

To Carolyn Jayton - duplicate

SECTION I - TAXES

1. Rest Homes - coming with this report in 2 duffel bags are the resxt of all of the records for Fireside, WhisperingPines, some of Bogues, and Janaro 1977 and 1978 xeroxes.
2. Attached is copy of Form 571 and 571-F re Janaro and a copy of the 1976 one filed by Tish for example. This is the form you said has to be filed by April 15. Will wait for directions to fill out, but Bonnie says she already knows how to do it.
3. In report #15 I sent you Xeroxes of W-2's, before I later sent original W-2's with John. Would you MAIL those xeroxs back, now that you've received the originals, so we know what has been sent you for each person. Some people had several W-2's form several employers during the year 1977, and if you send us the xeroxes, we'll know if we've sent you all the W-2s per persøn required.
4. Leon Perry - Attached is material regarding sale of his truck and his license. Betty says for you to ask Jack Beam, also I remember Lee was in on this til he went over. First the truck was sold, then the license was sold. The license went for \$900. After the truck was sold, several bills camèn on it, which were cleared to pay, and which I guess oan be itemized by Leon on taxes... *list*. Because of shortness in time, I am sendin' entire file over to you for Evelyn's mother and others to do with what you like.
5. Patricia Cartmell - received an audit letter from IRS, attached with this report.

SECTION II - PEOPLES

1. Will someone please heck with Harold and Richard and find out specifically what is the status of the 4 fuel storage tanks in Willits. I have in file an agreement and assignment of interest signed by Richard and Claire granting interest to Bob Peters, but Claire and Bonnie tell me this never happened. Now the insurãmce policy is due again, to pay the annual premium, by April 17. Bonnie has not yet told me how much the premium is this year; it was \$240 in '76. Any contact with Bob Peters has been nebulous -- last I heard he was saying something about deterioration of the fuel and th at ~~wax~~ were we were supposed to add chemicals to the fuel to keep it up to par. Anyway, this is one of those dangling items left behind, and we need specific written instuctions . Please consùt with Harold, Richard and mail back an answer.

When you get the duffel bags & find the heading affidavits, check carefully for an Agreement & Assignment of Interest signed by Claire & Richard - put in there in env -)

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Tish - will check with Bob Peters

- 2. Wanda Swinney's workmen's compensation appeal case was dismissed because she is out of country; can re-open within 3 years. See attached Order of Dismissal.
- 3. Pearlle Morris - Maria K sent this over to James, who came to me about it - apparently Oreen Armstrong represented herself as authorized representative for Pearlle regarding retirement insurance benefits; Social Security did not accept Oreen as an authorized representative, and no one appeared at any hearing. I would suggest after talking with Randolph that you have Pearlle write a letter to SSA, perhaps someone there could type it for her, saying she did not want Oreen to represent her but does appoint someone else, perhaps Barbara Hoyer, or Jim Randolph, or Lorie Efrin, someone familiar with this material, and repetitin for the benefits. The form says she has 60 days to appeal, but I would try it anyway, and say in the letter that she does intend to pursue getting the benefits. DKE
- 4. We need a written statement from Chakin where he donates the printing equipment of Truth Enterprises to Peoples Temple, effective January 1, 1978. to comply with our insurance policy of P.T. which now covers the equipment. I would need an itemized equipment list. E
- 5. Please have Chaikin re-sign the attached Substitution of Party in the guardianship of Chris Buckley; he did it once before but I sent it to the wrong court! Gone James pull out
- 6. Dick Tropp asked for copies of healing affidavits to be sent overseas. I had Tom Adams xeroxe these for me today, just found out when I came home that they got packed in one of the duffel bags going out with the tax stuff. So look for the bulk of those healing affidavits somewhere in tonight's duffel bags - there are a few that I xeroxed myself and are in a anveloped with this law office report, but the majority got mistakenly put in the bag.

[Handwritten mark]

*check w
list to
[Signature]*

B-4 a (105)

OWNER NAME: **154-098/161-070-02 /48-457643-00**

DBA: **JANARO RICHARD H**

DBA: **HAPPY ACRES**

STREET: **2451 ROAD K**

CITY: **REDWOOD VALLEY CA 95470**

LOCATION CITY: _____

RETURN THIS COPY BY - **APRIL 15, 1978**

g. Enter location of general ledger and all related accounting records (including ZIP)

h. Enter name and telephone no. of person to contact at location of accounting records.

Part I GENERAL INFORMATION

COMPLETE (a) THRU (h) AS REQUESTED

a. Make necessary corrections of the printed name and mailing address.

b. Enter type of business: _____

c. Enter local telephone no. (____) _____

d. (v) Check if ownership of land at LOCATION OF THE PROPERTY is in your name

e. When did you start business at this location? DATE: _____

f. Check (v) description of operation at this location.

Retail Manufacturer
 Wholesale Professional
 Distributor Service

ASSESSOR'S USE ONLY

TOTAL FULL VALUE	LAND
	FIXTURES
	OTHER IMPR.
	TOTAL IMPR.
Full Value	INVENTORY
	OTHER PERS.
	TOTAL PERS.
	INVENTORY EX.

Part II DECLARATION OF PROPERTY BELONGING TO YOU

Attach Schedule For Any Adjustment To Cost

1. Inventory, March 1 (See Instructions)			
2. Supplies			
3. Equipment (From Line 37)			
4. Equipment Out on, or Held For, Lease or Rent to Others Attach Schedule			
5. Bldgs., Bldg. Impr., and/or Leasehold Impr., Land Impr., Land Attach Schedule			
6. Construction In Progress Attach Schedule			
7.			
8.			

COST (Omit Cents) (See Instructions)

Part III DECLARATION OF PROPERTY BELONGING TO OTHERS

Name and Mailing Address of Owner (Attach Continuation Sheet If Necessary)	(SPECIFY TYPE BY CODE NUMBER) 1. Consignments 2. Leased Equipment 3. Vending Equipment 4. Other Businesses 5. Lease-Purchase Option Equipment	Cost to Purchase New (If Available)	Annual Rent (If Applicable)	L I N E N O
9.				9
10.				10
11.				11
12.				12
13.				13

OWNERSHIP TYPE (v)

Proprietorship Partnership Corporation Other

SIGNATURE:

Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and covers all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named in the statement as of 12:01 a.m. on March 1, 1978. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has knowledge.

ATTACHMENTS (v)

Supplemental Scheds. Computer Printouts Other

Full Legal Name if Incorporated _____

Signature of Owner, Partner, Officer, or Authorized Agent _____ Title _____ Date _____ 1978

Signature and Address of Preparer Other Than Taxpayer _____ Date _____ 1978

ASSESSOR'S USE ONLY

(B-4-a(106))

FORM

571-F

AGRICULTURAL PROPERTY STATEMENT

OFFICE OF ASSESSOR COUNTY OF MENDOCINO P. O. BOX 354 UKIAH, CA 95482

1978

FILE RETURN BY APRIL 15, 1978

a. NAME AND MAILING ADDRESS (make necessary corrections)

154-098/161-070-02 /65-457643-01 JANARD RICHARD M DBA HAPPY ACRES 2451 ROAD K REDWOOD VALLEY CA 95470

c. Type of Farm or Business
d. Local Telephone Number
e. Accounting records located at: (complete address and ZIP code)
f. Person to contact for Audit: (name, address, telephone number)
g. Do you have: 1. Beef Cattle YES NO 2. Sheep YES NO 3. Racehorse(s) YES NO
h. Check (x) if ownership of land or Location of Property is in the name entered at line "a".

b. LOCATION OF THE PROPERTY (file a separate statement for each location) Parcel Number of This Location (if known) Tax Rate Area

Table with 4 columns: PART I, DECLARATION OF PROPERTY BELONGING TO YOU, COST (omit cents), ASSESSOR'S USE ONLY. Rows include Inventory, Supplies, Office Furniture and Equipment, Implements, Machinery and Equipment, Property out on (or held for) Lease, Loan, Rent or Consignment to Others.

Table with 5 columns: PART II, PROPERTY BELONGING TO OTHERS, PROPERTY TYPE CODE, DESCRIPTION, and a column for 9-13. Rows include Commodities, Equipment, Animals, Tenants or Other Businesses, Lease-Purchase Option Equipment.

Table with 3 columns: PART III, REAL PROPERTY ALTERATIONS - SINCE 12:01 A.M. MARCH 1, 1977 (Describe and Report Cost), COST. Rows include IMPROVEMENTS ADDED OR REMOVED, TREES, VINES OR PERENNIALS PLANTED OR REMOVED, CHANGES IN THE LAND SURFACE.

SIGNATURE: Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and covers all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named in the statement or 12:01 a.m. on March 1, 1978. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has knowledge.

INDICATE TYPE OF OWNERSHIP: Proprietorship, Partnership, Corporation, Other

Full Legal Name if Incorporated
Signature of Owner, Partner, Officer or Authorized Agent Title Date 1978
Signature and Address of Preparer Other Than Taxpayer Date 1978

ATTACHMENTS: Indicate Attachments Filed: Schedules, Computer Printouts, Other, None

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INVENTORY SCHEDULE (follow the instructions listed below)		
Line No.	WHEN USING PHYSICAL OR PERPETUAL INVENTORY, START AT LINE 2	AMOUNT
	COMPUTE MARCH 1ST INVENTORY (if book figure not current)	
1.	a. Inventory, beginning of fiscal year starting _____ 19____	\$ _____
	b. Add purchases and freight from above date to March 1	_____
	c. Add direct and indirect labor cost from above date to March 1	_____
	d. Add manufacturing expense (burden ¹) from above date to March 1	_____
	e. Total of Lines a through d	_____
	f. Net sales from above date to March 1 \$ _____	_____
	g. Less gross profit @ _____ % \$ _____	_____
	h. Cost of goods sold (Line f minus line g)	_____
2	MARCH 1ST INV. (Line e minus line h, or physical <input type="checkbox"/> , or perpetual <input type="checkbox"/>)	\$ _____
	ANY ADJUSTMENTS MUST BE SHOWN BELOW	
3	ADD unrecorded inventory not included in Line 2	_____
4	" freight-in not included in inventory	_____
5	" direct and indirect labor cost not included in inventory	_____
6	" mfg. expense (burden) not included in inventory	_____
7	" unrecorded trade level not included in inventory	_____
8	" other inventory supplies not included in inventory	_____
9	" adjustment from L.I.F.O. to current replacement cost	_____
10	" adjustment from standard cost to actual cost	_____
11	" applicable research and development cost	_____
12	" other (specify)	_____
13	Total of Lines 2 through 12	\$ _____
14	DEDUCT interstate or foreign shipments recorded but not on hand *	\$ _____
15	" goods held for transshipment (file exemption claim)	_____
16	" cash, trade, and purchase discounts	_____
17	" inventory consigned to others	_____
18	" inventory out on, or held for, lease or rent to others	_____
19	" other (specify)	_____
20		_____
21		_____
22	TOTAL Deductions (Lines 14 through 21)	\$ _____
23	NET INVENTORY (Line 13 minus Line 22; enter here and on Line 1, PART II)	\$ _____

* Claim form must be filed, see instructions.

