an intent to fraudulently obtain benefits either in a greater amount than is due or when no payment is authorized, you may be FINED, IMPRISONED, or both as provided in section 208 of the U.S. Social Security Act.

The above information about reporting events also applies to representative payees who receive benefits on behalf of another person.

The information you give on this form will be used to determine if you are still eligible for social security benefits and to make sure the amount of your benefit is correct. Other uses which may be made of the information are summarized on the reverse side of this form.

If you need more information to fill out this form, please read "Your social security while you're outside the United States." If you do not have this booklet or if you want help in making a report, get in touch with the people at any U.S. diplomatic or consular office.

Please MAIL THIS REPORT

DIRECTLY TO:

Social Security Administration
P.O. Box 1756
Baltimore, Maryland 21203 U.S.A.

Be sure to affix proper postage on the envelope.

CHECK OR FILL IN ONLY THE INFORMATION BEING REPORTED

1. CHANGE OF ADDRESS (Print new address after signature below)
Check if change is for: More than 6 mos. 6 mos. or less

2. EMPLOYMENT (As employee or as self-employed person)

DATE OF EMPLOYMENT

3. MARRIAGE GIVE PLACE OF MARRIAGE

DATE OF MARRIAGE

4. DIVORCE OR ANNULMENT

DATE DECREE FINAL

5. CHILD OR OTHER CLAIMANT LEFT YOUR CARE

DATE CLAIMANT LEFT YOUR CARE

6. DEATH

DATE OF DEATH

7. PERSON RECEIVING DISABILITY BENEFITS

MONTH - DAY - YEAR

Returned to work

MONTH - DAY - YEAR

Condition improved

8. CHANGE OF CITIZENSHIP (If checked give):

No longer citizen of _____ (Country)

Now a citizen of _____ (Country)

SIGNATURE OF PERSON MAKING THIS REPORT

Kerrie Williams

DATE SIGNED

July 12, 1978

MAILING ADDRESS (NUMBER AND STREET)

P.O. Box 893

CITY OR TOWNSHIP

Georgetown Guyana

POSTAL CODE

COUNTRY

Solomon

Form SSA-1425F (3-77) Replaces SSA-1425FC and SSA-1425FC NA which are obsolete.

(OVER)

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Notice of termination of medical insurance benefits

Date: 09/25/78

Claim No: 463-34-2951 A

LOUISE WILLIAMS
MISSION VILLAGE
PO BOX 893
GEORGETOWN
GUYANA 894

Date Your Medical Insurance Ends
SEP 30, 1978

As you requested, your medical insurance protection has been stopped. The date your coverage ended is shown above. This notice concerns your medical insurance only. If you have hospital insurance, that coverage will continue.

Medical insurance premiums will no longer be deducted from your social security checks. If any excess premiums have been withheld from your benefits, they will be refunded in a separate check.

Please write to the address shown above if you want information about starting your medical insurance again.

F-3-b-271

Social Security Benefit Information

F-3-D-242

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Glara L. Winters
Bx 893
Georgetown
GUYANA

Date

July 5, 1978
Your Claim Number

568-12-2638 D

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 90 days, benefit payments will be stopped until it is received.

Enclosures: SSA-21, Envelope
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

mailed 8/20/78
to 3330 Scary
E. envelope to
1533 Mac Donald
Ave. Richmond
autobid

F-3-h-243a

sent again 8/21/78

[Handwritten signature]



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 <u>Leon H. Wesley</u>	WORKER'S SOCIAL SECURITY NUMBER <u>572-09-2371</u>
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.) <u>J. Wesley Wesley - III</u>	YOUR U.S. SOCIAL SECURITY NUMBER <u>565-28-6142</u>

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? NAME OF COUNTRY (or countries)
U.S.

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? Yes 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)
USA

(d) Do you have a valid passport? Yes No
If "Yes," give the following information:

DATE ISSUED <u>7/1/76</u>	PASSPORT NUMBER <u>G 20 3750</u>	NAME OF GOVERNMENT THAT ISSUED PASSPORT <u>USA</u>
------------------------------	-------------------------------------	---

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? Yes 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.? Yes 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? Yes No

(b) Are you now physically present in the U.S.? Yes No
If "Yes," enter the date you plan to leave the U.S. MONTH, DAY, YEAR
3/24/78
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
over 1 year

(d) Did you enter or leave the U.S. at any time during the past 24 months? Yes No
If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.

F-3-b-243b

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.

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.

A person is self-employed if he has a business either

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 <i>(If self employed, show "self" and name and address of your trade or business.)</i>	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED <i>(If not ended, leave blank)</i>

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 mail service in interior of country.

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
532 Cutter, Pittsburg Ca.		71		75
1300 40th Pl. L.A. Ca		47		51
1719 Main Ave. Richmond		75		77

(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.

(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)

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.)

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) 3/22/78
Signature (First name, middle initial, last name) (Write in ink) <i>Beattie D. St. Aubert</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 Georgetown	Postal Code	Enter Name of Country in which you now live Guyana
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, County & Postal Code)	Address (Number and street, City, County, and Postal Code)	

84-4286-2018

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 97,342,549
SYMBOL 2074

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENDORSEER - RESERVE IDENTIFICATION



United States Treasury ^{5 51}/₀₀₀

PAY TO THE

ORDER OF MARY N WALKER
274 HERMAN ST
SAN FRAN CA 94117

MONTH	DAY	YEAR
07	01	79

DOLLARS	CENTS
WA797130 5***232	99

49 1
RR REG ANN

Clarence S. Taylor
REGIONAL DISBURSER OF T.C.S.P.

⑈ 20746⑈ ⑆0000⑈0051⑆ 973425497⑈

A-3-D-244

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

CHICAGO, ILLINOIS

Check No. 97,257,459
SYMBOL 2074

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



United States Treasury $\frac{\$ 51}{000}$

PAY TO THE

ORDER OF

MARY N WALKER
274 HERMAN ST
SAN FRAN CA 94117

MONTH	DAY	YEAR
06	01	78

59 WA797130 1

DOLLARS	CTS.
\$\$\$218	45

RR REG ANN

Christine S. Taylor
TREASURER

⑈ 20746⑈

⑆0000⑆0054⑆ 972574592⑈

F-3-d - 245

F-3-2-246

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

PHILADELPHIA, PENNSYLVANIA

Check No. 65,188,691

SYMBOL 3054



United States Treasury ¹⁵⁴¹/₀₀₀

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

PAY TO THE

ORDER OF MORREL WILLIS

556-40-9574

DOLLARS	CENTS
\$\$\$153	70

MONTH	DAY	YEAR
09	01	78

802 FELL ST
SAN FRANCISCO CA 94117

91 A G

SOC SEC FOR AUG

65-188-691
W. S. Anderson
FEDERAL RESERVE NOTE

⑆30547⑆

⑆0000⑆⑆0051⑆ 651886917⑆

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

PHILADELPHIA, PENNSYLVAN A

Check No. 11,762,439
SYMBOL 3054

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



United States Treasury ¹⁵⁻⁵/₀₀₀

PAY TO THE

ORDER OF

MONTH DAY YEAR
10 03 78

MCRREL WILLIS

802 FELL ST

SAN FRANCISCO CA 94117

556-40-9574

39 A G

DOLLARS	CTS.
153	70

SOC SEC FOR SEP

[Handwritten signature and stamp]

⑈ 30547 ⑈

⑈ 0000 ⑈ 0051 ⑈ 117624397 ⑈

F-3-b-247

Standard Form 1180-C (Rev. 8-75) - **ADVICE OF REQUEST FOR STOP PAYMENT** (Forward to Payee or Claimant)

1. Date of Request MAR 24 1978		2. Reason <input checked="" type="checkbox"/> Non-receipt <input type="checkbox"/> Other:		3. Amount 640.30		4. Date of Check 3-13-78		5. Symbol 3053		6. Check Number 14 890 627	
7. Payee's name (enter only when not identical to the claimant's name in Box 9)											
8. Remarks (including identification or reference) 547 30 0322 A				9. Claimant of Check and Current Address REMA H WINFREY P O BOX 893 GEORGETOWN GUYANA							
10. NOTICE TO PAYEE OR CLAIMANT: Your claim is being handled by the Bureau of Government Financial Operations, Division of Check Claims, Washington, D.C. 20227. Please read and carefully observe the instructions on the other side of this form.											
TO PAYEE OR CLAIMANT: F-3-b-248											

TO PAYEE OR CLAIMANT:

1. IF YOU HAVE ALREADY CASHED THIS CHECK, THIS FORM SHOULD BE DESTROYED.
2. OTHERWISE, the United States Treasury will give active attention to your claim and advise you further as soon as possible. In the meantime, you should take no further action unless you have additional information to submit such as a change in your mailing address. Any additional information should be submitted over your signature and must accurately describe the check (items 3 through 6 on the other side). INITIAL PROCESSING OF YOUR CLAIM MAY TAKE UP TO SIX WEEKS FROM THE DATE OF THIS REQUEST (Item 1).
3. If this is not the check in question, *do not write* the Bureau of Government Financial Operations, Division of Check Claims, but write to the Government Department or Agency which authorized the issuance of the check(s) and give your identification number. You should furnish that office sufficient information to identify the check in question.
4. If you recover the ORIGINAL check before you receive a substitute check, YOU MUST SIGN AND DATE THIS FORM BELOW AND MAIL IT, BEFORE CASHING YOUR CHECK, to the Bureau of Government Financial Operations, Division of Check Claims, Stop Pay Branch, Washington, D.C. 20227. IF THE CHECK WAS ISSUED TO PAYEES JOINTLY, BOTH MUST SIGN BELOW.

DEPARTMENT OF THE TREASURY
BUREAU OF GOVERNMENT FINANCIAL OPERATIONS
DIVISION OF CHECK CLAIMS
STOP PAY BRANCH
WASHINGTON, D.C. 20227

I/We have recovered the check described in this form and will negotiate it. Please remove the stop payment.

Aug 18, 1978
(Date)

Emma M. Winfrey
(Signature)

(Signature)

F-3-D-249

8211

Social Security Benefit Information

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: 07/17/78
Claim Number:

ERMA M WINFREY
BOX 893
GEORGETOWN GUYANA

547-30-0322 A
894

A GENERAL INCREASE IN SOCIAL SECURITY BENEFITS RECENTLY RAISED MONTHLY PAYMENTS. WE WERE UNABLE TO DOUBLE CHECK THE ACCURACY OF ALL OF THE INCREASES BEFORE THE DATE THE FIRST PAYMENTS WERE PREPARED. A SMALL PERCENTAGE WERE LATER FOUND TO BE INACCURATE. YOURS WAS ONE OF THESE. WE ARE SORRY FOR ANY INCONVENIENCE THIS MAY HAVE CAUSED. YOUR CORRECTED NEW RATE IS SHOWN BELOW.

YOUR NEXT PAYMENT WILL BE FOR \$109.80. IT WILL INCLUDE THE DIFFERENCE BETWEEN THE AMOUNT YOU RECEIVED AT THE OLD RATE AND THE AMOUNT YOU SHOULD HAVE BEEN PAID AT THE NEW RATE. IT WILL COVER BENEFITS DUE YOU THROUGH 7/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY PAYMENT OF \$109.70.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

C

Important: See other side for an explanation of your appeal rights and other information. ►

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 81,578,712
SYMBOL 3127

DO NOT FOLD, STAMP, OR MUTILATE
KNOW YOUR ENDORSEMENT REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

MO	DAY	YEAR
07	03	78

BESSIE M WESLEY
PO BX 1241
RICHMOND CA 94804

573-09-2371

12 D 5

DOLLARS	CTS.
***103	30

SOC SEC FOR JUN

013
Clarence L. Taylor
REGIONAL DISBURSING OFFICER

⑆31273⑆ ⑆0000⑆005⑆ 815787126⑆

F-3-2-250

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 81,578,712
SYMBOL 3127

DO NOT FOLD, STAMP OR MUTILATE
KNOW YOUR ENDORSE... REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

07 03 78

BESSIE M WESLEY
PO BX 1241
RICHMOND CA 94804

573-09-2371
12 D 5

DOLLARS	CENTS
***103	30

SOC SEC FOR JUN

013
Clarence L. Taylor
REGIONAL DISBURSING OFFICER

⑆31273⑆ :0000⑆0051⑆ 815787126⑆

F-3-d-251

F-3-b-250

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Chec No. 30,194,103
SYMBOL 3127

DO NOT FOLD, BRITTLE OR MUTILATE.
KNOW YOUR ENDORSEMENT - REQUIRE IF NECESSARY



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF ROSSIF M WESLEY
PC BX 1241
RICHMOND CA 94804

573-09-2371
03 D 5

DOLLARS	CTS
***103	30

SCC SEC FOR JUL

⑈31273⑈ ⑆0000⑈0051⑆ 301941035⑈

DEPARTMENT OF THE TREASURY
BUR OF GOVT FINANCIAL OPERATIONS
DIVISION OF DISBURSEMENT
P.O. BOX 3579
SAN FRANCISCO, CALIFORNIA 94119

PRESORTED
FIRST CLASS MAIL
POSTAGE AND FEES PAID
DEPARTMENT OF THE TREASURY
PERMIT NO G-4
SAN FRANCISCO, CA

OFFICIAL BUSINESS
PENALTY FOR PRIVATE USE, \$300

POSTMASTER:
RETURN THIS LETTER
IMMEDIATELY IF ADDRESSEE:
MOVED - AND LEFT NO
FORWARDING ADDRESS
DECEASED - SHOW DATE OF
DEATH IF KNOWN
ADDRESSEE:
SEE REVERSE IF YOU HAVE
MOVED:

1419 MAINE AVE
RICHMOND, CA 94804

POSTMASTER:
REQUESTED DELIVERY
DATE IS THE
3RD
DAY OF THE MONTH
OR THE FIRST
DELIVERY DATE
THAT ELAPSES

TRY DIRECT DEPOSIT
SAFE - CONVENIENT - RELIABLE

SPW247

F-3-b-253

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

SAN FRANCISCO, CALIFORNIA

Check No. 84,728,400
SYMBOL 3127

DO NOT FOLD, BRINDLE OR MUTILATE
KNOW YOUR ENDORSER... ACQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

7 MONTH DAY YEAR

09 01 78

BESSIE M WESLEY

PO BOX 1241

RICHMOND CA 94804

573-09-2371

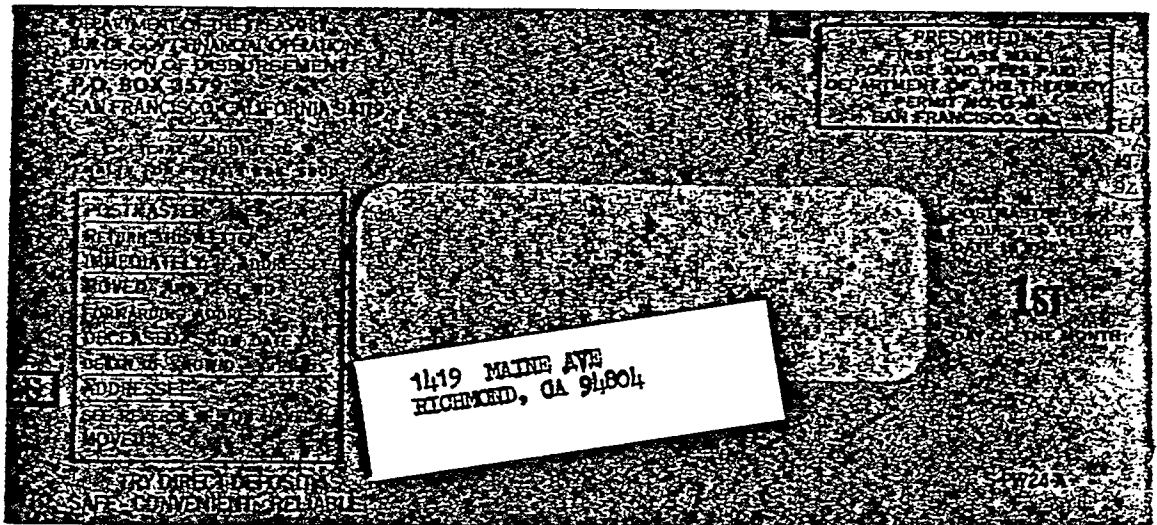
00 D 5

DOLLARS	CENTS
***103	30

SOC SEC FOR AUG

013
Clarence S. Taylor
SPECIAL DISBURSING OFFICER

⑆31273⑆ ⑆0000⑉0051⑆ 847284009⑆





DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
RECEIPT AND TRANSMITTAL FORM

We acknowledge receipt of the following payment:

No. **N 1028041**

REMITTER	DATE	9/22/78	NAME OF BENEFICIARY	Bessie Wesley	<input type="checkbox"/> RSDI	SOCIAL SECURITY NO.	565-28-6142	BIC/ARC
	CX. OR M.O. NO.	CASH	AMOUNT	NAME OF REMITTER	<input checked="" type="checkbox"/> SSI	REASON FOR PAYMENT		
	9,520.00		219.10	James Randolph		<input type="checkbox"/> O/P		
						<input type="checkbox"/> RETD. OR 1/2 RENT	3/8	
						<input type="checkbox"/> PREM.		
	TO: NE MAT SE GL WN .MAM bBDD: DIO (SSI)				DATE RECEIVED BY REV. OFF.	<input type="checkbox"/> CLAIM PENDING IN DO OR BO		
	SOCIAL SECURITY ADMINISTRATION 1333 MACDONALD AVENUE RICHMOND, CA 94801				RECEIVED IN DO BY: NAME	TITLE		
	L F-3-b-255				District or Branch Office		Richmond BO	
	FORM SSA-1395 (6-77)				District or Branch Manager		M Jackson	
	RECEIPT FOR REMITTER - THANK YOU							



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
RECEIPT AND TRANSMITTAL FORM

We acknowledge receipt of the following payment:

No. **N 1028042**

REMITTER	DATE	9/22/78	NAME OF BENEFICIARY	Bessie Wesley	<input type="checkbox"/> RSDI	SOCIAL SECURITY NO.	565-28-6142	BIC/ARC
	CX. OR M.O. NO.	CASH	AMOUNT	NAME OF REMITTER	<input checked="" type="checkbox"/> SSI	REASON FOR PAYMENT		
	9,520.00		219.10	James Randolph		<input type="checkbox"/> O/P		
						<input type="checkbox"/> RETD. OR 1/2 RENT	3/8	
						<input type="checkbox"/> PREM.		
	TO: NE MAT SE GL WN .MAM bBDD: DIO (SSI)				DATE RECEIVED BY REV. OFF.	<input type="checkbox"/> CLAIM PENDING IN DO OR BO		
	SOCIAL SECURITY ADMINISTRATION 1333 MACDONALD AVENUE RICHMOND, CA 94801				RECEIVED IN DO BY: NAME	TITLE		
	L F-3-b-256				District or Branch Office		Richmond BO	
	FORM SSA-1395 (6-77)				District or Branch Manager		M Jackson	
	RECEIPT FOR REMITTER - THANK YOU							



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
RECEIPT AND TRANSMITTAL FORM

We acknowledge receipt of the following payment:

No. **N 1028043**

REMITTER	DATE	9/22/78	NAME OF BENEFICIARY	Bessie Wesley	<input type="checkbox"/> RSDI	SOCIAL SECURITY NO.	565-28-6142	BIC/ARC
	CX. OR M.O. NO.	CASH	AMOUNT	NAME OF REMITTER	<input checked="" type="checkbox"/> SSI	REASON FOR PAYMENT		
	9,227.77		219.10	James Randolph		<input type="checkbox"/> O/P		
						<input type="checkbox"/> RETD. OR 1/2 RENT	3/8	
						<input type="checkbox"/> PREM.		
	TO: NE MAT SE GL WN .MAM bBDD: DIO (SSI)				DATE RECEIVED BY REV. OFF.	<input type="checkbox"/> CLAIM PENDING IN DO OR BO		
	SOCIAL SECURITY ADMINISTRATION 1333 MACDONALD AVENUE RICHMOND, CA 94801				RECEIVED IN DO BY: NAME	TITLE		
	L F-3-b-257				District or Branch Office		Richmond BO	
	FORM SSA-1395 (6-77)				District or Branch Manager		M Jackson	
	RECEIPT FOR REMITTER - THANK YOU							

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
RECEIPT AND TRANSMITTAL FORM



No. **1088041 N**

DATE: _____

NAME OF BENEFICIARY: _____

REASON FOR PAYMENT: _____

INSTRUCTIONS TO PERSON MAKING PAYMENT

CASH DEBIT CARD

This receipt should be retained for your records. In the event of a question, the Social Security Claim number and Receipt number as shown on the reverse, should be furnished in order that the payment may be promptly identified.

RECEIVED IN DO BY NAME: _____

TITLE: _____

DISTRICT OR BRANCH OFFICE: _____

DISTRICT OR BRANCH MANAGER: _____

RECEIPT FOR REMITTER - THANK YOU

FORM 32A-1302 (6-73)

REVISED

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
RECEIPT AND TRANSMITTAL FORM



No. **1088042 N**

DATE: _____

NAME OF BENEFICIARY: _____

REASON FOR PAYMENT: _____

INSTRUCTIONS TO PERSON MAKING PAYMENT

CASH DEBIT CARD

This receipt should be retained for your records. In the event of a question, the Social Security Claim number and Receipt number as shown on the reverse, should be furnished in order that the payment may be promptly identified.

RECEIVED IN DO BY NAME: _____

TITLE: _____

DISTRICT OR BRANCH OFFICE: _____

DISTRICT OR BRANCH MANAGER: _____

RECEIPT FOR REMITTER - THANK YOU

FORM 32A-1302 (6-73)

REVISED

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
RECEIPT AND TRANSMITTAL FORM



No. **1088043 N**

DATE: _____

NAME OF BENEFICIARY: _____

REASON FOR PAYMENT: _____

INSTRUCTIONS TO PERSON MAKING PAYMENT

CASH DEBIT CARD

This receipt should be retained for your records. In the event of a question, the Social Security Claim number and Receipt number as shown on the reverse, should be furnished in order that the payment may be promptly identified.

RECEIVED IN DO BY NAME: _____

TITLE: _____

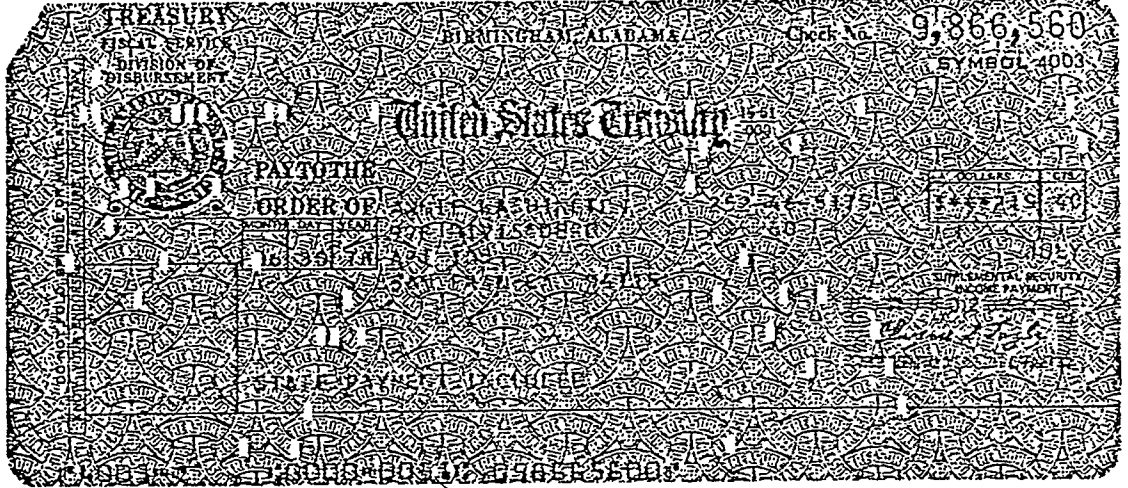
DISTRICT OR BRANCH OFFICE: _____

DISTRICT OR BRANCH MANAGER: _____

RECEIPT FOR REMITTER - THANK YOU

FORM 32A-1302 (6-73)

REVISED



T-3-2-258

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

BIRMINGHAM, ALABAMA

Check No. 62,044,626
SYMBOL 3499

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



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF ANNIE B WASHINGTON 252-46-5175
998 DIVISADERO 26 A 3
APT 105
SAN FRANCISCO CA 94115

DOLLARS	CENTS
\$\$\$122	60

SOC SEC FOR JUN

5038
Holler
FEDERAL RESERVE NOTE

⑆3499⑆ ⑆0000⑆005⑆ 620446266⑆

F-3-b-259

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

BIRMINGHAM, ALABAMA

Check No. 9,335,570
SYMBOL 3499

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



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF

MONTH	YEAR
08	78

ANNIE B WASHINGTON 252-46-5175
998 DIVISADERO 70 A 3
APT 105
SAN FRANCISCO CA 94115

DOLLARS	CENTS
9335	570

SDC SEC FOR JUL

039
H. H. Holt
REGIONAL DISBURSING OFFICER

⑆3499⑆ ⑆0000⑆005⑆ 093355702⑆

F-3-b-260

TREASURY
FISCAL SERVICE
DIVISION OF
DISBURSEMENT

BIRMINGHAM, ALABAMA

Chec No. 66,531,358
SYMBOL 3499

DO NOT FOLD, SPINDLE OR MUTILATE
KNOW YOUR ENEMY -- REQUIRE IDENTIFICATION



United States Treasury ¹⁵⁻⁵¹/₀₀₀

PAY TO THE

ORDER OF ANNIE B WASHINGTON 252-46-5175
998 DIVISADERO 58 A 3
APT 105
SAN FRANCISCO CA 94115

DOLLARS	CTS.
\$\$\$122	60

SOC SEC FOR AUG

041
Hobbs
RECEIVED

⑈34991⑈ ⑆0000⑈0051⑆ 665313583⑈

F-3-2-261

mailed to
3330 Geary
5/13/75

dup

F-3-b-262a

sent again 8/21/78



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 <i>Annie Bell Washington</i>	WORKER'S SOCIAL SECURITY NUMBER <i>252-46-5175</i>
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.) <i>Annie Bell Washington</i>	YOUR U.S. SOCIAL SECURITY NUMBER <i>252-46-5175</i>

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? NAME OF COUNTRY (or countries)
U.S.

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? Yes 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? Yes No
If "Yes," give the following information:

DATE ISSUED <i>1-1-76</i>	PASSPORT NUMBER <i>G036637</i>	NAME OF GOVERNMENT THAT ISSUED PASSPORT <i>USA.</i>
------------------------------	-----------------------------------	--

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? Yes 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.? Yes 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? Yes No

(b) Are you now physically present in the U.S.? Yes No
If "Yes," enter the date you plan to leave the U.S. MONTH, DAY, YEAR
5/12/78
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
over one year

(d) Did you enter or leave the U.S. at any time during the past 24 months? Yes No
If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.
<i>F-3-8-262</i>		

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.

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.

A person is self-employed if he has a business either

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 <i>(If self employed, show "self" and name and address of your trade or business.)</i>	TYPE OF BUSINESS	EMPLOYMENT OR SELF-EMPLOYMENT	
		DATE BEGAN OR WILL BEGIN	DATE ENDED <i>(If not ended, leave blank)</i>

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.

F-3-h-2622 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.

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
2502 4th Ave S.E. Wash DC 20003	June	1955	June	75

(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.

No

(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-3-D-262d

F-3-d-243a

For social security purposes a person is outside the United States if the person 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 <u>Richard Wade</u>	WORKER'S SOCIAL SECURITY NUMBER <u>525-40 9358 (1) 13</u>
2.	PRINT YOUR NAME (If you are filing application on behalf of an incompetent adult, enter that person's name in this space and answer all subsequent questions on this questionnaire FOR that person.) <u>Roberta Wade</u>	YOUR U.S. SOCIAL SECURITY NUMBER <u>556-88-0220 1D</u>

CITIZENSHIP

3. (a) At the time of your birth, of what country (or countries) were you a citizen? NAME OF COUNTRY (or countries) USA

(b) Have you ever become a citizen of any country other than the country or countries shown in (a) above? Yes 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) USA

(d) Do you have a valid passport? Yes No
If "Yes," give the following information:

DATE ISSUED <u>7/1977</u>	PASSPORT NUMBER <u>A 425183</u>	NAME OF GOVERNMENT THAT ISSUED PASSPORT <u>USA</u>
------------------------------	------------------------------------	---

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? Yes 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.? Yes 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? Yes No

(b) Are you now physically present in the U.S.? Yes No

If "Yes," enter the date you plan to leave the U.S. MONTH, DAY, YEAR

If "No," enter the date you left the U.S. MONTH, DAY, YEAR
3/9/75

(c) When do you plan to return to the U.S.? MONTH, DAY, YEAR
1/1/78

(d) Did you enter or leave the U.S. at any time during the past 24 months? Yes No
If "Yes," give the following information concerning each of your arrivals and departures.

DATE OF ARRIVAL (Month, day, year)	DATE OF DEPARTURE (Month, day, year)	ADDRESSES OF PLACES YOU LIVED OR VISITED IN THE U.S.
	<u>3/4/74</u>	<u>516 Grove Ave, Richardson, TX</u>

EMPL... SELF-EMPLOYMENT

An employed person is one who 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.

either alone 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.

A self-employed person is one who has a business

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)

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.)

Georgetown Port Kaituma, N.W.R. Guyana, So. America

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

PO Box 893 Georgetown, Guyana

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

Reliability and Convenience

EMPLOYMENT - SELF-EMPLOYMENT

An employed person is one who 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.

either alone 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.

A self-employed person is one who has a business

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)

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 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.)

Georgetown Port Kaituma, Berbice Guyana, So. America

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

PO Box 893 Georgetown, Guyana

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

reliability and convenience

F-3-b-263b

employment in the U.S.?)

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
516 Grove Richmond 12808 E. Manning Parker, Calif	3	'76	3/9	'75

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

(b) If the worker named in item 1 is now deceased, did the worker 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.?
If "Yes," explain.

Yes No

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

NAME OF COUNTRY OR COUNTRIES
U.S.A.

An explanation of the special circumstances that affect payment of benefits to beneficiaries outside the U.S. is given in the booklet titled, "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) The person 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 these net earnings from self-employment are not subject to United States social security taxes, OR

(2) The person is employed (this includes stand-by employment) to perform services as an employee on 7 or more different calendar days a month and these 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 the wage earner's deportation.)

(Over)

Social Security Medicare Notice

F-3-lr-264

From: Bureau of Health Insurance

If you inquire, please include your Medicare Claim No.
Date

525-40-93588
JUL 05, 1978

ROBERTA WADE
MISSION VILLAGE
PO BOX 893
GEORGETOWN GUYANA
SO AMERICA O 894

Your State Public Assistance Agency is no longer paying your Medicare MEDICAL INSURANCE premiums. The first month for which you are responsible for your medical insurance premium is

(Month and Year)

JUL 1978

If you are receiving social security payments, the premiums (including any you may owe for past months) will be deducted from future payments.

If you are not receiving social security payments, you will soon receive a bill for all premiums currently due. If you still owe premiums for any months before your State began paying them, the first month shown on your billing notice may be earlier than the date above. Do not pay anything until you receive this bill.

If you want to cancel your medical insurance coverage, notify your social security office immediately.

If you have any questions about this notice or your medical insurance protection, telephone or visit your social security office. Please take this notice with you if you visit a social security office.

YOUR NEXT SOCIAL SECURITY BENEFIT PAYMENT WILL BE IN THE AMOUNT OF \$81.60 AND WILL BE RECEIVED AROUND AUG 03, 1978

Social Security Benefit Information

F-3-b-265

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71734:PE

Richard & Roberta ^{WADE} Wage
% Mission Village
P.O. Box 893
Georgetown Guyana
SOUTH AMERICA

Date
July 25, 1978
Your Claim Number
525-40-9358 A & B

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

You should complete the enclosed form and return it to us immediately in the enclosed envelope which requires postage. If we do not receive the completed form within 6 months, benefit payments will be stopped until it is received.

Enclosure:
SSA-21s

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L592AF (2-74)

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 05/19/78	DATE OF THIS STATEMENT 06/19/78
ACCOUNT NUMBER 00-47381-2	
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1
PAGE NO 1	

DOROTHY WORLEY
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				
00		01	24080	48160	62141	00	48160
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	24080	602				72240	602
						72240	
						ENDING BALANCE	

F-3-b-206a

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 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	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 IMPORTANT INFORMATION



Bank of Montreal (California)

3.F OFFICE

5-29-78 DATE

ADVICE OF MISPLACED CHECK

TO OUR DEPOSITOR: Dorothy Worley

ACCOUNT NUMBER 00-47381-2

ATTACHED IS THE MISPLACED CHECK (OR OTHER DEBIT ENTRY) THAT WAS PREVIOUSLY CHARGED TO YOUR ACCOUNT ON 5-17-78

IN THE AMOUNT OF \$1,385.00

THIS ITEM WAS REPORTED TO YOU AT THE TIME YOU RECEIVED YOUR STATEMENT. WE APPRECIATE YOUR PATIENCE IN THIS MATTER.