INCLUDE IN INVENTORY:

- (1) Raw materials, work in process, and finished goods held for sale in the ordinary course of business.
- (2) Containers, wrappings, service materials (if title passes at time of sale), and materials which will become a component part of the product you manufacture or sell.

DO NOT INCLUDE IN INVENTORY:

- (3) Supplies (see Instructions for LINE 2, PART II).
- (4) Equipment in your inventory account that is out on, or held for, lease or rent to others (see Instructions for LINE 4, PART II).
- (5) Motor vehicles subject to registration or identification under Division 3 or Division 16.5 of the Motor Vehicle Code.
- (6) Inventory or equipment belonging to others (see Instructions for PART III).

INVENTORY CONSIGNED TO OTHERS. If included in your March 1st inventory, deduct your cost of inventory consigned to others on Line 17 of the Inventory Schedule shown on Page 2 of these instructions. Fully explain the deduction on an attached schedule, listing consignee's name, address, location of property, description of property, your cost, and the selling price to the consignee. This listing fulfills the requirement in the Instructions for LOCATION OF THE PROPERTY.

B-4a (110)

OFFICIAL REQUEST

California Revenue Laws prescribe a yearly ad valorem tax based on property as it exists at 12:01 a.m. on March 1 (tax lien date). This form constitutes an official request that you declare all business property owned, claimed, possessed, controlled, or managed on the tax lien date situated in this county and that you sign (under penalty of perjury) and return the statement to the Assessor's office by the date cited on the face of the form as required by law. Failure to file on time may subject you to a penalty of 10 percent of the assessed value under provisions of the Revenue and Taxation Code.

If you own taxable personal property in any other county whose aggregate cost is \$30,000 or more, you must file a property statement with the Assessor of that county whether or not he requests you to do so. The Assessor of the county will supply you with a form upon request.

THIS STATEMENT IS SUBJECT TO AUDIT.	THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR.	IF ANY SITUATION EXISTS WHICH NECESSITATES A DEVIATION FROM TOTAL COST PER BOOKS AND RECORDS FULLY EXPLAIN ALL ADJUSTMENTS.	ASSESSED VALUE IS 25% OF FULL VALUE.
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INSTRUCTIONS

COMPLETE THE STATEMENT AS FOLLOWS:

Part I GENERAL INFORMATION

Complete items (a) through (h) as requested.

NAME. INDIVIDUALS report surname first, then first name and initial. PARTNERSHIPS enter at least two names. CORPORATIONS report full corporate name. If the business operates under a fictitious name, enter "DBA" and the fictitious name below the legal name.

LOCATION OF THE PROPERTY. Enter the complete street address. Forms for additional business or warehouse locations will be furnished upon request. A listing may be attached to a single property statement for your vending equipment, equipment leased or rented to others, or inventory consigned to others when any such properties are situated at many locations within this county.

LOCATION OF RECORDS - (g and k). If general ledger, journals and other related accounting records are not located as indicated under item g, you may be required to bring said records to your principal place of business in California. Multiple locations of records should be indicated.

Part II DECLARATION OF PROPERTY BELONGING TO YOU.

Report book cost (100 percent of actual cost). Include excise, sales, and use taxes, freight-in, installation charges, and all other relevant costs. Report any additional information which will assist the Assessor in arriving at a fair market value. Include finance charges, where applicable, for self-constructed equipment and for buildings. Do not include finance charges for inventory or for purchased equipment.

LINE 1. INVENTORY. Report all tangible inventories, paid for or not, on hand, in storage, and in transit. A business inventory exemption allowed by law will be computed by the Assessor.

If you have a physical or perpetual inventory as of March 1 and no adjustments are to be made, enter the amount on LINE 1, PART II of the Business Property Statement. If you operate at various levels of trade (i.e., manufacture, wholesale, retail), report on appropriate value added for each successive level. If adjustments are to be made, complete the inventory Schedule shown on the next page and enter the result on LINE 1, PART II.

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LINE 2. SUPPLIES. Report supplies on hand, such as stationery and office supplies, janitorial and lavatory supplies, fuel, sandpaper and other items which will not become a component part of an inventory product. Include medical, legal, or accounting supplies held by a person in connection with a profession that is primarily a service activity. (See Instructions for LINE 1 of the Property Statement and Line 8 of the Inventory Schedule.)

LINE 3. EQUIPMENT. Enter total from Schedule A (see Instructions for Schedule A).

LINE 4. EQUIPMENT OUT ON, OR HELD FOR, LEASE OR RENT TO OTHERS. Report cost on Line 4 and attached schedules showing the following:

Equipment out on lease or rent. (1) Name and address of party in possession, (2) location of the property, (3) quantity and description, (4) date of acquisition, (5) your cost, selling price, and monthly rent, (6) lease or identification number, and description, (7) date and duration of lease, (8) how acquired (purchased, manufactured, other—explain). The inventory exemption is not allowed on this equipment. If the property is used by a free public library or a free public museum or is used exclusively by a public school, community college, state college, state university, church, or a nonprofit college it is exempt from property taxes. A claim for exemption must be filed by March 15, 1978. Obtain the "1978 Lessors' Exemption Claim" from the Assessor.

Equipment on your premises held for lease or rent which you have used or intend to use. Report your cost and your selling price by year of acquisition. The inventory exemption is not allowed on this equipment.

Other equipment on your premises held for lease or rent. Report cost by year of acquisition. The Assessor will allow the inventory exemption.

LINE 5. BUILDINGS, BUILDING IMPROVEMENTS, AND/OR LEASEHOLD IMPROVEMENTS, LAND IMPROVEMENTS, LAND AND LAND DEVELOPMENT. Report on a separate schedule the original or allocated costs (per your books and records) of buildings and building or leasehold improvements; land improvements; land and land development owned by you at this location on March 1st. Enter costs, including cost of fully depreciated items, by calendar year of acquisition and total each column. Do not include items that are reported in Schedule A. Enter the total on PART II, LINE 5.

Segregate the buildings and building or leasehold improvements into the two requested categories (items which have a dual purpose will be classified as structures):

STRUCTURE ITEMS, Column 1

An improvement will be classified as a structure when its primary use or purpose is for housing or accommodation of personnel, personality, or fixtures and has no direct application to the process or function of the industry, trade, or profession.

Air conditioning (except process cooling).
Boilers (except manufacturing process).
Central heating & cooling plants.
Craneways.
Elevators.
Environmental control devices (if an integral part of the structure).
Fans & ducts (part of an air circulation system for the building).
Fire alarm systems.
Partitions (floor to ceiling).
Pipelines, pipe supports & pumps used to operate the facilities, of a building.
Pits not used in the trade or process.
Railroad spurs.
Refrigeration systems (integral part of the building).
Refrigerators, walk-in (excluding operating equipment) which are an integral part of the building.
Restaurants — rough plumbing to fixtures.
Sales — imbedded.
Signs which are an integral part of the building (excluding sign cabinet (face & lettering)).
Silos or tanks when primarily used for storage or distribution.
Sprinkler systems.
Store fronts.
Television & radio antenna towers.

FIXTURE ITEMS, Column 2

An improvement will be classified as a fixture if its use or purpose directly applies to or augments the process or function of a trade, industry, or profession.

Air conditioning (process cooling).
Boilers (manufacturing process).
Burglar alarm systems.
Conveyors (to move materials and products).
Cranes — traveling.
Environmental control devices (used in production process).
Fans & ducts (used for processing).
Floors, raised computer rooms.
Furnances, process.
Ice dispensers, coin operated.
Machinery fdns. & pits (not part of normal flooring fdns).
Partitions (less than floor to ceiling).
Pipelines, pipe supports, pumps used in the production process.
Pits used as clarifiers, skimmers, sumps & for greasing in the trade or manufacturing process.
Plumbing — special purpose.
Power wiring, switch gear & power panels used in mfg. process.
Refrigeration systems (not an integral part of the building).
Refrigerators, walk-in, unitized; including operating equipment.
Restaurant equipment used in food & drink preparation of service (plumbing fixtures, sinks, bars, soda fountains, booths & counters, garbage disposals, dishwashers, hoods, etc.).
Scales including platform & pit.
Signs — all sign cabinets (face) & free standing signs including supports.
Silos or tanks when primarily used for processing.

INSTRUCTIONS FOR COMPLETION OF INVENTORY SCHEDULE

(It is not necessary to include the Inventory Schedule with the Property Statement)

- Line 1. Compute March 1st Inventory using the gross profit method (If Book Figure Not Current).
- a. Enter the cost, as indicated on your books and records, of the inventory at the beginning of your current fiscal year. Enter the beginning date (month, day, year) of that year. The cost of inventory must include applicable excise and other taxes and freight and handling charges.
 - b-e. Enter as instructed on form.
 - f. "Net sales" are gross sales from above date to March 1, less returns and allowances per your books and records.
 - g. The gross profit percentage is to be from your latest full year's operation.
 - h. Cost of goods sold (Line 1f minus Line 1g).
- Line 2. This figure is Line 1e minus Line 1h or the physical or perpetual inventory as of March 1.
- Line 3. Report goods received but not entered on the books (such as goods for which payment has not yet been made, raw materials extracted by natural resource enterprises, or produce held by farmers' cooperatives) and goods in transit to you from a supplier located within the state. Property on consignment to you should be reported in PART III (Property Belonging to Others).
- Line 4-6. Enter as instructed on form.
- Line 7. If you are operating at various trade levels, as would a manufacturer or wholesaler who also operates at the distributor or retail level, a trade-level adjustment is applicable to your inventory in accordance with Title 18, Section 10 of the California Administrative Code.
- Line 8. Deduct from your supplies LINE 2, PART II, and report here all containers, wrappings, service supplies, and supplies which will become a component part of the product you manufacture or sell.
- Line 9. The "Last In First Out" method of inventory valuation is not acceptable. Adjust to reflect current replacement cost.
- Line 10. Add Adjustment From Standard Cost to Actual Cost.
- Line 11. If research and development costs are NOT included in Line 1d or 6, enter here an allocation of research and development costs applicable to work-in-process and finished goods lien date inventories that result in a product satisfactory to put into production.
- Line 12. Describe and add any other necessary upward adjustments.
- Line 13. Total of Lines 2 through 12.
- Line 14. Goods in transit in interstate or foreign commerce are not taxable. If your inventory records reflect the cost of goods in transit in interstate or foreign commerce you must include such costs in Line 2 and deduct them here. No entry is required here if the cost of such goods are not reflected in your inventory records nor in Line 2. "Immunity Claim For Goods In Interstate or Foreign Commerce" must be filed; obtain from the assessor.
- Line 15. Personal property manufactured or produced, (1) outside this state and brought into this state for transshipment out of the United States, or (2) outside of the United States and brought into this state for transshipment out of this state, for sale in the ordinary course of trade or business are exempt from taxation. The exemption does not apply to personal property in manufacturing process or production. Such process or production does not include the breaking in bulk, labeling, packaging, relabeling, or repackaging of such property. "Exemption Claim For Goods Held For Transshipment" must be filed; obtain from the assessor.
- Line 16. Cash, trade, and purchase discounts classified on your books as other income may be deducted if included in Line 13.
- Line 17. If included in your March 1st inventory, deduct your cost of inventory consigned to others. Fully explain the deduction on an attached schedule, listing consignee's name, address, location of property, description of property, your cost, and the selling price to the consignee. This listing fulfills the requirement in the instructions for LOCATION OF THE PROPERTY.
- Line 18. Enter cost of inventory that is on lease or rent to others that is included in Line 13. Report this property on LINE 4, PART II because it is subject to depreciation.
- Line 19-21. Report and describe in detail any other deduction.
- Line 22. Total Deductions (Add Lines 14 through 21).
- Line 23. Deduct Line 22 from Line 13 and enter the balance here and also on LINE 1, PART II.

OFFICIAL REQUEST

California Revenue Laws prescribe a yearly ad valorem tax based on property as it exists at 12:01 a.m. on March 1 (tax lien date). This form constitutes an official request that you declare all agricultural property situated in this county which you owned, claimed, possessed, controlled, or managed on the tax lien date, and that you sign (under penalty of perjury) and return the statement to the Assessor's Office by the date cited on the face of the form as required by law. Failure to comply with these instructions or to file on time may subject you to a penalty of 10% of the assessed value under the Revenue and Taxation Code.

If you own taxable personal property in any other county whose aggregate cost is \$30,000 or more, you must file a property statement with the Assessor of that county whether or not he requests you to do so. The Assessor of the county will supply you with a form upon request.

THIS STATEMENT IS SUBJECT TO AUDIT	THIS STATEMENT IS NOT A PUBLIC DOCUMENT. THE INFORMATION DECLARED WILL BE HELD SECRET BY THE ASSESSOR	IF ANY SITUATION EXISTS WHICH NECESSITATES A DEVIATION FROM TOTAL COST PER BOOKS AND RECORDS FULLY EXPLAIN ALL ADJUSTMENTS	ASSESSED VALUE IS 25% OF FULL VALUE
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INSTRUCTIONS

COMPLETE THE STATEMENT AS FOLLOWS:

- a. **NAME**
INDIVIDUALS report surname first, then first name and initial. PARTNERSHIPS enter at least two names. CORPORATIONS report full corporate name. If business operates under a FICTITIOUS NAME, enter "DBA" and the fictitious name below the legal name. If the information has been preprinted by the Assessor, make necessary corrections.
- b. **LOCATION OF THE PROPERTY**
Enter the complete street address or location. If preprinted, make necessary corrections. Enter the Assessor's Parcel Number if known. Request additional forms if you have agricultural personal property or fixtures at other locations. A listing may be attached to a single property statement for your equipment leased or rented to others, or inventory consigned to others when any such properties are situated at many locations within this county.
- c. through h. Complete as requested.

PART I DECLARATION OF PROPERTY:

Report descriptions and quantities or book cost (100% of actual cost) where requested on the form. Report any additional information which will assist the Assessor in arriving at a fair market value. Include finance charges, where applicable, for self-constructed equipment and for buildings. Do not include finance charges for inventory or for purchased equipment.

LINE 1. INVENTORY

No entry is required on this line; however, you must complete Schedule A. A "Business Inventories" exemption, allowed by law, will be computed by the Assessor.

LINE 2. SUPPLIES

Enter the Total Cost from Schedule B.

LINE 3. OFFICE FURNITURE AND EQUIPMENT

Enter the Total Cost from Schedule C.

LINE 4. IMPLEMENTS, MACHINERY AND EQUIPMENT

Enter the Total Cost from Schedule D.

LINE 5. PROPERTY OUT ON (OR HELD FOR) LEASE, LOAN, RENT, OR CONSIGNMENT TO OTHERS:

Do not report property here that is reported in Schedule A, B, C, or D.

Report cost on Line 5 and attach separate schedules for each of the following:

- (1) **EQUIPMENT OUT ON LEASE OR RENT.** (1) Name and address of party in possession, (2) Location of the property, (3) Quantity and description, (4) Date of acquisition, (5) Your cost, selling price and monthly rent, (6) Lease or identification number, (7) Date and duration of lease, (8) How acquired: Purchased, built, etc.

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Additions — Describe in detail and show the cost of all additions made between March 1, 1977 and the close of business on February 28, 1978. Do not include items reported as unallocated construction in progress on LINE 6.

Retirements — Describe in detail and show the original year acquired and the cost of acquisition of all retirements made between March 1, 1977 and the close of business on February 28, 1978.

LINE 6. CONSTRUCTION IN PROGRESS. If you have unallocated costs of construction in progress for improvements to land, machinery, equipment, furniture, buildings or other improvements, or leasehold improvements, attach an itemized listing. Include all tangible property, even though not entered on your books and records. Enter the total on LINE 6, PART II.

LINES 7-8. Report tangible property not reported elsewhere.

Part III DECLARATION OF PROPERTY BELONGING TO OTHERS.

1. **CONSIGNMENTS:** Report your cost had you purchased the property; do not include in PART II or in the Inventory Schedule on Page 2 of the instructions.
2. **LEASED EQUIPMENT:** Report the year of acquisition and the year of manufacture if known, the total installed cost to purchase, including sales tax, and the annual rent; do not include in Schedule A.
3. **VENDING EQUIPMENT:** Report the model and description of the equipment; do not include in Schedule A.
4. **OTHER BUSINESSES:** Report other businesses on your premises.
5. **LEASE-PURCHASE OPTION EQUIPMENT:** Report here all equipment acquired on a lease-purchase option on which the final payment remains to be made. Enter the year of acquisition, the year of manufacture if known, the total installed cost to purchase (including sales tax) and the annual rent. If final payment has been made, report full cost in Schedule A.

SCHEDULE A — COST DETAIL: EQUIPMENT

LINES 14-36. Enter in the appropriate column the cost of your equipment segregated by calendar year of acquisition, include short-lived or expensed equipment. Total each column. Report full cost; do not deduct investment credits, trade-in allowances or depreciation. Include equipment acquired through a lease-purchase agreement at the selling price effective at the inception of the lease and report the year of the lease as the year of acquisition. (If final payment has not been made, report such equipment in PART III.) Report self-constructed equipment used by you at the proper trade level in accordance with Title 18, Section 10, of the California Administrative Code. Segregate and report on LINE 4, PART II the cost of equipment held for lease, or out on lease.

Exclude motor vehicles licensed for operation on the highways. However, you must report overweight and oversized rubber-tired vehicles, except licensed commercial vehicles and cranes, which require permits issued by the Department of Public Works to operate on the highways. If you have paid a license fee prior to March 1st on these large vehicles, contact the Assessor for an "Application for Deduction of Vehicle License Fees from Property Tax" and file it with the Tax Collector. Report overweight and oversized vehicles in column 4, Other Equipment.

If necessary, asset titles in Schedule A may be changed to better fit your property holdings; however, the titles should be of such clarity that the property is adequately defined.

LINE 37. Add totals on LINE 36 and any supplemental schedules. Enter the same figure on LINE 3, PART II that you entered in the box.

- (2) PROPERTY ON YOUR PREMISES, HELD FOR LEASE OR RENT. Report cost by year of acquisition and your selling price.
- (3) PROPERTY ON YOUR PREMISES, HELD FOR LEASE OR RENT, WHICH YOU ARE USING OR WHICH YOU INTEND TO USE. Report cost by year of acquisition and your selling price.
- (4) PROPERTY LOANED OR CONSIGNED TO OTHERS. (1) Name and address of party in possession, (2) Location of the property, (3) Quantity and description, (4) Cost by year of acquisition and your selling price.