DATE OF THIS TRANSMITTAL

F-3-d-266d

Dino [Signature] AUTHORIZED SIGNATURE

AC-80 11/78

TRANSMITTAL TO DEPOSITOR

F-3-d-266c NUMBER

Amul 25 49 78

11-3 1210

1,385.00

PAY TO THE ORDER OF Cash

Bank of Montreal

333 CALIFORNIA STREET SAN FRANCISCO CALIF 94104

DOROTHY WORLEY

Dorothy Worley

0000138500

CHECKING ACCOUNT DEPOSIT TICKET

F-3-d-266d

Bank of Montreal (California)

333 CALIFORNIA STREET SAN FRANCISCO CALIF 94104

DATE

6/7/78

DOROTHY WORLEY P.O. BOX 5516 SAN FRANCISCO, CALIF. 94115

CASH	
Coc. Sec.	240.80
TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT	240.80

11-3 1210

JUN 2 1978

11-3 Services 11-3

0000024080

0000024080

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

F-3-W-267a

Bank of Montreal 
(California)

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 06/19/78		DATE OF THIS STATEMENT 07/19/78	
ACCOUNT NUMBER 00-47381-2			
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1	PAGE NO. 1	

DOROTHY WORLEY
 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				
00		00 01	25650	72240	83355	00	72240
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	25650	7/07				97890	7/07
						97890	
						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 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	Days Cycle	Annual Percentage Rate			

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SEE REVERSE SIDE FOR
 IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET



Bank of Montreal
(California)
333 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

F-3-b-267b

DATE 7/7 1978

CASH	
CHE	Box Sec. 256 50
E	
C	
K	
S	
TOTAL	
LESS CASH RECEIVED	
NET DEPOSIT 256 50	



11-3
1210

BANK

DOROTHY WORLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

JUL 7 1978

113 60448000113 11-3

⑆ 1210 0003 00 4788 211 ⑆ 0000025650 ⑆

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

0300 17-161

PAYROLL DEPT. PEG.
BK. C. MONTREAL
(C. MONTREAL)
SANTO DOMINGO CA.
11-3

JUL - 7 78

F-3-A-268a

Bank of Montreal 
(California)

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 07/19/78	DATE OF THIS STATEMENT 08/18/78
ACCOUNT NUMBER 00-47381-2	
DISPOSITION CODE M	NUMBER OF ENCLOSURES 1
PAGE NO 1	

DOROTHY WORLEY
 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				
00		00 01	25650	97890	111570	00	97890
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	25650	803				123540	803
						123540	
						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 Debit Memo
- DR Debit Reversal
- CM Credit Memo
- CR Credit Reversal
- OC Overdraft Charge
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- OD Account Overdrawn
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- XC XMAS Club Debit
- LP Loan Payment
- PA Standby Payment
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- 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	Days in Cycle	Annual Percentage Rate			

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SEE REVERSE SIDE FOR
 IMPORTANT INFORMATION

0300 57824

PAY AN... P.E.G.
EK. C... TREAL
(C... NIA)
SANT... CO. CA.
11-3 11-3

AUG -3 78 | —

702
2-13

F-3-b-269a

Bank of Montreal 
(California)

BANK OF MONTREAL
 333 CALIFORNIA STREET
 SAN FRANCISCO CALIFORNIA 94104
 REFER YOUR INQUIRIES TO
 THE ABOVE ADDRESS OR CALL
 (415) 391-8060, EXT. 267

STATEMENT OF ACCOUNT

DATE OF PREVIOUS STATEMENT 08/18/78	DATE OF THIS STATEMENT 09/19/78
ACCOUNT NUMBER 00-47381-2	
DEPOSITION CODE M	NUMBER OF ENCLOSURES 1
PAGE NO 1	

DOROTHY WORLEY
 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				
00		01	25450	123540	135563	00	123540
TRANSACTION DESCRIPTION	AMOUNT	DATE	TRANSACTION DESCRIPTION	AMOUNT	DATE	RUNNING BALANCE	DATE
DP	25450	905				149190	905
						149190	
						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 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	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
 IMPORTANT INFORMATION

CHECKING ACCOUNT DEPOSIT TICKET



DATE 9/4/79 78

¹¹⁻³ 11-3 11-3
DOROTHY WORLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

CASH	
C	<i>Automatic deposit</i>
H	
E	
C	
K	
S	
TOTAL	
LESS CASH RECEIVED	
TOTAL NET DEPOSIT	<u>256.50</u>

11-3
1210

BE SURE EACH ITEM IS
PROPERLY ENDORSED

F-3-b-269

⑆1210⑆0003⑆00 4381 2⑈

⑈0000025650⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

0300 00938

PAY TO THE ORDER OF P.E.G.
BANK OF AMERICA NATIONAL ASSOCIATION
(SAN FRANCISCO) (S.F.)
SAN FRANCISCO, CALIF. 94104
11-3 11-3

SEP -5 78

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 7/7 19 78

DOROTHY WORLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

F-3-d-270 15

CASH	
CHECKS	Soc. Sec. 256 50
TOTAL	
LESS CASH RECEIVED	
TOTAL ITEMS	NET DEPOSIT 256 50

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

⑆01210⑆0003⑆00 47381 2⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 8/3 19 78

DOROTHY WORLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

F-3-d-271

CASH	
CHECKS	Soc. Sec. 256 50
TOTAL	
LESS CASH RECEIVED	
TOTAL ITEMS	NET DEPOSIT 256 50

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

⑆01210⑆0003⑆00 47381 2⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT.

CHECKING ACCOUNT DEPOSIT TICKET

Bank of Montreal
(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

DATE 9/4 19 78

DOROTHY WORLEY
P.O. BOX 15156
SAN FRANCISCO, CALIF. 94115

F-3-d-272

CASH	
CHECKS	Automatic deposit
TOTAL	
LESS CASH RECEIVED	
TOTAL ITEMS	NET DEPOSIT 256 50

11-3
1210

BE SURE EACH ITEM IS PROPERLY ENDORSED

⑆01210⑆0003⑆00 47381 2⑈

CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE TERMS AND CONDITIONS OF THIS BANK'S COLLECTION AGREEMENT

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

Dorothy Worley

375619

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
8/01/77	08-R-0381	ANNUITY	26.30
8/01/77	08-R-0381	C S PEN	61.72
8/01/77	08-R-0381	C O L	13.87

F-3-d-273

*****101.89

DETACH BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

378410

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
9/01/77	09-R-0381	ANNUITY	26.30
9/01/77	09-R-0381	C O L	13.87
9/01/77	09-R-0381	C S PEN	61.72

F-3-d-273

*****101.89

DETACH BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

Dorothy Worley

381467

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
10/01/77	10-R-0381	C S PEN	61.72
10/01/77	10-R-0381	ANNUITY	26.30
10/01/77	10-R-0381	C O L	13.87

F-3-d-275

*****101.89

DETACH BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

319139

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
7/01/78	07-R-0381	C O L	18,96
7/01/78	07-R-0381	ANNUITY	26,30
7/01/78	07-R-0381	C & PEN	61,72

B. Worley

F-3-d-276

*****106,98

DETACH BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

322958

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
8/01/78	08-R-0381	C O L	18,96
8/01/78	08-R-0381	ANNUITY	26,30
8/01/78	08-R-0381	C & PEN	61,72

Worley

F-3-d-277

*****106,98

DETACH BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

325414

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
9/01/78	09-R-0381	C O L	18,96
9/01/78	09-R-0381	C & PEN	61,72
9/01/78	09-R-0381	ANNUITY	26,30

Another Worley

F-3-d-278

*****106,98

DETACH BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

*Don't pay
Worley*

328449

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
10/01/78	10-R-0381	C O L	18,96
10/01/78	10-R-0381	C S PEN	61,72
10/01/78	10-R-0381	ANNUITY	26,30

F-3-d-279

DETACH BEFORE DEPOSITING CHECK *****106,98

REMITTANCE ADVICE

COUNTY OF MENDOCINO
UKIAH, CALIFORNIA 95482

*Don't pay
Worley*

331191

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
11/01/78	11-R-0381	C O L	18,96
11/01/78	11-R-0381	C S PEN	61,72
11/01/78	11-R-0381	ANNUITY	26,30

DETACH BEFORE DEPOSITING CHECK *****106,98

Social Security Notice of Acknowledgement

F-3-b-281

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

IRI-71734:NR

Date

May 26, 1978

Your Claim Number

459-03-8056 HA

Theo Williams
% Mission Village
P.O. Box 893
Georgetown
GUYANA

- As you requested, we are enclosing your document(s).
- Receipt is acknowledged of: Your inquiry regarding nonreceipt of September 1977 through January 1978 check, dated February 13, 1978 for \$1020.90.
- We have received your

The matter is receiving our attention, and we will be in touch with you about it as soon as possible.

- Your claim for benefits has been forwarded to our payment office. You will receive a determination as soon as possible.
- Your inquiry has been forwarded to our social security office in . . . The people there will contact you shortly.
- Your letter has been forwarded to the Division of Disbursement, Treasury Department located in Philadelphia, PA . . . You will be notified by the treasury Department of the result of their investigation

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L526F (3-74)

Standard Form 1180-C (Rev. 8-75) TREASURY FORM 7000 (7-75)						ADVISE OF REQUEST FOR STOP PAYMENT (Forward by Payee or Claimant)		(7/8/78)	
1. Date of Request	2. Reason	3. Amount	4. Date of Check	5. Symbol	6. Check Number				
4/13/78	<input checked="" type="checkbox"/> Non-receipt <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Other	\$1,020.90	2/13/78	3053	14,809,215				
Payee's Name (Enter only when not identical to the claimant's name in Box 9)		THEO WILLIAMS % MISSION VILLAGE P.O. BOX 893 GEORGETOWN - GUYANA							
Remarks (Including identification or reference)		9. - Claimant of Check and Current Address THEO WILLIAMS % MISSION VILLAGE P.O. BOX 893 GEORGETOWN - GUYANA SOUTH AMERICA 894							
10. NOTICE TO PAYEE OR CLAIMANT Your claim is being handled by the Bureau of Government Financial Operations, Division of Check Claims, Washington, D.C. 20227. Please read and carefully observe the instructions on the other side of this form.									

TO PAYEE OR CLAIMANT:

1. IF YOU HAVE ALREADY CASHED THIS CHECK, THIS FORM SHOULD BE DESTROYED.

2. OTHERWISE, the United States Treasury will give active attention to your claim and advise you further as soon as possible. In the meantime, you should take no further action unless you have additional information to submit, such as a change in your mailing address. Any additional information should be submitted over your signature and must accurately describe the check (items 3 through 6 on the other side). **INITIAL PROCESSING OF YOUR CLAIM MAY TAKE UP TO SIX WEEKS FROM THE DATE OF THIS REQUEST (Item 1).**

3. If this is not the check in question, do not write the Bureau of Government Financial Operations, Division of Check Claims, but write to the Government Department or Agency which authorized the issuance of the check(s) and give your identification number. You should furnish that office sufficient information to identify the check in question.

4. If you recover the ORIGINAL check before you receive a substitute check, YOU MUST SIGN AND DATE THIS FORM BELOW AND MAIL IT, BEFORE CASHING YOUR CHECK, to the Bureau of Government Financial Operations, Division of Check Claims, Stop Pay Branch, Washington, D.C. 20227. **IF THE CHECK WAS ISSUED TO PAYEE JOINTLY, BOTH MUST SIGN BELOW.**

DEPARTMENT OF THE TREASURY
BUREAU OF GOVERNMENT FINANCIAL OPERATIONS
DIVISION OF CHECK CLAIMS
STOP PAY BRANCH
WASHINGTON, D.C. 20227

We have recovered the check described in this form and will negotiate it. Please remove the stop payment.

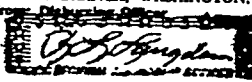
Aug 16 1978

Shawville

ADVISE OF REQUEST FOR STOP PAYMENT

(Signature)

Standard Form 1180 (Rev. 3-75)
 4 TREASURY FORM 2000 (0898) (Rev. 1-57) **REQUEST FOR STOP PAYMENT**
 (Forward to Bureau of Government Financial Operations)

1. Date of Request 6/6/78	2. Reason <input checked="" type="checkbox"/> Non-receipt <input type="checkbox"/> Other:	<input type="checkbox"/> "x" if confirmation <input type="checkbox"/> Lost <input type="checkbox"/> "x" if correction	3. Amount \$1,020.90	4. Date of Check 2/13/78	5. Symbol 3053	6. Check Number 14,889,215
7. Payee's Name (enter only when not identical to the claimant's name in Box 9)						
8. Remarks (including identification or reference) 359 03 8056 A F-3-b-283a		9. Claimant of Check and Current Address THEO WILLIAMS 7 MISSION VILLAGE P O BOX 893 GEORGETOWN - GUYANA SOUTH AMERICA 894			11. (RESERVED FOR BGFQ) STOPPED JUN 8 1978 NOT PAID REML AUTH'D BY	
10. To: BUREAU OF GOVERNMENT FINANCIAL OPERATIONS, DIVISION OF CHECK CLAIMS, STOP PAY BRANCH, WASHINGTON, D.C. 20227						
From: Disbursing Officer  SPECIAL AGENT IN CHARGE		I CERTIFY that the above check description is correct and that nothing in my records indicates that the payee is not entitled to its proceeds UNLESS OTHERWISE STATED UNDER "REMARKS."			1208 JUN 16 1978 1133 CHECK CLAIMS DIVISION MISC.	

Intercepted



DIVISION OF
CHECK CLAIMS
REFER TO DCC:

DEPARTMENT OF THE TREASURY
FISCAL SERVICE
BUREAU OF GOVERNMENT FINANCIAL OPERATIONS
WASHINGTON, D.C. 20227

You have inquired about a U. S. Treasury check. A copy of that check is attached. Examine the endorsement on the back of the check copy.

IF YOU DID NOT SIGN THE CHECK OR AUTHORIZE ANYONE TO SIGN IT FOR YOU, AND YOU DID NOT BENEFIT FROM IT, PLEASE COMPLETE THE ENCLOSED CLAIM FORM(S) AS FOLLOWS:

1. PRINT symbol, check number, date, amount and payee's name shown on the attached check copy in the spaces provided.
2. ANSWER ALL questions on the front and back.
- 3. SIGN the claim.
4. Have WITNESSES SIGN also.
5. RETURN the claim AND the check copy to:

Bureau of Government Financial Operations
Division of Check Claims
401 14th Street, S. W.
Washington, D. C. 20227

IF THE CHECK BEARS only the stamped endorsement of your bank, we suggest that you show the check copy to a teller in that bank in order to receive credit.

IF YOU DO NOT WISH TO MAKE A CLAIM, it is not necessary to return anything.

IF YOU MAKE A CLAIM we will handle your case as quickly as possible. The United States Secret Service will investigate if you allege forgery or unauthorized endorsement. Send us any change in your address. Any other correspondence will only delay processing your claim.

IF YOU SIGNED THE CHECK and then lost it or had it stolen, we will not be able to assist you in regaining the proceeds of the check. We suggest that in the future you do not sign your check until you are actually cashing it.

F-3-A-283b

DIRECTOR, DIVISION OF CHECK CLAIMS

1180-113

TO PAYEE OR CLAIMANT:

BUREAU OF GOVERNMENT FINANCIAL OPERATIONS

Attached is a copy of the Government check which is the subject of your inquiry.

1. Your claim for the proceeds of the check cannot be allowed because it has been paid apparently bearing your genuine endorsement.
2. The check bears the endorsement of the payee or other person to whom it is payable and it is assumed that the check copy will enable you to effect an adjustment.
3. Since the check was lost or stolen bearing your genuine endorsement, the United States Treasury cannot recover the amount from the endorsing bank for your benefit. It is suggested that you do not endorse a check until you are actually cashing it.
4. The check has been paid bearing a bank endorsement indicating you have received credit for its amount. If necessary, the check copy will assist you in obtaining an adjustment.
5. If the check appears to have been negotiated through a forged or unauthorized endorsement, the check copy should be returned to Bureau of Government Financial Operations, Division of Check Claims, Washington, D.C. 20227 at once with a factual statement of the signature of the payee or other claimant.

NOTICE: IF THIS CHECK IS NOT A COPY OF THE CHECK IN QUESTION, DO NOT WRITE THE BUREAU OF GOVERNMENT FINANCIAL OPERATIONS, DIVISION OF CHECK CLAIMS, BUT WRITE TO THE GOVERNMENT DEPARTMENT OR AGENCY WHICH AUTHORIZED THE ISSUANCE OF THE CHECKS, AND GIVE YOUR IDENTIFICATION NUMBER. YOU SHOULD FURNISH NAME, OFFICE, SUFFICIENT INFORMATION TO IDENTIFY THE CHECK IN QUESTION.

1180-113 (Rev. 8-12) BUREAU OF GOVERNMENT FINANCIAL OPERATIONS

ADVISE OF RECEIPT FOR THIS PAYMENT

IDENTIFICATION PROCEDURE

When cashing this check, each individual must show identification and state where his present residence is. If the endorsement is made by more than one person, the check must be cashed by two persons who can give their place of residence in full.

If the amount of the check is greater than \$100, the check should be cashed at a bank.

The payee should endorse below in the indicated space.

If the endorsement is made by more than one person, the check must be cashed by two persons who can give their place of residence in full.

Signature

DUY ENDORSE
U.S. SAVINGS BONDS
Sold in America

1180-113

**CLAIM AGAINST THE UNITED STATES
FOR THE PROCEEDS OF A GOVERNMENT CHECK OR CHECKS**

JUL 11 1978

The Social Security Account Number, if applicable, and other information requested is required under the authority of 31 USC 71, with delegation of authority from the Comptroller General of the U.S., and Executive Order 9397, dated November 22, 1943. This information is for routine use in processing a claim for a Government check(s). If all information is not furnished the processing of the claim may be delayed.

To EXPEDITE processing of your claim, please complete, sign, and return this form within (5) days.

I am the payee and owner of the following-described check and, having examined a photocopy of the check and the endorsement thereon, declare that I did not in any manner participate in any part of the proceeds and I hereby make claim for the amount of the check. In support of this claim I make the following statements which I declare to be true to the best of my knowledge and belief:

SYMBOL	CHECK NO.	DATE	AMOUNT
PAYEE:			
1. Was the check received, or did you ever see it?		(Answer fully)	
2. Did you endorse this check?			
3. Was the endorsement of your name on the check made with your consent or by agreement or understanding with anyone?			
4. State the purpose for which the check was issued.			
5. Give your identification number relative to the check, such as Social Security, Military Service, Veterans compensation, etc.			

WARNING.--Title 18, Sec. 287, U.S. Code: "Whoever makes or presents to any person or officer in the civil, military, or naval service of the United States, or to any department or agency thereof, any claim upon or against the United States, or any department or agency thereof, knowing such claim to be false, fictitious, or fraudulent, shall be fined not more than \$10,000 or imprisoned not more than five years, or both."

Signature of Co-Payee, if applicable:

TWO Witnesses to signature(s) required:

Signature of Witness:

Address of Witness:

Signature of Witness:

Address of Witness:

F-3-l-283e

Signature of Payee:

Address:

City & State:

Date Signed:

F-3-d-284

VETERANS ADMINISTRATION

941 N CAPITOL ST NE
WASHINGTON DC 20421

JULY 31, 1978

IN REPLY REFER TO: 21/24

THEO WILLIAMS JR
PO BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA
894

FILE NUMBER:
C- 5 125 823
T WILLI

YOUR AWARD HAS BEEN AMENDED TO PROVIDE FOR PAYMENT AS FOLLOWS.

MONTHLY RATE	EFFECTIVE DATE	REASON
\$75.24	01/01/78	INCOME CHANGE

THIS ACTION RESULTED IN AN ADJUSTMENT DUE YOU OF \$25.48.

VETERANS ADMINISTRATION

IMPORTANT - SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

F-3-b-285

VETERANS ADMINISTRATION

941 N CAPITOL ST NE
WASHINGTON DC 20421

AUGUST 30, 1978

IN REPLY REFER TO 21/24

THEO WILLIAMS JR
PO BOX 893
GEORGETOWN GUYANA
SOUTH AMERICA
894

FILE NUMBER
C- 5 125 823
T WILLI

YOUR AWARD HAS BEEN AMENDED TO PROVIDE FOR PAYMENT AS FOLLOWS.

MONTHLY RATE	EFFECTIVE DATE	REASON
\$75.24	01/01/76	INCOME CHANGE

THANK YOU,
VETERANS ADMINISTRATION

IMPORTANT — SEE REVERSE FOR PROCEDURAL AND APPELLATE RIGHTS
KEEP THIS LETTER FOR FUTURE REFERENCE

Social Security Benefit Information

F-3-D-286

From: Bureau of Retirement and Survivors Insurance
Division of International Operations
P.O. Box 1756, Baltimore, Maryland 21203, U.S.A.

Carol Young
PO Box 893
Georgetown
GUYANA

Date
October 9, 1978
Your Claim Number
487-26-8943-A

We have changed your address in our records, as you requested. Please let us know if your address is not complete or if you move again. Your checks will now be delivered somewhat later than usual because of the distance and the special handling involved.

While you are outside the United States, you may not be eligible for your benefits for any month you are under 72 and work or engage in any business in any part of 7 or more days. This is true regardless of how little you earn or how few hours you work during those 7 days.

The enclosed booklet gives more information about how work and other matters affect your right to receive benefits. We are also enclosing a postcard which you may use to report any of the events described in the booklet.

Any check you receive for which you are not eligible for payment should be returned to the Treasury Department, Director, Disbursing Center, P.O. Box 7407, Philadelphia, Pennsylvania 19101, U.S.A.

Your benefits have been resumed effective January 1978 at the monthly benefit rate of \$161.90 and the amendments to the Social Security Act increased your monthly benefit to \$172.50 effective June 1978. This check for \$1420.50 covers benefits due you through September 1978. The amount of \$79.00 has been deducted for Medical Insurance premiums for February 1978 through June 1978 at the rate of \$7.70, and \$8.20, July 1978 through October 1978.

Enclosures:
Form SSA-609
Form SSA-1425F

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-1592AF (2-74)

Social Security Benefit Information

F-3-1-287

From: Bureau of Retirement and Survivors Insurance, Division of International Operations
Post Office Box 1756, Baltimore, Maryland 21203, U.S.A.

Date: 10/10/78

Claim Number:

CAROL YOUNG
PO BOX 893
GEORGETOWN GUYANA

894

487-26-8943 A

THE BENEFITS PAYABLE ON THIS SOCIAL SECURITY RECORD HAVE BEEN ADJUSTED.

AS YOU REQUESTED, YOUR MEDICAL INSURANCE PROTECTION HAS BEEN STOPPED EFFECTIVE THE LAST DAY OF 03/78. THIS NOTICE CONCERNS MEDICAL INSURANCE ONLY. IF YOU HAVE HOSPITAL INSURANCE, THAT COVERAGE WILL CONTINUE. MEDICAL INSURANCE PREMIUMS WILL NO LONGER BE DEDUCTED FROM YOUR SOCIAL SECURITY PAYMENTS.

YOUR NEXT PAYMENT WILL BE ADJUSTED FOR ANY MEDICAL INSURANCE PREMIUMS PREVIOUSLY PAID OR FOR ANY PREMIUMS NOW DUE.

IF YOU WANT INFORMATION ABOUT STARTING YOUR MEDICAL INSURANCE AGAIN, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE. THE PEOPLE THERE WILL BE GLAD TO ASSIST YOU AND ANSWER ANY QUESTIONS ABOUT THIS MATTER.

YOUR NEXT PAYMENT FOR \$228.40 WILL INCLUDE BENEFITS DUE THROUGH 10/78. AFTER THAT, YOU WILL RECEIVE YOUR REGULAR MONTHLY CHECK FOR \$172.50.

IF YOU HAVE ANY QUESTIONS ABOUT YOUR CLAIM, PLEASE GET IN TOUCH WITH ANY SOCIAL SECURITY OFFICE OR WRITE TO US AT THE ABOVE ADDRESS.

C

Important: See other side for an explanation of your appeal rights and other information. ►

Department of Health, Education, and Welfare
Social Security Administration

Form SSA-L475FC-C1 (1-77) (FORMERLY SSA-L475F)
Destroy prior editions

If you believe this determination is not correct, you may request that your claim be reexamined. If you want this reconsideration, you must request it not later than 60 days from the date you receive this notice. You may make your request through any social security office. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice. If additional evidence is available, you should submit it with your request.

1. Work Outside the U.S.

If you work or own a business outside the U.S.—and you're still under 72—you may not be eligible for social security benefit checks. It's in your best interest to report all employment even though you don't think your work or business will affect your social security checks. By employment, we mean you have a job—even a part-time job—or you are working for yourself as a farmer, writer, sales representative, artisan, etc. Any work as an apprentice must also be reported. If you own a business, you should notify us even if you do not work in the business or receive any income from it.

Send your notice to us by airmail. If your work is not covered by the United States social security program, the general rule is that you can't get a check for any month you've worked or owned a business on any part of 7 or more days while you're under 72. If you can't get a check, then neither can any of your dependents. If your work is covered by the United States social security program, the same annual retirement test will be applied as is applied to beneficiaries in the United States. If you want a fuller explanation, see the people at your nearest U.S. Foreign Service post.

We cannot explain in detail how your checks may be affected by your work. However, upon receipt of your work notice, we will send you a form to fill out. The information you submit on the form will help us decide whether your work or business will affect your checks. You will receive a decision in writing.

2. If You Are Enrolled For Medical Insurance Coverage This Information About Medical Insurance Premiums Applies to You

a. If monthly social security benefits are being paid to you now—

Your next payment will be adjusted for any premiums you now owe or excess premiums you have paid in advance. After that, 1 month's premium will be withheld from your benefit payment each month.

b. If monthly social security benefits are not being paid to you now—

You will be billed for the premiums to pay for your medical insurance. The first bill you receive will cover all premiums due at that time. Further bills will cover the premiums due in advance for a 3-month period.

Each bill will show the months covered and will be sent to you shortly before the payment is due.

c. Medicare outside the U.S.

Generally, no Medicare services are provided outside the U.S. The only exceptions are inpatient services provided in Canadian or Mexican hospitals, in limited situations involving emergencies occurring inside the U.S. or while traveling through Canada between Alaska and another State, or where the foreign hospital is nearer the beneficiary's residence in

the U.S. than the nearest U.S. hospital which can provide the care needed. 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 your Supplementary Medical Insurance.

You may cancel your medical insurance at any time. Residents of the United States, Canada, and Mexico may call, write, or visit any social security office for assistance. If you live in the Philippines, you should contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration, at the address shown on the reverse side of this notice. The cancellation is not effective until the third month after the month in which it is filed.

If you cancel your medical insurance, you can re-enroll at a later date, but only once. In that case, the premium is increased by ten percent for each full year that you could have been enrolled but were not.

3. Information About Overpayments

If you cannot afford to refund the full overpayment at one time or have your full payment withheld until the overpayment is recovered, get in touch with any social security office to see about repayment by installments or having a smaller amount withheld from your social security payments over a longer period of time. If you live in the United States, Canada, or Mexico, you can get in touch with any social security office. If you live in the Philippines, you can contact the United States Veterans Administration Regional Office, SSA Section, 1131 Roxas Boulevard, Manila. All other persons may contact the nearest United States Foreign Service post or write directly to the Social Security Administration at the address shown on the reverse side of this notice.

Any overpayment must be withheld from benefits or paid back unless both the following statements are true:

- The overpayment wasn't your fault in any way and you accepted the payment(s) because you thought they were correctly paid to you, and
- You couldn't meet your necessary living expenses if you had to pay back the overpayment or have it withheld from your social security payments, or if it would be unfair for some other reason.

If you believe you were without fault and that you should not have to repay the money, you should write to us at the address shown on the reverse side of this notice. We shall need a statement of your assets, monthly income, and expenses to help decide whether repayment would cause you financial hardship.

COUNTY OF LOS ANGELES
STATEMENT OF ALLOWANCE AND DEDUCTIONS
 TO BE RETAINED BY RETIRED MEMBER

MEMBER NO.	ISSUE DATE	WARRANT NO.	NORMAL ALLOWANCE	COST OF LIVING	TOTAL ALLOWANCE	MISC. DEDUCTIONS	NET PAYMENT	YTD ALLOWANCE
2	9768	83177148666	20914	7730	28644	2068	26576	226650

73	205368	15	MISCELLANEOUS DEDUCTION CODES AND AMOUNTS				YTD Federal Tax
			MISCELLANEOUS DEDUCTION CODES AND AMOUNTS				0000000
			MISCELLANEOUS DEDUCTION CODES AND AMOUNTS				YTD State Tax
			MISCELLANEOUS DEDUCTION CODES AND AMOUNTS				0000000

CODES FOR MISCELLANEOUS DEDUCTIONS			
80 Courts & Records C.U.	87 LACUSC Med. Ctr. C.U.	64 Co. Employees Association	71 Eves Loos
81 Credit Union No. 11	88 Public Services C.U.	65 Shaver's Relief Assoc.	72 Blue Cross
82 Fiscal Employees C.U.	89 Harbor Hospital C.U.	66 Local 1014 (Firefighters Association)	73 Occidental
83 Foreman & Agric. C.U.	90 Olive View C.U.	67 P.O. Protective Association	74 Federal Tax Withhold
84 Rancho Los Angeles C.U.	91 Long Beach Gen. Hosp. C.U.	68 Alumni Association	75 State Tax Withhold
85 Engineers C.U.	92 John Wesley Co. Hosp. C.U.	69 Medicare	76 Local 1014 DeathLife Insurance
86 Chic. Center C.U.	93 Head Control Dist. C.U.	70 Excess	77 Dental/Vision Insurance

NOT NEGOTIABLE

F-3-a-1

Anthony
 1057 Citrus Avenue
 Chico, CA 95926

S. Woodall
 P.O. Box 10215
 Stanford, CA 94305
 U.S.A.

upon my return
I called to ask
if my hills and
...

MEMBER NO. 1-15927-A

*Heraldin's
Bailey*

DUPLICATE

RETIREMENT WARRANT FOR THE MONTH OF May, 1977.

TOTAL \$364.84

ZH:MB;nn

F-3-a-2



E. J. MARTIN
RETIREMENT SYSTEMS MANAGER

COUNTY OF LOS ANGELES

OFFICE OF THE TREASURER

H. B. ALVORD

July 19, 1977.

RECEIVED
JUL 25 1977
VOL. NO. _____

RETIREMENT DIVISION
440 HALL OF ADMINISTRATION
LOS ANGELES, CALIFORNIA 90012
(213) 974-2141

Geraldine H. Bailey
P. O. Box 15156
San Francisco, CA. 94115

In response to your request of July 19, 1977,
enclosed is a duplicate warrant for the month of
May, 1977, and an affidavit which
requires your signature and immediate return to
our office.

Your original warrant is now void. Should you
receive Warrant No. 085624, issued on May 31, 1977,
please return it to our office, as it is no longer
payable.

For your convenience, an envelope is enclosed.

Very truly yours,

H. B. ALVORD, Secretary
Board of Retirement

By *E. C. Morris*
E. C. Morris, Chief *ML*
Retirement Services Division

HBA:ECM:

MB: zh

Enclosure

F-3-a-3

PG and E

PLEASE DETACH

REFUND NO. 161300

ACCOUNT NUMBER
TRG2954373

Seraldine Bailey
OCTOBER 18 1977

OVERPAYMENT ON CLOSED ACCOUNT

\$*****4.54

998 DIVISADERO ST #203
SN FRANCISCO CA 94115

F-3-a-4

61-7117
10-74

PG and E

PLEASE DETACH

REFUND NO. 161301

ACCOUNT NUMBER
TRG2954373

Seraldine Bailey
OCTOBER 18 1977

DEPOSIT LESS CLOSING BILL

\$*****21.21

998 DIVISADERO ST #203
SN FRANCISCO CA 94115

F-3-a-5

61-7117
10-74

GERALDINE L. BAILEY

COUNTY OF LOS ANGELES

STATEMENT OF ALLOWANCE AND DEDUCTIONS

TO BE RETAINED BY RETIRED MEMBER

MEMBER NO.	ISSUE DATE	WARRANT NO.	NORMAL ALLOWANCE	COST OF LIVING	TOTAL ALLOWANCE	MISC. DEDUCTIONS	NET PAYMENT	YTD ALLOWANCE
17	15927	73177	124364	32415	4069	36484	36484	252199
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD Federal Tax
								000000
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD State Tax
								000000

CODES FOR MISCELLANEOUS DEDUCTIONS			
50	Civile & Records C.U.	64	Co Employees Association
51	Credit Union No. 11	65	Sheriff's Relief Assoc.
52	Fuel Employees C.U.	66	Local 1014 (Firefighters Association)
53	Fireman & Agric. C.U.	67	P.O. Protective Association
54	Sancho Los Amigos C.U.	68	Alumni Association
55	Engineers C.U.	69	Medicare
56	Chic Center C.U.	70	Kaiser
57	LAC-USC Med. Ctr. C.U.	71	Red Cross
58	Public Services C.U.	72	Blue Cross
59	Harbor Hospital C.U.	73	Occidental
60	Olive View C.U.	74	Federal Tax Withheld
61	Lomp Beach Gen. Hosp. C.U.	75	State Tax Withheld
62	John Wesley Co. Hosp. C.U.	76	Local 1014 Dues/Life Insurance
63	Flood Control Dist. C.U.	77	Dental/Vision Insurance

NOT NEGOTIABLE

F-3-a-b

COUNTY OF LOS ANGELES
STATEMENT OF ALLOWANCE AND DEDUCTIONS
 TO BE RETAINED BY RETIRED MEMBER

MEMBER NO.	ISSUE DATE	WARRANT NO.	NORMAL ALLOWANCE	COST OF LIVING	TOTAL ALLOWANCE	MISC. DEDUCTIONS	NET PAYMENT	YTD ALLOWANCE
1	15927	83177	143707	32415	4069	36484	36484	288683
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD Federal Tax
								000000
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD State Tax
								000000
CODES FOR MISCELLANEOUS DEDUCTIONS								
20 Courts & Records C.U.	27 IAC-USC Med. Cwr. C.U.	44 Co. Employees Association	71 Ross Loan					
21 Credit Union No. 11	28 Public Services C.U.	45 Sheriff's Relief Assoc.	72 Blue Cross					
22 Fiscal Employees C.U.	29 Harbor Hospital C.U.	46 Local 1014 (Firefighters Association)	73 Occidental					
23 Foreman & Agric. C.U.	30 Olive View C.U.	47 P.O. Protective Association	74 Federal Tax Withhold					
24 Rancho Las Amigos C.U.	31 Long Beach Gen. Hosp. C.U.	48 Alumni Association	75 State Tax Withhold					
25 Engineers C.U.	32 John Wesley Co. Hosp. C.U.	49 Medicare	76 Local 1014 DeathLife Insurance					
26 Chic Center C.U.	33 Flood Control Dist. C.U.	70 Kaiser	77 Demol/Vision Insurance					

NOT NEGOTIABLE

F-3-a-7

COUNTY OF LOS ANGELES
STATEMENT OF ALLOWANCE AND DEDUCTIONS
 TO BE RETAINED BY RETIRED MEMBER

MEMBER NO.	ISSUE DATE	WARRANT NO.	NORMAL ALLOWANCE	COST OF LIVING	TOTAL ALLOWANCE	MISC. DEDUCTIONS	NET PAYMENT	YTD ALLOWANCE
1	15927	103177	182643	32415	4069	36484	36484	361651
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD Federal Tax
								000000
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD State Tax
								000000
CODES FOR MISCELLANEOUS DEDUCTIONS								
20 Courts & Records C.U.	27 IAC-USC Med. Cwr. C.U.	44 Co. Employees Association	71 Ross Loan					
21 Credit Union No. 11	28 Public Services C.U.	45 Sheriff's Relief Assoc.	72 Blue Cross					
22 Fiscal Employees C.U.	29 Harbor Hospital C.U.	46 Local 1014 (Firefighters Association)	73 Occidental					
23 Foreman & Agric. C.U.	30 Olive View C.U.	47 P.O. Protective Association	74 Federal Tax Withhold					
24 Rancho Las Amigos C.U.	31 Long Beach Gen. Hosp. C.U.	48 Alumni Association	75 State Tax Withhold					
25 Engineers C.U.	32 John Wesley Co. Hosp. C.U.	49 Medicare	76 Local 1014 DeathLife Insurance					
26 Chic Center C.U.	33 Flood Control Dist. C.U.	70 Kaiser	77 Demol/Vision Insurance					

NOT NEGOTIABLE

F-3-a-8

DENNY'S, INC.