LINES 6-7-8. REPORT PROPERTY NOT REPORTED ELSEWHERE

PART II PROPERTY BELONGING TO OTHERS

If property belonging to others or other business entities are located on your premises, report the owner's name and mailing address. Describe the type of property or activity as follows:

1. **COMMODITIES.** Report all inventory consigned to you, such as poultry, hay, grain, or other commodities. Enter Code Number "1" in the Code Number Column. In the other description columns, describe the type of commodity.
2. **EQUIPMENT.** Report all equipment leased, rented, borrowed, stored, or consigned to you. Enter Code Number "2" in the Code Number Column. Report the year of acquisition and the year of manufacture if known, the cost to purchase new, including sales tax, if available, and the annual rent.
3. **ANIMALS.** Report all animals on your premises which belong to others. Include grazing or boarded animals, such as cattle, sheep, showhorses, etc. Enter Code Number "3" in the Code Number Column. In the other description columns, describe the type of animals. If you board racehorses, report the horses on form AH 571-J-1, Annual Report of Boarded Racehorses.
4. **TENANTS OR OTHER BUSINESSES.** Report the name and address of tenant farmers, contractors, or other persons doing business on your premises. Enter Code Number "4" in the Code Number Column. In the other description columns, describe the type of activity the person or business is conducting.
5. **LEASE-PURCHASE OPTION EQUIPMENT:** Report here all equipment acquired on a lease-purchase option on which the final payment remains to be made. Enter the year of acquisition, the year of manufacture if known, the total installed cost to purchase (including sales tax) and the annual rent. If final payment has been made, report full cost in Schedule C.

PART III REAL PROPERTY ALTERATIONS

Report any alteration made by you to the real property between March 1, 1977, and February 28, 1978. If you have made changes to various parcels, but are filing only one property statement, list the parcel numbers in the column provided. Describe the alteration and report cost as follows:

- (1) **IMPROVEMENTS ADDED OR REMOVED.** List and describe additions or alterations made during the twelve months preceding March 1 to buildings, structures, pumps, permanent pipelines or other items attached to the land. Enter the cost of any such changes. List and describe any removals giving the year of acquisition and original cost, if known.
- (2) **TREES, VINES, OR PERENNIALS, PLANTED OR REMOVED.** List and indicate additions or removals during the twelve months preceding March 1. For additions, list the quantities, species, spacing, and number of acres planted. Enter the cost of the additions. For removals, describe and list the year of planting, if known.
- (3) **CHANGES TO THE LAND SURFACE.** Describe any change made during the twelve months preceding March 1 in the surface of the land. Enter the cost of such changes.

B-4a (116)

SCHEDULE A - INVENTORY

Report all tangible personal property in the appropriate categories indicated, whether paid for or not, on hand, in storage, or in intrastate transit to you. If you own animals or other items which are not listed, you may delete titles not applicable to your operation and write in those needed or you may describe on a separate schedule.

INCLUDE IN SCHEDULE A:

- (1) Animals, poultry, harvested crops, and other commodities held for sale, lease, or rental in the ordinary course of business.
- (2) Animals employed in the production of food for human consumption or fiber useful to man, including those employed in the raising of crops, the feeding, breeding, or management of livestock, and the production of dairy products. Examples are draft animals, horses used for herding, male breeding animals, and dairy cattle.
- (3) Feed for animals described above and for animals (beef cattle, sheep) reported on the Livestock Head-day Tax Return.
- (4) Seed held for sale or seed to be used in the production of crops that will be held primarily for sale.
- (5) Containers, wrappings, and other materials (if title passes at time of sale) which will become a component part of a product you sell.

DO NOT INCLUDE IN SCHEDULE A:

- (1) Baled cotton (subject to a special property tax).
- (2) Female cattle and sheep held primarily for breeding purposes. Cattle and sheep of either sex, except male breeding animals, held primarily for production of meat for human consumption and for fiber (Report on Form AH 571-H, Livestock Head-day Tax Return). Examples are beef cows and calves, beef steers, ewes and lambs.
- (3) Racehorses (Report on Form AH-571-J, Annual Racehorse Tax Return).
- (4) Supplies (See instruction for Schedule B).
- (5) Equipment in your inventory account that is out on (or held for) lease or rent to others (See instructions for Part I, Line 5).
- (6) Inventory or equipment belonging to others (See instructions for Part II).
- (7) Animals, poultry or commodities consigned to or held by others: Attach a listing. Describe the consignment in the appropriate age, breed, or weight category as listed on Schedule A. Also list location and name and address of consignee or holder.
- (8) Pets or animals held principally for your own sport, recreation, or pleasure.
- (9) Show Horses (Report on Form AH 571-F-2, Registered and Show Horses Other than Racehorses).
- (10) Feed for racehorses or other non-inventory animals (Report in Schedule B).
- (11) Seed potatoes held by the grower for subsequent planting in field form during the current assessment year.
- (12) Unharvested crops.
- (13) Seed held for the production of crops that will not be held for sale (Report in Schedule B).

SCHEDULE B - SUPPLIES ON HAND

- (1) Report cost of supplies on hand in the categories listed. If you own supplies not listed, attach schedule showing type and cost of the item being reported.
- (2) Feed: Non-inventory. (For animals not held for sale, lease, or farm use). Report all feed held for use by animals not eligible for an inventory exemption, showing tons if grown and if purchased, the amount on hand and cost per unit.

B-4a(117)

SCHEDULE C - OFFICE FURNITURE AND EQUIPMENT

Enter the total original installed cost by calendar year of acquisition. Include freight-in, excise taxes, sales or use taxes, and installation costs. Include fully depreciated office equipment but DO NOT include items that were traded, retired, transferred, sold, or junked and removed physically from the premises. If office equipment is located elsewhere in the county, attach a similar schedule and identify the location. ALL OFFICE EQUIPMENT MUST BE REPORTED ON THIS STATEMENT.

SCHEDULE D - IMPLEMENTS, MACHINERY, AND EQUIPMENT

List each item of machinery and equipment that you own. Equipment held for lease or out on lease should not be included here; report such equipment, per instructions, on Line 5. Include equipment acquired through a lease-purchase agreement at the selling price effective at the inception of the lease and report the year of the lease as the year of acquisition. (If final payment has not been made, report such equipment in PART II.) If you own machinery and equipment at another location in this county and you did not receive a form for reporting equipment at that location, or if your equipment is temporarily outside the county, attach a schedule to this statement showing the location of the equipment and provide the information requested in this schedule. ALL MACHINERY AND EQUIPMENT EXCEPT LICENSED VEHICLES MUST BE REPORTED.

The reported cost should include excise taxes, sales or use taxes, freight charges, and installation costs. If a trade-in was deducted, the amount to be entered is the invoice price (adding back the trade-in). Deductions for investment credits allowable for federal income tax purposes may not be taken and must be added back if deducted when the cost was entered on your books and records. Include expenses incurred immediately after purchase to bring a machine up to operable condition. INCLUDE ALL FULLY DEPRECIATED MACHINERY AND EQUIPMENT. DO NOT INCLUDE LICENSED VEHICLES. However, vehicles such as a tractor or other farm equipment with the \$5.00 identification plate (in lieu of the license plate which is issued only upon payment of both the registration fee and the vehicle license fee) must be reported.

Items of equipment should include bunkhouse furnishings (owned by the farmer), portable wind machines, temporary pipes and sprinklers that are above ground (not permanent), bulk feed tanks and milking machines, feeders, cages, eggwashing and grading machines, heaters, smudge pots, pallets and bins, screens and shakers, saddles, bridles, and tools.

If necessary, attach additional schedules to this property statement.

SIGNATURE

This statement must be signed by the owner or partner of the business, a duly appointed fiduciary, or an agent. When signed by an agent other than a member of the bar, a certified public accountant, a duly appointed fiduciary or an authorized officer or employee of a corporate assessee or trust company, the assessee's written authorization of the agent to sign the statement on behalf of the assessee should be on file in the Assessor's office. The entry on the line "title" should clearly indicate whether or not written authorization is required to be filed with the Assessor.

In the case of a corporation the property statement must be signed by an employee or agent whom the board of directors has designated in writing, by name or by title, to sign such statements on behalf of the corporation, or by an officer of the corporation. The board of directors may appoint a person or persons to designate such employee or agent. The name of the corporation should be entered on the line provided.

B-4a (118)

FORM 571-F AGRICULTURAL PROPERTY STATEMENT

To: W. L. Brown, Assessor
County of Mendocino
P.O. Box 354
Ukiah, California 95482

RECEIVED
APR 18 1977

1977

FILE RETURN BY APRIL 15, 1977

a. NAME AND MAILING ADDRESS (make necessary corrections)

154-090/161-070-U2 765-457643-01
JANARD RICHARD H
DBA HAPPY ACRES
2451 ROAD K
MENDOCINO VALLEY CA 95470

Account No.

b. Do you have: 1. Beef Cattle YES NO
2. Sheep YES NO
3. Racehorse(s) YES NO

ASSESSOR'S USE ONLY

TAX RATE AREA PARCEL NUMBER

LAND TOTAL FULL CASH VALUE 1560

FIXTURES 0

FULL CASH VALUE OTHER IMP.

TOTAL IMP.

PART I DECLARATION OF PROPERTY BELONGING TO YOU

As Of 12:01 A.M. March 1, 1977.

Attach Schedule For Any Adjustment To Cost

	COST (omit cents) SEE INSTRUCTIONS
1. Inventory, March 1, 1976 - Animals, Poultry, Feed, Commodities (Complete Schedule A)	X X X X X
2. Supplies (From Schedule B)	
3. Office Furniture and Equipment (From Schedule C)	
4. Implements, Machinery and Equipment (From Schedule D)	1560
5. Property, out-of-hand (for Lease, Loan, Rent or Consignment to Others Attach Schedule)	
6.	
7.	
8.	

PART II PROPERTY BELONGING TO OTHERS

Name and Mailing Address of Owner (Attach Continuation Sheet if Necessary)	PROPERTY TYPE CODE 1 COMMODITIES 2 EQUIPMENT 3 ANIMALS DESCRIBE 4 TENANTS OR OTHER BUSINESSES	Enter Appropriate Property-Type Code Number	DESCRIPTION	
			Describe Commodities, Animals, Other Businesses Enter Equipment Cost to Purchase New (if available)	Equipment, Annual Rent
9. Peoples Temple of Disc of Christ				
10.				
11.				
12.				
13.				

PART III REAL PROPERTY ALTERATIONS - SINCE 12:01 A.M. MARCH 1, 1976 (Describe and Report Cost)

IMPROVEMENTS ADDED OR REMOVED (Structures, Pumps, Pipe Lines, etc.)	TREES, VINES OR PERENNIALS PLANTED OR REMOVED (Species, Spacing, Number, Age, etc.)	CHANGES IN THE LAND SURFACE (Leveling, Grading, Drainage, etc.)	COST
14.			
15.			
16.			
17.			
18.			