PROFIT SHARING AND SAVINGS PLAN

DETACH AND RETAIN THIS STATEMENT
 THIS ATTACHED CHECK IS IN PAYMENT OF DEBS DESCRIBED BELOW.
 IF NOT CORRECT PLEASE NOTIFY US PROMPTLY AND RECEIPT OBTAINED.

COAST SAFETY

The attached check represents the balance of your account in the Denny's, Inc. Profit Sharing and Savings Plan.

If you should become an employee of Denny's, Inc. in the future, please be sure to contact the Profit Sharing Administrator at the La Mirada headquarters regarding your eligibility to participate again in the Profit Sharing and Savings Plan.

[Handwritten Signature]

COAST SAFETY

Pacific Telephone

This Is Your Record - Please Detach

OCT 31 1977

S804-0243

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
3	922 9012 566							23 88	

The Attached Draft is in Payment of

- CODE 1 Refund of Advance Payment
2 Refund of Deposit
3 Refund Of Overpayment on
Final Bill

- CODE 4 Commission on Public Telephone
Collections
5 Credit Balance on
Final Bill
6 Other (Detail Enclosed)

Elsie Bell

This is not a check - DO NOT CASH

F-3-a-10

FOWLER & BALL
ATTORNEYS AT LAW
150 NORTH PINE STREET
UKIAH, CALIFORNIA 95482

ROBERT A. FOWLER
JANE M. BALL

MAILING ADDRESS:
P. O. BOX 540
TELEPHONE:
(707) 462-1429
IN REPLY REFER TO

December 6, 1977

Mrs. Edith Bogue
Post Office Box 192
Redwood Valley, California 95470

Dear Edith:

Enclosed is my check in the amount of \$104.15 for the hours you worked in July together with your wage statement for that period.

Yours truly,



Robert A. Fowler

RAF:dp

Enclosure

*P.S. Stop by & see us if you
visit Mendocino County.*

F-3-a-11

EMPLOYER
FARVER & BALL

Emp. No. _____
 Employee's Name *EDITH BOGUIS*

Pay For Period Ending *July 31, 1977*

Date Hired _____
 Date Discharged _____

Place Of Employment _____
 Schedule Hours This Period _____

DAYS	DAYS AND HOURS WORKED							TOTAL HOURS	PERCENTAGE
	SUN	MON	TUE	WED	THUR	FRI	SAT		
hours									
over time									
								<i>29.5</i>	<i>110</i>

SALARY (if paid on fixed Weekly or Monthly Basis) _____
 REMUNERATION OTHER THAN CASH (Room, Board, Tips, etc.) _____

GROSS EARNINGS *110 62*

DEDUCTIONS

% WITHHOLDING TAX	
% STATE DISABILITY INSURANCE	
% FED. INS. CONTRIBUTION ACT	<i>6.47</i>
% STATE WITHHOLDING TAX	

TOTAL DEDUCTIONS *6.47*

NET EARNINGS *104.15*

LESS: REMUNERATION OTHER THAN CASH _____

NET PAY THIS PERIOD *104.15*

BY CHECK NO. *8942*

Employee Sign Here _____
 4H 417 Reclform

I HEREBY CERTIFY THAT THE TIME SHOWN ABOVE IS CORRECT

F-3-a-12

Bookkeeping Services
COMMERCE CLEARING HOUSE, INC.
 CHICAGO, ILLINOIS

18-4917-00 09/23/77
 A REMITTANCE RECENTLY RECEIVED FROM YOU RESULTS IN A NET CREDIT BALANCE TO YOUR ACCOUNT.
 ENCLOSED IS OUR REFUND CHECK IN THE AMOUNT OF \$***22.77

COMMERCE CLEARING HOUSE, INC.

DETACH BEFORE DEPOSITING

F-3-a-13

QUALITY CARE HEALTH CENTERS, INC.

to sub department no. emp no. employee name
 9138 50 1 3035 BREIDENBACH, AVIS

from pay period to check no. social security no.
 07-01-77 07-15-77 31740351 560-27-5131

Description	earnings		voluntary deductions		
	units	rate	description	amount	yd bal.
REGULAR	8550			22230	
NOT NEGOTIABLE					
total earnings		\$	222.30	deductions	

current and year to date

gross pay	22230	1366	1300	222	195
gross pay	220887	16689	12920	2209	972

net pay \$ 191.47

a service of united california bank

F-3-a-14

statement of earnings not negotiable



QUALITY CARE HEALTH CENTERS, INC.

to 9138	sub 30	department no. 1	emp no. 3035	employee name BREIDENBACH, AVIS		
from 07-16-77	pay period 07-31-77	check no. 31922750	social security no. 560-27-5131			
earnings			voluntary deductions			
Description	units	rate	amount	Description	amount	ytd bal.
REGULAR	3950		10270	UNION DUES	600	3600
HOLIDAY	800	390	3120			
NOT NEGOTIABLE						
total earnings \$			133.90	deductions \$	6.00	

statement
of
earnings

not
negotiable



current and year to date							
gross	for w/h	fica	adi	alt w/h	city	other	net pay
13390	40	783	134				\$ 118.33
234277	16729	13703	2343	972			a service of united california bank

F-3-a-15

51

GOODWILL INDUSTRIES OF SAN FRANCISCO

EARNINGS STATEMENT



DATE	HOURS	EARNINGS	TYPE	CHECK NUMBER	NAME	DEPARTMENT	PERIOD ENDING
20000	7675	15350	REG	FULLT	WILLIAM CASTILLE	ARA	81277
DEDUCTIONS THIS PAY							
				FED. WITH. TAX	F.I.C.A. 898	S.U.L/D.S.	STATE WITH. TAX
							CITY WITH. TAX
GROSS PAY		NET PAY	GROSS PAY	FED. WITH. TAX	F.I.C.A.	S.U.L/D.S.	STATE WITH. TAX
15350		14452	324575	8403	18E55		
EARNINGS THIS PAY				YEAR - TO - DATE TOTALS			

DETACH BEFORE CASHING

F-3-a-16

Eugene Chaiken
Pacific Telephone

THIS IS YOUR RECORD - PLEASE DETACH

NOV 3 1977

C807-0171

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
3	485 7600 727								14 06 B

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| 2 | Refund of Deposit | 5 | Credit Balance on Final Bill |
| 3 | Refund Of Overpayment on Final Bill | 6 | Other (Detail Enclosed) |

This is not a check - DO NOT CASH

F-3-a-17

Eugene Chaiken

Pacific Telephone

THIS IS YOUR RECORD - PLEASE DETACH

DEC 11 1977

C835-0311

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
3	485 7600 727								10 E2 B

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| 2 | Refund of Deposit | 5 | Credit Balance on Final Bill |
| 3 | Refund Of Overpayment on Final Bill | 6 | Other (Detail Enclosed) |

This is not a check - DO NOT CASH

F-3-a-18



Savings Bank OF MENDOCINO COUNTY

COMMERCIAL AND SAVINGS
SOUTH UKIAH OFFICE UKIAH, CALIFORNIA

CUSTOMER COPY

No. 002999

90-406
1211

February 8, 1978

TO THE ORDER OF Eugene B. Chaikin \$ 1,262.33

PAY

1262 00 33 00

REMITTED: Cos' account 02-013722

BANK MONEY ORDER

COPY NOT NEGOTIABLE

VICE PRESIDENT

CASHIER

F-3-a-20

PURCHASER'S RECEIPT - RETAIN FOR YOUR RECORDS

REMITTER

SAVINGS BANK OF MENDOCINO COUNTY
COMMERCIAL SAVINGS
UKIAH, CALIFORNIA

1108

Self - 01-07360-3

PAYABLE TO

Eugene Chaikin

NOT NEGOTIABLE

Dec. 9 77

1-2
210

12,455.88

12455 00 88 00



THE CHASE MANHATTAN BANK
National Association
1 Chase Manhattan Plaza, New York, N. Y.

MEMORANDUM

FOR

F-3-a-21

THIS IS TO ADVISE YOU THAT WE HAVE THIS DAY
CHARGED YOUR ACCOUNT AS FOLLOWS:

DATE

ACCOUNT NUMBER

12-9-77

01 07360 3

DESCRIPTION	NUMBER	INTEREST	PRINCIPAL	BALANCE	AMOUNT
Chase Manhattan draft - to close account # 1108					12,455.88
TOTAL					

MAIL TO

Eugene Chaikin

SAVINGS BANK OF MENDOCINO COUNTY

APPROVED BY: *[Signature]*

F-3-a-22

84-4286-2018



Blue Cross
 of Northern California
 1850 Franklin Street
 Oakland, California 94659
 Telephone: (415) 645-3000

Children

EXPLANATION OF PAYMENTS

0991216

CHECK NUMBER
9912160

DATE OF ISSUE
09/15/77

CHECK AMOUNT
21.50

SERVICE PROVIDED BY	PATIENT	SERVICE FROM	TO	ID=566400602 EXPLANATION	CLAIM NUMBER	* TOTAL CHARGES	BLUE CROSS BENEFITS
	SUB	05/10/7-	05/10/7	X-RAY AND LAB	00269828	21.50	21.50

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

F-3-a-24

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS



Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94659
 Telephone: (415) 645-3000

P. Chalkin

EXPLANATION OF PAYMENTS

11671160

DATE OF ISSUE
04/10/78

CHECK NUMBER
11671160

CHECK AMOUNT
4.95

SERVICE PROVIDED BY	PATIENT	SERVICE FROM	SERVICE TO	ID=565508887 EXPLANATION	CLAIM NUMBER	* TOTAL CHARGES	BLUE CROSS BENEFITS
POST-SCOTT P	DAU61	03/18/7	03/18/7	PRESCRIPTION	00979990	.550	4.95

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

F-3-a-25

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS



Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94659
 Telephone: (415) 645-3000

EXPLANATION OF PAYMENTS

Phillip's
Chamber

CHECK NUMBER

10174113

10174113

DATE OF ISSUE

11/03/77

CHECK AMOUNT

14.00

SERVICE PROVIDED BY	PATIENT	SERVICE FROM	SERVICE TO	ID=565508887 EXPLANATION	CLAIM NUMBER	* TOTAL CHARGES	BLUE CROSS BENEFITS
E LEVIN MD	SUB	08/04/7-	08/04/7	SURGEON	00333144	2000	1400

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

F-3-a-27

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS



Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94659
 Telephone: (415) 645-3000

EXPLANATION OF PAYMENTS

1 022222

CHECK NUMBER
10222223

DATE OF ISSUE
11/10/77

CHECK AMOUNT
9.00

SERVICE PROVIDED BY	PATIENT	SERVICE FROM	SERVICE TO	ID=565508887 EXPLANATION	CLAIM NUMBER	TOTAL CHARGES	BLUE CROSS BENEFITS
J KERNER MD	SUB	08/25/77	08/25/77	HOME OR OFFICE	00447012	5000	900
<i>P. Ch...</i>							

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEE, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

F-3-a-28

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS



Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94659
 Telephone: (415) 645-3000

P. Chakran
EXPLANATION OF PAYMENTS

CHECK NUMBER
10171508

10171508

DATE OF ISSUE	CHECK AMOUNT
11/03/77	38.40

SERVICE PROVIDED BY	PATIENT	SERVICE FROM TO	ID=565508887 EXPLANATION	CLAIM NUMBER	TOTAL CHARGES	BLUE CROSS BENEFITS
	SUB	08/04/77-08/29/77	MAJOR MEDICAL	00333145	4800	3840

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

F-3-a-2A

TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS

2502	7386	7	50	6084	CHAIKIN, PHYLLIS	FROM 090577	TO 092277
CO. # EMPLOYEE # TCD PYRL. HOME DEPT. #					PAYROLL PERIOD DATE		

24 ST. MARYS HOSPITAL 76E 565-50-8887

48E	PAY #	JOB CODE	UNITS	AMOUNT	76E	DED. #	DESCRIPTION	AMOUNT
	250	6084203002	8	420			F-3-a-30	
OBE				TOTAL PAY	TOTAL DEDUCTIONS			
				420				

FIT	FICA	DI	SIT	OTHER	NET
300369	43496	25	04		391
GROSS					766031

ST. MARY'S HOSPITAL AND MEDICAL CENTER

CO #	EMPLOYEE #	TCD	PAYROLL #	DEPT. #	EMPLOYEE NAME	PAY PERIOD DATES		DATE		
2502	7386	7	50	6084	PHYLLIS CHAIKIN	FROM 8-5-77	TO 9-18-77	9:12:77		
PAY TYPE	ID	JOB CODE	W.C.	RATE	UNITS	PREMIUM TIME FACTOR	AMOUNT	76E DED. #	DESCRIPTION	AMOUNT
47 A		11	6084103002	0001	5628	24 -	135.07	76 A		
		21	6084103002	0001	5628	8 -	67.53			
		41	6084203002	0001	5628	32 -	180.10			
		45	6084203002	0001	35	56 -	19.60			
		25	6084203002	0001	35	8 -	4.20			
7857 EMPLOYEE COPY 08A TOTAL PAY							406.50	TOTAL VOLUNTARY DEDUCTIONS		

7857 F-3-a-31

WITHHELD TAXES					NET PAY
FIT	FICA	DI	SIT	OTHER TAX	
48.72	23.78	4.07	6.82	-	323.11

Bank of America Payroll Service



ST. MARY'S HOSPITAL AND MEDICAL CENTER
 450 Stanyan Street • San Francisco, California 94117 • (415) 668-1000

NOTICE TO EMPLOYEE OF CHANGE OF RELATIONSHIP
 (Issued pursuant to provisions of Section 1089
 of the California Unemployment Insurance Code)

The employment of Phyllis Chaikin of Dept. 6084
 has been terminated as of 9/13/77 Reason for
 termination: Resigned

Date: 9/7/77 By M. Robblee
Personnel Department

F-3-a-32

F-3-a-33

CHECK NO.	CHECK DATE	PERIOD ENDING DATE	EMPLOYEE NO.	EMPLOYEE NAME
76709	09-16-77	09-11-77	15137	PHYLLIS CHAIKIN
RATE	REGULAR HOURS	OVERTIME HOURS	OTHER HOURS	
5.5300	8.00	.00	.00	

EARNINGS	REGULAR	OVERTIME	OTHER	MISCELLANEOUS	GROSS PAY
THIS PERIOD	44.24	.00	.00	.00	44.24
YEAR-TO-DATE	568.72	.00		.00	568.72

TAXES	FEDERAL W/H	STATE W/H	F.I.C.A.	S.D.I.	UNIFORM ALW
THIS PERIOD	.00	.24	2.59	.44	2.00
YEAR-TO-DATE	35.26	5.68	33.27	5.68	26.00

DEDUCTIONS	ADVANCE	UNION	MISC.	CD	MISC.	CD	MISC.	CD	NET PAY
THIS PERIOD	.00	.60	.00		.00		.00		42.37



PROFESSIONAL NURSES BUREAU, INC.
 6430 SUNSET BLVD.
 LOS ANGELES, CALIF. 90028

DEDUCTION CODES
 P-PRIVATE DUTY FEES
 G-GARNISHMENT
 T-TAX GARNISHMENT

EMPLOYEE'S EARNINGS STATEMENT
 THIS IS A RECORD OF YOUR EARNINGS AND DEDUCTIONS
 AS REPORTED TO THE FEDERAL AND STATE GOVERNMENTS.
 PLEASE DETACH BEFORE CASHING.

600089

Veretta Christian

THIS IS A
STATEMENT
OF YOUR
EARNINGS
AND
DEDUCTIONS

DETACH AND
RETAIN
FOR YOUR
RECORDS



FORM NO. 11-76

PAY	EG	ST	R.U.	A.U.	FIREMAN'S FUND INSURANCE COMPANY				CHECK NO.	
1	94	0015	212		TERM 07/22/77 VAC ADJ. FOR 8 DAYS				08/27/77	
SOCIAL SECURITY NO.					PERIOD					ENDING DATE
OVERTIME/LOST TIME		IMPOUND BALANCE		YEAR TO DATE TOTALS						
FROM	TO			TOTAL EARNINGS	FED. W/H	F.I.C.A.	OTHER	STATE	LOCAL	
CURRENT EARNINGS										
REGULAR	OVERTIME	SPECIAL	TOTAL EARNINGS	FED. W/H	F.I.C.A.	OTHER	STATE	LOCAL		
		336.00	336.00	25.66	19.66	3.36	1.72			
D/S	CODE	AMOUNT	D/S	CODE	AMOUNT	CR. UNION ACCT. NO.		TOTAL DEDUCTIONS		
	F-3-a-34							NET PAY 285.60		

NON-NEGOTIABLE

Pacific Telephone

Veretta Christian

This Is Your Record - Please Detach

DEC 15 1977

S849-0114

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
2	567 9742 485		25.00	1.75	12	15	12	15	26.75

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| CODE 2 | Refund of Deposit | CODE 5 | Credit Balance on Final Bill |
| CODE 3 | Refund Of Overpayment on Final Bill | CODE 6 | Other (Detail Enclosed) |

F-3-a-35

This is not a check - DO NOT CASH

<p>THE ATTACHED CHECKS IN FULL PAYMENT OF THIS SETTLEMENT AND ENDORSEMENT THEREON CONSTITUTES A RECEIPT OF SAME</p>		<p>GOLDEN STATE MUTUAL LIFE INSURANCE COMPANY MAILING ADDRESS: P.O. BOX 2332; TERMINAL ANNEX LOS ANGELES, CALIFORNIA 90051</p>		
DESCRIPTION	ACCOUNT	AMOUNT	DEDUCTIONS OR DISCOUNT	NET AMOUNT
MDO Policy Surrender, Policy No. 560001215 Additional Insurance		\$336.07 10.89		\$346.96
<p>1107-161 <i>Veretta Christian</i> VOUCHER</p>		<p>No. 66098 DETACH BEFORE DEPOSITING - THIS STATEMENT IS FOR YOUR RECORD</p>		

Detach this stub and save for your payment records

The check attached to this information stub is a benefits payment provided by:
STANFORD UNIVERSITY HOSPITAL

44W 861840
check number

The following shows the date and composition of the attached check.

AUG 01 1977 GROSS AMT	\$48.92	(UNITS) X (UNIT VALUE)
FIXED DOLLAR ANNUITY	\$44.65	
VAR ANNUITY-INV.FUND	\$4.27 =	3.18 X 1.34345572
NET AMOUNT	*****48.92	

Please forward this stub to:

INEZ S CONEDY*****

F-3-a-37

Your identification number is:

009184 444163639

Detach this stub and save for your payment records

The check attached to this information stub is a benefits payment provided by:
STANFORD UNIVERSITY HOSPITAL

check number
44W 766117

The following shows the date and composition of the attached check.

AUG 15 1977

FIXED DOLLAR ANNUITY \$48.76

Please forward this stub to:

INEZ S CONEDY***

F-3-a-38

Your identification number is:

9184 444-16-3639

NET AMOUNT *****48.76

Detach this stub and save for your payment records

The check attached to this information stub is a benefits payment provided by:
STANFORD UNIVERSITY HOSPITAL

44W 914138
check number

The following shows the date and composition of the attached check.

OCT 01 1977 GROSS AMT	\$48.74	(UNITS) X (UNIT VALUE)
FIXED DOLLAR ANNUITY	\$44.65	
VAR ANNUITY-INV.FUND	\$4.09 =	3.18 X 1.28714143
NET AMOUNT	*****48.74	

Please forward this stub to:

INEZ S CONEDY*****

F-3-a-39

Your identification number is:

009184 444163639

Detach this stub and save for your payment records

The check attached to this information stub is a benefits payment provided by:
STANFORD UNIVERSITY HOSPITAL

44W 967254
 check number

The following shows the date and composition of the attached check.

DEC 01 1977 GROSS AMT	\$48.54	(UNITS) X (UNIT VALUE)
FIXED DOLLAR ANNUITY	\$44.65	
VAR ANNUITY-INV.FUND	\$3.89 =	3.18 X 1.22172260
NET AMOUNT	*****48.54	

Please forward this stub to:

INEZ S CONEDY*****

F-3-a-40

Your identification number is:
 009184 444163639

EMPLOYEE'S EARNINGS STATEMENT - DETACH AND RETAIN FOR TAX RECORDS					
EMPLOYEE NAME		DEPT.	EMPLOYEE NUMBER	PERIOD ENDING	CHECK NUMBER
I CONEDY		21-3	444-16-3639-8	07/23/77	171104
EARNINGS			TAXES AND DEDUCTIONS		
TYPE OF EARNINGS	HOURS	AMOUNT	TYPE OF DEDUCTIONS	CURRENT AMOUNT	YEAR-TO-DATE AMT.
REGULAR	16.0	92.22	FEDERAL W/H	5.83	52.04
SHIFT DIFF.		9.22	FICA	5.93	51.96
			SDI	1.01	8.88
			STATE W/H		
NOT NEGOTIABLE					
YR TO DATE GROSS EARN.			LESS		NET CHECK AMT.
888.06		101.44	12.77		****88.67

STANFORD UNIVERSITY HOSPITAL
 STANFORD, CALIFORNIA 94305

F-3-a-41

STANFORD UNIVERSITY HOSPITAL					
FORM 01-110 (5-75)					
REMITTANCE ADVICE					
DESCRIPTION	DATE	VOUCHER	GROSS AMOUNT	DISCOUNT	NET AMOUNT
*AP MAY JUN	07 77	66909	21.60		21.60
					TOTAL

F-3-a-42

RSPN 53 *SEE ATTACHMENT



Presbyterian Hospital of Pacific Medical Center

STATEMENT

P.O. BOX 37480 • SAN FRANCISCO, CALIFORNIA 94137
IRS # 94-1490928N (415) 563-4321

FROM	SERVICE DATE	DATE	STATEMENT	PAGE
	05/30/77 1835	08/13/77		1
SERVICE TYPE	TO	PHYSICIAN		
ENG		ROKEACH		

PATIENT CORDELL, LORETTA
ACCOUNT NO. F26234

SERVICE TYPE
ENG

1
ACTIVITY

GUARANTOR

CORDELL, LORETTA
431 30TH AVE
SAN FRANCISCO CA 94121

60

INSURANCE	
1	BLUE CROSS
2	
312 36 4286	
SOCIAL SECURITY NUMBER	

AMOUNT OF THIS PAYMENT

PLEASE INDICATE ANY CHANGE OF ADDRESS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
SEE REVERSE SIDE FOR MAILING INSTRUCTIONS

BILLING DATE	SERVICE DATE	SERVICE CODE	DESCRIPTION	QTY.	CHARGES/PAYMENTS	BALANCE
			BALANCE FORWARD		0.00	0.00
06/02	05/30/77	29000010	EMERGENCY DEPT BASIC FEE	1	20.00	20.00
06/02	05/30/77	29004300	MISC ORTH PROCEDURES	1	15.00	35.00
06/02	05/30/77	29190510	M.D. FEE RVS 90510	1	24.00	59.00
05/31	05/30/77	41404750	XRAY-EXAM EXT-BEYOND HRS	1	12.10	71.10
05/31	05/30/77	41473570	XRAY-KNEE, COMPL STUDY	1	43.00	114.10
07/08	07/08/77	01000051	PAYMENT-THANK YOU 053077	1	114.10-	0.00
07/19	07/19/77	01000060	BLUE CROSS PAYMT 053077	1	15.00-	15.00-
07/19	07/19/77	01000060	BLUE CROSS PAYMT 052577	1	90.10-	105.10-
07/19	07/19/77	01000060	BLUE CROSS PAYMT 052577	1	9.00-	114.10-

The responsibility for payment of this bill rests with the Guarantor.

PATIENT ACCT. NO. F26234
PATIENT NAME CORDELL, LORETTA

F-3-a-43

TOTAL CHARGES 114.10
TOTAL PAYMENTS 228.20-

0.00
0.00

Laboratory, Cardiology Laboratory, and Radiology charges include professional fees for services provided by:

R.J. KLEINHENZ, M.D. & ASSOCIATES - PATHOLOGISTS
ARTHUR SELZER, M.D. & ASSOCIATES - RADIOLOGISTS
SAN FRANCISCO RADIOLOGISTS MEDICAL GROUP, INC.

PRESBYTERIAN HOSPITAL OF
PACIFIC MEDICAL CENTER
P.O. BOX 37480
SAN FRANCISCO, CALIF. 94137

AMOUNT DUE **114.10-**

ORIGINAL

DATE	REFERENCE	GROSS AMOUNT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
JUN 1978		114.10			114.10	Refund F26234
						<i>Loretta Cordell</i>

F-3-a-44



Presbyterian Hospital of Pacific Medical Center
CLAY AT BUCHANAN STREET, SAN FRANCISCO, CALIFORNIA 94115

NORMAN HARRIS
RONALD B. BERNSTEIN
GERALD E. RIGGS
STEVEN J. WEBER
NORMAN HARRIS, INC.
ROBERT BERKOWITZ

LAW OFFICES
HARRIS, BERNSTEIN, RIGGS, WEBER & BERKOWITZ

AN ASSOCIATION INCLUDING A PROFESSIONAL CORPORATION

703 FOX PLAZA
1390 MARKET STREET
SAN FRANCISCO, CALIFORNIA 94102

TELEPHONE
(415) 626-2865
(415) 864-6300

April 13, 1978

Jean F. Brown
Attorney at Law
Post Office Box 15156
San Francisco, CA 94115

RE: Ruby Carroll

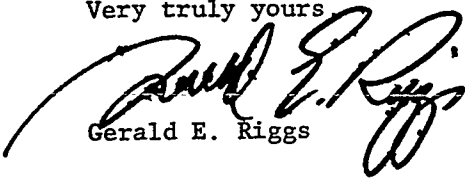
Dear Ms. Brown:

Pursuant to your request, enclosed herewith is draft No. 131627 in the total amount of \$1500.00 along with Release of All Claims. I am also enclosing an acknowledgment which requires your signature before a Notary Public.

After you have executed the above documents, it would be most appreciated if you would please return same to my office in the enclosed stamped-addressed envelope. As soon as the draft has been deposited in a trust account and cleared (10 working days), the settlement funds can be disbursed.

Should you have any questions, please do not hesitate to give me a call.

Very truly yours,


Gerald E. Riggs

/jp
Enclosures

F-3-a-45

POWER OF ATTORNEY

I, Ruby Carroll, hereby give power of attorney to Jean F. Brown to negotiate and to accept any settlement on my behalf with defendants, arising out of an automobile accident which occurred on October 17, 1976. I do specifically authorize her to sign my name to all releases, dismissals, drafts, checks, and any and all other documents whatsoever necessary to effectuate a settlement of my claim.

Dated: 3/8/78

Ruby J. Carroll
Ruby Carroll

Mary Lou Clancy 3/8/78
Ann Elizabeth Koon 3/8/78

F-3-a-46a

C O P Y

To Whom It May Concern:

It is not possible to have the power of attorney I
have given to Jean F. Brown, notarized, as the nearest notary,
or commissioner of Oaths is 300 miles away.

Ruby J. Carroll

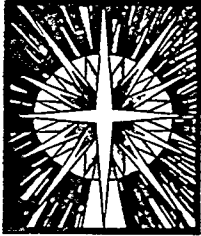
Ruby J. Carroll

3/10/78

Date

Mary Lou Clancy 3/10/78
Ann Elizabeth Moore 3/10/78

F-3-a-46b



**PEOPLES
TEMPLE**

OF THE
DISCIPLES OF CHRIST
P.O. Box 15023
San Francisco
California 94115

Ruby Carrolls settlement

Check Signed & sent in

Check needs to Be Signed
by Ruby

His settlement Check

F-3-a-48

91. Daines

Pacific Telephone

This Is Your Record - Please Detach

SEP 19 1977

S762-0070

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To	Amount
					Mo.	Day	Mo.	
3	626 5821 235							5 85

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| 2 | Refund of Deposit | 5 | Credit Balance on Final Bill |
| 3 | Refund Of Overpayment on Final Bill | 6 | Other (Detail Enclosed) |

F-3-a-49

This is not a check - DO NOT CASH

CITY/COUNTY OF SAN FRANCISCO 0697 5240304570 08-30-77 24108
 DELANEY, EDITH PART. OF CHECK 29652

29652	00	00	=	29652
88503	00	00	=	88503

REGULAR 29652 88503

NOT NEGOTIABLE

F-3-a-50

STATEMENT OF EARNINGS AND DEDUCTIONS • DETACH AND RETAIN FOR YOUR RECORDS

CITY/COUNTY OF SAN FRANCISCO 0697 5240304570 09-30-77 35239
 DELANEY, EDITH PART. OF CHECK 29652

29652	00	00	=	29652
118155	00	00	=	118155

REGULAR 29652 118155

NOT NEGOTIABLE

F-3-a-51

STATEMENT OF EARNINGS AND DEDUCTIONS • DETACH AND RETAIN FOR YOUR RECORDS

CITY/COUNTY OF SAN FRANCISCO 0697 5240304570 11-30-77 59856
 DELANEY, EDITH PART OF CHECK 29652

EARNINGS	TAXES	DEDUCTIONS	NET PAY	DESCRIPTION	TAXES / DED.	YEAR-TO-DATE
29652	.00	.00	29652			
352653	.00	.00	352653			
REGULAR			29652			352653

NOT NEGOTIABLE

F-3-a-52

STATEMENT OF EARNINGS AND DEDUCTIONS • DETACH AND RETAIN FOR YOUR RECORDS

R. Dominick

Pacific Telephone

This Is Your Record - Please Detach

AUG 31 1977

S743-0036

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
5	563 6080 120								2 69

The Attached Draft is in Payment of

- | | |
|--|--|
| CODE 1 Refund of Advance Payment
2 Refund of Deposit
3 Refund Of Overpayment on Final Bill | CODE 4 Commission on Public Telephone Collections
5 Credit Balance on Final Bill
6 Other (Detail Enclosed) |
|--|--|

F-3-a-53

This is not a check - DO NOT CASH

CONNETT AGENCIES

General Insurance

520 Van Ness Ave.
San Francisco, Calif. 94102
431-6986

- James EDWARDS
- 2708 21st St
- San Francisco 94110

8/4/77

Re: Reserve Auto Policy CO4 670946

Please find enclosed our check # 15311 in the amount of \$ 173⁰⁰

which represents Refund due for deletion 69 Chev Sta wagon

Sincerely yours,
CONNETT AGENCIES

F-3-a-54

PURCHASER'S RECEIPT - RETAIN FOR YOUR RECORDS

11-2627/05



Bank of Montreal

(California)
233 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94102

35831

PAYABLE TO

NOT NEGOTIABLE
*** James & Irene Edwards *** \$118.00*

August 31

77

11-3
1210

BANK OF MONTREAL
CALIFORNIA
118 AND 00 CTS

CASHIER'S CHECK

Sept. ^{Bank per request} payment on IC 1013
less \$1.00 Collection fee

W. J. K...
L. R. ...
119.00

F-3-a-55

⑆1210⑆0003⑆ 01 200 500⑆ 30

PURCHASER'S RECEIPT - RETAIN FOR YOUR RECORDS

C 35832

11-2627/05

 Bank of Montreal

(California)
229 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

PAYABLE TO

NOT NEGOTIABLE
*** James & Irene Edwards ***

August 31 77 11-3
1210

BANK OF MONTREAL
CALIFORNIA
118 AND 00 CTS

CASHIER'S CHECK

Oct. payment on IC 1013
less \$1.00 Collection fee.

Wynnie K. Edwards
Louise E. Edwards 100 C


F-3-a-56

⑆1210⑈0003⑆ 01 200 500⑈ 30

PURCHASER'S RECEIPT - RETAIN FOR YOUR RECORDS

C 36555

11-2627/05

 Bank of Montreal

(California)
229 CALIFORNIA STREET
SAN FRANCISCO, CALIF. 94104

PAYABLE TO

NOT NEGOTIABLE
*** James and Irene Edwards ***

December 20 77 11-3
1210

BANK OF MONTREAL
CALIFORNIA
238 AND 00 CTS

CASHIER'S CHECK

Proceeds on IC. #1013

Wynnie K. Edwards
Louise E. Edwards 238 C

F-3-a-57

⑆1210⑈0003⑆ 01 200 500⑈ 30

EMPLOYEE'S STATEMENT OF EARNINGS
AND DEDUCTIONS - DETACH AND RETAIN
BAKE AGENCY, INC.

PERIOD ENDING Sept. 1 & 2, 77

NAME Edna E. Edwards

REGULAR HOURS @	317	507.72
OVERTIME HOURS @		
TOTAL EARNINGS		507.72
SOCIAL SECURITY TAX	297	
WITHHOLDING U. S. INCOME TAX	60	
S. D. I.	51	
STATE INCOME TAX	60	
TOTAL DEDUCTIONS		348
NET PAY		47.24

F-3-a-58



NORTHRIDGE OFFICE

March 28, 1978

Mr. and Mrs. Donald Fields
P. O. Box 15156
San Francisco, CA 94115

Dear Mr. and Mrs. Fields:

Checking accounts are normally used as a convenient means of paying bills and providing a record of payments. I notice that your account has not been used for several months, and I wonder if it is filling your needs. If not, our bank has several kinds of savings accounts that might better serve your needs and also pay you interest on your inactive funds.

We are inquiring because checking accounts inactive for six months are transferred to a special "dormant" category. These accounts are then charged a service charge of \$1.00 per month. If you want your account to remain as it is, it won't be changed, but please let me know within 30 days if this is the case.

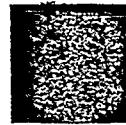
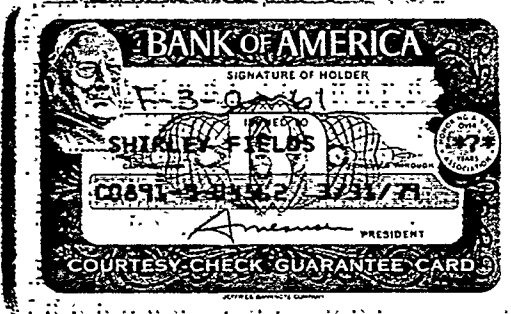
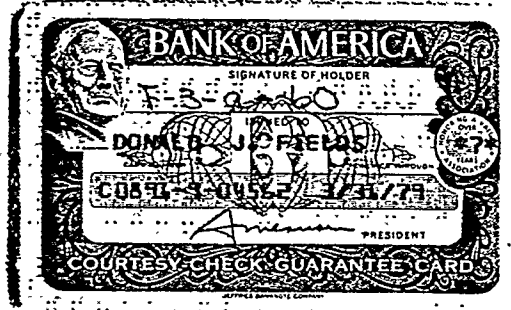
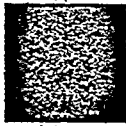
My telephone number is 349-2170.

Sincerely,

A handwritten signature in dark ink, appearing to read 'Patricia Dix', written over a horizontal line.

Patricia Dix
Assistant Manager - Operations

F-3-a-59



BA BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us
or bring this copy to your Bank of America branch.
NORTHRIDGE OFFICE
NORTHRIDGE CALIF

PERIOD ENDING
FEB 06, 1978
BRANCH PHONE NO.
213-349-2170

13 DONALD J. FIELDS
SHIRLEY FIELDS
P. O. BOX 15156
SAN FRANCISCO CA 94115

0891-PS13

AT BANK OF AMERICA WE HAVE SIX DIFFERENT CHECKING PLANS TO CHOOSE FROM. THE CHOICE IS YOURS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS - DEBITS NO. AMOUNT	DEPOSITS NO. AMOUNT	NEW BALANCE
CHECKING	0891-9-04562	1 200	0 00	4000
BANKAMERICARD/INSTANT CASH		CREDIT AVAILABLE		155000

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS AMOUNT	CHECK NO.	DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
SERV.CHGE.	2 6	200					
F-3-a-62							

PREVIOUS BALANCE \$42.00	AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS \$ 2.00	CREDITS	MINIMUM AVERAGE BALANCE \$42.00 MN	ENCLOSURES 0
------------------------------------	---	---------	--	------------------------

Key to Symbols: * Gap in Check Sequence
** Includes Interest Payment Last Period
B BankAmericard® Instant Cash
R Reversing Entry
M Miscellaneous
OD Overdrawn

ER-1 10-76 (REV.) A Automatic Deposit
MN or AV Minimum or Average Balance used for Service Charge Calculation.

109017

PERIOD ENDED 073077	DEPT. NO. 346	EMPLOYEE NAME DONALD J FIELDS	SOCIAL SECURITY 051244784	EMPLOYEE EARNINGS & DEDUCTIONS NOT CHECK NUMBER NEGOTIABLE
EARNINGS		VOLUNTARY DEDUCTIONS		
DAY SHIFT	5193200	30461		
EMPLOYER: ST. LUKE'S HOSPITAL		STATUTORY DEDUCTIONS		
CHECK NO. 160346	EXEMPTIONS FED 04 STATE 04	NET GROSS EARNINGS 340731	F.I.C.A. 1782	STATE 305
			S.D.I. 1021	F.I.T.
			49334	19142
			7410	102702
			NET PAY 27353	

RETAIN THIS STUB AS A RECORD OF YOUR EARNINGS & DEDUCTIONS

BANK OF AMERICA
NATIONAL TRUST AND SAVINGS ASSOCIATION

ADVICE OF CHARGE

No. 533024

NORTHRIDGE OFFICE # 891

WE HAVE CHARGED YOUR

BRANCH
MAY 23, 1978
DATE

CHECKING
ACCOUNT

891	9-4562	\$ 35.00
BR. NO.	ACCT. NO.	TR. CODE
		AMOUNT

REQUEST BY LETTER & ISSUE CASHIER CHECK AS FOLLOWS: TO CLOSE CHECKING ACCT. (98 4562) PER YOUR

4-100 7-78 ORIGINAL

MADE BY G. SNITKOFF

APPROVED BY [Signature]
AUTHORIZED SIGNATURE

- (MAIL TO)
- DONALD J. FIELDS
 - SHIRLEY FIELDS
 - % B. ADAMS
 - P.O. BOX 893
 - GEORGETOWN, GUYANA SO. AMERICA

F-3-a-64a

VERIFICATION STUB

No. 0891 49589

DATE 891 MAY 23 78

AMOUNT \$ 35.00

CASHIER'S CHECK

DRAWN ON

Northridge Branch

Bank of America
NATIONAL TRUST AND SAVINGS ASSOCIATION

F-3-a-64a

SIGNED BY

FX-260 6-77 (REV.)

Don & Shirley Fields

January 16, 1978


To Our Shareholders:

We are pleased to enclose a check representing a special cash dividend of \$0.05 per share on McFarland Energy, Inc. common stock, payable on January 17, 1978 to shareholders of record December 20, 1977. This is our first cash dividend since the merger with Seaboard Oil & Gas Co. in February 1976. While the Board of Directors, at this time, has not committed itself to cash dividends on a regular basis, it is hoped that our future earnings and capital requirements will permit subsequent cash payments to shareholders. Please cash the enclosed check promptly. We take this opportunity to wish you a happy and prosperous 1978.

F-3-a-65

Sincerely,

McFARLAND ENERGY, INC.

	PEOPLES NATIONAL BANK & TRUST COMPANY BAY CITY, MICHIGAN	37786
		July 31, 1978
006-1553-4 Selma Weinberg		
Shirley Ann Fields		<i>F-3-a-66</i> \$1,000.00
Specific Bequest		P
Replaces check #34694, dated 3-28-78 Payment stopped 7-31-78.		

PLEASE DETACH AND RETAIN THIS STUB

BA BANK OF AMERICA

The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.
NORTHRIDGE OFFICE
NORTHRIDGE CALIF

PERIOD ENDING
JUL 08, 1977
 BRANCH PHONE NO.
213-344-2170

13 DONALD J. FIELDS
SHIRLEY FIELDS
P. O. BOX 15156
SAN FRANCISCO CA 94115

F-3-a-67 PS13

IF YOU WANT TO DOUBLE YOUR MONEY, ASK ABOUT OUR NEW 10 YEAR GROWTH CERTIFICATES—THEY ARE A SURE THING

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS NO.	AMOUNT	DEPOSITS NO.	AMOUNT	NEW BALANCE
CHECKING	0891-7-04562	6	31941	0	00	115474
BANKAMERICARD/INSTANT CASH			CREDIT AVAILABLE			10000

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
539	616	800					
540	613	3368					
541	610	5000					
542	614	4473					
543	623	10800					
544	630	7500					

PREVIOUS BALANCE **\$1,474.15** AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS **\$1256.00** AVERAGE CREDITS **AV** ENCLOSURES **6**

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdrawn
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation.

DONALD J. FIELDS
SHIRLEE ANN FIELDS
998 DIVISADERO ST. PO BOX 15156
SAN FRANCISCO, CA. 94115

F-3-a-68

539

Pay to the
order of

CALIFORNIA SOCIETY Hosp. Pharm 800

Eight 7/100

Dollars

BANK OF AMERICA
NORTHBRIDGE BRANCH
9150 RESEDA BLVD., NORTHBRIDGE, CA 91324

Memo

⑆ 1220 ⑆ 0066 ⑆ 539 ⑆ 08919 ⑆ 04562 ⑆ ⑆ 0000000800 ⑆

DONALD J. FIELDS
SHIRLEE ANN FIELDS
998 DIVISADERO ST.
SAN FRANCISCO, CA. 94115

F-3-a-69

540

Pay to the
order of

Avenue Typewriter 3368

Thirty three + 68/100

Dollars

BANK OF AMERICA
NORTHBRIDGE BRANCH
9150 RESEDA BLVD., NORTHBRIDGE, CA 91324

Memo

⑆ 1220 ⑆ 0066 ⑆ 540 ⑆ 08919 ⑆ 04562 ⑆ ⑆ 0000003368 ⑆

DONALD J. FIELDS
SHIRLEE ANN FIELDS
998 DIVISADERO ST. PO BOX 15156
SAN FRANCISCO, CA. 94115

F-3-a-70

541

Pay to the
order of

MONTAGLE PHARMACY 5000

Forty + 00/100

Dollars

BANK OF AMERICA
NORTHBRIDGE BRANCH
9150 RESEDA BLVD., NORTHBRIDGE, CA 91324

Memo

⑆ 1220 ⑆ 0066 ⑆ 541 ⑆ 08919 ⑆ 04562 ⑆ ⑆ 0000005000 ⑆

DONALD J. FIELDS
SHIRLEE ANN FIELDS
998 DIVISADERO ST.
SAN FRANCISCO, CA. 94115

F-3-a-71

542

Pay to the
order of

EARTHLY GOODS 4473

Forty Four + 73/100

Dollars

BANK OF AMERICA
NORTHBRIDGE BRANCH
9150 RESEDA BLVD., NORTHBRIDGE, CA 91324

Memo

⑆ 1220 ⑆ 0066 ⑆ 542 ⑆ 08919 ⑆ 04562 ⑆ ⑆ 0000004473 ⑆

JE 7 16
PAY ANY BANK, P.E.G.
BANK OF AMERICA, NY & SA
LOS ANGELES, CA 90001

945
Pay to the order of
BANK OF AMERICA
NATIONAL ASSOCIATION
FOR DEPOSIT ONLY
CALL SOCIETY OF
HOSP PHARMACISTS
93456 05512
945

MASSACHUSETTS
DEPOSIT ONLY
TYPEWRITER
REPAIRS AND REPAIR CO.
650 IRVING ST.
SAN FRANCISCO, CA 94109

WELLS FARGO BANK
JUN 8 1977
PAY ANY BANK, P.E.G.
250 & MISSION OFFICE
SAN FRANCISCO, CALIF. 94103

FOR BANK OF AMERICA
PAY TO THE ORDER OF
1300 FAIRVIEW ST. SAN FRANCISCO, CA 94112
ANTHONY'S PHARMACY
1300 FAIRVIEW ST. SAN FRANCISCO, CA 94112
REVOLVING FUND
806-016408

FOR DEPOSIT ONLY
PAY TO THE ORDER OF
WELLS FARGO BANK, N.A.
11-2739 SAN FRANCISCO, CALIF. 11-2739
EARTHLY GOODNESS P.E.G. SAN
00/5 - 02/52 P.E.G. PAY ANY BANK P.
P.E.G. PAY ANY BANK P.
WELLS FARGO BANK, N.A.
COMM-FOLLOW OFFICE BOX
SAN FRANCISCO, CA

81/E/13/18
205406 - 9 04562
B of A
WELLS FARGO BANK
PAY ANY BANK

DONALD J. FIELDS
SHIRLEE ANN FIELDS
998 DIVISADERO ST.
SAN FRANCISCO, CA. 94115

F-3-a-72 543

6/14 1977 16-00/2220

Pay to the order of SF SUV Controlling Educ. \$ 108⁰⁰

One hundred eight ⁰⁰/₁₀₀ Dollars

BANK OF AMERICA
NORTHBRIDGE BRANCH
9150 RESEDA BLVD., NORTHBRIDGE, CA 91324

Memo SS# 052-52-7901. *Donald J. Fields*

⑆ 220 0066 ⑆ 543 08919 0456 2⑈ ⑆ 000000800⑈

DONALD J. FIELDS
SHIRLEE ANN FIELDS
998 DIVISADERO ST.
SAN FRANCISCO, CA. 94115

F-3-a-73 544

6/27 1977 16-00/2220

Pay to the order of Monteagle \$ 75⁰⁰

Seventy-five ⁰⁰/₁₀₀ Dollars

BANK OF AMERICA
NORTHBRIDGE BRANCH
9150 RESEDA BLVD., NORTHBRIDGE, CA 91324

Memo *Donald J. Fields*

⑆ 220 0066 ⑆ 544 08919 0456 2⑈ ⑆ 0000007500⑈

MEMORANDUM DETACH AND RETAIN

COUNTER RECEIPT NOT NEGOTIABLE

RECEIVED OF **BANK OF AMERICA** NATIONAL TRUST AND SAVINGS ASSOCIATION

19 _____

\$ _____ DOLLARS

THIS RECEIPT IS FOR USE ONLY AT THE COUNTER OF THE BANK BY THE DEPOSITOR PERSONALLY AND IS NOT NEGOTIABLE

FROM MY CHECKING ACCOUNT NO. _____

STREET ADDRESS _____

CITY _____ SIGNATURE F-3-a-74

⑆ 5100 ⑆ 229⑆

P-122 9-74 (REV.)

RECORD THIS WITHDRAWAL IN YOUR CHECK BOOK

WELLS FARGO BANK
SAN FRANCISCO, CALIF. 049
11-203
17087621
WELLS FARGO BANK
FOR IMMEDIATE PAY
JUN 29 1977
STOCKTON OFFICE
PAY ANY BANK P. E. G. 049
SAN FRANCISCO STATE UNIVERSITY
SAN FRANCISCO, CALIFORNIA

JE 77 22

WELLS FARGO BANK
SAN FRANCISCO 061
JUN 29 1977
STOCKTON OFFICE
PAY ANY BANK P. E. G. 061
29th & MISSION OFFICE

JE 77 29

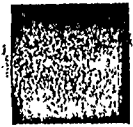
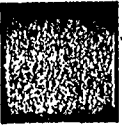
PROCESSED
WELLS FARGO BANK
SAN FRANCISCO, CA
PAY ANY BANK

FOR U.S. BANKS, NATIONAL
PAY TO THE ORDER OF
WELLS FARGO BANK
11-442
MONTHLY PAYMENT
FUND

BANK OF AMERICA

NATIONAL ASSOCIATION

1359



CHECKING
08919 - 04562
CD 13--71

DONALD J. FIELDS
P. O. BOX 15156
SAN FRANCISCO CA

94115

NORTHRIDGE OFFICE

DONALD J. FIELDS

13-71
CODED

CHECKING 08919 - 04562

08919-04562

F-3-a-76

CHECKING
08919 - 04562
CD 13--71

SHIRLEY FIELDS
P. O. BOX 15156
SAN FRANCISCO CA

94115

NORTHRIDGE OFFICE

SHIRLEY FIELDS

13-71
CODED

CHECKING 08919 - 04562

08919-04562

ACCOUNT DETAIL

POLICY NO. E4-84-28-1 CHECK NO. 545316 ACCOUNT BALANCE

DATE	EXPLANATION	AMOUNT	DATE	EXPLANATION	AMOUNT	DATE	EXPLANATION	AMOUNT
	S.C.	5.40	5-06	PREM	300.00	5-06	PMT	90.30-
6-09	PMT	23.30	6-15	PREM	187.00	7-07	PMT	47.54-
8-05	PMT	47.58	9-13	PMT	47.58	10-10	PMT	47.58-
12-21	PREM	198.00	12-21	DISB	9.48			

Maureen Fitch

F-3-a-77

DD=SAVINGS DIVIDEND BAL=LAST YEAR'S BALANCE LSC=SERVICE CHARGE CK-RT=CHECK RETURNED BY BANK DISB=OUR CHECK TO YOU

F-3-a-78



California State Automobile Association • Inter-Insurance Bureau
 150 Van Ness Avenue, San Francisco, California 94101 • (415) 565-2394

AUTOMOBILE

FITCH MAUREEN CYNTHIA
 2 MISSION VILLAGE P O
 BOX 893
 GEORGETOWN GUYANA SAAA
 00000

DECEMBER 22, 1977

CONFIRMATION OF CANCELLATION

This policy was cancelled on the date stated below for non-payment of premium in accordance with the cancellation notice previously mailed to you. There is not now nor has there been, any insurance in effect under this policy since that date.

Enclosed is a statement if a balance is due us, or a check if an amount is due you.

Please contact your local District Office if you have any questions regarding your cancelled policy, or the availability of future insurance protection.

POLICY NUMBER	CANCELLATION DATE	STATEMENT	AMOUNT OF CHECK
E48428-1	12-09-77	\$	\$ 9.48

COLLECTION CORRESPONDENCE

CC.
 SAN FRANCISCO
 038

INSURED 11346 (REV 576)

F-3-a-79 No. 20,109,522
 EMPLOYEE'S STATEMENT OF EARNINGS, DEDUCTIONS AND LEAVE

IDENTIFICATION							EARNINGS 1978			
NAME	CONTROL	SOCIAL SECURITY NO.	PERIOD ENDING	REGULAR PAY	OVERTIME PAY	OTHER PAY	NET PAY			
THOMAS R FITCH	257257	570-64-0550	03118	53680			40123			

DEDUCTIONS										CHECK NUMBER	
HEALTH INS.	LIFE INS.	UNION DUES	ALLOWANCE	BONDS	CSRA/FICA	STATE WH TAX	FEDERAL WH TAX	CHAR. CONTR.	TAX	OTHER #	CHECK NUMBER
1307			2000		3750	808	564				000000

LEAVE				COMP. TIME				OTHER #	
ANNUAL LEAVE		SICK LEAVE		TAKEN		AVAIL.		DISBURSING OFFICER	
RATE	TAKEN	AVAIL.	OR ON LOAN	TAKEN	AVAIL.				
60	01			03	01	031178		2 U.S. DISBURSING OFFICER	

INFORMATION ONLY RETURN THIS STATEMENT AS A PERMANENT RECORD OF YOUR EARNINGS, DEDUCTIONS AND LEAVE

PG and E PLEASE DETACH REFUND NO. 218907

ACCOUNT NUMBER
TRG2954526

JANUARY 17 1978

OVERPAYMENT ON CLOSED ACCOUNT

*****20.08

996 DIVISADERO ST #301
 SN FRANCISCO CA 94115

F-3-a-80

61-7117
10-74

COURT TRUSTEE
 COUNTY OF LOS ANGELES

Betty Fountain

WARRANT NO.	CASE NO.	ISSUE DATE—TOTAL AMT.
1411607	0849085	090178007500

CHILD SUPPORT	ALIBARS	ALIMONY	OTHER
7500			

F-3-a-81

NOT NEGOTIABLE 0603

KEEP THIS PORTION FOR YOUR RECORDS

EMMETT GRIFFITH

PLEASE DETACH THIS REMITTANCE ADVICE BEFORE DEPOSITING CHECK
Y YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN FRANCISCO
220 GOLDEN GATE AVENUE
SAN FRANCISCO, CALIFORNIA 94102
THE ATTACHED CHECK IS IN PAYMENT OF THE ITEMS LISTED BELOW

DATE	AMOUNT	DISCOUNT	NET AMOUNT	DESCRIPTION
8 31 77	60.00	0.00	60.00	RETIREMENT AUG 77 2202 84 6000 F-3-a-82

PLEASE DETACH THIS REMITTANCE ADVICE BEFORE DEPOSITING CHECK
Y YOUNG MEN'S CHRISTIAN ASSOCIATION OF SAN FRANCISCO
220 GOLDEN GATE AVENUE
SAN FRANCISCO, CALIFORNIA 94102
THE ATTACHED CHECK IS IN PAYMENT OF THE ITEMS LISTED BELOW

DATE	AMOUNT	DISCOUNT	NET AMOUNT	DESCRIPTION
9 30 77	60.00	0.00	60.00	RETIREMENT FOR SEP 77 F-3-a-83

Type or print name, address and Social Security number the same as above.

SOCIAL SECURITY NUMBER
538-38-8992

SEP 14 1977

Mail check to:

Samuel T. Grubb

FIRST NAME GRUBB	INITIAL T	LAST NAME GRUBB
STREET ADDRESS 102451 Road "K"		
CITY Redwood Valley,	STATE CA	ZIP CODE 95470

Here is your check covering the refund of your contributions. Your membership in the Teachers' Retirement System has been terminated.

F-3-a-84

STATE TEACHERS' RETIREMENT SYSTEM
State Teachers' Retirement System
1416 - 9th Street
Sacramento, California 95814

F-3-a-85



 university **benefits** of california

Summary of Insurance Benefits

	Campus	Date
GRUBBS	S E	SAN FRANCISCO
2231 SUTTER ST		Employee No. 09/01/77
SAN FRANCISCO CA 94115		Birthdate
		321500
		Social Security No. 11/10/38
		54E-5C-7590

The information provided below reflects University records concerning your group insurance as of September coverage. The purpose is to keep you informed of the status of your insurance coverage, thereby enabling you to better analyze your financial picture and to plan for financial needs in the event of death and disability. In planning, you should also take into account the potential effect of your benefits from your retirement system.

In analyzing this summary, please keep in mind that any insurance action initiated after September 1 will not be reflected on this statement. The premium cost and amount of coverage for Employee-paid Life Insurance and Short Term Disability is based on salary and age as of January 1, 1977, and remains constant until the following January 1. Any adjustment in amount or premium since January 1 will be reflected on next year's insurance summary.

The summary is sent at this time to allow you to review your insurance coverage prior to the annual open enrollment period in November. Please see reverse side for more complete details on OPEN ENROLLMENT.

Group Health Plan Coverage

Protection for you and your family is available under several plans. You are presently enrolled as follows:

Name of Plan	Coverage	Premium Per Month	Employer Contribution
BLUE CROSS	EMPLOYEE	52.50	32.00

Employee-Paid Life Insurance (Equitable Life Assurance Society) Premium and amount are based upon salary as of January 1, 1977.

There are four life insurance plans: One, Two and Three Times annual salary rate and a flat \$2000. All plans but the flat \$2000 offer protection against loss of income due to total and permanent disability occurring before age 60.

Coverage	Amount	Free Insurance*	Total Amount	Your Cost Per Month
NOT ENROLLED				

*15% additional free insurance

The amount of insurance will be reduced 10% on the January 1 coinciding with or next following attainment of age 60 and 10% thereafter.

Dependent Life Insurance (Equitable Life Assurance Society)

You may enroll your eligible dependents (spouse and children from birth to 21 years as well as unmarried children who are full time students up to age 23) if you are enrolled in the employee Group Life Plan. The benefit is \$1,500 (\$1,000 if you are enrolled in the flat \$2,000 plan) except for children from the age of birth to 6 months, for whom the benefit is \$100.

Coverage	Your Cost Per Month
NOT ENROLLED	

Employee-Paid Short Term Disability Supplement Insurance (Equitable Life Assurance Society) Premium is based on salary and age as of January 1, 1977.

If you become ill or hurt and cannot work, you will receive 70% of your average earnings up to a maximum benefit of \$1500 per month, when coordinated with Nonindustrial Disability Plan A after use of sick leave (up to a maximum of 90 days) or following the waiting period selected, whichever is later. Benefits are payable for up to 52 weeks for each period of disability.

Waiting Period	Your Cost Per Month
15 DAYS	2.20

You may increase the waiting period anytime you wish. You may also decrease the waiting period by submitting a statement of health to the Equitable for approval. If you are not enrolled, you may apply by submitting a statement of health to the carrier. University Employees are covered by Nonindustrial Disability Insurance. (See reverse side of page for complete explanation.)

Accidental Death and Dismemberment (American Home Assurance Company)

This plan covers you on or off the job, for loss of life or limb by accident, except for limited exclusions. Maximum coverage under all conditions is \$200,000. You may enroll in Accidental Death and Dismemberment Insurance at any time.

Coverage	Your Cost Per Month
NOT ENROLLED	

Please read reverse side for further explanation.

OPEN ENROLLMENT

Group Life Insurance and Health plans will be "open" for enrollment from Tuesday, November 1 to Wednesday, November 30, 1977. You are eligible to enroll in any plan (except the Short Term Disability Supplement) if you are appointed to work full time for three months or more or 50% time for one year or more. During this time you may enroll, change life insurance or health plans or add previously uninsured family members. New enrollment will be effective on January 1, 1978.

If you have any questions, wish to add or change coverage or request brochures describing the coverage, you may contact the Departmental Secretary at the Davis, San Francisco, Berkeley, Los Angeles and Irvine campuses. At the Santa Cruz, San Diego, Santa Barbara and Riverside campuses contact the campus Benefits Representative in the Personnel Office.

EMPLOYER PAID LIFE INSURANCE

Life insurance in the amount of \$5000 is provided free for all employees who are regular members of a basic retirement system to which the University contributes. PERS members receive a similar benefit through PERS. This insurance does not provide a long-term disability or coverage for dependents.

EMPLOYER PAID NONINDUSTRIAL DISABILITY INSURANCE (NDI) PLAN A AND PLAN B

Nonindustrial Disability Insurance is provided free to all employees who are regular members of a basic retirement system to which the University contributes. NDI provides protection against loss of income from illness or accident not connected with employment. Two NDI Plans are offered: Plan A or Plan B.

Plan A: Provides 50% of salary up to \$125 per week for 26 weeks. Benefits begin after 7-day waiting period (waived if hospitalized); exhaustion of sick leave (up to 90 days); or when salary stops, whichever is later.

Plan B: Provides 70% of salary up to \$1500 per month for 52 weeks. Benefits begin after 365-day waiting period; exhaustion of sick leave; or when salary stops, whichever is later.

Enrollment in Plan A is automatic unless you voluntarily selected Plan B.

You may transfer from Plan A to Plan B at any time. You may only transfer from Plan B to Plan A during an announced open enrollment period. You may also enroll in the Short Term Disability Supplement at that time, but enrollment is subject to a pre-existing conditions limitation and a deferred effective date.

Employees who selected Plan B are not eligible for the STD Supplement insurance because Plan B benefits are approximately equivalent to combined Plan A and STD Supplement benefits.

IMPORTANT

This personalized Summary of Insurance Benefits has been prepared on certain assumptions:

- The provisions of the insurance policies will always govern in the event there is any discrepancy with the details of this statement. The summary is based on records on file, and though every effort has been made to attain accuracy, the right to correct any errors reported must be reserved.
- Although it is the intent to continue these plans indefinitely, the right to modify, amend or to discontinue insurance plan benefits in the future must be reserved.



Blue Cross
of Northern California
1950 Franklin Street
Oakland, California 94659
Telephone: (415) 645-3000

Sylvia Stubbs
EXPLANATION OF PAYMENTS

1014767

CHECK NUMBER
10147678

DATE OF ISSUE
11/01/77

CHECK AMOUNT
71.32

SERVICE PROVIDED BY	PATIENT	SERVICE FROM	TO	ID=G02321500 EXPLANATION	CLAIM NUMBER	TOTAL CHARGES	BLUE CROSS BENEFITS
	SUB	08/17/77-09/20/77		MAJOR MEDICAL	00291728	8915	7132
<i>F-3-a-86</i>							

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS



Blue Cross
of Northern California
1950 Franklin Street
Oakland, California 94659
10212001 telephone: (415) 645-3000

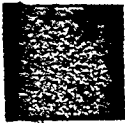
Sylvia Gibbs
EXPLANATION OF PAYMENTS

CHECK NUMBER
10212001
DATE OF ISSUE
11/09/77
CHECK AMOUNT
85.00

SERVICE PROVIDED BY	PATIENT	SERVICE FROM	SERVICE TO	ID=602321500 EXPLANATION	CLAIM NUMBER	* TOTAL CHARGES	BLUE CROSS BENEFITS
H WEBER MD	SUB	05/27/77	05/27/77	HOME OR OFFICE	00425518	8500	8500
F-3-a-87							

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS





Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94659
 Telephone: (415) 645-3000

EXPLANATION OF PAYMENTS

CHECK NUMBER
10848736

10848736

DATE OF ISSUE
12/05/77

CHECK AMOUNT
40.56

SERVICE PROVIDED BY	PATIENT	SERVICE FROM	TO	ID=G02321500 EXPLANATION	CLAIM NUMBER	TOTAL CHARGES	BLUE CROSS BENEFITS
	SUB	10/19/77-10/19/77		MAJOR MEDICAL	00830908	5070	4056
<i>Sylvia Gandy</i>							
F-3-a-89							

THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS

F-3-a-90



JOSEPH S. GARDELLA
Divisional Benefits Manager

3708 Mt. Diablo Blvd., Suite 310
P. O. Box 445
Lafayette, California 94549
Telephone: (415) 284-2730

Salvia Grubbs
998 Divisadero Box 207
San Francisco, Ca. 9

Nov. 28, 1977

Dear Ms. Grubbs,

We have received the Notice of Statement of Claim submitted on your behalf.

- () 1. Prior to being able to process your claim further, we will need a copy of the acceptance or rejection notice on your claim for State Disability Insurance (U.C.D.B.).
- () 2. Your application is incomplete; please answer question(s) _____.
- () 3. Have your doctor complete question(s) _____.
- () 4. Your application indicates that your condition might be work-related. Your NDI coverage is, therefore, not applicable. To process your STD claim we need to know if you have filed a claim for Workers Compensation. Date filed _____
Declined/Accepted _____. If declined, please indicate if you intend to appeal: Yes _____ No _____.
- () 5. There will be a slight delay in the processing of your claim as additional time will be required to evaluate and/or obtain additional information.
- () 6. Have you applied for or received UCRS, PERS, Social Security or Supplemental Income benefits, or other employer, union welfare, labor management trust, or an employee benefit organization plan?
- () 7. Copy enclosed.
- () 8. On Oct 13 & 24 we requested a continuation from form #. To date we have not received a response. Since no further attention can be given to your claim until we receive the requested information, we would appreciate your attention to this matter.
- () 9. To be eligible for benefits, you must be under the continuous and direct care of a physician.
- () 10. Comments: * your doctor.

Yours truly,

Patricia Petersen

84-4286-2018

The **EQUITABLE** Life Assurance Society of the United States F-3-a-~~8~~91

FOR: Sylvia Grubbs
998 Divisadero Box 207
San Francisco, CA.

DATED AT Divisional Benefits
P.O. Box 445
Lafayette, CA. 94549
November 30, 1977
REPLYING TO YOURS OF

SUBJECT: NDI STD Benefits

Dear Ms. Grubbs,

We have reviewed your medical history, and regret that we must decline your benefits under the Short Term Disability coverage. We feel that your present condition was pre-existing, and therefore not covered within the terms of the STD coverage.

Your NDI benefits are still pending receipt of a continuation form from your doctor.

Very truly yours,

Patricia Petersen
Patricia Petersen

c.c. Ted Bivans
SNF UC

F-3-a-92



**TITLE INSURANCE
AND TRUST**
P. O. Box 180
San Rafael, Ca. 94902

Ronald W. Grimm
c/o Phyllis Houston
P. O. Box 6143
San Francisco, Ca. 94101

DATE 6/5/78
ESCROW No. 100808
LOAN No.
REFERENCE 15 Harte, San Rafael

In connection with the above transaction, we enclose:

Policy of Title Insurance CLTA
ALTA

Escrow closing statement

Our Check # 498611 in the amount of \$ 36,372.91 representing sale proceeds on the above.

Deed from

Deed of Trust executed by

Original Note for \$ 780.00 made by David L. Subke and Theresa A. Madden
in favor of Ronald W. Grimm

Fire Policy # issued by
Amount \$ Expiration date.

Copy of recorded document which you requested

Receipted tax bill

Covenants, Conditions and Restrictions

Any recorded documents to which you are entitled will be forwarded.

Thank you for giving us the opportunity of serving you.

Title Insurance and Trust Company

BY 

Caroline Hall, Escrow Officer

POST OFFICE DEPARTMENT NOTICE OF SETTLEMENT		DATE November 21, 1977
FROM	Director, Postal Data Center San Bruno CA 94097 <i>F-3-a-a4</i>	JOURNAL NUMBER 40998
REGISTERED MAIL		
TO:	Magnolia C. Harris PO Box 893 Georgetown, Guyana South America	
<p>Your claim has been examined and there has been found due from the Post Office Department</p> <p>the sum of _____ Dollars \$ <u>526.37</u></p> <p>on account of proceeds of a check that was returned and deposited as undeliverable.</p>		
<p>By: <i>Jamie Stokes</i> Claims Examiner</p>		

ALAMEDA-CONTRA COSTA TRANSIT DISTRICT
EMPLOYEE'S CLEARANCE RECORD

F-3-a-95

EMPLOYEE'S COPY

Issuing Department will sign and deliver to Payroll Department with Request for Time Check.
 Payroll Department will deliver to Cashier with Time Check, etc.