SIGNATURE: Under penalty of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete and covers all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named in the statement of 12:01 a.m. on March 1, 1977. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has knowledge.

INDICATE TYPE OF OWNERSHIP

Proprietorship
Partnership
Corporation
Other

Full Legal Name if Incorporated: *Administrative 11/14* 1977
Signature of Owner, Partner, Officer or Authorized Agent: *Richard W. Janard* Title: *Administrator* Date: *11/14* 1977

Signature and Address of Preparer Other Than Taxpayer: *B-4a (119)* Date: _____ 1977

ATTACHMENTS Indicate Attachments Filed:

Schedules
Computer Printouts
Other 071

OWNER'S NAME Peoples Temple Disciples ADDRESS PO Box 126 Redwood Vly CODE AREA 154-098
 BUSINESS NAME Farm & Rest Home COMMUNITY _____

EQUIPMENT & FIXTURE DETAIL DATA AS OF 1 MAR 73 SHEET _____ OF _____ SHEETS

NO OF ITEMS	DESCRIPTION AND/OR MAKE OF EQUIPMENT	MODEL	SIZE OR CAPACITY	TR OF MANUF	DATE OF PURCHASE	PURCHASE PRICE	REPLACE- MENT COST NEW	RATING % GOOD	RESIDUAL	%	ASSESSED VALUE
	Wagon				1972	175					
	TRACTOR Case				"	400					
	Irrig. Pump	7 1/2 HP			"	110					
	30' x 3" Pipe 50 LENGTHS				"	375					
	SPRINKLERS Rain Bird	30 EA			"	30					
	PUMP JACUZZI	1 HP			"	150					
	PUMP Fairway	1 3/4 HP			"	110					
	WATER TANK Redwood	400 GAL			OUT 74	175					
	3 PLOW (Type - Vanguard - 1 Row Over)				OUT 73	395					
	SPRING TOOTH HARROW				"	100					
	BACK ATTACH	100 GAL			OUT 74	55					
	Rototiller				"	65					
	LAWN MOWER				OUT 74	30					
	GENIE MOWER ELECT				OUT 73	40					
	GRAPE PRUNES	450 EA			"	90					
						2260		704	1286	25	410
	Camdala				1973	600				1975	
							1976	720	1680	25	420
							NOTED				

B-42 (10-1)

ADDED 7/6

Only conspicuous items need be set out & Use separate s

MC-1

Worksheet 73-76

FILE RETURN BY APRIL 15, 1977

a. NAME AND MAILING ADDRESS (make necessary corrections)
154-090/161-070-02 /46-457643-00
JANAKU RICHARD K
DBA HAPPY ACRES
2401 ROAD K
REDWOOD VALLEY CA 95470

b. Check (✓) if ownership of land at LOCATION OF THE PROPERTY is in above name.

c. Type of Business
d. Local Telephone No. ()

e. Check (✓) description of operations at this location:
 RETAIL DISTRIBUTOR PROFESSIONAL
 WHOLESALE MANUFACTURER SERVICE

f. Accounting records located at: (complete address and ZIP code)

g. Person to contact for AUDIT (name, address, telephone no.)

h. When did you start business at this location? 19

LOCATION OF THE PROPERTY (file a separate statement for each location)				ASSESSOR'S USE ONLY	
Number	Street	Room No.	City	TAX RATE AREA	PARCEL NO.

PART I DECLARATION OF COSTS OF PROPERTY BELONGING TO YOU AS OF 12:01 A.M., MARCH 1, 1977. ATTACH SCHEDULE FOR ANY ADJUSTMENT TO COST.		COST (Omit Cents) (See Instructions)	TOTAL FULL CASH VALUE	LAND
1. Inventory, March 1	See Instructions		12720	FIXTURES
2. Supplies	ADD			OTHER IMPR.
3. Machinery and Equipment for Industry, Profession, or Trade	(From Line 39)		400	TOTAL IMPR.
4. Office Furniture and Equipment	(From Line 53)		1320	INVENTORY
5. Tools, Molds, Dies, and Jigs	(From Line 59)			OTHER PERS.
6. Other Equipment	(From Line 73)			TOTAL PERS.
7. Equipment out on, or held for, Lease or Rent to others	Attach Schedule			INVENTORY EX.
8. Bldgs, Bldg. Impr., and/or Leasehold Impr., Land Impr., Land	Attach Schedule			
9. Construction in Progress	Attach Schedule			
10.				
11.				

PART II PROPERTY BELONGING TO OTHERS		DESCRIPTION		
Name and Mailing Address of Owner (Attach Continuation Sheet if Necessary)	CODE NUMBERS 1. Consignments 2. Leased Equip. 3. Vending Equip. 4. Other Businesses 5. Lease-Purchase Option Equipment	Specify Type	Cost to Purchase New	Annual Rent
		By Code Number	(If Available)	(If Applicable)
12 - 18. <i>Owned by Peoples Temple</i>				

SIGNATURE: Under penalty of perjury, I declare that I have examined this return, including accompanying schedules, and statements, and to the best of my knowledge and belief it is true, correct, and complete and covers all property required to be reported which is owned, claimed, possessed, controlled, or managed by the person named in the statement at 12:01 a.m. on March 1, 1977. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has knowledge.

INDICATE TYPE OF OWNERSHIP:
 Proprietorship
 Partnership
 Corporation
 Other

Full Legal Name of Incorporated: *Richard K Janaku*
 Signature of Owner, Partner, Officer, or Authorized Agent: *[Signature]*
 Title: *Owner* Date: *4/12/1977*

Signature and Address of Preparer Other Than Taxpayer: _____ Date: 1977

ATTACHMENTS: Indicate Attachments Filed:
 Schedules
 Computer Printouts
 Other
 None

SCHEDULE A - COST DETAIL: EQUIPMENT

Include equipment expensed and fully depreciated items. Include sales or use tax, freight and installation costs. Attach schedules as needed.

LINE NO	Description	Calendar Year of Acqis.	Total Cost (Omit Cents)	ASSESSOR'S USE ONLY		LINE NO	
				1977 VALUE			
19	MACHINERY AND EQUIPMENT FOR INDUSTRY, PROFESSION, OR TRADE	1977	\$			19	
20		1976	5855	1950	5562	20	
21		1975				21	
22		1974				22	
23		1973	367		1040	381	23
24		1972	6256		1020	6381	24
25		1971					25
26		1970					26
27		1969					27
28		1968					28
29		1967					29
30		1966					30
31		1965					31
32		1964					32
33		1963					33
34		1962					34
35		1961					35
36		1960					36
37	1959					37	
38	PRIOR					38	
39	TOTAL (Enter here and on Line 3, PART II)		\$			39	
40	OFFICE FURNITURE AND EQUIPMENT	1977				40	
41		1976				41	
42		1975				42	
43		1974				43	
44		1973				44	
45		1972				45	
46		1971				46	
47		1970				47	
48		1969				48	
49		1968				49	
50		1967				50	
51	1966				51		
52	PRIOR				52		
53	TOTAL (Enter here and on Line 4, PART II)		\$			53	
54	TOOLS, MOLDS, DIES, JIGS	1977				54	
55		1976				55	
56		1975				56	
57		1974				57	
58		PRIOR				58	
59	TOTAL (Enter here and on Line 5, PART II)		\$			59	
60	OTHER EQUIPMENT (Describe by Year) -	1977				60	
61		1976				61	
62		1975				62	
63		1974				63	
64		1973				64	
65		1972				65	
66		1971				66	
67		1970				67	
68		1969				68	
69		1968				69	
70		1967				70	
71		1966				71	
72		PRIOR				72	
73	TOTAL (Enter here and on Line 6, PART II)		\$			73	

B-4-a (123)

Schedule C-3

Janaro Happy Acres
Schedule of Depreciation
1976

RECEIVED

APR 18 1977

Mendocino County
Assessor's Office

55#

	INITIALS	DATE
PREPARED BY		
APPROVED BY		

Date Acquired	Item	Cost or Basis	Tax Credit	Salvage* Prior	Depreciation	Balance	1976 Depreciation	Line No
4/73	1/2 Syn. Bunk beds	213-			28-	100-	9260	1
8/73	1/2 Syn. Washer	154-			32-			2
7/73	1/2 Syn. 1958 Ford Pickup	100-			25-			3
11/73	1/2 Syn. 1970 Dodge Van	2049-	95.64		102-	57863	28730	4
10/73	1/2 Syn. 1968 Ford Sedan 1100 cc 1600 cc 1970 Ford 1100 cc 1600 cc 1970 Ford	990-	2310		41-			5
4/74	150.00 1971 White Ford Van	2792-	13029			128928	66964	6
11/74	150.00 1968 Chrysler Sta Wagon 1300 cc 1600 cc 1968 Chrysler 1300 cc 1600 cc 1968 Chrysler	1350-	3150			162326	31162	7
1/76	150.00 1972 Dodge Sta Wagon 1500 cc 1600 cc 1972 Dodge 1500 cc 1600 cc 1972 Dodge	360.14	840			18797	9398	8
2/76	150.00 1972 Dodge Sta Wagon 1500 cc 1600 cc 1972 Dodge 1500 cc 1600 cc 1972 Dodge	2147-				2147-	80512	9
5/76	150.00 8 used Bureaus	6596-				2596-	129799	10
5/76	150.00 Bunk Beds 6 (room)	495-				495-	18562	11
6/76	150.00 Head kitchen Range	750-				750-	375-	12
		2014-				2014-	75525	13
							482112	14

* No Salvage as patients are mentally retarded. Semi- & adult male youths are very hard on furniture, often breaking it in tantrums.