Name **HBYER, B. F.** Dept. **TRANS.** Badge No. **1070** Date **SEPTEMBER 1, 1978**
 Occupation **BUS DRIVER** Payroll **0-2** Div. **TWO**

CASHIER'S RECORD OF SETTLEMENT CREDITS							
Time Check Number	Period Ending	Gross	Federal With.	F.I.C.A.	State With.	State D.I.	AMOUNT
2306	9/2/78	677.60	144.50	40.99	39.50		452.61
Employee's Pass Deposit Ref. No. 145							5.00
Paycheck No.							
TOTAL CREDITS							457.61
DEBITS							
Audited Bills							
Pass Books Employees Pass Book							10.00
Company Property File Book							.25
<i>OK \$ 1307</i>							
TOTAL DEBITS							10.25
Cash Due Employee							447.36

June 1st 7/13/78

AC Transit

F-3-a-95

OAKLAND • CALIFORNIA

NOT NEGOTIABLE

BADGE NUMBER 1070	DIV. 2	EMPLOYEE NAME B F HOYER	MAR.-SING. M	EXEMP. 4	PERIOD ENDING 9/02/78	DATE OF CHECK 9/08/78	
GROSS EARNINGS 745.36	FEDERAL INC. TAX 169.74	F.I.C.A. 45.09	STATE INC. TAX 42.85	S.D.I. 68	NET PAY 34.39		
CP 11,902.88	YD 1,955.45	CP 452.61	YD	YD	YD	YD	
MISC. DEDUCTIONS		BEN ASSOC.	INS. LIFE	HEALTH PLAN	DENTAL PLAN	UNION DUES	VAC ADV RE PAY
HOURS PAID		PASS DEP.	LOST PASS	INS. W. ST	UN. CRUSADE	LOST PROP.	HUB
S.T.	88H	M	INS. I.S.L	MGMT. ASSO	OAK PANTS	CHILD SUPPORT	ATTACHMENTS
O.T.	H	M	BANKRUPTCY	BONDS	CREDIT UNION	TIME CHECKS 452.61	WORKMAN'S COM RE PAY
VAC.			PAY ADJUSTMENTS				

AC Transit

F-3-a-97
OAKLAND - CALIFORNIA

DRIVE CAREFULLY
NOT NEGOTIABLE

ALAMEDA - CONTRA COSTA TRANSIT DISTRICT (S.T.S.D.#1)

PLATE NO.	DN	EMPLOYEE NAME	BAR-SING	EXEMP.	PERIOD ENDING	DATE OF CHECK	
1070	2	B F HOYER	M	4	7/08/78	7/14/78	
GROSS EARNINGS		FED. INC. TAX	FICA	STATE INC. TAX	STATE D. L.	OTHER DEDUCTIONS	NET
203.28		13.92	4.10	1.54	.68	21.00	162.04
DED. CODE	DESCRIPTION					AMOUNT	
301	UNION DUES					21.00	
						21.00	
						TOTAL OF OTHER DEDUCTIONS	

EMPLOYEE - PLEASE DETACH AND RETAIN THIS STUB. IT IS A RECORD OF YOUR EARNINGS AND DEDUCTIONS...

VERIFICATION STUB
F-3-a-98
NO. 0140 70402
DATE 140 DEC 3'77
AMOUNT \$ 7,000.00
CASHIER'S CHECK
DRAWN ON
Pittsburg Branch
Bank of America
NATIONAL TRUST SAVINGS ASSOCIATION
RECEIVED BY
FX-280 1-67 (REV.)

DETACH AND
RETAIN AS
YOUR
PERSONAL
RECORD

**NON-NEGOTIABLE
STATEMENT OF DEDUCTIONS**
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM

0 813 858

YEAR TO DATE			MONTH ENDED			MEMBER NUMBER	MONTHLY ALLOWANCE	DEDUCTIONS			AMOUNT DUE	
FED. W.H. TAX	ST. W.H. TAX	TOTAL ALLOWANCE	MO.	DAY	YR.			FED. W.H. TAX	ST. W.H. TAX	OTHER		
		37158608	03	17		445464	41831				41831	
03												
HEALTH SUBSIDY	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

SEE REVERSE SIDE FOR DEDUCTION CODES

F-3-a-99

DETACH AND
RETAIN AS
YOUR
PERSONAL
RECORD

**NON-NEGOTIABLE
STATEMENT OF DEDUCTIONS**
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM

0 819 746

YEAR TO DATE			MONTH ENDED			MEMBER NUMBER	MONTHLY ALLOWANCE	DEDUCTIONS			AMOUNT DUE	
FED. W.H. TAX	ST. W.H. TAX	TOTAL ALLOWANCE	MO.	DAY	YR.			FED. W.H. TAX	ST. W.H. TAX	OTHER		
		41341709	03	07		445464	41831				41831	
03												
HEALTH SUBSIDY	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

SEE REVERSE SIDE FOR DEDUCTION CODES

F-3-a-100

DETACH AND
RETAIN AS
YOUR
PERSONAL
RECORD

**NON-NEGOTIABLE
STATEMENT OF DEDUCTIONS**
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM

0 831 567

YEAR TO DATE			MONTH ENDED			MEMBER NUMBER	MONTHLY ALLOWANCE	DEDUCTIONS			AMOUNT DUE	
FED. W.H. TAX	ST. W.H. TAX	TOTAL ALLOWANCE	MO.	DAY	YR.			FED. W.H. TAX	ST. W.H. TAX	OTHER		
		45524810	03	17		445464	41831				41831	
03												
HEALTH SUBSIDY	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

SEE REVERSE SIDE FOR DEDUCTION CODES

F-3-a-101

DETACH AND
STASH AS
YOUR
PERSONAL
RECORD

**NON-NEGOTIABLE
STATEMENT OF DEDUCTIONS
LOS ANGELES CITY EMPLOYEES' RETIREMENT SYSTEM**

0 843 423

YEAR TO DATE			MONTH ENDED			MEMBER NUMBER	MONTHLY ALLOWANCE	DEDUCTIONS			AMOUNT DUE
FED. W.H. TAX	ST. W.H. TAX	TOTAL ALLOWANCE	MO.	DAY	YR.			FED. W.H. TAX	ST. W.H. TAX	OTHER	
		4970791	1	13	077	445464	41831				41831

03	HEALTH SUBSIDY	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT

SEE REVERSE SIDE FOR DEDUCTION CODES

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

F-3-a-102

GLADYS JACKSON

COUNTY OF LOS ANGELES
STATEMENT OF ALLOWANCE AND DEDUCTIONS
TO BE RETAINED BY RETIRED MEMBER

MEMBER NO.	ISSUE DATE	WARRANT NO.	NORMAL ALLOWANCE	COST OF LIVING	TOTAL ALLOWANCE	MISC. DEDUCTIONS	NET PAYMENT	YTD ALLOWANCE
2 9768	7/31/77	129242	20914	7730	28644	2068	26576	194006
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD Federal Tax
73 205368	15							000000
MISCELLANEOUS DEDUCTION CODES AND AMOUNTS								YTD State Tax
								000000

CODES FOR MISCELLANEOUS DEDUCTIONS		
30 Courts & Records C.U.	57 LAC-USC Med. Cen. C.U.	64 Co. Employees Association
31 Crude Union No. 11	58 Public Services C.U.	65 Monthly Relief Assoc.
32 Fiscal Employees C.U.	59 Harbor Hospital C.U.	66 Local 1014 (Firefighters Association)
33 Foreman & Agric. C.U.	60 Dine View C.U.	67 P.O. Protective Association
34 Rancho Las Amigas C.U.	61 Long Beach Cen. Hosp. C.U.	68 Alumni Association
35 Engineers C.U.	62 John Wesley Co. Hosp. C.U.	69 Medicare
36 Chic Center C.U.	63 Flood Control Dist. C.U.	70 Kaiser
		71 Blue Cross
		72 Blue Cross
		73 Occidental
		74 Federal Tax Withhold
		75 State Tax Withhold
		76 Local 1014 Dues/Life Insurance
		77 Dental/Vision Insurance

NOT NEGOTIABLE

F-3-a-103

HKE
EARNINGS
STATEMENT

GROVES NURSES REGISTRY, INC.
1714 STOCKTON STREET 2ND FL.
SAN FRANCISCO, CA. 94133
(415) 433-5950

F-3-a-104

ADP

DATE	HOURS	EARNINGS	TYPE	DEPARTMENT	PERIOD ENDING
414400	200	8288	P	IRRA JOHNSON	100 72477
414400	100	4144	M		180 P
DEDUCTIONS FROM PAY					
				FED. WITH. TAX	F.I.C.A.
				12	727
				STATE WITH. TAX	CITY WITH. TAX
				124	
				600-00	
YEAR TO DATE TOTALS					
GROSS PAY	NET PAY	GROSS PAY	FED. WITH. TAX	F.I.C.A.	STATE WITH. TAX
12432	11989	84070	2241	4518	840

DETACH
BEFORE
CASHING

12/535 23-3-106 26789610 56.68

PERIOD ENDING: 12/535
 SOCIAL SECURITY NUMBER: 23-3-106
 EMPLOYEE NAME: 26789610
 NET: 56.68

EMPLOYEE'S PAY STATEMENT - DETACH AND RETAIN FOR YOUR RECORDS
 FALCON CHARTER SERVICE
 SAN FRANCISCO, CA 94107
 EMPLOYEE NAME: *Law Jones*

STATEMENT OF EARNINGS AND DEDUCTIONS F-3-a-106
 CITY OF LOS ANGELES A 8 215 997

PERIOD ENDING	SOCIAL SECURITY NUMBER	EMPLOYEE NAME	AMOUNT EARNED	AMOUNT DEDUCTIBLE	PERSON OR RETIREMENT	AMOUNT IN OTHER P.P. DEDUCTIONS	AMOUNT NET
01/10/78	0426487837	27718	5544	832			21342
OTHER PAY PERIOD DEDUCTIONS							
CREDIT UNION	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE
CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT	CODE	AMOUNT
PAY PERIOD 100% SICK LEAVE HRS							
PROV. BAL.	USED	EARNED	CURR. BAL.	PROV. BAL.	USED	EARNED	CURR. BAL.
PAY PERIOD 75% SICK LEAVE HRS							
PROV. BAL.	USED	EARNED	CURR. BAL.	PROV. BAL.	USED	EARNED	CURR. BAL.
PAY PERIOD TIME & HALF OVERTIME HRS							
PROV. BAL.	USED	EARNED	CURR. BAL.	PROV. BAL.	USED	EARNED	CURR. BAL.
PAY PERIOD STRAIGHT OVERTIME HRS							
PROV. BAL.	USED	EARNED	CURR. BAL.	PROV. BAL.	USED	EARNED	CURR. BAL.
PAY PERIOD VACATION HRS							
PROV. BAL.	USED	EARNED	CURR. BAL.	PROV. BAL.	USED	EARNED	CURR. BAL.
ANNIVERSARY DATES							
							PAYROLL NUMBER
							7002
YEAR TO DATE							
AMOUNT EARNED	DISCOUNTS	STATE	RETIRES	RENT	RENT	RETIRES	RETIRES
27718	5544	832					

RETROACTIVE PAY FOR 1977 - 1978 *EARNEST JONES*

EMPLOYEE EARNINGS STATEMENT - RETAIN FOR YOUR RECORDS, FORM 94057 (REV. 10-74)

KAISER FOUNDATION HOSPITALS
JUDY JAMES
 1982287

CURRENT HOURS		CURRENT PAY			
REGULAR	SICK	REGULAR	SICK	HOLIDAY	OTHER
56.0		316.19		45.17	49.97
PREMIUM	VACATION	PREMIUM	VACATION	SHIFT DIFF.	CALL-IN
					RETRO & ADJUST.
TAXES AND DEDUCTIONS					
FEDERAL W/H	F.I.C.A.	DIS. INS.	STATE W/H	BONDS	UNION DUES
49.59	24.06	4.12	6.97		12.00
YEAR TO DATE				CREDIT UNION	CHAR. DONAT.
863.97	358.87	61.35	112.64	HEALTH PLAN	GRP. INS.
				OTHER	
07-16-77	553-78-9696	6,405.58	1982287	411.33	96.74
BIWEEKLY PERIOD ENDING	SOCIAL SECURITY NO.	YEAR TO DATE GROSS PAY		CURRENT GROSS PAY	TOTAL TAXES AND DEDUCTIONS
					NET PAY
BASE	SHORT	SPEC	EVE	NIGHT	
5.6463	.0000	.0000	.3500	.3500	F-3-a-107

EMPLOYEE EARNINGS STATEMENT - RETAIN FOR YOUR RECORDS, FORM 94057 (REV. 10-74)

KAISER FOUNDATION HOSPITALS
JUDY JAMES
 1989514

CURRENT HOURS		CURRENT PAY			
REGULAR	SICK	REGULAR	SICK	HOLIDAY	OTHER
80.0		451.70			1.60
PREMIUM	VACATION	PREMIUM	VACATION	SHIFT DIFF.	CALL-IN
					RETRO & ADJUST.
TAXES AND DEDUCTIONS					
FEDERAL W/H	F.I.C.A.	DIS. INS.	STATE W/H	BONDS	UNION DUES
57.48	26.52	4.53	8.50		
YEAR TO DATE				CREDIT UNION	CHAR. DONAT.
921.45	385.39	65.88	121.14	HEALTH PLAN	GRP. INS.
				OTHER	
07-30-77	553-78-9696	6,858.88	1989514	453.30	97.03
BIWEEKLY PERIOD ENDING	SOCIAL SECURITY NO.	YEAR TO DATE GROSS PAY		CURRENT GROSS PAY	TOTAL TAXES AND DEDUCTIONS
					NET PAY
BASE	SHORT	SPEC	EVE	NIGHT	
5.6463	.0000	.0000	.3500	.3500	F-3-a-108

00000

HAIR	HGT	
EYES	WGT	CA

F-3-a-109

•R0761126
 •JUDITH KAY JAMES
 •PO BX 286
 •CALPELLA, CA 95418

SEX HAIR EYES HEIGHT WEIGHT PRE LIC EXP
 F BRN BRN 5-06.138 .77

DATE OF BIRTH

12-06-49

OTHER ADDRESS 50CHERRY ST

CLASS 2. 3 AXLE HOUSE CAR AND ALL 2 AXLE VEHs. EXCEPT BUS OR 2
 WHEEL MOTORCYCLE, MAY TOW VEH UNDER 8000 LBS. GROSS.

MUST WEAR CORRECTIVE LENSES
 SEE OVER FOR ANY OTHER CONDITIONS

RIGHT THUMB PRINT



INI _____

T.L. # _____ X _____

(DATE) _____

Other parts _____

FEE \$3.25

	NO LENSES	LENSES	VISION	W/P	SIGN	CL-1	CL-2	CL-3	CL-4	MC SKILL	DRIVE
B											
R											
L											

V039395A

ATTACH GUAR HOLD RES

F-3-a-110
 REMITTANCE ADVICE

COUNTY OF MENDOCINO
 UKIAH, CALIFORNIA 95482

393319

INVOICE DATE	REF. NO.	INVOICE NUMBER	INVOICE AMOUNT
9-2-77	220 - W/D of	Contribution	2,673.70
	230 - W/D of	Interest	327.71
	240 - W/D of	C of L	261.87
	231 - W/D of	C of L Int.	27.54
			3,290.82

DETACH BEFORE DEPOSITING CHECK



EXPLANATION OF MEDICARE BENEFITS

ROBERT JOHNSON

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

SERVICES WERE PROVIDED BY NAME / NUMBER	BLUE SHIELD CONTROL NO.	PROCEDURE NO.	UNITS	DATE SERV	SERVICE DATES		CHARGES		DEDUC TIBLE	REIMB RATE %	NET PAY
					FROM MO DAY YR	TO MO DAY YR	SUBMITTED	AMOUNT APPROVED BY MEDICARE			
ORTHOPEDIC ASSO YYY20018Y	0177171471260	90050	0101	1	42277	42277	2600	1600		800	
ORTHOPEDIC ASSO YYY20018Y		90050	0201	1	50677	52077	5200	3200		800	
TOTAL FOR THE ABOVE CLAIM							7800	4800	00		3840
CLAIM HAS BEEN SPLIT TO FACILITATE PROCESSING.											
JUL 14 1977											
THIS IS NOT A BILL											

HEALTH INSURANCE CLAIM NUMBER 437070486A		PATIENT'S NAME JOHNSON ROBERT	
DATE 08 22 77	CLAIMS INCLUDED IN THIS FORM 01	CHECK NO. 054264396	

YOU HAVE NOW MET \$ 60.00 OF THE ANNUAL \$ 60.00



BLUE SHIELD
of California

P.O. BOX 7968
SAN FRANCISCO, CA 94120
TELEPHONE ▶ **415-445-5785**

DEDUCTIBLE FOR **1977**
BALANCE
PAYABLE AT 80%

INPATIENT RADIOLOGY &
PATHOLOGY PHYSICIAN'S
CHARGES AND CERTAIN
LABORATORIES PAID IN FULL

7800	4800	CLAIMS TOTALS
	4800	TOTAL AMOUNT APPROVED BY MEDICARE SUBJECT TO DEDUCTIBLE AND COINSURANCE
	00	THIS WENT TOWARD ANNUAL DEDUCTIBLE
	4800	80% OF BALANCE
	00	TOTAL MEDICARE PAYMENT
	3840	

F-3-a-111

KEEP THIS NOTICE FOR YOUR RECORDS

ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA

F-3-a-112

DETACH AND RETAIN THIS STUB

NAME	BENEFIT MONTH	GROSS	MEDICARE	W/H TAX	TOTAL PAY
JOHNSON, ROBERT	9/01/77	322.00	7.70		329.70

The attached is your check for the month indicated on the check in accordance with the terms of the ILWU-PMA pension and welfare agreement.

ILWU - PMA BENEFIT FUNDS

1188 Franklin St.
San Francisco, California 94109

Trustees of the Funds are interested in seeing that you receive your check promptly each month. A correct address is therefore necessary for mailing purposes. If you have changed your address, or intend to do so, please you return your old check stubs and make such changes on the reverse side of the stub.

268820



University of California Retirement System
DISPOSITION OF ACCUMULATIONS
 U1635 (R11/75) Series 3627

Please print or type

If further clarification is needed, contact your campus Benefits Counselor.

Mailing Address: should be one where you can be reached for at least three months following separation.

F-3-a-113

Campus **SE**

Employee Name (first, initial, last) BRENDA Y. JONES	Title Code 8905	Department Nursing Services	
Address (number, street, city, state, zip code) 998 Divisadero Street #104 San Francisco, Ca. 94117	Employee No. 423370	Yr. of birth '48	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>
	Social Security Number 451 88 4060		
Effective Date of Separation 06 Mo 23 78	Employment Date 02 Mo 18 75	Length of Service 3 Yrs	

Check appropriate box(es)

REQUIRED CONTRIBUTIONS

A. I request a refund of my required contributions, any special contributions, and interest in the UCRS Retirement Plan. It should be sent to me at the above address. I understand that I will receive this refund normally within six weeks after my separation date or submission of this form, whichever is later, and that interest will be paid through the preceding July 1.

IMPORTANT: If you elect a refund of required contributions, you automatically waive your right to all other UCRS benefits.

B. I request that my required contributions, any special contributions, and interest in the UCRS Retirement Plan remain on deposit, and I elect Inactive Membership as I:

- Have at least 5 years of retirement service credit, or
- Will become a member of a retirement system that has a reciprocal agreement with UCRS (see cover sheet).

.....
(new retirement system)

.....
(effective date of membership)

C. I request that my required contributions, any special contributions, and interest in the UCRS Retirement Plan remain on deposit, and I elect Inactive Limited Membership since I have less than 5 years UCRS service credit but do have \$2000 or more in accumulations. It is mandatory that I elect that my accumulations be transferred to:

- the Fixed Annuity Program.
- the Variable Annuity Program.

If no election is made, the funds will be placed in the Fixed Annuity Program.

VOLUNTARY CONTRIBUTIONS

I am a continuing employee. I have separated from University employment.

D. I request a refund of my accumulations in the UCRS voluntary programs as follows:

- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs. (Including special contributions made in my behalf on separation only.)
- All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.

I understand that I will receive this refund normally within six weeks after my separation date or submission of this form. I understand that interest on any Fixed Annuity Program contributions will be paid through the preceding July 1.

IMPORTANT: Refunds of the accumulations in the Variable Annuity Programs are based on the unit value in effect for the month in which this form is received by the UCRS office in Berkeley.

E. I request that my accumulations in the UCRS voluntary programs remain on deposit as follows, and I elect Inactive Limited Membership as I have \$2000 or more in accumulations which will remain on deposit:

- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs.
- All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.

ADDITIONAL INFORMATION

F. I have read the summary of UCRS benefits on termination, and would like more information on:

- Retirement Income
- Disability Income
- Inactive Membership
- Inactive Limited Membership

I understand that if my accumulations are less than \$2000 and I am not eligible for Inactive Membership, a refund of accumulations will be mailed to the above address.

NOTE: If you receive a refund, you will receive a tax statement on or before January 31, of the next calendar year, reflecting the total distributions.

Accounting Office: For active employee refunds, indicate below the date of final deduction/reduction of codes 62, 63, 64, or 65 as cancelled on form U1637.

Date: _____ Payroll Activity through: _____

Employee Signature: *[Signature]* Date: _____

Accounting Office: _____ Date: _____

Manuel Gonzalez 7-5-78

Ref: See Records Disposition Schedules

- Goldenrod - Systemwide Retirement Office
- White - To be returned to employee
- White - Berkeley Accounting Office
- Yellow - Originating Campus Acting Office

THE **EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES**
 Box 2494, General Post Office, New York, N.Y. 10001

STATEMENT OF ACCOUNT

SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE OF THIS FORM.

F-3-a-115

NAME **LYNETTA P. JONES**

CHECK NUMBER

G2 - 17091663

POLICY IDENTIFICATION NUMBER

AMOUNT PAYABLE 12- 1-77 UNDER A 950 025 0303167310 0

\$ 81.68

X 01
1 06

LYNETTA P JONES
 C/O EUGENE B CHAIKIN
 P O BOX 15156
 SAN FRANCISCO CA 94115

DETACH STATEMENT OF ACCOUNT BEFORE CASHING CHECK

PHARMACEUTICAL CARD SYSTEM, P.O. BOX 20831, PHOENIX, ARIZONA 85036

THIS CHECK STUB SHOWS IN DETAIL THE ACTION TAKEN ON ANY CLAIM IDENTIFIED HEREON

RX NUMBER	CLAIM NUMBER	DATE FILLED	AMOUNT CLAIMED	AMOUNT PAID	PAYMENT CODE	RX NUMBER	CLAIM NUMBER	DATE FILLED	AMOUNT CLAIMED	AMOUNT PAID	PAYMENT CODE
0355744	125137	05/12/77	15.95	12.95	00	0355744	125136	07/27/77	35.45	12.45	00
0355745	123798	05/12/77	20.35	25.35	00	0355745	125087	07/27/77	28.35	25.35	00
0366672	826173	07/20/77	5.80	2.50	00						
	F-3-a-116										
	L P JONES				214	0008	303-16-7310				08/31/77

PAYMENT CODE EXPLANATION

- 00 Claim paid - less the deductible
- 02 Item failed to clear original processing - to be reprocessed
- 03 Item purchased not covered under plan
- 04 Other - Being returned with notation.

- 05 Dependents not covered - or beyond maximum age allowed
- 06 Rx filled after coverage had expired
- 07 Filled before coverage was effective
- 08 Price of Rx less than deductible under plan
- 09 Duplicate Claim
- 10 Claim over 1 year old

- 51 Cost of prescription exceeded maximum allowable amount.
- 52 Amount paid reduced as specified in master policy benefit plan, or bargaining agreement
- 53 Quantity of medication exceeded program limitations

U. T. L. A. CREDIT UNION
 2511 WEST 3RD STREET
 LOS ANGELES, CALIFORNIA 90057

DATE OF ENTRY
 01-30-75

QUARTER ENDING
 03-31-78

MEMBER ID
 1660800

MEMBER CODE

SOCIAL SECURITY NO
 454-50-2089

F-3-a-117

MEMBER STATEMENT

PLEASE REPORT PROMPTLY ANY ERRORS IN SHARE OR
 LOAN ACCOUNT TO CHAIRMAN OR SUPERVISORY COMMITTEE.

IMPORTANT INCOME TAX INFORMATION ON REVERSE

NOTICE: SEE REVERSE SIDE (OR ENCLOSURE, IF APPLICABLE)
 FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS
 TO DISPUTE BILLING ERRORS.

JOHNSON CLARA L
 1435 ALVARADO TERRACE #30
 LOS ANGELES CA

90008

TRANSACTION CODES:

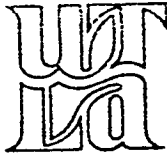
CP - CASH PAYMENT
 DV - DIVIDEND
 FF - FEES OR LATE CHARGE
 IR - INTEREST REFUND
 JE - JOURNAL ENTRY

NL - NEW LOAN
 PD - PAYROLL DEDUCTION
 RE - REVERSE ENTRY
 TR - TRANSFER OF FUNDS
 WS - WITHDRAWAL OF SHARES

BEGINNING BALANCES THIS QUARTER			SHARE BALANCE	00	LOAN NO.	TYPE	BALANCE	LOAN NO.	TYPE	BALANCE
			DIVIDENDS YEAR TO DATE	00	615		10421			
			INTEREST PAID YR TO DATE	00						
TRANSACTION				SHARES	FEES LATE CHARGES	LOANS				
DATE	CODE	TRANSACTION	BALANCE		NOTE NO	PAYMENT	PRINCIPAL	INTEREST		BALANCE
1024	JE				615		9306			1115
1024	TR						1115	1115-		00
ENDING BALANCES THIS QUARTER			SHARE BALANCE	00	LOAN NO	TYPE	BALANCE	LOAN NO	TYPE	BALANCE
			DIVIDENDS YEAR TO DATE	00						
			INTEREST PAID YR TO DATE	1115						

UTLA Credit Union

2511 West Third Street, Los Angeles, California 90057 • (213) 487-5560



F-3-a-118

Dear Member:

This form is being sent to you to enable our supervisory committee to confirm the correctness of our records.

Please review the enclosed March 31 quarterly statement of your account. If this information contained in that statement agrees with your records, no reply is necessary. If the information does not agree, complete the form below and return it with a copy of the statement directly to Joan Acosta, 827 Mira Valle, Monterey Park, California 91754.

If a discrepancy does exist, indicate the nature and amount and your name and employee number.

Joan Acosta, Chairperson
Supervisory Committee

CONFIRMATION

Member name _____

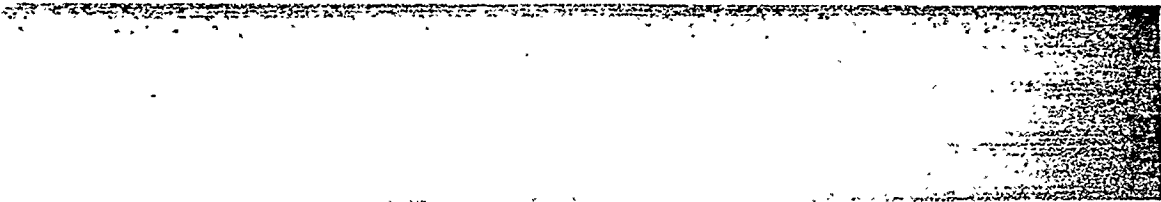
Joan Acosta:

Employee Number _____

The quarterly statement is correct except as noted below:

Date: _____

By: _____
Member's signature



F-3-a-119

PHARMACEUTICAL CARD SYSTEMS, INC.
P. O. Box 20831
Phoenix, Arizona 85036

TO: Marguerite Watkins, Personnel Supervisor

DATE: September 21, 1977

The enclosed check was returned to us by the Post Office. We would appreciate your assistance in forwarding it on for us.

Thank you for your cooperation.

Sincerely,

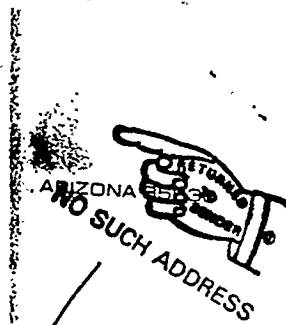
Denise Horton

Denise Horton
Customer Service Department

Encl.

*P.O. Box 15384
San Francisco Calif.
94115*

*Lynetta - This
was sent to our
office. Hope
you are enjoying
yourself. - Marguerite*



F-3-a-120A

Rev. Jones
 Enclosed is check for
 \$240.00. \$80.00 of which is
 the balance paid May, and
 \$160.00 for June.
 Thanks,
 W. Burnley

AFTER 8 DAYS RETURN TO

MRS. WILLIE BURNLEY
 2501 Carrollton Avenue
 Indianapolis, Indiana 46205

ZIP CODE



Money went in
 with 6/7 mailing

Rev. James W. Jones
 P.O. Box 15156
 San Francisco, California
 94115

F-3-a-120a

CHILDREN'S HOSPITAL
OF SAN FRANCISCO

DETACH AND RETAIN THIS STATEMENT
FOR ATTACHED CHECK AS EVIDENCE OF FINAL DISCHARGE BEFORE
YOUR NEXT VISIT. PLEASE RETURN TO PRODUCTION NO RECORDS DIVISION.

DELIVER FORM TWOTO-3 V-8PL- JAMES TOVES

DATE	EXPLANATION OF REFUND	DESCRIPTION	AMOUNT
9/15/77	PAYMENTS EXCEED BALANCE OF ACCOUNT		\$50.00
	PAYMENT SENT IN ERROR		
	OTHER		
PREPARED BY: J1	AMB. REFUND XX	IN-HOUSE REFUND	SUB. REFUND
			F-3-a-121

FARMERS INSURANCE GROUP sends you this check because:

- your previous check was returned.
- your previous check was lost.
- you did not receive the first check.
- a recent change in your policy resulted in a refund.
- previous membership fees were available.
- a change in payee was requested.
- your signature is missing. Please sign check and return to us for payment of your premium.
- We have been unable to locate your policy number. Please write it on your check and return to us.
- duplicate payment received from:
 - Insured
 - Mortgagee
- of an overpayment of premium.
- of change by endorsement No. _____
- your policy or bond is out of force as explained in our cancellation notice _____

James W. Jones
P.O. Box 115156
San Jose Ca 95115

_____ CANCELLATION DATE
Misc. F-3-a-122



28-0150 8-77 192511



1977

THANK YOU

Prudential

The Prudential
Insurance Company
of America

F-3-a-123

Statement of Benefit

DIRX

MAR-28-1978 0130273 004

Benefit DEATH	Insured L JONES	Letters	Check amount \$457.20	Certificate no.	Certificate amount
Policy Numbers 037889263					Claim Number 558313

Addressee JAMES WARREN JONES* PO BOX 15156 SAN FRANCISCO CA 94115	Payee JAMES WARREN JONES*
---	-------------------------------------

INCLUDED AMOUNTS	\$449.96	AMOUNT OF INSURANCE (INCLUDING PAID UP ADDITIONAL INSURANCE)
	7.24	POLICY OR CONTRACT INTEREST
	\$457.20	AMOUNT OF PAYMENT

Instructions for Payee on reverse of this form.
Please see paragraph (s)



1.

Remarks

THIS IS TO ADVISE YOU THAT WE HAVE THIS DAY
CHARGED YOUR ACCOUNT AS FOLLOWS:

DATE

8/28/78

ACCOUNT NUMBER

21-03815-8

DESCRIPTION	NUMBER	INTEREST	PRINCIPAL	BALANCE	AMOUNT
VOB draft #26889 to close account per letter of instruction - - -					235.91
closed without passbook - - -					
TOTAL					\$235.91

MAIL
TO

James W. or Marceline M. Jones

P.O. Box 893

Georgetown, Guyana, S.A.

SAVINGS BANK OF MENDOCINO COUNTY

APPROVED BY

zb

F-3-a-124

Blue Cross
of Northern California



F-3-a-125

1950 Franklin Street
Oakland, California 94659
(415) 645-3000

December 1, 1977

Dear Group Leader:

The enclosed check is a benefit check which is payable to one of your present or former employees, and we have been unsuccessful in delivering the check.

If at all possible, we would appreciate it if you could forward this check on to your present or former employee. If this is not possible, please return the check to the undersigned.

We appreciate your cooperation.

Sincerely,

William E. Buck

William E. Buck
Cashiers/Collections
Manager

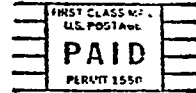
Enclosure
WEB:lls

Offices in San Francisco, San Jose, Sacramento and Fresno

Blue Cross
of Northern California



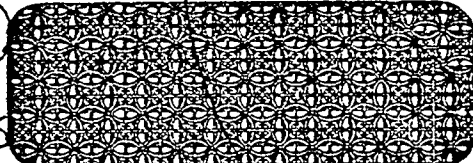
29603



Group
1950 Franklin Street
Oakland, California 94659

University of California

Adm. Ms.
C. Trapp
3rd and Parnassus



NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD
RETURN TO WRITER



San Fran - Ca - 94143

F-3-a-126

Blue Cross
of Northern California



1950 Franklin Street
Oakland, California 94659

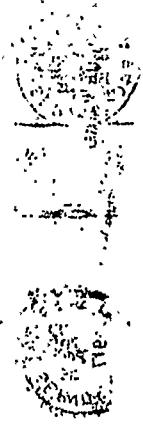


*from Family SE GroBBs
PO Box 15157 SF 94115
60.2321500
x 2138 4274
Gay med
2550*

University of California
Ms. C. Trapp, Administrator
Third and Parnassus, Room 300
San Francisco, California 94143

RALPH C. BREHL, JR.
FINANCE DIRECTOR

ENV-13A-1 (Rev. 1/74)



RECEIVED
DEC 13 1977
PERSONNEL OFFICE
SAN FRANCISCO

F-3-a-127

ENV-10A (Rev. 5-73)



#050
 UNIVERSITY OF CALIFORNIA
 PERSONNEL OFFICE
 SAN FRANCISCO, CALIFORNIA 94143

SAN FRANCISCO
 DEC 28 '77
 CALIF. 24

Silvia Grubbs
 40 JIM RANDOLPH
 P.O. Box 15157
 San Francisco, CA. 94115

file

F-3-a-128

Questions regarding payments should refer to your order number and should be directed to:

UNIVERSITY OF CALIFORNIA
 ACCOUNTING OFFICE
 BERKELEY, CALIF. 94720

• See reverse side for explanation of Correction Code (Corr. Code)

BY JONES
 CHECK NUMBER: 2-22701

INVOICE DATE			INVOICE NUMBER	CORR. CODE	OUR ORDER NUMBER	AMOUNT OF DISCOUNT TAKEN	NET AMOUNT	INVOICE DATE			INVOICE NUMBER	CORR. CODE	OUR ORDER NUMBER	AMOUNT OF DISCOUNT TAKEN	NET AMOUNT
MO.	DT.	YR.						MO.	DT.	YR.					
07	14	8			00W834		1,238.51	07	14	8	451-88-4060		00W834		222701
VENDOR NO. JONES															
														TOTAL	1,296.89

F-3-a-129

U 1414 (REV. 8/77) RETN: 'S

NAME	PERIOD ENDING	HOURS OR DAYS	RATE	BGROSS	S.D.L.	F.I.C.A.	PRO. WIN.	STATE WIN.	UNION DUES	INS.	OTHER	TOTAL DEDUCT.	NET PAY
WALKMAN, Rachelle	9/18/80	80	2.90	232.00	2.32	13.57	21.49	2.38	7.00			46.68	185.32

DETACH THIS STUB BEFORE CASHING

SHEFFIELD CONVALESCENT HOSPITAL - SAN FRANCISCO, CALIFORNIA

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NAME KING WANDA		EMP. NO. 417381	DEPT. 50	PER 5	PR 5	ITEM 80	DATE 3/14/78	12535
GROSS 216.00	PENS.	TAX 20.26	H.S.S.	DUES	MAINT. OR ST. RET.	S.S.	NET 193.50	
ST 2.24	ADD. PENS.			BONDS & MISC.				

NOT
NEGOTIABLE

F-3-a-130

THIS IS NOT A CHECK
DO NOT CASH

GROVES NURSES REGISTRY, INC
1714 STOCKTON STREET SAN FRANCISCO CA 94133

7978649

EARNINGS	HOURS	AMOUNT	DEDUCTIONS			YEAR TO DATE
REGULAR	500	20720	FICA TAX	1254	FED. TAX	1860
CLTH ALW		1000	STATE TX	199	SDI	207
			DUES	300		
			F-3-a-131			
TOTAL EARNINGS		21720	TOTAL DEDUCTIONS			3820
						NET PAY
						179.00

EDITH KUTULAS

WAA 1 100 05076

SSNO 558-36-2089

STATEMENT OF EARNINGS
AND DEDUCTIONS

NON-NEGOTIABLE

*T-TYPE
W - WEEKLY
B - BI-WEEKLY
S - SEMI-MONTHLY
M - MONTHLY
O - OTHER

ARTSON COMMUNICATIONS
SAN FRANCISCO, CALIF.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

REFUSE - FORM NWD-8 7/77

CAROL KENNS

7/23/77 FINAL CHECK PER YW

1 1/2 hrs @ 2.75 = 4.13
3/2 hrs D.T. = 4.83

201.46

FIT: 23.40
FICA: 11.79
SIT: 2.90
SDI: 2.01

126: 161.36

F-3-a-130

Main Basis

Pacific Telephone

This Is Your Record - Please Detach

SEP 26 1977

S769-0156

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
2	931 9107 564		25:00	1:75	09	24	09	26	75

The Attached Draft is in Payment of

- CODE 1 Refund of Advance Payment
2 Refund of Deposit
3 Refund Of Overpayment on
Final Bill

- CODE 4 Commission on Public Telephone
Collections
5 Credit Balance on
Final Bill
6 Other (Detail Enclosed)

This is not a check - DO NOT CASH

F-3-a-133

2816 5650 4 51 714 LAYTON, LAURENCE J. 043078051378 051778
 CO. # EMPLOYEE # TCD PYRL HOME DEPT. # PATROLL PERIOD DATE

77 HERRICK MEMORIAL HOSPITAL 549-78-2776

48E				76E		
PAY #	JOB CODE	UNITS	AMOUNT	DED. #	DESCRIPTION	AMOUNT
11	REGULAR DAY	56	36604			
11	REGULAR EVE	8	5757			
11	REGULAR NITE	16	11513			
21	OVER-TIME DAY	275	2676			
27	CALL-IN	425	4167			
OBE			TOTAL PAY	TOTAL DEDUCTIONS		
			60737			

FIT	FICA	DI	SIT	OTHER	NET
8569	3675	608	1441		46444
63031	30193	4991	9956		GROSS 499052

F-3-a-134

Type or print name, address and Social Security number the same as above.

SOCIAL SECURITY NUMBER 553-68-4361 APR 20 1977

Mail check to: F-3-a-135

Here is your check covering the refund of your contributions. Your membership in the Teachers' Retirement System has been terminated.

FIRST NAME	INITIAL	LAST NAME
Carolyn	L	Layton
STREET ADDRESS		
P.O. Box 15156		
CITY	STATE	ZIP CODE
San Francisco, Calif.		94115

State Teachers' Retirement System
 1416 - 9th Street
 Sacramento, California 95814
 STATE TEACHERS' RETIREMENT SYSTEM

A. O. R. HOLDER
 Notary Public
[Signature]

FORM R10 (REV. 6-71) AD 08P

#055096

Refund retirement payroll deduction for the month of October, 1977.
 Supplement to Warrant number 037709
 Salary Adjustment.

C.L. \$1.44
 N.C. 3.72
 Total \$5.16

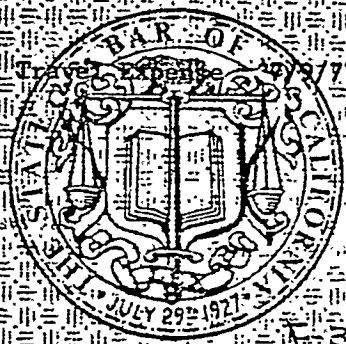
CODE 63 Type 1 Status 1

Term. Date 11-15-77
 MA:JPE:cll

Ruth Lowery

F-3-a-136

CAROLYN LOOMAN

ACCOUNT	DESCRIPTION	AMOUNT
28-4112	JULY 29 1977	\$11.30
		
		21594

PLEASE DETACH BEFORE DEPOSITING AND OTHER RECEIPT NECESSARY. THE STATE BAR OF CALIFORNIA. WHEN DETACHED AND PAID THIS CHECK BECOMES A RECEIPT IN PAYMENT OF THE ITEMIZED ACCOUNT.

THE STATE BAR OF CALIFORNIA

F-3-a-138

no. 1628	sub 30	department no. 28	emp. no. 297	employee name LOOMAN, CAROLYN			
from pay period 07-01-77 to 07-15-77		check no. 31269104	social security no. 294-38-7774				
earnings			voluntary deductions				
Description	units	rate	amount	Description	amount	YTD bal.	
REGULAR	00		67000	PERS	4224	54908	
NOT NEGOTIABLE							
total: earnings \$ 670.00			deductions \$ 42.24				
current and year to date							
gross	fit w/h	fica	sd1	fit w/h	city	other	net pay
67000	11610	3920		3146			\$ 441.00
871000	159155	50958		41289			a service of united california bank

UB

THE STATE BAR OF CALIFORNIA

F-3-a-139

no. 1628	sub 30	department no. 28	emp. no. 297	employee name LOOMAN, CAROLYN			
from pay period 07-16-77 to 07-31-77		check no. 31325480	social security no. 294-38-7774				
earnings			voluntary deductions				
Description	units	rate	amount	Description	amount	YTD bal.	
REGULAR	00		67000	PERS	4224	59132	
NOT NEGOTIABLE							
total: earnings \$ 670.00			deductions \$ 42.24				
current and year to date							
gross	fit w/h	fica	sd1	fit w/h	city	other	net pay
67000	11610	3920		3146			\$ 441.00
938000	170765	54878		44435			a service of united california bank

UB

KAREN LATTON

THIS CHECK IN THE AMOUNT OF \$ 6.00 IS BEING ISSUED TO YOU FOR THE FOLLOWING REASON:

- PATIENT OVERPAYMENT
- INSURANCE OVERPAYMENT
- DIRECT POLICY OVERPAYMENT
- STATE DISABILITY (LESS ANY OUTSTANDING BALANCE)
- LATE BLOOD CREDITS
- OTHER:

F-3-a-140

THANK YOU FOR YOUR COOPERATION AND COURTESY

MZ 693 R-11/74

MOUNT ZION HOSPITAL AND MEDICAL CENTER 1600 DIVISADERO ST., SAN FRANCISCO, CALIFORNIA

COMPANY NAME: REQUISITION FOR DRAFT

ACCOUNT NUMBER 500-22

(950)

ASSOC. INDEMNITY CORP.

8-10	11-12	HOMEDOWNERS POLICY NO. (11-22)	PRODUCER CODE (23-30)	COMPANY CODES
CD	35	N72 353 21 70	04-302-606	10 01

NAME OF INSURED (IF OTHER THAN PAYEE)

TO CASHIER: DRAFT TO THE ORDER OF:
EARNESTINE T MARCH

AMOUNT OF DRAFT (31-37)	
FORCE APPLY	CR-40
DRAFT NUMBER (3-3)	
156239	

1367 CREDIT MEMORANDUM
CANCELLATION PREMIUM \$34.00

JUL 19 1977

F-3-a-141

MAIL TO:

RINO A. CECCATO
4730 MISSION STREET
SAN FRANCISCO CA 94112

233047 (HO) NIP-26-P-10-01-SFO-1367-01

PREPARED BY

✓

CHECKED BY

CL

APPROVED BY

JUL 15 1977

INSURED'S COPY

CASHIER

JAN

STATE OF CALIFORNIA
REMITTANCE ADVICE

STD 404 (REV. 5/75)

THE ENCLOSED WARRANT IS IN PAYMENT OF INVOICES AS SHOWN BELOW:

DEPARTMENT OF CONSUMER AFFAIRS 15-00

ADDRESS

SCHEDULE NO. 5191

VENDOR

ANNE ELIZABETH MOORE
P O BOX 15156
C/O EUGENE CHAIKIN
SAN FRANCISCO, CA 94115

F-3-a-142

DATE	VENDOR'S NO.	AMOUNT
01/13/8	1997	10:00
TOTAL:		10:00*

This amount will be reported in accordance with Section 6041 of Internal Revenue Code.

EXPRESS TRAVEL
SAN FRANCISCO, CA 94109

DETACH AND RETURN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED

Guy Mitchell

PERIOD ENDING	EARNINGS			DEDUCTIONS				NET PAY
	REGULAR	OVERTIME	OTHER COMP.	FED. INC. TAX	F. I. C. A.	ST. INC. TAX	S. D. I.	
DATE	DESCRIPTION			AMOUNT	DISCOUNT OR DEDUCTIONS	NET AMOUNT		
AUG. 15	REFUND ON UNUSED RETURN PORTION OF 4 AIR TICKETS TO GOERGETOWN					842.46		

F-3-a-143

84-49065018

F-3-a-144a

RRB FORM RL-119 (11-76) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF ANNUITY ADJUSTMENT OR REINSTATEMENT	When Writing To The Board Always Give: THE EMPLOYEE'S NAME and THIS CLAIM NO. A 709-09-5456	DATE AUG 23 1977
---	---	---------------------

Lillie Mitchell
871 Grove St
San Francisco, California 94117

The monthly annuity payments in this case have been reinstated ~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

Benefits will now be paid as follows:

<u>NAME</u>	<u>MONTHLY RATE</u>	<u>EFFECTIVE DATE</u>
Lillie Mitchell	\$94.55	2-1-77
	\$100.13	6-1-77

Your check includes the amount due you through July 31, 1977.

Succeeding checks will be mailed during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest district office of the Board. If you call in person, please bring this notice and any other material you have about your claim with you.

Enclosure:
Check 702

cc: District Office
San Francisco, California

H.P. Gibbons

H. P. Gibbons
Director of Retirement Claims

017 55 ES 80

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

the cost-of-living increase effective in the month of
June 1977 has been considered in the computation of
your monthly payment.

702 (5-77)

IMPORTANT

YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of your annuity.

**IF YOUR CHECKS ARE MAILED
DIRECTLY TO YOU --**

- ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check for any month for which you should not be paid, return the check to the:

Treasury Department
P.O. Box 8670
Chicago, Illinois 60680

- IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

**IF YOUR CHECKS ARE SENT TO YOUR
CHECKING OR SAVING ACCOUNT--**

- YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD if you change your home or mailing address, so that you will be sure to receive Board mail (including important notices about payment of your annuity).

If you believe the decision on your claim is incorrect, you may ask that the decision be reconsidered based on additional evidence you may have. If you have no additional evidence or statements to submit, you may ask for more details as to the reason for the decision.

If you still disagree with the decision after the claim has been reconsidered or additional information furnished, you may appeal to the Bureau of Hearings and Appeals. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

08 23 77 716

ALWAYS GIVE YOUR CLAIM NUMBER AND THE EMPLOYEE'S NAME WHEN
WRITING TO US.

AB-2 (11-76)



Lawyers Title Insurance Corporation

F-3-a-145

P. O. BOX 145
50 NORTH MADISON
GREENWOOD, INDIANA 46142
AREA CODE 317 / 888-3537

April 12, 1978

Eugene Chaikin, Attorney-at-Law
P. O. Box 15156
San Francisco, California 94115

Dear Mr. Chaikin:

Enclosed please find the closing statement and check in the amount of \$842.54 for the deed balance of Mrs. Mueller's property at 4339 S. Shelby Street - Indianapolis, Indiana.

Thank you for forwarding these items to her.

Sincerely,

Barbara J. Rabourn
Barbara J. Rabourn
Escrow Closer

Enc.

LT-17b

Lawyers Title Insurance Corporation

F-3-a-146a

140 E WASHINGTON ST. - INDIANAPOLIS, IND 46204
638-6401

SELLERS STATEMENT OF CLOSING

LTIC CASE # 139708 LENDERS a/c # _____ CLOSING DATE: March 15, 1978

PURCHASER: William P. McCormick

SELLERS: Esther L. Mueller

ADDRESS: 4339 S. Shelby Street - Indianapolis, Indiana

SALES PRICE ~~xxx~~ CONTRACT BALANCE \$ 1,500.00

TOTAL DUE SELLERS: _____

SELLERS EXPENSES

Down Payment	_____	\$
Mortgage Pay Off to	_____	\$
Owners Title Policy	<u>58.00</u>	\$ 64.00
Mortgage Ins. Policy	_____	\$
Sellers Escrow Fee	<u>30.00</u>	\$
Recording Fees	_____	\$
Mortgagee's Service Fee	_____	\$
Credit Report Payoff of Judgment	<u>476.60</u>	\$
Appraisal Fee	_____	\$
Photos	_____	\$
Inspection fee	_____	\$
Discount	_____	\$
Survey	_____	\$
Release of (Mortgage) (Assignment)	_____	\$
Intangible Tax	_____	\$
Taxes for <u>1976</u> due <u>1977 (Delinquent)</u>	<u>71.86</u>	\$
Assessments - Resolutions	_____	\$
Indiana Gross Income Tax	_____	\$
Real Estate Commission	<u>15.00</u>	\$
Legal Expenses (Deed, etc)	_____	\$
Escrow for Repairs or Completion	_____	\$
Termite Inspection	_____	\$
Tax Pro - Ration for _____ days @ _____ per diem	_____	\$
Buyer's Costs paid by Sellers	_____	\$
Contract Balance	_____	\$
Unpaid Material Bills	_____	\$
_____	_____	\$
_____	_____	\$
_____	_____	\$
TOTAL SELLERS EXPENSES:	<u>602.86</u>	\$ 657.46
BALANCE DUE SELLERS:	<u>822.54</u>	\$ 842.54

We the undersigned have read the above statement and find it to be true and exact.

Esther L. Mueller Seller

William P. McCormick Buyer

Seller

Buyer

New Address: _____

LAWYERS TITLE INSURANCE CORPORATION

By: Barbara J. Rabourn

Barbara J. Rabourn

Lender

By: _____

LT-170

Lawyers Title Insurance Corporation

F-3-a-146d

140 E WASHINGTON ST. - INDIANAPOLIS, IND 46204
638-6401

SELLERS STATEMENT OF CLOSING

LTIC CASE # 139708 LENDERS a/c # _____ CLOSING DATE: March 15, 1977

PURCHASER: William P. McCormick

SELLERS: Esther L. Mueller

ADDRESS: 435 S. Shelby Street - Indianapolis, Indiana

SALES PRICE ~~OR CONTRACT BALANCE~~: \$ 1,500.00

TOTAL DUE SELLERS: _____

SELLERS EXPENSES

Down Payment	_____	\$	_____
Mortgage Pay Off to	_____	\$	_____
Owners Title Policy	_____	\$	225.00
Mortgage Ins. Policy	_____	\$	_____
Sellers Escrow Fee	_____	\$	30.00
Recording Fees	_____	\$	_____
Mortgagee's Service Fee	_____	\$	_____
Credit Report Payoff of Judgment	_____	\$	475.00
Appraisal Fee	_____	\$	_____
Photos	_____	\$	_____
Inspection fee	_____	\$	_____
Discount	_____	\$	_____
Survey	_____	\$	_____
Release of (Mortgage) (Assignment)	_____	\$	_____
Intangible Tax	_____	\$	_____
Taxes for 1976 due 1977 (withholdings)	_____	\$	12.00
Assessments - Resolutions	_____	\$	_____
Indiana Gross Income Tax	_____	\$	_____
Real Estate Commission	_____	\$	_____
Legal Expenses (Deed, etc)	_____	\$	15.00
Escrow for Repairs or Completion	_____	\$	_____
Termite Inspection	_____	\$	_____
Tax Pro - Ration for _____ days @ _____ per diem	_____	\$	_____
Buyer's Costs paid by Sellers	_____	\$	_____
Contract Balance	_____	\$	_____
Unpaid Material Bills	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
_____	_____	\$	_____
TOTAL SELLERS EXPENSES:	_____	\$	225.00
BALANCE DUE SELLERS:	_____	\$	1,275.00

We the undersigned have read the above statement and find it to be true and exact.

Esther L. Mueller Seller

William P. McCormick Buyer

Seller

Buyer

New Address: _____

LAWYERS TITLE INSURANCE CORPORATION

By: _____
Lender

By: _____
BARBARA J. ...

ACCOUNT DETAIL
 POLICY NO. E5-18-18-7 CHECK NO. 548520 ACCOUNT BALANCE

DATE	EXPLA-NATION	AMOUNT	DATE	EXPLA-NATION	AMOUNT	DATE	EXPLA-NATION	AMOUNT
	S-C	5.40	6-07	PREM	484.00	6-07	PMT	115.00-
6-24	PMT	46.09	8-11	PMT	47.03-	8-18	PREM	53.00-
9-07	PMT	38.18	10-05	PMT	38.20-	11-04	PMT	38.20-
11-18	PREM	58.00	12-07	PMT	18.86-	1-09	PREM	107.00-
1-09	DISB	70.16						

F-3-a-147

SD=SAVINGS DIVIDEND BAL=LAST YEAR'S BALANCE SC=SERVICE CHARGE CK=BT=CHECK RETURNED BY BANK DISB=OUR CHECK TO YOU

Security National Bank F-3-a-148

CIVIC CENTER

04 DALE E PARKS
 8 PO BOX 3427
 WALNUT CREEK CA 94598

ACCOUNT NUMBER

7-105-843

STATEMENT DATE

01/11/78
 ..CLOSING

CHECKING ACCOUNT SUMMARY

PREVIOUS STATEMENT	CHECKS AND DEBITS	DEPOSITS AND CREDITS	SERVICE CHG	ENDING BALANCE
1209	64000 8	94000 1	30000 00	00
DATE	BALANCE	NUMBER	AMOUNT	NUMBER

CHECKS LISTED IN CHECK NUMBER SEQUENCE. *INDICATES BREAK IN CHECK NUMBER SEQUENCE DEPOSITS AND BALANCE LISTED BY DATE

CODE/CHECK NO.	DATE	AMOUNT	CODE/CHECK NO.	DATE	AMOUNT	DATE	BALANCE
DP	1216	30000				1215	57242
*DEBIT	ITEMS FOLLOW***					1216	87242
0136	1221	4000				1219	74505
* 0149	1219	12737				1221	68562
0150	1222	5370				1222	60000
0151	1221	1943				1227	00
0152	1215	4352					
0153	1222	3192					
0154	1215	2406					
0155	1227	60000					

SEE REVERSE OF STATEMENT FOR EXPLANATION OF CODES

THEY'RE UNIQUE, THEY'RE FUNNY, THEY'RE EAST BAY SOCIETY
 -WATCH FOR THEM IN YOUR LOCAL NEWSPAPERS AND BRANCHES

F-3-a-149 196

DALE E. PARKS
P.O. BOX 3427-932-3540
WALNUT CREEK, CALIF. 94598

Nov. 17 1977 90-237
1211

PAY TO THE ORDER OF *National Board for Resp. Therapy, Inc.* \$ 40.00

forty dollars and no/100 DOLLARS

SECURITY NATIONAL BANK
City Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

Dale E. Parks

⑆0110023707⑉105843⑉0136⑉0000004000⑉

F-3-a-150 149

DALE E. PARKS
P.O. BOX 3427 932-3540
WALNUT CREEK, CALIF. 94598

Dec. 14 1977 90-237
1211

PAY TO THE ORDER OF *Crocker National Bank* \$ 127.37

One hundred twenty-seven dollars and 37/100 DOLLARS

SECURITY NATIONAL BANK
City Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

MEMO *Car.* *Dale E. Parks*

⑆0110023707⑉105843⑉060149⑉0000002737⑉

F-3-a-151 150

DALE E. PARKS
P.O. BOX 3427 932-3540
WALNUT CREEK, CALIF. 94598

Dec. 17 1977 90-237
1211

PAY TO THE ORDER OF *Grantee Furniture Rental* \$ 53.70

Fifty-three dollars and 70/100 DOLLARS

SECURITY NATIONAL BANK
City Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

Furniture *Dale E. Parks*

⑆0110023707⑉105843⑉060150⑉0000005370⑉

F-3-a-152 151

DALE E. PARKS
P.O. BOX 3427 932-3540
WALNUT CREEK, CALIF. 94598

Dec. 14 1977 90-237
1211

PAY TO THE ORDER OF *P. G. + E* \$ 19.43

nineteen dollars and 43/100 DOLLARS

SECURITY NATIONAL BANK
City Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

Dale E. Parks

⑆0110023707⑉105843⑉0151⑉0000001943⑉

PAY TO THE ORDER OF
TWIN CITY STATE BANK
KANSAS CITY, KANSAS
FOR DEPOSIT ONLY
National Board of Respiratory Therapy

DE '77 19
PAY ANY BANK-P.E.O.
F.R.B. of K.C.
1010-0004-8

11-37
TWIN CITY STATE BANK
KANSAS CITY, KANSAS
FOR DEPOSIT ONLY
National Board of Respiratory Therapy

11-37
TWIN CITY STATE BANK
KANSAS CITY, KANSAS
FOR DEPOSIT ONLY
National Board of Respiratory Therapy

SAN FRANCISCO

11-37

DE '77 11-37
FEDERAL RESERVE
SAN FRANCISCO

11-37
SAN FRANCISCO CA SAN FRANCISCO
CONSUMER QUON GOSHTNER

DE '77 16
PAY ANY BANK
CROCKER NATL BANK
SAN FRANCISCO, 11-1020

11-37

DE '77 21
UCB-S
PAY ANY BANK

1 EC 21
77-11-37
THE FIRST NATIONAL BANK
OF CALIFORNIA
24-4 PORTLAND
CREDITED TO THE ACCOUNT
OF THE WITHIN NAMED PAYEE
76-11-37
76-11-37
76-11-37
76-11-37

PACIFIC GAS & ELECTRIC COMPANY
SAN FRANCISCO, CALIFORNIA

DE '77 20
PAY TO THE ORDER OF
ANY BANK OR BANK OF AMERICA, N.Y. & C.
SAN FRANCISCO, CALIFORNIA
FOR DEPOSIT ONLY

DEC 16 1977

11-37

F-3-a-153 152

DALE E. PARKS
P.O. BOX 3427 932-3540
WALNUT CREEK, CALIF. 94598

PAY TO THE ORDER OF Security National Bank \$ 43.52

John [unclear] Bell [unclear]

SECURITY NATIONAL BANK
Cash Center Office
600 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

M. Ch... Dale E. Parks

90-237 1211
Dec 14 1977
⑆0000004352⑆

F-3-a-154 153

DALE E. PARKS
P.O. BOX 3427 932-3540
WALNUT CREEK, CALIF. 94598

PAY TO THE ORDER OF Pacific Telephone \$ 31.92

Three one dollar and 92/100

SECURITY NATIONAL BANK
Cash Center Office
600 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

M. Ch... Dale E. Parks

90-237 1211
Dec 14 1977
⑆000001132⑆

F-3-a-155 154

DALE E. PARKS
P.O. BOX 3427 932-3540
WALNUT CREEK, CALIF. 94598

PAY TO THE ORDER OF Cash \$ 24.06

Twenty-four dollars and 06/100

SECURITY NATIONAL BANK
Cash Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

M. Ch... Dale E. Parks

90-237 1211
Dec 15 1977
⑆0000002406⑆

F-3-a-156 155

DALE E. PARKS
P.O. BOX 3427 932-3540
WALNUT CREEK, CALIF. 94598

PAY TO THE ORDER OF Cash \$ 600.00

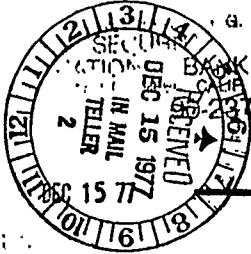
Six hundred dollars and 00/100

SECURITY NATIONAL BANK
Cash Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94596

M. Ch... Dale E. Parks

90-237 1211
DEC 23 1977
⑆0000000000⑆

1111 - 681-24



DE '77 21 P
PAY ANY BANK
CROCKER NATL BANK
SAN FRANCISCO, 94102

DE '77 22
P.E.S. 88888888
FEDERAL RESERVE
SAN FRANCISCO

951
SAN FRANCISCO
PAY ANY BANK
CROCKER NATL
SAN FRANCISCO
11-8

DEC 20 77

357
DEC

PAY ANY BANK
CROCKER NATL BANK
SAN FRANCISCO

666 80 R 8 7 7 4
PAY ANY BANK P.E.S.
SECURITY
NATL BANK
CALIF
90-237
DEC 15 77

8888 35823

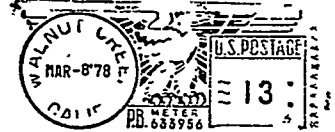
PAY ANY BANK
SECURITY
NATIONAL BANK
SAN FRANCISCO, CALIF
90-237

DEC 27 77
NATIONAL BANK
CENTER SERVICE
SAN FRANCISCO, CALIF
90-237



CIVIC CENTER OFFICE
1700 NORTH MAIN STREET, WALNUT CREEK, CA 94596

With Continuous Compounding
Your Savings Earn More
At SNB




Dale Parks
1501 Oakland Blvd.
Walnut Creek, CA. 94596

Box 15156 F
San Francisco, CA 94115

F-3-a-157

DATE	REFERENCE	GROSS AMOUNT	DISCOUNT	PREVIOUS BALANCE	BALANCE	REMARKS
JUL 21 77		7.00			7.00	Refund 554147 Jayce Parks

F-3-a-158

 **Presbyterian Hospital of Pacific Medical Center**
CLAY AT BUCHANAN STREET, SAN FRANCISCO, CALIFORNIA 94115



Presbyterian Hospital of Pacific Medical Center

P.O. BOX 37480 • SAN FRANCISCO, CALIFORNIA 94137
IRS # 94-1490928M (415) 563-4321

F-3-a-159
STATEMENT

PATIENT **PARKS, JOYCE**
ACCOUNT NO. **554147**

FROM	SERVICE DATE	DATE	STATEMENT	PAGE
	05/26/76 0830	06/25/77		3
TO			PHYSICIAN	
ENG			HARDEN	

1
ACTIVITY

GUARANTOR

PARKS, JOYCE
1662 PAGE ST
SAN FRANCISCO CA

50

1	INSURANCE
2	
	SOCIAL SECURITY NUMBER

AMOUNT OF THIS PAYMENT

PLEASE INDICATE ANY CHANGE OF ADDRESS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
SEE REVERSE SIDE FOR MAILING INSTRUCTIONS

\$ _____

BILLING DATE	SERVICE DATE	SERVICE CODE	DESCRIPTION	QTY.	CHARGES/PAYMENTS	BALANCE
05/27	05/27/76	29190510	M.D. FEE RVS 90510	1	24.00	230.03
08/17	08/17/76	01000060	BLUE CROSS PAYMT 081700	1	187.03-	43.00
10/25	10/25/76	01000054	PAYMENT-THANK YOU 052676	1	43.00-	0.00
10/29	10/29/76	01000054	PAYMENT-THANK YOU 052676	1	43.00-	43.00-
05/26	05/25/77	10111000	TO E87816	1	36.00	7.00-

The responsibility for payment of this bill rests with the Guarantor.

PATIENT
ACCT. NO. **554147**
PATIENT NAME
PARKS, JOYCE

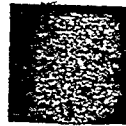
TOTAL CHARGES	266.03	0.00
TOTAL PAYMENTS	273.03-	0.00

Laboratory, Cardiology Laboratory, and Radiology charges include professional fees for services provided by:
R.J. KLEINHENZ, M.D. & ASSOCIATES - PATHOLOGISTS
ARTHUR SELZER, M.D. & ASSOCIATES - CARDIOLOGISTS
SAN FRANCISCO RADIOLOGISTS MEDICAL GROUP, INC.

PRESBYTERIAN HOSPITAL OF
PACIFIC MEDICAL CENTER
P.O. BOX 37480
SAN FRANCISCO, CALIF. 94137

AMOUNT DUE **7.00-**

ORIGINAL





Presbyterian Hospital of Pacific Medical Center

P.O. BOX 37480 • SAN FRANCISCO, CALIFORNIA 94137
IRS # 94-1490928M (415) 563-4321

F-3-a-159

STATEMENT

PATIENT **PARKS, JOYCE**
ACCOUNT NO. **554147**

FROM	SERVICE DATE	DATE	STATEMENT	PAGE
	05/26/76 0830	06/25/77		2
TO		PHYSICIAN		
		HARNDEN		

1 ACTIVITY

GUARANTOR

PARKS, JOYCE
1662 PAGE ST
SAN FRANCISCO CA

50

INSURANCE	
1	
2	
SOCIAL SECURITY NUMBER	

AMOUNT OF THIS PAYMENT

PLEASE INDICATE ANY CHANGE OF ADDRESS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
SEE REVERSE SIDE FOR MAILING INSTRUCTIONS

BILLING DATE	SERVICE DATE	SERVICE CODE	DESCRIPTION	QTY.	CHARGES/PAYMENTS	BALANCE
05/27	05/26/76	30199068	LAB-STAT EXAM	1	3.25	108.75
05/27	05/26/76	30199068	LAB-STAT EXAM	1	3.25	112.00
05/27	05/26/76	30199068	LAB-STAT EXAM	1	3.25	115.25
05/27	05/26/76	41474020	XRAY-ABDOMEN, COMP.STUDY	1	51.50	166.75
05/28	05/26/76	61553027	SOLN DEXT 5% WATER 1000	1	10.55	177.30
05/28	05/26/76	61555045	NEEDLE IV PLACE 18.5 GA	1	2.65	179.95
05/28	05/26/76	61557033	TUBING EXTENSION K-50L	1	0.64	180.59
05/28	05/26/76	61557033	TUBING EXTENSION K-50L	1	0.64	181.23
05/28	05/26/76	61557072	TUBING IV REG ADULT DRIP	1	2.90	184.13
05/28	05/26/76	61557072	TUBING IV REG ADULT DRIP	1	2.90	187.03
05/27	05/27/76	29000010	EMERGENCY DEPT BASIC FEE	1	12.00	199.03
05/27	05/27/76	29136410	M.D. FEE RVS 36410	1	7.00	206.03

The responsibility for payment of this bill rests with the Guarantor.

PATIENT ACCT. NO.

PATIENT NAME

TOTAL CHARGES
TOTAL PAYMENTS

Laboratory, Cardiology Laboratory, and Radiology charges
Include professional fees for services provided by:
R. J. KLEINHENZ, M.D. & ASSOCIATES - PATHOLOGISTS
ARTHUR SELZER, M.D. & ASSOCIATES - RADIOLOGISTS
SAN FRANCISCO RADIOLOGISTS MEDICAL GROUP, INC.

PRESBYTERIAN HOSPITAL OF
PACIFIC MEDICAL CENTER
P.O. BOX 37480
SAN FRANCISCO, CALIF. 94137

AMOUNT DUE

ORIGINAL



FORM 777 P/R DRAFT 6-23-76 REV. 11-74 7-78-5,903-20

Gerald Parks

NON-NEGOTIABLE

F-3-a-160

SAFEWAY STORES
INCORPORATED
FREMONT, CALIFORNIA

STATEMENT OF EARNINGS

DATE	PAY PERIOD	EMPLOYEE I.D.	HOURS	GROSS	FED. TAX	F.I.C.A.	CODE	STATE TAX	CODE	OTHER TAX	STATE INS.
92778	39	289286310	326	25982	2669	1572		370	2		

RETIRE	CREDIT UNION	STOCK	SEA	CODE	INSURANCE	BONDS	CHARITY	UNION	CODE	MISC. 1	CODE	MISC. 2	NET AMOUNT
													21371

TAX MEMO			
RATE	TIPS	MEALS	MISC.

INCLUDED IN ABOVE GROSS				
MISC.	VACATION	SICK PAY	AUTH. ABSENCE	HOLIDAY
	25982			

Safeway is an equal opportunity employer. As such, it welcomes applications for job openings without regard to race, color, religion, national origin, sex, age or political or fraternal affiliation. It is also the policy of the company to promote employees whenever openings exist on the same non-discriminatory basis.