B-4a (124)

PARC. # 161-070-02

APR 18 1953

PAGE 2

1	1	MIRROR		20-
2	1	REFRIGERATOR		100-
3	1	GAS STOVE		150-
4		POTS, PANS, DISHES, TABLE SERVICE & COFFEE POT		70-
5	1	WASHER & DRYER (75+60)		135-
6	6	SINGLE BEDS @ 60 ea		360-
7	6	CHESTS OF DRAWERS @ 20 ea		120-
8	6	CHAIRS @ 5 ea		30-
9	6	TWIN BEDS COMPLETE @ 60 ea		360-
10	6	CHESTS OF DRAWERS @ 20 ea		120-
11	6	CHAIRS @ 5 ea		30-
12	2	24 FT FREEZERS @ 150 ea		300-
13	1	16 FT FREEZER @ 110		110-
14	1	LAND MOWER, GAS.		50-
15				
16		TOTAL =		\$ 6256-
17				
18				
19				
20				
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B-4a (126)

FILE NO _____
 OWNER'S NAME Javano, Richard M.
People's Temple Christian Church
 BUSINESS NAME _____
 ADDRESS PO Box 172
Edwood, Illinois

PARCEL 1-1-070-020
 CODE AREA 154-048
 COMMUNITY Edwood, Illinois

EQUIPMENT & FIXTURE DETAIL

DATA AS OF 3/1 1973 SHEET _____ OF _____ SHEETS

NO OF ITEMS	DESCRIPTION AND/OR MAKE OF EQUIPMENT	MODEL	SIZE OR CAPACITY	YR OF MANUF	DATE OF PURCHASE	PURCHASE PRICE	REPLACE- MENT COST NEW	RATING % GOOD	RESIDUAL	%	ASSESS VALUE
	Equip - Boarding Caisson			1972	6256-						
				1974				(4)			
					1972	6254		1.006	6294		
				A0074	1973	367		1.033	374		
				A0074	1974	360		.970	349		
						6983			7022		
									7040		

(976)

Internal Revenue Service Center
Western Region

15130 317117
Department of the Treasury

SSN: 292-24-3431

Date: MAR 17 1978

Tax Year Ended: DEC 31 1975

Person to Contact:
Shirley Sherwood
Contact Telephone Number:
(209) 488-6240 (This is not a toll free number)
Office Hours:
7:30 a.m. to 4:00 p.m.
Organizational Code:
82190 M.T.DA

PATRICIA P. CARTMELL
ESQ P.O. Box 15156
SAN FRANCISCO, CA. 94115

Thank you for the information you gave us concerning your Federal income tax liability for the above year. We have considered it carefully. The item checked below applies to your situation.

- We have not changed our previous determination because you have not established that you furnished more than half the total support of the dependents in question.
- We have not changed our previous determination for the reasons given on the back of this letter.
- We have adjusted your tax liability as shown in the enclosed revised report.

If you agree with our findings, please sign and return either the consent to findings on a copy of the examination report, or the agreement form if one is enclosed. If a waiver form is enclosed, we would appreciate your signing and returning it.

If you do not agree, you may do one of the following:

1. Request a meeting with an examiner at one of our local district offices. During this informal discussion, you may submit any additional information you would like considered. Please write or phone us and we will transfer your case to your district office. They will contact you to arrange for a convenient time and place.
2. Request a conference with a conferee at one of our district offices. The conferee will be someone who has not previously examined your return. Please write or phone us and we will transfer your case to the conference staff in your district office, and they will contact you. However, since the examination was conducted entirely by correspondence, we would appreciate your first discussing our findings with an examiner, as in item 1, above.

The instructions previously given you, concerning unagreed cases, explain your appeal rights.

P.O. Box 11946, Fresno, California 93776

(over)

Letter 692 (SC) (7-77)

B-4a (177)

Please let us hear from you within 10 days from the date of this letter. We have enclosed a self-addressed envelope for your convenience.

If you have any questions, please contact the person whose name and telephone number are shown above.

Thank you for your cooperation.

Sincerely yours,

Robert Skibicki

Chief, Service Center
Audit Division

Enclosures:

- Examination report
 - Agreement form
 - Waiver of Statutory Notification of Claim Disallowance
- Envelope

*THE PREVIOUS LETTERS, WE SENT YOU, HAS BEEN RETURNED TO
US BY THE POST OFFICE.*

ENCLOSED ARE ALL COPIES IN PREVIOUS LETTERS sent to you.

Letter 692 (SC) (7-77)

B-4a (128)

Internal Revenue Service Center
Western Region

1/2 11-9-77
Department of the Treasury

Date: MAR 7 1978

TAX REFUND
Person to Contact:
Shirley Sherwood
Contact Telephone Number:
(209) 488-6240 (This is not a toll free number)
Office Hours:
7:30 a.m. to 4:00 p.m.
Organizational Code:
82190.M.F.V.S

DEC 31 1975

94209-122-09702-6 292-24-3431 94027554
PATRICIA P CARTMELL
PO BOX 16
REDWOOD VALLEY, CA 95470 7512

Enclosed are two copies of our report giving a detailed computation of the amount of your tax. We are sending you this report because:

- We have no record of receiving a reply to our previous letter.
- You indicated you do not agree with the adjustments we are proposing.
- We have considered the information you gave us, but find that it does not justify a change in our proposed adjustment. Our reasons are given in the enclosed report.
- We have considered the information you gave us and adjusted your tax as shown in the enclosed report.

Our previous report sent to you was returned to me by the post office.

Please look the report over and let us know whether you agree with our findings. If you accept our findings, please sign one copy of the report and mail it to this office within 15 days from the date of this letter. If a refund is due, it will be sent to you 4 to 6 weeks after we receive your signed consent. If additional tax is due, you may send your payment in with the copy of the report. (See the enclosed instructions for payment details.)

If you do not accept our findings, you have 15 days from the date of this letter to do one of the following:

1. Mail us any additional evidence or information you would like us to consider.
2. Request a meeting with an examiner at one of our local District offices. During this informal discussion, you may submit any additional information you would like considered. Please write or phone us and we will transfer your case to your District office. They will contact you to arrange for a convenient time and place.

P.O. Box 11946, Fresno, CA 93776

(over)

Letter 525 (SC) (7-77)

B-4-a (129)

3. Request a conference with a conferee at one of our District offices. The conferee will be someone who has not previously examined your return. Please write or phone us and we will transfer your case to the conference staff in your District office, and they will contact you. However, since the examination was conducted entirely by correspondence, we would appreciate your first discussing our findings with an examiner.

The enclosed instructions fully explain your appeal rights.

If we don't hear from you within 30 days, we will have to process your case on the basis of the adjustments shown in the enclosed examination report. If you write us about your case, please refer to the symbols on the enclosed report. A self-addressed envelope is provided for your convenience.

If you have any questions and wish to call us, the person whose name and telephone number are shown in the heading of this letter will be able to help you. Since there will be a long distance charge to you if you are beyond the immediate dialing area of the service center, you may prefer to write us at the address on the enclosed envelope, or to call your local Internal Revenue Service office.

Thank you for your cooperation.

Sincerely yours,

Robert Skilnicki

Chief, Service Center Audit
Division

Enclosures:
Examination report (2)
Publication 5
Envelope
INCLUDE TAX RETURN (2)
Notice 394
Pub 876

B-4 a (130)

Internal Revenue Service
Western Region

Department of the Treasury

Date: NOV 9 1977

Tax Year Ended: DEC 31, 1975

94209-122-09702-6 292-24-3431 94027554
PATRICIA P. CARTMELL

PO BOX 16
REDWOOD VALLEY, CA 95470 7512

Person to Contact:
Shirley Sherwood
Contact Telephone Number:
(209) 488-6240 (This is not a toll free number)
Office Hours:
7:30 a.m. to 4:00 p.m.
Organizational Code:
82190 MF

After reviewing your Federal income tax return for the above tax year, we are proposing a correction for the reason indicated on the back of this letter.

Each person required by law to file a return for a tax year must file only one return and report only his or her income, exemptions, deductions, and credits on it. A husband and wife may file a joint return instead of separate returns. If they do, they must file only one return and report all income, exemptions, deductions and credits of both on the joint return.

In making the proposed correction, we figured your tax as a married person filing separately. Our computation of the increase in tax is shown on the back of this letter.

If you agree with our findings, please sign and date the consent to assessment and collection on the back of this letter and return it to us. You may pay the increase in tax now, and limit any interest charges; otherwise, we will bill you. If you pay now, please send your check or money order, payable to the Internal Revenue Service, with your signed consent.

If you do not agree with our findings and have additional information you would like us to consider, please send it to us and attach this letter to help identify your account. Or, if you now wish to file a joint return, which may be to your advantage, you should complete the enclosed income tax return. Please be sure it is signed by both husband and wife, and attach this letter when you return it to us. The law requires that any tax due must be paid with an amended return. If there is a balance due on your amended joint return after you have subtracted the tax paid on your combined separate returns, please send us your payment. If there is an overpayment, a refund will be issued to you. Any Internal Revenue Service office will be glad to help you prepare the return.

Please let us hear from you within 15 days from the date of this letter (30 days if addressed to you outside the United States). An addressed envelope is enclosed for your convenience. The copy of this letter is for your records.

(over)

P.O. Box 11946, Fresno, CA 93776

Form RSC-545 (Rev. 5-76)

B-4a (131)

89-4286-2018

If you have any questions and wish to call us, the person whose name and telephone number are shown in the heading of this letter will be able to help you. Since there will be a long distance charge to you if you are beyond the immediate dialing area of the service center, you may prefer to write us at the address on the enclosed envelope or call any Internal Revenue Service office.

Thank you for your cooperation.

Sincerely yours,

Robert Spivicki
Chief, Service Center Audit Division

Enclosures:

- Form 1040
- Form 1040A
- Envelope
- Copy of this letter

Reason for Correction

- Since your spouse filed a separate return and was allowed his or her personal exemption, you may not claim an exemption for your spouse.
- Since your spouse itemized deductions on his or her return, you may not claim the standard deduction or use the Tax Table in figuring your tax. We have determined your tax using the Tax Rate Schedule without the standard deduction.
- Since your spouse took the percentage standard deduction on his or her return, you may not take the low-income allowance in figuring your tax.
- The amount you claimed as a standard deduction exceeds the maximum allowed by law for a married person filing a separate return.
-

Corrected Tax Computation

Total Tax After Correction	6.40 ⁰⁰ - P.F.C. (30 ⁰⁰)	\$ 34. ⁰⁰
Total Tax on Return or as Previously Adjusted		<u>0</u>
Increase in Tax	EXCLUDED FROM TAX	\$ 34. ⁰⁰

Consent To Assessment and Collection

I do not wish to exercise my appeal rights with the Internal Revenue Service or to contest in the United States Tax Court the findings in this letter. Therefore, I give my consent to the immediate assessment and collection of the increase in tax shown in this letter, plus any interest provided by law.