It solicits, welcomes, and requires the cooperation of all employees in making its equal employment opportunity program effective. Your suggestions and referral of applicants will be greatly appreciated, and management will be glad to discuss any aspects of the program with you.

b981 0561

VALLEY CLERKS TRUST FUND

F-3-a-161

SOCIAL SECURITY NUMBER	LOCAL	INCURRED DATE	DEPENDENT	CHECK NO.	DATE ISSUED
289-28-6310	1532	03 21 78	BRENDA	833986	05 26 78
OFF CALL					TOTAL AMOUNT
27 00					27 00
15 00					15 00

DESCRIPTION OF BENEFIT
BILLED
PAID

ADVICE OF PAYMENT MADE

INSURED CLAIMANT IS:
PARKS, GERALD
756 SO OAK #4
UKIAH CAL 95482

CHECK WAS PAID TO:



NOT NEGOTIABLE
SEE REVERSE SIDE

NAME	SOC. SEC. NO.	LOCAL NO.	DATE ISSUED	CHECK #
PARKS, GERALD	289-28-6310	1532	04 06 78	400110

PRESCRIPTION DRUG BENEFIT VOUCHER

PLEASE DETACH AND RETAIN. THIS IS YOUR RECORD OF PAYMENT

BATCH NO.	DEPENDENT NAME	FALL DATE MO. DAY YR.	RX NO.	CHARGE	PAID	NP
372	PATRICIA	03 06 78	3281	13 70	12 33	
372	PATRICIA	03 02 78	3749	22 70	20 43	
372	PATRICIA	02 14 78	3281	6 85	6 17	
F-3-a-162						
TOTALS				43 25	38 93	

NP - NON PAYMENT CODES
1 - CHARGE INCURRED WHEN MEMBER NOT INSURED
2 - CHARGE NOT COVERED BY PRES DRUG PROGRAM
3 - CHARGE INCURRED BY A NON-ELIGIBLE DEP.
4 - PREVIOUSLY PAID



F-3-a-163

VALLEY CLERKS TRUST FUND

SOCIAL SECURITY NUMBER 289-28-6310	LOCAL 1532	INCURRED DATE 02 10 78	DEPENDENT BRENDA	CHECK NO. 815188	DATE ISSUED 04 21 78
OFF CALL	DIAG X-L				TOTAL AMOUNT
19 00	4 80				23 80
15 00	4 80				19 80

DESCRIPTION OF BENEFIT
BILLED
PAID

INSURED CLAIMANT IS:
PARKS, GERALD
756 SO OAK #4
UKIAH CAL 95482

ADVICE OF PAYMENT MADE

CHECK WAS PAID TO:



NOT NEGOTIABLE
SEE REVERSE SIDE

NAME PARKS, GERALD	SOC. SEC. NO. 289-28-6310	LOCAL NO. 1532	DATE ISSUED 04 28 78	CHECK # 403085
-----------------------	------------------------------	-------------------	-------------------------	-------------------

PRESCRIPTION DRUG BENEFIT VOUCHER

PLEASE DETACH AND RETAIN. THIS IS YOUR RECORD OF PAYMENT

REATCH NO.	DEPENDENT NAME	FILL DATE MO. DAY YR.	RX NO.	CHARGE	PAID	NP
461	BRENDA	02 17 78	3133	21 90	19 71	
TOTALS				21 90	19 71	

NP - NON PAYMENT CODES
1 - CHARGE INCURRED WHEN MEMBER NOT INSURED
2 - CHARGE NOT COVERED BY PRES. DRUG PROGRAM
3 - CHARGE INCURRED BY A NON-ELIGIBLE DEP.
4 - PREVIOUSLY PAID



F-3-a-164

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NAME PERKINS R	EMP. NO. 003294	DEPT. 96	PER 22	PR 92	ITEM 165	DATE 11/ 8/77	64022
GROSS 156.18	PENS.	TAX 9.98	H.S.S. II	DUES	MAINT OR ST RET	SS	NET 146.20
ST 0.00	ADD PENS.		BONDS & MISC				

F-3-a-165

NOT NEGOTIABLE

THIS IS NOT A CHECK
DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NAME		EMP. NO.	DEPT.	PER	PR	ITEM	DATE	
PERKINS R		003294	96	23	92	164	11/22/77	03316
GROSS	PENS.	TAX	H.S.S.	DUES	MAINT OR ST RET	S.S.	NET	
8.22							8.22	
ST	ADD. PENS			BONDS & MISC				
0.00								

NOT
NEGOTIABLE

F-3-a-166

THIS IS NOT A CHECK
DO NOT CASH

1985 5/27/85

F-3-a-165

law offices of DAVIDSON & EASTON

1419 Broadway, Oakland, California 94612, telephone 451-6782

ALAN H. DAVIDSON

STEPHEN K. EASTON

January 12, 1978

Mr. Leon Perry
c/o Mission Village
P. O. Box 893
Georgetown, Guyana,
South America

Dear Mr. Perry:

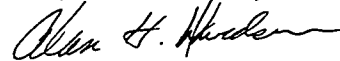
I trust and hope by this time that you have received our letter of December 14, 1977 regarding your case. I am taking the liberty of enclosing a copy of the letter of December 14, 1977 in the event that you did not receive it and ask again that you reply immediately.

We would especially like to talk with you on the telephone so if at all possible, try to call Monday through Friday, between the hours of 9:30 a.m. and 4:30 p.m. to insure that either I or one of my staff members will be here. You may certainly call collect. If I am not available, request to speak with my legal assistant, Margaret Rodriguez. If she is not in the office, my partner, Stephen Easton, would be the next person to ask for.

If you will be restricted to placing the telephone call on the weekend, my answering service has been put on notice to expect your call and route it first to me and then as outlined above. If you must place the call in the evening, the same procedure will apply.

Please call us immediately as time is of the essence.

Very truly yours,



ALAN H. DAVIDSON

AHD/bt

F-3-a-168a

December 14, 1977

LEO FERRY
c/o Mission Village
Box 803
Georgetown Guyana
South America

We have been trying to locate you for better than one month. We recently obtained this most recent address for you.

An offer of settlement in the sum of \$10,500.00 has been made to conclude your entire claim in this matter. The cross-claim filed by your insurance carrier for your property damage must be resolved by these funds.

We would like your permission to accept this settlement offer as a final \$10,500 offer in light of the circumstances of this incident.

After we obtain your permission we will negotiate with Albert Brown to resolve his \$990 property damage claim for the lowest possible amount. Our object will be to recover as much of the funds for you as possible.

Enclosed is a copy of this letter which we request that you date, sign and return to us in the envelope provided. Upon doing so we will have your acknowledgement that you agreed to settle your case as indicated above.

In the absence of this matter as the District Court has ordered that briefs be filed before a trial.

F-3-a-168b

Re: Perry vs. Callicott

Page No.

date can be assigned. By settling the case prior to the date set for the filing of the Opening Brief, we will avoid having to file the brief or in fact await a trial date.

I am not available to a telephone and wish to discuss this matter in a telephone or in person. If you are in the office please leave a telephone number and I will call you. If necessary instructions to that effect will be given your call.

Very truly yours,

WILLIAM H. DAVIDSON

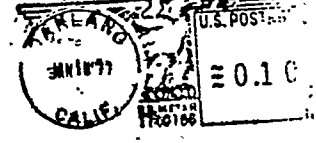
Enclosure

law offices of
DAVIDSON & EASTON
 1419 Broadway, Oakland, California 94612

Returned for 89 additional
 postage. When remailing, cross
 out this notice or paste stamps
 over it.



Mr. Leon Perry
 c/o Mission Village
 P. O. Box 893
 Georgetown, Guyana,
 South America



F-3-a-169

BURNS INTERNATIONAL SECURITY SERVICES, INC.
 8001 CAPWELL DRIVE, SUITE A
 OAKLAND, CAL. 94621

CHECK NO. 588541 EMPL. NO. 712329 CHECK DATE 08-17-77 WEEK ENDING 08-11-77 LOCATION 80202

YEAR TO DATE	GROSS PAY	FED. WITH.	F.I.C.A.	STATE TAX	LOCAL TAX	TEMP. DIS.
5,165.00	596.09	362.13				
ST. HOURS	ST. AMOUNT	OT HOURS	OT AMOUNT	FED. WITH.	F.I.C.A.	TEMP. DIS.
CURRENT 39.56	126.80			56.20	22.44	11.52
ADJ.				VACATION 256.80		3.83
GROSS PAY 383.68						NET PAY \$ 291.13

THIS IS YOUR STATEMENT OF EARNINGS AND DEDUCTIONS FOR THE ABOVE PERIOD. RETAIN FOR YOUR RECORDS.

THOMAS J. PARTAK
 721 PAGE ST.
 SAN FRANCISCO CA 94117

SEE REVERSE SIDE FOR EXPLANATION OF THIS STATEMENT

DEDUCTIONS:

DESCRIPTION	AMOUNT
F-3-a-170	

BURNS INTERNATIONAL SECURITY SERVICES, INC.
 8001 CAPWELL DRIVE, SUITE A
 OAKLAND, CAL. 94621

CHECK NO. 322729 EMPL. NO. 712329 CHECK DATE 08-24-77 WEEK ENDING 08-18-77 LOCATION 80202

YEAR TO DATE	GROSS PAY	FED. WITH.	F.I.C.A.	STATE TAX	LOCAL TAX	TEMP. DIS.
3,132.30	490.07	306.03				
ST. HOURS	ST. AMOUNT	OT HOURS	OT AMOUNT	FED. WITH.	F.I.C.A.	TEMP. DIS.
CURRENT					1.00	0.00
ADJ.				VACATION 2,568.00		0.00
GROSS PAY 2,568.00						NET PAY \$ 466.07

THIS IS YOUR STATEMENT OF EARNINGS AND DEDUCTIONS FOR THE ABOVE PERIOD. RETAIN FOR YOUR RECORDS.

THOMAS J. PARTAK
 721 PAGE ST.
 SAN FRANCISCO CA 94117

SEE REVERSE SIDE FOR EXPLANATION OF THIS STATEMENT

DEDUCTIONS:

DESCRIPTION	AMOUNT
LVPAYMT	24.24
F-3-a-171	

FT 84-4286-2018

BURNS INTERNATIONAL SECURITY SERVICES, INC.

8001 CAPWELL DRIVE, SUITE A

OAKLAND, CAL.

94621

EMPL. NO.

322799 712329 0

CHECK DATE

08-24-77

1-2
210

CHECK NO.

322799

THE CHASE MANHATTAN BANK, N.A.
241 EAST 42ND STREET
NEW YORK, N.Y. 10017

PAYROLL ACCOUNT
NUMBER 1

EXACTLY VOID VOID VOID VOID VOID VOID VOID VOID

EXACTLY	
\$	****.00

THIS CHECK MAY BE CASHED AT:

PAY TO THE ORDER OF:

VOID VOID VOID VOID VOID
VOID VOID VOID VOID VOID
VOID VOID VOID VOID VOID

THOMAS J PARTAK
721 PACE ST
SAN FRANCISCO CA

F-3-a-172

⑈ 322799 ⑈ ⑆ 0210 ⑆ 0002 ⑆ 036 ⑆ 4 ⑆ 005405 ⑈

Stedore L. Lea

F-3-a-173

WESTERN TITLE INSURANCE COMPANY

MENDOCINO COUNTY OFFICES

107 CYPRESS STREET
P.O. BOX 577
FORT BRAGG, CA 95437
(707) 964-4726

101 NORTH STATE STREET
P.O. BOX 60
UKIAH, CA 95482
(707) 462-4781

1454 SO. MAIN STREET
P.O. BOX 1848
WILLITS, CA 95480
(707) 459-6221

James R. Pugh & Eva H Pugh
c/o Jim Mc Elvance
P.O.Box 28
Redwood Valley, Ca. 95470

FROM Ukiah OFFICE

Order No. 77158
Subject: Schrader
Date: September 29, 1978

In accordance with instructions we have closed the escrow under the above subject.

The following checked items are also enclosed:

- Check in the amount of \$ 7,563.37
- Original promissory note for \$
- Copy of promissory note for \$
- Copies of lender's loan papers
- Statement to you for closing costs advanced in the amount of \$
- Closing Statement
-
-
-

REMARKS:

Any recorded documents you are to receive will be mailed to you after processing by the County Recorder.

Very truly yours,

Ron Stafford
Ron Stafford

F-3-a-174

ELI LILLY AND COMPANY—RETIREMENT PLAN

NAME EVA H PUGH			SOCIAL SECURITY NO. 304-01-7850		DATE SEP 1, 1977	CHECK NUMBER 0901984
INCOME THIS MONTH						
RETIREMENT 50.29	SURVIVOR	LEVEL INCOME OPTION	OTHER	SAVINGS PLAN	TOTAL GROSS INCOME 50.29	WITHHOLDING FEDERAL TAX
YEAR-TO-DATE INCOME						
RETIREMENT 452.61	SURVIVOR	LEVEL INCOME OPTION	OTHER	SAVINGS PLAN	TOTAL GROSS INCOME 452.61	FEDERAL TAX
CHARGE FOR ELECTED OPTIONS						
OPT. PRE-RETIREMENT SURVIVOR PROTECTION	CONTINGENT BENEFICIARY LIFETIME INCOME PROTECTION	INCREASED DEATH BENEFIT		LEVEL INCOME (FOR ADDED INCOME TO AGE 62)	NET INCOME 50.29	
SURVIVOR'S PROTECTION SUMMARY *						
AUTOMATIC SURVIVOR'S INCOME PROTECTION TO SPOUSE'S AGE 62 AFTER SPOUSE'S AGE 62			DEATH BENEFIT IN FORCE		CONTINGENT BENEFICIARY PROTECTION TO BENEFICIARY'S AGE 62 AFTER BENEFICIARY'S AGE 62	

* SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PLEASE DETACH AND RETAIN THIS STATEMENT

PACIFIC COAST BAPTIST BIBLE COLLEGE
SAN DIMAS, CALIF.

DETACH AND RETAIN THIS STATEMENT
IF THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT, PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE FORM DVD-3 - V-2

DATE	DESCRIPTION	AMOUNT
5-19-78	Ensemble Bus Track + Auto down payment	5-19-78 2500.00

F-3-a-175

F-3-a-176

ELIZABETH
RUGGERIO

Pacific Telephone

This Is Your Record - Please Detach

AUG 1 1977

S713-0059

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
2	567 4419 185		25 00	1 31	10 14	08 01			26 31

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| CODE 2 | Refund of Deposit | CODE 5 | Credit Balance on Final Bill |
| CODE 3 | Refund Of Overpayment on Final Bill | CODE 6 | Other (Detail Enclosed) |

This is not a check - DO NOT CASH

Pacific Telephone

This Is Your Record - Please Detach

OCT 31 1977

S804-0075

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
3	567 4419 185								15 16

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| CODE 2 | Refund of Deposit | CODE 5 | Credit Balance on Final Bill |
| CODE 3 | Refund Of Overpayment on Final Bill | CODE 6 | Other (Detail Enclosed) |

*Elizabeth
Ruggio*

This is not a check - DO NOT CASH

A. Rodriguez

Pacific Telephone

This Is Your Record - Please Detach

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
5	431 7097 228								1 70

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| CODE 2 | Refund of Deposit | CODE 5 | Credit Balance on Final Bill |
| CODE 3 | Refund Of Overpayment on Final Bill | CODE 6 | Other (Detail Enclosed) |

F-3-a-178

This is not a check - DO NOT CASH

1018318097Z H

Wells Fargo Bank
NATIONAL ASSOCIATION

GEARY-NINETEENTH AVENUE OFFICE
5455 GEARY BLVD SAN FRAN CA
94121

F-3-a-178



0018 7- PG 1 ITEMS 1

Prepared for: ALVARAY SATTERWHITE
424 PIERCE ST
SAN FRANCISCO CA 94117

If you have any questions,
please call:
415 396-3644

IF YOU REGULARLY RECEIVE A GOVERNMENT CHECK
SUCH AS V.A. BENEFIT, SOCIAL SECURITY, ETC.,
WE CAN DIRECTLY DEPOSIT THE AMOUNT EACH MONTH
TO YOUR CHECKING OR SAVINGS ACCOUNT AT NO
EXTRA CHARGE. GET YOUR MONEY FASTER, SAFER,
AND MORE CONVENIENTLY, ASK FOR DETAILS.

Please report any errors or omis-
sions within 14 days. Otherwise
statement will be considered correct.

Statement period:
7/21/77 THROUGH 8/17/77

Transactions			Transactions		Balance	
CHECKING ACCOUNT 0018 318097					BEGINNING BALANCE	
DEBITS	DATE	AMOUNT	DATE	AMOUNT	7/21	299.20
CHECKS	228 8/ 9	299.20	8/ 9			.00
SERVICE CHARGE	8/17	.15	8/11			.15
CREDITS			8/11	.15		
BANK ORIGINATED ENTRY			TOTAL CREDITS	.15	8/17	ENDING BALANCE .00
TOTAL DEBITS		299.35				

WELLS FARGO BANK 11-24/018 228
NATIONAL ASSOCIATION 1210

SEARY-NINETEENTH OFFICE
 5435 GEARY BLVD., SAN FRANCISCO, CA. 94121

PAY TO THE ORDER OF **DR. J. C. CAMPBELL** 8-5 19 77 \$ 299.20

Two Hundred Ninety Nine and Twenty Cent DOLLARS

ALVARAY SATTERWHITE
 424 PIERCE ST.
 SAN FRANCISCO, CA 94117

Alvaray Satterwhite

F-3-a-180

⑆0210⑈0024⑆228 0018 318097⑈ ⑈0000029920⑈

10010

F-3-a-181

RIGHT THUMB PRINT

• R0229251
 • MARY LOUISE SHAVERS
 • 152 HERMANN
 • SAN FRANCISCO, CA.

SEX HAIR EYES HEIGHT WEIGHT PRE LIC EXP
 F. BLK BRN 5-06 195 '77

DATE OF BIRTH
 10-19-25

OTHER ADDRESS

CLASS 2 3 AXLE HOUSE CAR AND ALL 2 AXLE VEH. EXCEPT BUS OR 2 WHEEL MOTORCYCLE, MAY TOW VEH. UNDER 800 LBS. GROSS.

SEE OVER FOR ANY OTHER CONDITIONS MUST WEAR CORRECTIVE LENSES

FEE \$3 25

NO LENSES	LENSES	VISION	W/P	SIGN	CL-1	CL-2	CL-3	CL-4	MC SKILL	DRIVE
B										
R										
L										

U329202A

ATTACH GUAR HOLD RES

STEPHEN COHEN, D.D.S.
 LAWRENCE M. LE VINE, D.D.S.
 SHANNON WONG, D.D.S.

DETACH AND RETAIN THIS STATEMENT
 THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
 IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE FORM WVD-3 -V-2

DATE	DESCRIPTION	AMOUNT
12-5-77	Ref. for insur. overpay: S.F. LeVine F-3-a-182	182.00

Dr. J. C. Campbell

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NAME		EMP. NO.	DEPT.	PER	PR	ITEM	DATE
SCHACHT LAURENCE E		636637	53	14	5	147	7/19/77 38155
GROSS	PENS.	TAX	H.S.S.	DUES	MAINT OR ST. RET.	S.S.	NET
480.46		63.45					407.42
ADD. PENS.		BONDS & MISC.					
ST 9.59							

NOT
NEGOTIABLE

F-3-a-183

THIS IS NOT A CHECK
DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NAME		EMP. NO.	DEPT.	PER	PR	ITEM	DATE
SCHACHT LAURENCE E		636637	53	15	9	163	8/ 2/77 76779
GROSS	PENS.	TAX	H.S.S.	DUES	MAINT OR ST. RET.	S.S.	NET
538.63		76.25					450.45
ADD. PENS.		BONDS & MISC.					
ST 11.93							

NOT
NEGOTIABLE

F-3-a-184

THIS IS NOT A CHECK
DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NAME		EMP. NO.	DEPT.	PER	PR	ITEM	DATE
SCHACHT LAURENCE E		636637	53	16	6	135	8/16/77 03931
GROSS	PENS.	TAX	H.S.S.	DUES	MAINT OR ST. RET.	S.S.	NET
505.75		69.02		1.50			424.63
ADD. PENS.		BONDS & MISC.					
ST 10.60							

NOT
NEGOTIABLE

F-3-a-185

THIS IS NOT A CHECK
DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

EMPLOYEE NAME	EMP. NO.	DEPT.	PER	PR	ITEM	DATE
SCHACHT LAURENCE E	626637	52	17	20	1	8/30/77 97647

GROSS	PENS.	TAX	H.S.S.	DUES	MAINT OR ST. RET.	S.S.	NET
202.30		12.20		1.50			186.86

ADD. PENS.	BONDS & MISC.
ST 1.74	

NOT
NEGOTIABLE

F-3-a-186

THIS IS NOT A CHECK
DO NOT CASH

GLADYS SMITH

F-3-a-187

Pacific Telephone

This Is Your Record - Please Detach

AUG 16 1977

S728-0110

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
5	863 7881 184								2 64

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| CODE 2 | Refund of Deposit | CODE 5 | Credit Balance on Final Bill |
| CODE 3 | Refund Of Overpayment on Final Bill | CODE 6 | Other (Detail Enclosed) |

This is not a check - DO NOT CASH

F-3-a-188

January 31, 1978

Mr. Douglas Sanders
c/o Gene Chaiken
P.O. Box 15156
San Francisco, California 94115

Dear Doug:

Your final check is enclosed following your resignation from Pacific Gas and Electric Company on November 10, 1977.

As previously stated in my letters of November 15, 1977 and January 10, 1978, you should return your Company Identification Card and Safety Equipment that was not returned when you resigned.

Sincerely,


J. A. PRIDMORE
Plant Superintendent

JAP:mc

DETACH AND RETAIN THIS STATEMENT FOR YOUR RECORDS
 EMPLOYEE'S STATEMENT OF EARNINGS, DEDUCTIONS AND NET PAY
 DATE **11-14-77** DIV. NO. **02** SOCIAL SECURITY NUMBER **549-82-3731** NO **T-77918**

F.I.C.A. TAX	WB PLAN	STATE INC TAX	FED INC TAX	MED PLAN	LIFE INS PLAN	PSE CU LOANS	TOTAL EARNINGS	605.12
35.40	1.40	29.50	121.60	*14.70		13.24	TOTAL DEDUCTIONS	183.44
PSE CU SHARES	US SAVING BOND	SJP CR UNION	PSE DP	UNION DUES	UNITED CRUSADE	SFP BONDS	NET PAY	421.68
			*3.00					
SFP STOCK	RENT	SALARY ADVANCE	I.I.D.	CO BRDG HSE	ACCTS REC.	STATE DIS INS.		
P.S.E.A. DUES	WBP BEN RECOV	DIVERS INV FUND	GARNISHMENT		OTHER			

11/7 - 11/10/77 RESIGNED
 VAC ALLOW

Douglas Sanders

*DENOTES CREDIT

F-3-a-189

PACIFIC GAS AND ELECTRIC COMPANY

NOT NEGOTIABLE

61-6279
 12-74

STATEMENT OF ACCOUNT PAYEE WILL DETACH AND KEEP THIS STATEMENT
 DEC 21 1977 VOUCHER NO. 782564
 PACIFIC GAS AND ELECTRIC COMPANY

VENDOR'S CODE	VENDOR'S INVOICE NO.		DATE OF INV.		CASH DISC.	AMOUNT PAID
900019	1219	001219	1219			11.25 11.25 *
						REFUND OF SALARY DEDUCTIONS FOR U. S. SAVINGS BONDS

Doug Sanders

F-3-a-190

61-4239
 6-73

ACCOUNT DETAIL
 POLICY NO. **CD-15-46-7** CHECK NO. **596197** ACCOUNT BALANCE *Nancy Sims*

DATE	EXPLANATION	AMOUNT	DATE	EXPLANATION	AMOUNT	DATE	EXPLANATION	AMOUNT
6-07	PREM	457.00	6-07	S.D.	42.00	6-27	PMT	43.88
7-19	PREM	430.00	7-19	DISB	78.88			

F-3-a-191

SD=SAVINGS DIVIDEND BAL=LAST YEAR'S BALANCE SC=SERVICE CHARGE CK RT=CHECK RETURNED BY BANK DISB=OUR CHECK TO YOU

0631 752 6 51 1102 SINES, NANCY V. FROM 0626770 TO 0714777 PATROLL PERIOD DATE

87 ARTSON COMMUNICATIONS 567-74-4633

48E				76E		
PAY #	JOB CODE	UNITS	AMOUNT	DED. #	DESCRIPTION	AMOUNT
11	REGULAR	7325	20144		F-3-a-192	
21	OVERTIME	125	173			
41	OTHER	8	2200			
OBE			TOTAL PAY	TOTAL DEDUCTIONS		
			22517			

FIT 2703 FICA 1317 DI 225 SIT 349 OTHER NET 17923

0631 752 6 51 1102 SINES, NANCY V. FROM 0710770 TO 0728777 PATROLL PERIOD DATE

87 ARTSON COMMUNICATIONS 567-74-4633

48E				76E		
PAY #	JOB CODE	UNITS	AMOUNT	DED. #	DESCRIPTION	AMOUNT
11	REGULAR	8050	22138		F-3-a-193	
21	OVERTIME	1	138			
OBE			TOTAL PAY	TOTAL DEDUCTIONS		
			22276			

FIT 2660 FICA 1303 DI 223 SIT 341 OTHER NET 17749

POLICY NO. 82-43-39-6 CHECK NO. 530993 ACCOUNT BALANCE *Alvin + Bonnie Simon*

DATE	EXPLANATION	AMOUNT	DATE	EXPLANATION	AMOUNT	DATE	EXPLANATION	AMOUNT
2-03	S.C.	7.20	12-02	PREM	323.00	12-02	S.D.	33.00-
2-03	PMT	32.24-	3-07	PMT	33.12-	4-04	PMT	33.12-
5-04	PMT	33.12-	5-19	PREM	46.00-	6-13	PMT	23.92-
7-06	PMT	23.92-	8-01	PMT	23.92-	10-20	PREM	65.00-
10-20	DISB	17.16						

F-3-a-194

SD=SAVINGS DIVIDEND BAL=LAST YEAR'S BALANCE SC=SERVICE CHARGE CK,RT=CHECK RETURNED BY BANK DISB=OUR CHECK TO YOU ©

PG and E

PLEASE DETACH

Martha Souder

REFUND NO. 201474

ACCOUNT
NUMBER

PJC6676544

DECEMBER 16 1977

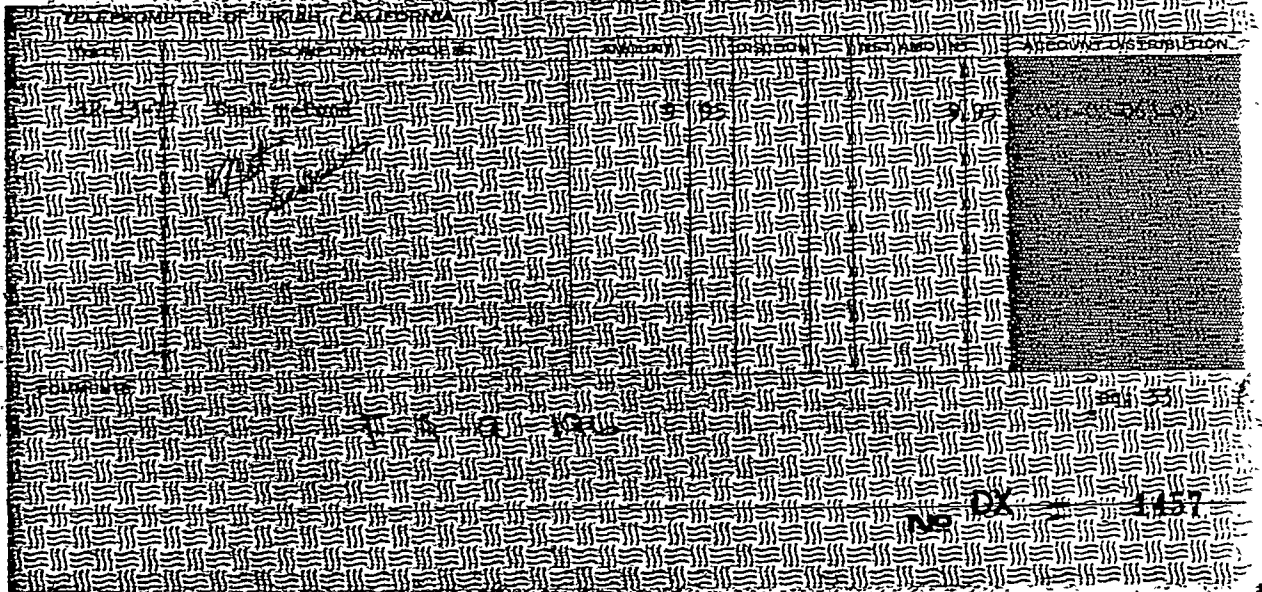
DEPOSIT LESS CLOSING BILL

*****17.20

74 TREATRO AVE
PITTSBURG CA 94565

F-3-a-195

61-7117
10-74



84-4286-2018

AMOUNT OF CHECK	CHECK NO.	DATE	DESCRIPTION	NAME
102.38	1732	3-29-78	Sly v. Wilburn	Donald Sly

LAW OFFICES OF
GARRY, DREYFUS, Mc TERNAN, BROTSKY, HERNDON & PESONEN, INC.

1236 MARKET STREET, CIVIC CENTER
SAN FRANCISCO 94102

TELEPHONE (415) 864-3131

No. 2108

DATE

March 29, 1978

Donald Sly
2451 Rd. "K"
Redwood Valley, California 95470

F-3-a-197

Sly v. Wilburn (JH)

I.R.S. IDENTIFICATION NO. 94-2242705

GROSS SETTLEMENT:

LESS COSTS ADVANCED:

Medical Reports
Medical Records
Reproduction of Documents

LESS ATTORNEY'S FEE (1/3 of \$3,168.90)

CLIENT'S NET RECOVERY

Less medical liens to F. Newton, M.D.
John Lanfranki, M.D.

Balance to client

The above accounting is approved and receipt
of check in the amount of \$1,846.40 is
hereby acknowledged.

Donald Sly
DONALD SLY

CHARGES	CREDITS	BALANCE
	3,250.00	
\$ 75.00		
3.50		
2.60		
81.10		
2,056.30		
1,137.40		
		2,112.60
		170.00
		96.20
		1,846.40



University of California Retirement System
DISPOSITION OF ACCUMULATIONS
 U1635 (06/74) Series 3627

Please print or type

If further clarification is needed, contact your campus benefits counselor.

1. Mailing Address: should be one where you can be reached for at least three months following separation.

Campus
San Francisco

Employee Name (first, initial, last)
 Address
 (number, street, city, state, zip code)

Employee Name Michael A. Simon		2. Title Code 9253		3. Department Anesthesia/SFGH			
Address 731-A Hayes Street		4. Employee No. 766560		5. Yr. of birth 1955		6. Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	
San Francisco, CA 94102		8. Effective Date of Separation 8 27 77		9. Employment Date 10 20 75		7. Social Security Number 564-92-9071	
				10. Length of Service 2 1 2			

F-3-a-199

11. Check appropriate box

REQUIRED CONTRIBUTIONS

VOLUNTARY CONTRIBUTIONS

- A. I request refund of my required contributions, any special contributions, and interest in the UCRS Retirement Plan, which will be sent to me at the above address. I understand that I will receive this refund normally within six weeks after my separation date or submission of this form, whichever is later, and that interest will be paid through the preceeding July 1.
- B. I request that my required contributions, any special contributions, and interest in the UCRS Retirement Plan remain on deposit and I elect Inactive Membership as I:
- Have at least 5 years of retirement service credit, or
 - Will transfer to State or Public agency employment within 90 days of separation from University employment and will become a member of the Public Employees' Retirement System through _____ (new employer's name) on _____ (effective date)
- C. I request that my required contributions, any special contributions, and interest in the UCRS Retirement Plan remain on deposit and I elect Inactive Limited Membership since I have less than 5 years UCRS service credit but do have \$2000 or more in accumulations. It is mandatory that I elect that my accumulations be transferred to:
- the Fixed Annuity Program
 - the Variable Annuity Program
- (n.b.—If no election is made the funds will be placed in the Fixed Annuity Plan.)

- 08 I am a continuing employee. I have separated from University employment.
- D. I request refund of my accumulations in the UCRS Voluntary Programs as follows and I understand that I will receive this refund normally within six weeks after my separation date or submission of this form. I understand that interest on any Fixed Annuity Program contributions will be paid through the preceeding July 1;
- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs. (Including special contributions made in my behalf on separation only.)
 - All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.
- E. I request that my accumulations in the UCRS Voluntary Programs remain on deposit as follows and I elect Inactive Limited Membership as I have \$2000 or more in accumulations which will remain on deposit:
- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs.
 - All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.

ADDITIONAL INFORMATION

- F. I have read the summary of UCRS benefits on termination, and would like more information on:
- Retirement Income
 - Disability Income
 - Inactive Membership
 - Inactive Limited Membership
- I understand that if my accumulations are less than \$2000 and I am not eligible for Inactive Limited Membership, a refund of accumulations will be mailed to the above address.

NOTE: If you receive a refund, you will receive a tax statement on or before January 31, of the next calendar year, reflecting the total distributions.


Accounting Office: For active employee refunds, indicate below the date of final deduction/reduction of codes 62, 63, 64, or 65 as cancelled on form U1637.

Date: _____ Payroll Activity through: _____

Empic Michael Simon Date 8/29/77 Accounting Office Manuel Gonzalez Date 11-1-77

- Goldenrod - Universitywide Retirement Office
- White - To be returned to employee
- White - Berkeley Accounting Office
- Yellow - Originating Campus Acctg Office

Retn: See Records Disposition Schedules

PAY PERIOD ENDING MO. BY YR.	ACCOUNT	TYPE PAY	TIME		RATE	GROSS	DED. OR ADJUST.		DATE MO. BY YR.	CHECK NUMBER	CHECK DST.	L.C.
			CODE	HOURS OR % TIME			CODE	AMOUNT				
080877 080877	434976 434976	00 00	7 1	25.00 .2609	1 5	4.9900 868.00	124.75 226.46	60 16.08-	091677	773531	660	2
										7-73531		
										 STATEMENT OF EARNINGS AND DEDUCTIONS Questions should be addressed to your department		
766560	SIMON		MA	351-21M04			16.08-					335.13
EMPLOYEE NUMBER	EMPLOYEE NAME	GROSS	CALIF. STATE TAX FEDERAL WITHHOLD TAX		AMOUNT	RETIREMENT	F.I.C.A.	OTHER DEDUCTIONS	NET			

FORM U1415 (R 5/73) RETAIN THIS STATEMENT AS A RECORD OF EARNINGS, TAXES AND RETIREMENT DEDUCTIONS

F-3-a-200

Questions regarding payments should refer to our order number and should be directed to:

**UNIVERSITY OF CALIFORNIA
ACCOUNTING OFFICE
BERKELEY, CALIF. 94720**

See reverse side for explanation of Correction Code (Corr. Code) CHECK NUMBER: **8-83477**

INVOICE DATE MO. BY YR.	INVOICE NUMBER	OUR ORDER NUMBER	AMOUNT OF DISCOUNT TAKEN	NET AMOUNT	INVOICE DATE MO. BY YR.	INVOICE NUMBER	OUR ORDER NUMBER	AMOUNT OF DISCOUNT TAKEN	NET AMOUNT
11187		00L269		892.52	11187	564-97-9071	00L269 NO. SIMON		883477
						VENDOR	TOTAL		28.26 920.78

F-3-a-201

Michael Simon

MEMBER STATEMENT

SEND INQUIRIES TO:
77 McAllister Street
San Francisco, California 94102
Telephone 861-4507 • Area Code 415

MEMBER NO. 34372

SOCIAL SECURITY NO. 564-92-9071

QUARTER ENDING 3/31/78

PAGE NO. 1

F-3-a-202

CALIFORNIA STATE EMPLOYEES'

CREDIT UNION NO. 2

MICHAEL A SIMON
731 A HAYES ST.
SAN FRANCISCO CA 94102

MAKE A SHARE DEPOSIT SOON - CURRENT
DIVIDEND RATE 7.00% PER ANNUM.
ACCOUNTS INSURED TO \$40,000 BY
NCUA, AN INDEPENDENT AGENCY OF THE
U.S. GOVERNMENT.

TRANSACTION		INVESTMENTS				LOANS					
DATE	SHARE NUMBER	CODE	TRANSACTION AMOUNT	BALANCE	LOAN NO.	CODE	PAYMENT	FINANCE CHARGE	PRINCIPAL	BALANCE	
010178					38782	LB				66023	
031378						JE	4073		4073-	61950	
031378						JE	66023	4073	61950-	00	
033178					38782	BF				00	

SHARE DIVIDENDS AND ON
CERTIFICATE INTEREST
PAID TO YOU THIS YEAR

\$.00

TRANSACTION CODES

CB - CHRISTMAS BALANCE FORWARD	ES - SHARE TO SHARE TRANSFER	DN - DISABILITY INSURANCE REBATE
CC - CHRISTMAS CERTIFICATE TRANSFER	EW - SHARE WITHDRAWAL CASH/CHECK	F - INTEREST OR FINE REVERSAL
CD - CERTIFICATE INTEREST DEPOSIT	FB - TAX BALANCE FORWARD	LB - LOAN BALANCE FORWARD
DV - DIVIDEND	TC - TAX CERTIFICATE TRANSFER	LE - LOAN PAYMENT EXCESS TO SHARES
EF - ENTRANCE FEE		LF - LOAN PAYMENT CASH/CHECK
FD - PAYROLL DEDUCTION DEPOSIT		LT - LOAN PAYMENT TRANSFER
FB - SHARE BALANCE FORWARD		ML - NEW LOAN
ED - SHARE DEPOSIT CASH/CHECK	BF - ENDING BALANCE FORWARD	ND - RCP LOAN DISBURSEMENT
EE - SHARE DEPOSIT EXCESS FROM LOAN PAYMENT	JE - JOURNAL ENTRY	
EL - SHARE TO LOAN TRANSFER	RE - REVERSE ENTRY	

FINANCE CHARGE
PAID ON LOANS
BY YOU THIS YEAR

\$40.73

Each loan marked * is open end credit. The daily periodic rate and the ANNUAL PERCENTAGE RATE used to compute the FINANCE CHARGE for each of these loans is printed under the last transaction relating to that loan. The daily periodic rate is applied to your balance for each day such balance is outstanding. Your balance changes as new amounts are borrowed and as payments are made or credits given.

NOTICE: SEE OTHER SIDE FOR IMPORTANT INFORMATION.

CONFEDERATED SALISH & KOOTENAI TRIBES
OF THE FLATHEAD RESERVATION

RONAN STATE BANK
RONAN, MONTANA

NO. 07100

DATE 12/16/77

DIXON, MONTANA 59831

CHECK NO. 7099

PAYMENT DUE TO
DOROTHY CLARK SIMPSON

200.00

WITHHELD BY

F-3-a-203

PAID TO DOROTHY CLARK SIMPSON
79181 04062

\$200.00

PLEASE DETACH BEFORE CASHING
NON - NEGOTIABLE

CONFEDERATED SALISH & KOOTENAI TRIBES
OF THE FLATHEAD RESERVATION

RONAN STATE BANK
RONAN, MONTANA

NO. 11367

DATE 8/18/78

DIXON, MONTANA 59831

CHECK NO. 11367

PAYMENT DUE TO
DOROTHY CLARK SIMPSON

300.00

WITHHELD BY

F-3-a-204

PAID TO DOROTHY CLARK SIMPSON
79181 04062

\$300.00

PLEASE DETACH BEFORE CASHING
NON - NEGOTIABLE

STRAIGHT TIME HOURS	OVERTIME HOURS	STRAIGHT TIME EARNINGS	OVERTIME EARNINGS	OTHER EARNINGS	TOTAL EARNINGS
.00	.00	.00	.00	269.44	269.44

UNION	SUNDRY	SI	FICA	SDI	FED. INC. TAX WITHHELD
.00	.00	.00	15.76	2.69	.00

0202	JAMES SIMPSON	12/14/77	CASH - PAYROLL	250.99
------	---------------	----------	----------------	--------

TOTAL HOURS	TOTAL EARNINGS	SI	FICA	SDI	FED. INC. TAX WITHHELD
7005.48	.00	409.83	70.04	.00	

BASIC VEGETABLE PRODUCTS, INC.
VACAVILLE, CALIFORNIA

F-3-a-205

DO NOT CASH
THIS IS NOT A CHECK
49176

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

James Simpson

REMITTANCE
STATEMENT

YOUR INVOICE YOUR CHECK YOUR DEBIT MEMO YOUR C/M

INVOICE # OR DATE	DETAIL	PAYMENT		
		GROSS	DISCOUNT	CASH
1D2977 <i>F-3-a-206</i>	FLO. TRVL. O	84.00	.00	84.00
9409 294392	TOTALS - THIS CHECK →	84.00	.00	84.00

PLEASE DETACH THIS PORTION BEFORE CASHING

CIVIC FEDERAL STATEMENTS OF SAVINGS ACCOUNT EARNINGS

2 CALIFORNIA STREET
SAN FRANCISCO, CA. 94111

Dear Customer:-

We appreciate the opportunity to contribute toward your savings and investment objectives. For the calendar year indicated, your account has earned and has been credited with the amount shown below. We hope your confidence in us will result in even greater rewards in the future.

TAX IDENTIFYING NUMBER	EARNINGS
549-17-059E	\$187.56

50-004817

CALENDAR YEAR 1977

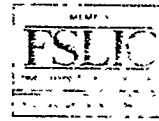
SHARON STONE TRF
TOBIANA STONE
2231 SUTTER STREET
SAN FRANCISCO CA 94115

F-3-a-207

KEEP THIS SUBSTITUTE 1099 FOR YOUR TAX RECORDS

Do Not Attach to Income Tax Form. If Identifying Number is Not Shown, Please Furnish in Writing. This Information Will Be Furnished to The Department of the Treasury - Internal Revenue Service.

DATE	ACCOUNT NUMBER	DESCRIPTION	AMOUNT
2-7-78	2010	Clsign of S/A #4817-8 Sharon Lee Stone	\$2,726.55



F-3-a-208

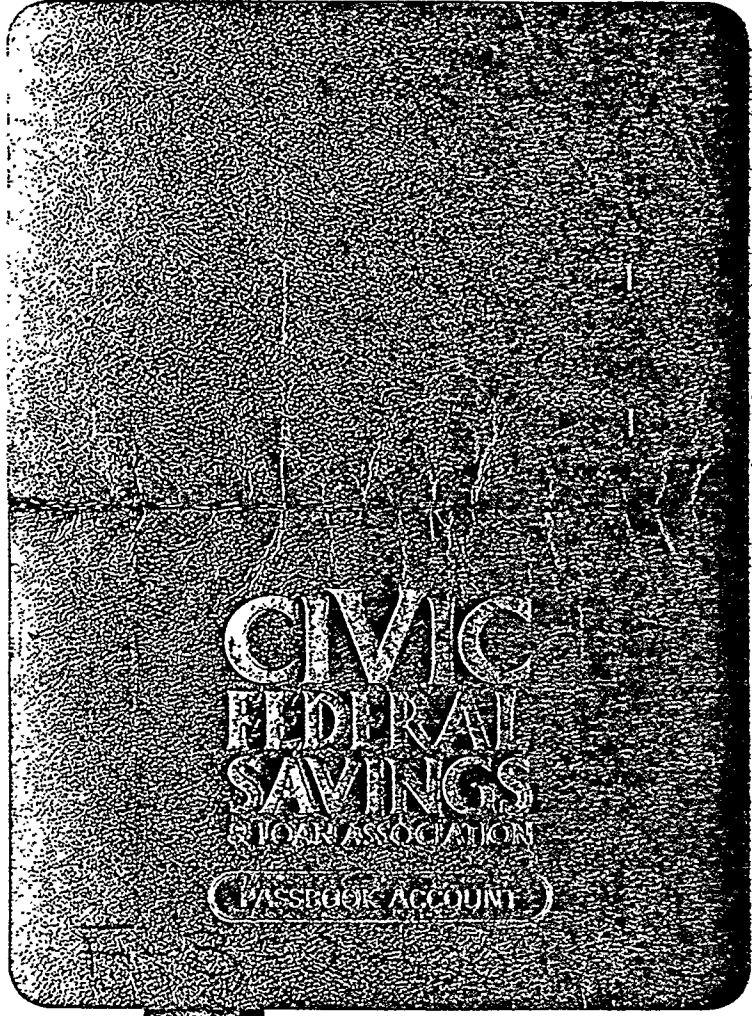
js

PLEASE DETACH BEFORE DEPOSITING
NO OTHER RECEIPT NECESSARY

CIVIC FEDERAL SAVINGS
A LOAN ASSOCIATION

WHEN DETACHED AND PAID THIS CHECK BECOMES A RECEIPT
IN FULL PAYMENT OF THE ITEMIZED ACCOUNT.

50 - 68693



SAVINGS ACCOUNT No. 50-1817-8

CIVIC FEDERAL SAVINGS AND LOAN ASSOCIATION

THIS CERTIFIES THAT

SHARON STONE TRF

TORIANA STONE (DAUGHTER)

2231 SUTTER ST.

SAN FRANCISCO, 94115

Holds a Savings Deposit in Civic Federal Savings and Loan Association, subject to its charter and bylaws, the Rules and Regulations for the Federal Savings and Loan System, and to the laws of the United States of America.

WITNESS the authorized signature of officer or employee

This 22 day of FEBRUARY, 1977

CIVIC FEDERAL SAVINGS AND LOAN ASSOCIATION

AUTHORIZED SIGNATURE

THE KEY TO FINANCIAL SECURITY IS

REGULAR SAVING

BE SURE TO MAKE REGULAR DEPOSITS TO
YOUR CIVIC FEDERAL SAVINGS ACCOUNT.

FOR CONVENIENCE

SAVE BY MAIL

Simply mail us this pass book with your check or money order - do not mail cash.

We will credit this amount to your account and return your pass book by mail. No deposit slip or letter is required from you.


For your extra convenience, when we return your pass book, we will also enclose a self-addressed postage paid-envelope for your next deposit to your account.

SAVE BY MAIL

50-4817-8

	DATE	WITHDRAWALS	INTEREST	DEPOSITS	BALANCE	
1	27 JUN 77		30 JUN 77 ERM	68.91		
2	27 JUN 77	180.00	MD		3716.56	
3	05 JUL 77	80.00	MD		3536.56	
4	11 JUL 77	130.00	MD		3206.56	L
5	14 JUL 77	106.00	MD		3100.56	
6	18 JUL 77	180.00	MD		2920.56	02A
7						
8	22 JUL 77	68.00	MD		2860.56	01B
9						
10	22 JUL 77	60.56	MD		2800.00	01B
11						
12	26 JUL 77	60.00	MD		2740.00	07A

13	27 JUL 77	100.00	MD		2640.00	01B
14	07 FEB 78		30 SEP 77 ERM	26.92	2676.92	
15	07 FEB 78		31 DEC 77 ERM	25.28	2712.28	
16	07 FEB 78		07 FEB 78 ERM	14.27	2726.55	08B
17	07 FEB 78	2726.55	MD		.00	08B
18						
19						
20						
21						
22						
23						
24						


SAFETY OF YOUR SAVINGS INSURED
 UP TO \$40,000 BY FEDERAL SAVINGS
 AND LOAN INSURANCE CORPORATION





The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.
EAST BAKERSFIELD OFFICE
BAKERSFIELD, CALIFORNIA

F-3-a-211

PERIOD ENDING
MAY 23, 1978
 BRANCH PHONE NO.
805-395-2362

13 DOROTHY SIMPSON
829 4TH ST
BAKERSFIELD CA 93304

0419-PS13

VERIFICATION STUB
Dorothy Simpson
NO. 0419 89323

DATE May 23, 1978

AMOUNT \$ 1,139.62

CASHIER'S CHECK
 DRAWN ON
 East Bakersfield Branch
Bank of America
 NATIONAL ASSOCIATION

F-3-a-210

SIGNED BY _____
 FD-200 1-67 (REV.)

**LOANS FOR PLANES, BOATS AND RECREATION VEHICLES...
 COME IN AND LET'S TALK ABOUT FINANCING.**

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

TYPE OF SERVICE	ACCOUNT NO.	CHECKS / DEBITS		DEPOSITS		NEW BALANCE
		NO.	AMOUNT	NO.	AMOUNT	
CHECKING	0419-9-04821	1	1139.62	0	00	00

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
	523	1139.62					
PREVIOUS BALANCE		AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS		MINIMUM AVERAGE BALANCE		ENCLOSURES	
\$1,139.62				\$0.00MN		1	

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
 ** Includes Interest Payment Last Period R Reversing Entry OD Overdraw
 A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation

BR-1 10-76 (REV.)

BANK OF AMERICA
NATIONAL TRUST AND SAVINGS ASSOCIATION

MISCELLANEOUS DEBIT

No. 010073

EAST BAKERSFIELD OFFICE WE HAVE CHARGED YOUR

May 28 1978 DATE **CHECKING** ACCOUNT

419	9-4821		\$ 1,139.62
OFF. NO.	ACCT. NO.	TR. CODE	AMOUNT

FOR ITEM AS ADVISED TODAY customer living in Guyana checking no longer needed.

DEBIT:

MADE BY [Signature]

APPROVED BY [Signature] AUTHORIZED SIGNATURE

DOROTHY SIMPSON
c/o P. ADAMS
P.O. BOX 893
GEORGETOWN, GUYANA
SOUTH AMERICA

F-3-a-212

⑆5100⑉1009⑆ ⑆1199⑉04821⑆ ⑆0000113962⑆

BANK OF AMERICA
NATIONAL TRUST AND SAVINGS ASSOCIATION

ADVICE OF CHARGE

No. 010073

EAST BAKERSFIELD OFFICE WE HAVE CHARGED YOUR

May 28 1978 DATE **CHECKING** ACCOUNT

419	9-4821		\$ 1,139.62
OFF. NO.	ACCT. NO.	TR. CODE	AMOUNT

AS FOLLOWS: customer living in Guyana checking no longer needed.

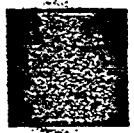
(MAIL TO)

MADE BY [Signature]

APPROVED BY [Signature] AUTHORIZED SIGNATURE

DOROTHY SIMPSON
c/o P. ADAMS
P.O. BOX 893
GEORGETOWN, GUYANA
SOUTH AMERICA

F-3-a-213



84-4226-2018



The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

EAST BAKERSFIELD OFFICE
BAKERSFIELD, CALIFORNIA

F-3-a-214

PERIOD ENDING
APR 06, 1978
BRANCH PHONE NO
805-395-2382

13 DOROTHY SIMPSON
824 9TH ST
BAKERSFIELD CA 93304

0419-PS13

YOUR FUTURE IS IMPORTANT TO US -
COME IN AND LETS TALK SAVINGS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

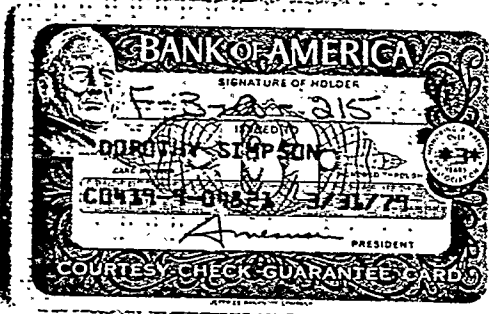
TYPE OF SERVICE	ACCOUNT NO.	CHECKS NO.	DEBITS AMOUNT	NO.	DEPOSITS AMOUNT	NEW BALANCE
CHECKING	0419-9-04821	0		00	00	113962

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

CHECK NO.	DATE PAID	CHECKS AND OTHER DEBITS		DATE PAID	AMOUNT	DATE	DEPOSITS AMOUNT
		AMOUNT	CHECK NO.				
PREVIOUS BALANCE		\$1,139.62					
AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS							
MINIMUM AVERAGE BALANCE					\$1139.00AV		0

Key to Symbols: * Gap in Check Sequence
 ** Includes Interest Payment Last Period
 B BankAmericard® Instant Cash
 R Reversing Entry
 M Miscellaneous
 OD Overdrawn

MIN 10-78 (REV.) A Automatic Deposit
 MN or AV Minimum or Average Balance used for Service Charge Calculation



CURRENT PAY PERIOD					
STRAIGHT TIME HOURS	OVERTIME HOURS	STRAIGHT TIME EARNINGS	OVERTIME EARNINGS	OTHER EARNINGS	TOTAL EARNINGS
63.50	.00	228.60	.00	.00	228.60

CURRENT DEDUCTIONS AND TAXES					
UNION	SUNDRY	SIT	FICA	SDI	FED. INC. TAX WITHHELD
.00	.00	.00	13.37	2.29	.00

0213	DOROTHY G SIMPSON	10/29/77	CASH - PAYROLL	212.94
------	-------------------	----------	----------------	--------

YEAR TO DATE					
TOTAL HOURS	TOTAL EARNINGS	SIT	FICA	SDI	FED. INC. TAX WITHHELD
	5242.30	.00	306.69	52.42	.00

BASIC VEGETABLE PRODUCTS, INC. F-3-a-216
 YACAVILLE, CALIFORNIA

DO NOT CASH
 THIS IS NOT A CHECK
 49077

CURRENT PAY PERIOD					
STRAIGHT TIME HOURS	OVERTIME HOURS	STRAIGHT TIME EARNINGS	OVERTIME EARNINGS	OTHER EARNINGS	TOTAL EARNINGS
.00	.00	.00	.00	209.69	209.69

CURRENT DEDUCTIONS AND TAXES					
UNION	SUNDRY	SIT	FICA	SDI	FED. INC. TAX WITHHELD
.00	.80	.00	12.27	2.10	.00

0213	DOROTHY G SIMPSON	12/14/77	CASH - PAYROLL	195.32
------	-------------------	----------	----------------	--------

YEAR TO DATE					
TOTAL HOURS	TOTAL EARNINGS	SIT	FICA	SDI	FED. INC. TAX WITHHELD
	5451.99	.00	318.96	54.52	.00

BASIC VEGETABLE PRODUCTS, INC. F-3-a-217
 YACAVILLE, CALIFORNIA

DO NOT CASH
 THIS IS NOT A CHECK
 49182

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

Dorothy Simpson

REMITTANCE STATEMENT

1 YOUR INVOICE 2 YOUR C/M 3 OUR DEBIT MEMO 4 OUR C/M

INVOICE # OR DATE	DETAIL	TYPE	PAYMENT		
			GROSS	DISCOUNT	CASH
102277	FLD TRVL D		138.00	.00	138.00
			<i>F-3-a-218</i>		
9409 293677	TOTALS - THIS CHECK →		138.00	.00	138.00

PLEASE DETACH THIS PORTION BEFORE CASHING

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

Dorothy Simpson

REMITTANCE STATEMENT

1 YOUR INVOICE 2 YOUR C/M 3 OUR DEBIT MEMO 4 OUR C/M

INVOICE # OR DATE	DETAIL	TYPE	PAYMENT		
			GROSS	DISCOUNT	CASH
102277	FLD TRVL D		54.00	.00	54.00
			<i>F-3-a-219</i>		
9410 293678	TOTALS - THIS CHECK →		54.00	.00	54.00

PLEASE DETACH THIS PORTION BEFORE CASHING

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

Dorothy Simpson

REMITTANCE STATEMENT

1 YOUR INVOICE 2 YOUR C/M 3 OUR DEBIT MEMO 4 OUR C/M

INVOICE # OR DATE	DETAIL	TYPE	PAYMENT		
			GROSS	DISCOUNT	CASH
102977	FLD TRVL D		42.00	.00	42.00
			<i>F-3-a-220</i>		
9410 294393	TOTALS - THIS CHECK →		42.00	.00	42.00

PLEASE DETACH THIS PORTION BEFORE CASHING

Pacific Telephone

Virginia Taylor

This Is Your Record - Please Detach

AUG 30 1977

S742-0117

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
5	771 3414 532								3 38

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| CODE 2 | Refund of Deposit | CODE 5 | Credit Balance on Final Bill |
| CODE 3 | Refund Of Overpayment on Final Bill | CODE 6 | Other (Detail Enclosed) |

F-3-a-221

This is not a check - DO NOT CASH

Pacific Telephone

RITA TUPPER

THIS IS YOUR RECORD - PLEASE DETACH

JUL 25 1977

C706-0661

Code	Account Number	Public Tel Collections (less U.S. tax)	Deposit Amount	Interest	From		To		Amount
					Mo.	Day	Mo.	Day	
5	485 8835 652								13 45

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| CODE 2 | Refund of Deposit | CODE 5 | Credit Balance on Final Bill |
| CODE 3 | Refund Of Overpayment on Final Bill | CODE 6 | Other (Detail Enclosed) |

F-3-a-222

This is not a check - DO NOT CASH

ACCOUNT NUMBER										TRANS		WELLS FARGO BANK N.A.		
												OFFICE DATE		
0	5	3	6	2	6	2	7	0	2	6	0	Coddington #536		2-21-78

THIS IS TO ADVISE THAT WE HAVE CHARGED YOUR ACCOUNT AS FOLLOWS:

To close account per customer's written account

F-3-a-223

AMOUNT

\$ 927.64

MAIL TO

Richard D. Tropp
P. O. Box 15157
San Francisco, Ca. 94115

[Signature]



FORM NO. 222

2 WAY

REPLY MESSAGE

SYSTEMS, INC., NARBERTH, PA 19072

SAVE TIME-USE WINDOW ENVELOPES

SENDER FOLD ON ◀
REPLIER FOLD ON —

Life Assurance Company of Pennsylvania
230 SOUTH 15th STREET
PHILADELPHIA, PA. 19102
(215) KI 6-5025

F-3-a-224

DATE February 15, 1978

TO

Eugene Chaikin, Esq.
Attorney at Law
PO Box 15156
San Francisco, CA 94115

SUBJECT Alleane Tucker
Policy No. 65M0567

MESSAGE

Enclosed is our check in the amount of \$387.01, which is the net cash surrender value of this policy. The loan is a result of several Automatic Premium Loans that were done over the years.

Sheila J. D'Avino -Policyholder Service Department

SIGNED

Sheila J. D'Avino

SIGNED

DATE

SEND WHITE AND PINK COPIES WITH CARBON INTACT. PINK COPY IS RETURNED WITH REPLY.

LIFE ASSURANCE COMPANY OF PENNSYLVANIA

DESCRIPTION	AMOUNT	DEDUCTION	NET AMOUNT
Cash surrender of policy 755M0567			
Cash value	456.20		
less: loan		18.08	
less: interest		1.11	
Net			387.01
<i>Allocated</i>			
560-65M0567 Add. 799			
F-3-a-225			

F-3-a-226

DEPT.	EMP. NO.	EMPLOYEE NAME	SOC. SEC. NO.
63-700029		CAROLYN THOMAS	567846248

MO.	DAY	YR.
04	02	78

CURRENT EARNINGS	REG. HRS.	O.T. HRS.	REG. EARN.	O.T. EARN.	OTHER EARN.	PREM. EARN.	FED. WH. TAX	ST. WH. TAX	F.I.C.A.	S.D.I.	EXPENSES
	750		4477		14410		1953	457	1143	45	

MISC. DEDUCTIONS	CREDIT UNION	UNION DUES	FED. BONDS	UNITED CRUSADE	INSURANCE	MISC. DEDNS.	ADVANCES	TOTAL DEDNS.	NET PAY	CHECK NO.
									15289	77746

STATEMENT OF EARNINGS - SAN FRANCISCO NEWSPAPER PRINTING COMPANY, INC.

YEAR TO DATE TOTALS	GROSS EARN.	FED. WH. TAX	ST. WH. TAX	F.I.C.A.	S.D.I.
	198709	15372	3035	11755	1796

DETACH BEFORE PRESENTING FOR PAYMENT AND RETAIN AS EVIDENCE OF YOUR EARNINGS AND DEDUCTIONS.

NOT NEGOTIABLE

N009537

J - MISC. DEDUCTION CODE
3, 5, 6, AND 7 ARE COMBINATIONS OF 1, 2, 4.

DOGGIE DINER, INC.
OAKLAND, CALIFORNIA

Tanna
Tanna

OTHER DEDUCTION CODE:

- C - STATE WITHHOLDING
- D -
- E - STATE DIS. INS.
- F - UNION
- G - INITIATION
- H -

PERIOD ENDING	HOURS		EARNINGS			GROSS PAY		TAXES	
	REGULAR	OVERTIME	REGULAR	OVERTIME	OTHER	PERIOD	TO DATE	A -	FICA
10/02/77			20.65			20.65	20.65		1.21
9537	F-3-a-227			.21			10.00		
CHECK NUMBER	B - FWT	C - ST. W. TAX	D -	E - SDI	F - UNION	G - INITIATION	H -	J - MISC. DEDUCTIONS	K -

STATEMENT OF EARNINGS AND DEDUCTIONS - PLEASE DETACH

QUARTERLY PENSION PAYMENT
OF
PENSION PAYABLE IN ADVANCE

Catherine Thrast

DATE	PENSION AMOUNT	MEDICARE	SURGICAL	HOSP.	NOTARY	NET AMOUNT
08/77		23.10				23.10

PLEASE DETACH BEFORE
DEPOSITING CHECK AND
KEEP FOR YOUR RECORDS

THE PENSION FUND OF LANE BRYANT, INC.
1501 BROADWAY
NEW YORK, N. Y. 10036

F-3-a-228

QUARTERLY PENSION PAYMENT
OF
PENSION PAYABLE IN ADVANCE

DATE	PENSION AMOUNT	MEDICARE	SURGICAL	HOSP.	NOTARY	NET AMOUNT
11/77		23.10				23.10

PLEASE DETACH BEFORE
DEPOSITING CHECK AND
KEEP FOR YOUR RECORDS

THE PENSION FUND OF LANE BRYANT, INC.
1501 BROADWAY
NEW YORK, N. Y. 10036

Catherine Thrast

F-3-a-229

F-3-a-230
CARLTON HOTEL PROPERTIES
SPECIAL ACCOUNT

PERIOD ENDING 19	
NAME <i>A. TOWNES</i>	
REG.	<i>2785</i>
DT.	
TOTAL EARNINGS	<i>247.95</i>
F.I.C.A.	<i>14.30</i>
FED. INCOME TAX	<i>23.90</i>
STATE TAX	<i>2.80</i>
CITY TAX	
S.D.L.	<i>2.48</i>
TOTAL DEDUCTIONS	<i>43.68</i>
NET PAY	<i>204.27</i>

PLEASE DETACH THIS STATEMENT FOR YOUR RECORD

LIBERTY FIELDS, JR.
DALLAS, TEXAS 75230

Bernice Thomas

No. 35107

LEASE NO.	DATE	TYPE	AMOUNT	CHARGES	OWNERS INTEREST	OWNERS INT. PERCENTAGE
13639	7/15/50	W	1.00	1.00	1.00	6.93
						.0000000
						6.93

REFER TO LEASE IDENTIFICATION NUMBER AND PAYEE IDENTIFICATION NUMBER WHEN WRITING

VOL. CODES: 1 - OIL 2 - GAS 3 - PLANT PRODUCTS
4 - CONDENSATE 5 - GATHERING CHARGE
6 - OTHER

07 77 20105	1,702 2	309.49	21.36	.00	.06	.00021
07 77 20105	2,649 2	480.18	36.01	.00	.09	.00021
07 77 20105	3	146.97	8.77	.00	.03	.00021
07 77 20105	183.06 4	1,185.97	54.55	.00	.24	.00021
07 77 20105	18.01 4	97.29	4.48	.00	.02	.00021
08 77 20105	1,753 2	318.76	22.00	.00	.06	.00021
08 77 20105	2,735 2	492.96	36.97	.00	.10	.00021
08 77 20105	3	175.45	10.48	.00	.04	.00021
08 77 20105	15.64 4	98.81	4.55	.00	.02	.00021
09 77 20105	12,546 2	10,272.45	701.64	.00	2.09	.00021
09 77 20105	12,546-2	2,427.77-	157.46-	.00	.49-	.00021
09 77 20105	1,516 2	1,228.88	85.15	.00	.25	.00021
09 77 20105	2,665 2	474.57	35.59	.00	.10	.00021
09 77 20105	3	219.51	13.10	.00	.05	.00021
09 77 20105	15.45 4	99.89	4.59	.00	.02	.00021
10 77 20105	1,840 2	1,498.33	103.83	.00	.30	.00021
10 77 20105	2,821 2	508.63	38.15	.00	.11	.00021
10 77 20105	3	179.82	10.74	.00	.04	.00021
10 77 20105	364.78 4	2,155.19	99.14	.00	.45	.00021

13639

3.58

13639

12 09 77

*****6

93

*****6.93

BERNICE THOMAS
331 BRIGHT STREET
SAN FRANCISCO CA 94132

F-3-a-232a

11 76 20105	1,387 2	252.21	17.41	.00	.05	.00021
11 76 20105	2,429 2	435.67	32.68	.00	.09	.00021
11 76 20105	3	107.69	6.43	.00	.02	.00021
11 76 20105	21.98 4	102.43	4.71	.00	.02	.00021
12 76 20105	2,405 2	437.32	30.18	.00	.09	.00021
12 76 20105	2,331 2	421.15	31.59	.00	.08	.00021
12 76 20105	3	108.99	6.50	.00	.02	.00021
12 76 20105	172.84 4	912.60	41.98	.00	.19	.00021
01 77 20105	2,575 2	468.23	32.31	.00	.09	.00021
01 77 20105	2,489 2	446.89	33.52	.00	.09	.00021
01 77 20105	3	121.64	7.26	.00	.02	.00021
01 77 20105	185.04 4	977.01	44.94	.00	.20	.00021
02 77 20105	1,675 2	304.58	21.02	.00	.06	.00021
02 77 20105	2,218 2	401.22	30.09	.00	.08	.00021
02 77 20105	3	120.91	7.22	.00	.02	.00021
04 77 20105	1,472 2	267.66	18.47	.00	.05	.00021
04 77 20105	2,400 2	431.22	32.34	.00	.08	.00021
04 77 20105	3	167.51	10.00	.00	.03	.00021
04 77 20105	185.61 4	980.02	45.08	.00	.20	.00021
04 77 20105	27.61 4	103.24	4.75	.00	.02	.00021
04 77 20105	1,690 2	307.30	21.21	.00	.07	.00021
04 77 20105	2,387 2	436.05	32.70	.00	.09	.00021
04 77 20105	3	117.95	7.05	.00	.02	.00021
04 77 20105	182.31 4	1,182.77	54.41	.00	.24	.00021
04 77 20105	25.79 4	163.29	7.51	.00	.03	.00021
1C 75	386,412,000	.00	.00	.00	.73	.00021
05 77 20105	2,009 2	365.31	25.21	.00	.07	.00021
05 77 20105	2,701 2	490.05	36.75	.00	.10	.00021
05 77 20105	3	141.90	8.47	.00	.03	.00021
05 77 20105	52.18 4	352.92	16.23	.00	.07	.00021
06 77 20105	1,580 2	287.30	19.83	.00	.06	.00021
06 77 20105	2,571 2	464.12	34.81	.00	.09	.00021
06 77 20105	3	153.40	9.16	.00	.04	.00021
06 77 20105	185.84 4	981.24	45.14	.00	.21	.00021
13639					3.35	

13639

12 09 77

SPOILED

SPOILED

SPOILED

F-3-a-232

BANK OF AMERICA
NATIONAL TRUST AND SAVINGS ASSOCIATION

ADVICE OF CHARGE

No. 030312

14th Church 273
BRANCH
7-28-78
DATE

WE HAVE CHARGED YOUR
CHECKING
ACCOUNT

0273	3-2400	99	\$ 1.50
BR. NO.	ACCT. NO.	TR. CODE	AMOUNT

PER TELEPHONE
AUTHORIZATION OF _____

AS FOLLOWS: Closing account per instructions in

letter NAKED received 7-28-78.

(MAIL TO)

MADE BY _____
APPROVED BY _____
AUTHORIZED SIGNATURE

GLORIA WALKER
P.O. BOX 893
GAYANA, SOUTH AMERICA

F-3-a-233

P-100 8-77 (REV.) ORIGINAL

PT 84-4236-2018