Your Signature

Date

Form RSC-545 (Rev. 5-76)

B-4a (132)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKMEN'S COMPENSATION APPEALS BOARD

WANDA S. SWINNEY,

Applicant

vs.

MRS. DENSON'S COOKIE COMPANY, INC.,
and ZENITH NATIONAL INSURANCE
COMPANY,

Defendant

Case No. 76 SRO 18864

Order of Dismissal

Applicant is out of the country until some unknown time. It is not felt that defendants should have to maintain a reserve under these circumstances.

It is noted that applicant has over three years to petition to reopen the case.

It Is ORDERED that the above-entitled Case be, and the same hereby is, dismissed without prejudice.

James D. Hendy
JAMES D. HENDY

Referee, WORKMEN'S COMPENSATION APPEALS BOARD

Executed on 3/16/78
(Date)

Served on said date by mail on persons shown on the official address record.

BY: J. Hogan

Social Security Notice of Disapproved Claim

From: Bureau of Retirement and Survivors Insurance
Mid-America Program Service Center, Kansas City, Missouri 64106

Date:

October 28, 1977

Lillian Alexander on acct of
Myrtle Simms (DECD.)
1029 Geary - Apt 3B
San Francisco, California 94109

Your Claim Number:
489-14-2326-G1

This notice refers to your claim for benefits under the Social Security Act.

We are unable to pay the Lump-Sum Death benefit to you because you have failed to submit a properly completed application form. You have not answered all pertinent questions on the application. Therefore, a proper determination cannot be made and your claim must be disallowed.

If you believe that this determination is not correct, you may request that the 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. You may make your request through any social security office. If you have additional evidence, submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you may 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 notice with you.

Enclosure:
W (SSA) 76-10058

Department of Health, Education, and Welfare
Social Security Administration

MARK FRANKLIN

B-4a(133)a

SSA-1.229 (3-76)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS
550 Kearney St., Suite 320
San Francisco, Calif. 94104

Name and Address of Claimant:

Mrs. Pearlle Morris
c/o Ms. Oreen Armstrong
1240 Fillmore St., Apt. 1110
San Francisco, CA. 94115

NOTICE OF DISMISSAL

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed order of dismissal, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date ~~of receipt of this notice.~~ ^{of receipt of this notice.*}

You, or your representative, may file the request for review at your local social security office, or it may be filed with the hearing office or the Appeals Council.

This notice and enclosed copy of
order of dismissal mailed

November 23, 1977

* It will be presumed that this notice is received within 5 days from the above date, unless a reasonable showing is made otherwise.

CC:

Name and Address of Representative:

Mr. Robert V. Tobin
Welfare Rights
942 Market St., Rm. 701
San Francisco, Ca. 94102

CLAIMANT

B-4a (134)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

ORDER
OF DISMISSAL

In the case of

Pearlie Morris

(Claimant)

Pearlie and Johnny Morris

(Wage Earner) (Leave blank if same as above)

Claim for

Retirement Insurance Benefits
Wife's Insurance Benefits

P. Morris-426-52-4710

J. Morris-428-05-7925

(Social Security Number)

The claimant filed for the above benefits alleging that she was born January 29, 1911.

The Social Security Administration initially determined that she was born in 1912 but subsequently established January 29, 1911 as correct. She presently appears to allege that she was born in 1910 on the basis of a Federal Census record.

A hearing was scheduled for November 22, 1977 in San Francisco with appropriate notice sent to the claimant and her representative, Mr. Robert V. Tobin, Welfare Rights Organization, San Francisco, CA. Notice was received from one, Oreen Armstrong, to the effect that Mrs. Morris was "out of town, account ill" and that Ms. Armstrong had a power of attorney "in my stead". Neither the claimant, Ms. Armstrong nor the representative appeared at the time and place of hearing.

The undersigned has reviewed all the relevant available material and finds no satisfactory authority therein for recognizing Ms. Armstrong as a "proper party" having a right to a hearing either as the moving party for the claimant or in her own right. It also appears doubtful to the undersigned that Mrs. Morris has any serious intention of pursuing this matter actively. As indicated above, the Social Security Administration established 1911 as the claimant's year of birth, which is consistent with the initial allegations in this case, and Mrs. Morris is evidently receiving benefits under Title II of the Social Security Act.

In any case, in the absence of a better showing of Ms. Armstrong's standing and Mrs. Morris's bona fide intention

B-4a (135)

CLAIMANT

to have a hearing in this case, the request for hearing is dismissed (20 CFR 404.936 and 404.937(b)).

Harry S. Mandel

HARRY S. MANDEL
Administrative Law Judge
550 Kearny St., Ste. 320
San Francisco, CA. 94108

DATE: November 23, 1977

Pearlie Morris

426-52-4710

(Claimant/Applicant)

(Social Security Number)

Johnny Morris - A/N 428-05-7925

(Wage Earner)

(Leave blank in Title XVI Cases or if name is same as above)

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>
1	Application for Retirement Insurance Benefits, filed by claimant on 11/2/72	4
2	Application for Wife's Insurance Benefits, filed by Johnny Morris on 11/14/73	4
3	Application for Retirement Insurance Benefits, filed by claimant on 9/5/75	4
4	Application for Disability Insurance Benefits, filed by claimant on 9/5/75	4
5	Request for Reconsideration, dated 12/16/76	2
6	Social Security Notice of Reconsideration, dated 3/30/77	3
7	Application for Social Security Account Number, dated 2/5/47 and Request for Change 12/4/68	1
8	Earnings Record, 9/16/75	1
9	Request for School Record for Birth Certificate, 11/6/72	1
10	Letter from Bureau of the Census, dated 1/25/77 re: 1910	1
11	Census Record for 1920	2
12	Census Record for 1930	2
13	Copy of Policy issued on 7/6/67 with The National Life and Accident Insurance Company	2
14	Copy of California Driver License, issued 12/22/71	1
15	Copy of Affidavit of Birth, 5/27/72	1
16	Report of Contact re: 1920 Census, dated 12/5/72	1
17	Report of Contact, dated 11/11/77	1
18	Returned Form HA-504, from Mrs. Armstrong, received 11/10/77	1

In Title II, Title XVIII, and Black Lung Cases - File in Hearing File In Title XVI Case - File in Claim File.

CLAIMANT/APPLICANT

B-4a (137)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
303 GOLDEN GATE AVENUE
SAN FRANCISCO, CALIFORNIA 94102
Tel: 556-3138

OP 3

REFER TO:
Walker, Mary
566-52-7362

November 8, 1977

Mary N. Walker
1029 Geary St. #52
San Francisco, CA 94109

Dear Ms. Walker,

We have not received a reply to our request for refund of your supplemental security income overpayment of \$172.60.

To refund the overpayment, make your check or money order payable to the "Social Security Administration, Claim Number 566-52-7362 AI" and mail it in the enclosed envelope.

Remember, if you cannot refund the full amount, please get in touch with us about making monthly installments.

If we do not hear from you within 30 days, we may get in touch with you.

Sincerely,

Sarah Keegan (hr)

Sarah Keegan
Claims Representative

B-4a (138)

Lay Office Report #25 29 March 78

1-- okay.

2-- There are no changes from last year. No assets purchased this year and the annual inventories are about the same --perhaps down about \$1000 since we are no longer stocking up far in advance, where it is for sale...

3-- BE SURE YOU XEROX ALL RETURNS BEFORE MAILING THEM OUT.. WE DO NOT HAVE ENOUGH FORMS TO MAKE CARBONS, AND ALL WE CAN DO IS MAIL THEM OUT AS IS.. AND TRUST YOU TO SEND US A PHOTOCOPY..

Yes, will send back originals.. but returns can be filed with photocopies of the W-2; do not hold up filing the returns.. Photocopy them and get them in the mail, please. If you have not, we will file some amended returns.. get them mailed!

4-- Thank you; we are filing for an extension..

5-- Since Patty did not know her social security number, Walter's return had her name but no soc sec # on it.. IRS "ASSUMED" that his daughter was his wife, and disallowed his exemption for his wife.. saying she filed separately. That is the reason for this item.

Section II--People

1-- He never gave them a bill or a decision; they tried to sign it over to him --he never signed it nor called them back. He has run up quite a bill.. Contract was first in Kutulas name then transferred to Richard Janaro.. it was originally in writing, but Harold never saw it.. it should be in law office files.. HE WILL LINKS TO P.T., though was not the property of P. T., was for Danny's trucking business.

BUFOR B: I RECOMMEND DO NOT PAY THE INSURANCE.

BUFOR B.. MENTION MADE OF AN "AGREEMENT & ASSIGNMENT OF INTEREST" SIGNED BY CLAIRE & RICHARD.. PUT IN IN ERROR.. CHECK THE HEALING AFFIDAVITS FOR THIS...

2-- ADVISE CHAIKIN ON THIS--legal for him and Harriet.

3-- Sounds like good advice; ask Gene and Harriett..

4-- AGREED. THIS SHOULD BE DONE. IS TAX DEDUCTIBLE.. Do not know if he wants it for 12/31 or for 1/1/78...

5-- Gene Chaikin

6-- see note on healings...above)

B 4a (140)

To Carolyn Jayson

SECTION I - TAXES

1. Rest Homes - coming with this report in 2 duffel bags are the resxt of all of the records for Fireside, WhisperingPines, some of Bogues, and Janaro 1977 and 1978 xeroxes.
2. Attached is copy of Form 571 and 571-F re Janaro and a copy of the 1976 one filed by Tish for example. This is the form you said has to be filed by April 15. Will wait for directions to fill out, but Bonnie says she already knows how to do it.
3. In report #15 I sent you Xeroxes of W-2's, before I later sent original W-2's with John. Would you MAIL those xeroxs back, now that you've received the originals, so we know what has been sent you for each person. Some people had several W-2's form several employers during the year 1977, and if you send us the xeroxes, we'llkow if we've sent you all the W-2s per persm required.
4. Leon Perry - Attached is material regarding sale of his truck andhis license. Betty says for you to ask Jack Beam, also I remember Lee was in on this til he went over. First the truck was sold, then the license was sold. The license went for \$900. After the truck was sold, several bills camén on it, which were cleared to pay, and which I guess can be itemized by Leon on taxes... Because of shortness in time, I am sendin- entire file over to you for Evelyn's mother and others to do with what you like.
5. Patricia Cartmell - received an audit letter from IRS, attached with this report.

SECTION II - PEOPLES

1. Will someone please heck with Harold and Richard and find out specifically what is the status of the 4 fuel storage tanks in Willits. I have in file an agreement and assignment of interest signed by Richard and Claire granting interest to Bob Peters, but Claire and Bonnie tell me this never happened. Now the insurance policy is due again, to pay the annual premium, by April 17. Bonnie has not yet told me how much the premium is this year; it was \$240 in '76. Any contact with Bob Peters has been nebulous -- last I heard he was saying something about deterioration of the fuel and th at ~~xxx~~ were we were supposed to add chemicals to the fuel to keep it up to par. Anyway, this is one of those dangling itemsleft behind, and we need specific written instuctions . Please consult with Harold, Richard and mail back an answer.

(When you get the duffel bags + find the headingaffedarts - check carefully for an Agreement + Assignment of Interest signed by Claire + Richard - put in there in error.)

B-4a (14)

2. Wanda Swinney's workmen's compensation appeal case was dismissed because she is out of country; can re-open within 3 years. See attached Order of Dismissal.
3. Pearlie Morris - Maria K sent this over to James, who came to me about it - apparently Oreen Armstrong represented herself as authorized representative for Pearlie regarding retireant insurance benefits; Social Security did not accept Oreen as an authorized representative, and no one appeared at any baring. I would suggest after talking with Randolph that you have Pearlie write a letter to SSA, perhaps someone there could type it for her, saying she did not want Oreen to represent her but does appoint someone else, perhaps Barbara Hoyer, or Jim Randolph, or Lorie Efrien, someone familiar with this material, and repetitin fr the benefits. The form says she has 60 days to appeal, but I would try it anyway, and say in the letter that she does intend to pursue getting the benefits.
4. We need a written statement from Chakin where he donates the printing equipment of Truth Enterprises to Peoples Temple, effective January 1, 1978. to comply with our insurance policy of P.T. which now covers the equipmet..
5. Please have Chaikin re-sign the attached Substitution of Party in the guardianship of Chris Buckley; he did it once before but I sent it to the wrong court!
6. Dick Tropp asked for copies of healing affidavits to be sent overseas. I had Tom Adams xeroxe these for me today, just found out when I came home that they got packed in one of the duffel bags going out with the tax stuff. So bok for the bulk of thos healing affidavits somewhere in tonight's duffel bags - there are a few that I xeroxed myself and are in a anveloped with this law office report, but the majority got mistakenly put in the bag.

B-4A (142)

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF INDUSTRIAL ACCIDENTS
WORKMEN'S COMPENSATION APPEALS BOARD

WANDA S. SWINNEY,

Applicant

vs.

MRS. DENSON'S COOKIE COMPANY, INC.,
and ZENITH NATIONAL INSURANCE
COMPANY,

Defendant

Case No. 76 SRO 18864

Order of Dismissal

Applicant is out of the country until some unknown time. It is not felt that defendants should have to maintain a reserve under these circumstances.

It is noted that applicant has over three years to petition to reopen the case.

It Is ORDERED that the above-entitled Case be, and the same hereby is, dismissed without prejudice.

James D. Hendy

JAMES D. HENDY

Before, WORKMEN'S COMPENSATION APPEALS BOARD

Executed on 3/16/78
(Date)

Served on said date by mail on persons shown on the official address record.

BY: J. Hogan

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS
550 Kearney St., Suite 320
San Francisco, Calif. 94102

Name and Address of Claimant:

Mrs. Pearlle Morris
c/o Ms. Oreen Armstrong
1240 Fillmore St., Apt. 1110
San Francisco, CA. 94115

NOTICE OF DISMISSAL

PLEASE READ CAREFULLY

If you disagree, in whole or in part, with the enclosed order of dismissal, you may request the Appeals Council to review it. However, your request for review must be filed within 60 days following the date ^{of receipt of this notice.*} ~~of this notice.~~

You, or your representative, may file the request for review at your local social security office, or it may be filed with the hearing office or the Appeals Council.

This notice and enclosed copy of
order of dismissal mailed

November 23, 1977

* It will be presumed that this notice is received within 5 days from the above date, unless a reasonable showing is made otherwise.

CC:

Name and Address of Representative:

Mr. Robert V. Tobin
Welfare Rights
942 Market St., Rm. 701
San Francisco, Ca. 94102

CLAIMANT

B-4a (144)

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
BUREAU OF HEARINGS AND APPEALS

ORDER
OF DISMISSAL

In the case of

Pearlie Morris

(Claimant)

Pearlie and Johnny Morris

(Wage Earner) (Leave blank if same as above)

Claim for

Retirement Insurance Benefits
Wife's Insurance Benefits

P. Morris-426-52-4710
J. Morris-428-05-7925

(Social Security Number)

The claimant filed for the above benefits alleging that she was born January 29, 1911.

The Social Security Administration initially determined that she was born in 1912 but subsequently established January 29, 1911 as correct. She presently appears to allege that she was born in 1910 on the basis of a Federal Census record.

A hearing was scheduled for November 22, 1977 in San Francisco with appropriate notice sent to the claimant and her representative, Mr. Robert V. Tobin, Welfare Rights Organization, San Francisco, CA. Notice was received from one, Green Armstrong, to the effect that Mrs. Morris was "out of town, account ill" and that Ms. Armstrong had a power of attorney "in my stead". Neither the claimant, Ms. Armstrong nor the representative appeared at the time and place of hearing.

The undersigned has reviewed all the relevant available material and finds no satisfactory authority therein for recognizing Ms. Armstrong as a "proper party" having a right to a hearing either as the moving party for the claimant or in her own right. It also appears doubtful to the undersigned that Mrs. Morris has any serious intention of pursuing this matter actively. As indicated above, the Social Security Administration established 1911 as the claimant's year of birth, which is consistent with the initial allegations in this case, and Mrs. Morris is evidently receiving benefits under Title II of the Social Security Act.

In any case, in the absence of a better showing of Ms. Armstrong's standing and Mrs. Morris's bona fide intention

CLAIMANT

B-4a(145)

to have a hearing in this case, the request for hearing is dismissed (20 CFR 404.936 and 404.937(b)).

Harry S. Mandel

HARRY S. MANDEL
Administrative Law Judge
550 Kearny St., Ste. 320
San Francisco, CA. 94108

DATE: November 23, 1977

Pearlie Morr

426-52-4710

(Claimant/Applicant)

(Social Security Number)

Johnny Morris - A/N 428-05-7925

(Wage Earner)

(Leave blank in Title XVI Cases or if name is same as above)

<u>EXHIBIT NO.</u>	<u>DESCRIPTION</u>	<u>NO. OF PAGES</u>
1	Application for Retirement Insurance Benefits, filed by claimant on 11/2/72	4
2	Application for Wife's Insurance Benefits, filed by Johnny Morris on 11/14/73	4
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5	Request for Reconsideration, dated 12/16/76	2
6	Social Security Notice of Reconsideration, dated 3/30/77	3
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8	Earnings Record, 9/16/75	1
9	Request for School Record for Birth Certificate, 11/6/72	1
10	Letter from Bureau of the Census, dated 1/25/77 re: 1910	1
11	Census Record for 1920	2
12	Census Record for 1930	2
13	Copy of Policy issued on 7/6/67 with The National Life and Accident Insurance Company	2
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15	Copy of Affidavit of Birth, 5/27/72	1
16	Report of Contact re: 1920 Census, dated 12/5/72	1
17	Report of Contact, dated 11/11/77	1
18	Returned Form HA-504, from Mrs. Armstrong, received 11/10/77	1

In Title II, Title XVIII, and Black Lung Cases - File in Hearing File In Title XVI Case - File in Claim File.

CLAIMANT/APPLICANT

B-4a (148)



DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION
303 GOLDEN GATE AVENUE
SAN FRANCISCO, CALIFORNIA 94102
Tel: 556-3138

OP 3

REFER TO:
Walker, Mary
566-52-7362

November 8, 1977

Mary N. Walker
1029 Geary St. #52
San Francisco, CA 94109

Dear Ms. Walker,

We have not received a reply to our request for refund of your supplemental security income overpayment of \$172.60.

To refund the overpayment, make your check or money order payable to the "Social Security Administration, Claim Number 566-52-7362 AI" and mail it in the enclosed envelope.

Remember, if you cannot refund the full amount, please get in touch with us about making monthly installments.

If we do not hear from you within 30 days, we may get in touch with you.

Sincerely,

Sarah Keegan (hr)

Sarah Keegan
Claims Representative

B-4a (14P)

Social Security Notice of Disapproved Claim

From: Bureau of Retirement and Survivors Insurance
Mid-America Program Service Center, Kansas City, Missouri 64106

Date:

October 28, 1977

Lillian Alexander on acct of
Myrtle Simms (DECD.)
1029 Geary - Apt 3B
San Francisco, California 94109

Your Claim Number:
489-14-2326-G1

This notice refers to your claim for benefits under the Social Security Act.

We are unable to pay the Lump-Sum Death benefit to you because you have failed to submit a properly completed application form. You have not answered all pertinent questions on the application. Therefore, a proper determination cannot be made and your claim must be disallowed.

If you believe that this determination is not correct, you may request that the 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. You may make your request through any social security office. If you have additional evidence, submit it with your request. Please read the enclosed leaflet for a full explanation of your right to question the determination made on your claim.

If you have questions about your claim, you may 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 notice with you.

Enclosure:
W (SSA) 76-10058

B-4 a (149)

Department of Health, Education, and Welfare
Social Security Administration

SSA 76-00120

SSA-1.229 (3-76)