

To Mildred

Law Office Report #38 July 8, 1978

from June

page 1

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2. ~~Sam~~ Willits Fuel situation: Monday Rob Tarver, Don Beck, and realtor Haycock will go to Bob Peters on whose property the pumps are stored, and discuss the fuel pumps; Rob will take a tap to see if there is any fuel left and how much; Haycock has a possible buyer.
3. Attached is ^{copy} original new birth certificate for Donna Lacy, this makes the adoption of Donna by Georgia Lacy official and final. This should be kept securely with records there. I'm sure Mrs. Lacy would be very pleased to see it; she went through a lot to get it. *(original kept here in James' records)*
4. Clara Johnson/Syola Williams suit - attached is bill from the attorney, For you to handle however you want it to be done.
5. Cleve Swinney - attached is ^{copy} original Social Security Award which should be kept there for Cleve's records.
6. 1752 McKinnon Street, SF - reported on Bedford's last report which went over with Gloria this week; new news: Bedford listed it today with local realtor, realtor gave favorable report and thinks it will sell easily. Using Edwards' power of attorney for listing agreement, property consists of 2 lots and is listed to be sold for one piece, listed at \$24,000, cash, 10% commission to realtor.
7. See law office report #30, dated May 13, 1978, item 3. Irvin informed me last week that one of the items that was removed belonged to Blanche. Somehow communications got mistaken and mixed up because it has always been our position not to move that one, not to keep it in our pantry but close by at our neighbor's kitchen. What has happened is that that one was dealt with exactly as the others were, ended up in the Mission district; Irvin was careful ~~of~~ of the cold air and wore gloves and warm coat ~~but~~ but doesn't remember if he removed the plates from the dinner table
8. Apostolic Corp: We have received attached Request for Past Due Return. How do you propose to handle this? Before this reaches you I will have put this over the radio and possibly consulted Walter; I know Walter's first question will be, well did you file taxes for 1977? Why not? Whatever Walter will do will be a stalling operation, I would assume; this should be discussed by Chet and Cheryl and Evelyn's mother and Mildred and whoever else...Martha and I are speechless as usual, struck dumb, you might say...

B4d (1)

9. Edith Cordell bill - in tracking down how much Medi-Cal and Medicare has paid on a bill she owes to Dr. Morton Rosenblum, k Joanne Davis has traced down that a \$28.80 Medicare check was sent over for Edith's endorsement, and we have no record of it being returned here after endorsement. Would someone please check this out? Dr. Rosenblum sends his bills c/o Peoples Temple. Also; if you do get ~~Medicare~~ Medicare or Medi-Cal checks for people to endorse, I assume you do send them back to us, don't you? Once they're endorsed, they have to be used to pay off the medical bill - and cashing Medicare or Medi-Cal checks over there would look strange, I should think.
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B4d (2)

WILLIAM J. O'KEEFFE
ATTORNEY AT LAW
80 STONESTOWN, SUITE 102
SAN FRANCISCO, CALIF. 94132
TELEPHONE 664-6788

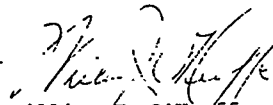
June 28, 1978

Mrs. Georgia Lee Lacy
871 Grove Street
San Francisco, California 94117

Dear Mrs. Lacy:

Enclosed please find new Birth
Certificate for Donna, which was sent to me
by the State Department of Health today.

Yours very truly,


William J. O'Keefe

WJO'K:ts
Encl.

B4d (3)

LAW OFFICES
Dicker & Dicker
A PROFESSIONAL CORPORATION
SUITE 501
1180 SOUTH BEVERLY DRIVE
Los Angeles, California 90035
LI 31 853-8700 - 878-4777
June 7, 1978

CLARA JOHNSON
1435 Alvarado Terrace
Los Angeles, CA 90006

Invoice #5968

CHARGES FOR LEGAL SERVICES RE: WILLIAMS vs. TURNER
2829 Wellington Road,
FEE: \$100.00

ITEMIZED COSTS:

Filing Fee \$15.00
Writ of Execution
Marshal's Fee
Abstract of Judgment
County Recorder
Process Server 38.00
Wage Garnishment

TOTAL CHARGES FOR CASE:

TOTAL COSTS:

\$ 53.00
\$153.00

DUPLICATE

B4d(5)

DISTRICT OFFICE
SANTA ROSA CA

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CLAIM NUMBER
303-10-4049HA

Certificate of Social Insurance Award

PAYMENT CENTER: BALTIMORE MD 21241

DATE: 12/09/65



THIS IS TO CERTIFY THAT THE PERSON(S) NAMED BELOW BECAME ENTITLED TO THE INSURANCE BENEFITS SHOWN, PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT.

TYPE OF
BENEFIT

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT
OR AS REPRESENTATIVE OF THE CLAIMANT

DATE OF
ENTITLEMENT

MONTHLY
BENEFIT

AMOUNT OF
FIRST CHECK

CLEAVE L SWINNEY
1201 S DORA ST
UKIAH CALIF 95482

10/65

\$116.70

\$233.40

TYPE OF BENEFIT-- DISABILITY

ROBERT M. BALL
COMMISSIONER OF SOCIAL SECURITY

880

READ THE OTHER SIDE OF THIS CERTIFICATE AND THE ENCLOSED INSTRUCTIONS FOR IMPORTANT INFORMATION AND CONDITIONS UNDER WHICH THESE BENEFITS ARE NOT PAYABLE.

4 CA-30 (8-64)

B4d(6)

KEEP AS A PERMANENT RECORD--DO NOT DESTROY

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
SACRAMENTO CA 95857



**REQUEST FOR
PAST DUE RETURN**

Date: 06/30/78

APOSTOLIC CORPORATION

Corporate No.: 7640140 AC5**

P O BX 15156
SN FRANCISCO CA 94115

Income Year Ended: 01/31/78

Due Date of Return: 04/15/78

We have not received your return for the income year ended 01/31/78. As required by law, we are making a formal legal demand that the return be filed.

EVERY CORPORATION, EVEN THOUGH INACTIVE OR OPERATING AT A LOSS, IS REQUIRED TO FILE A RETURN FOR EACH INCOME PERIOD AND PAY THE TAX DUE UNTIL DISSOLVED OR WITHDRAWN.

You should resolve this matter now by filing the return promptly with payment of tax, penalties, and interest.

Please contact us if you have any questions regarding this notice.

PLEASE TYPE OR PRINT

DO NOT USE THIS SPACE

Change year

Change address

Address, if different from that shown:

Number and street _____

City, state, zip code _____

Signature _____

Telephone Number _____

Date _____

TAXPAYER SERVICE
TELEPHONE (800) 852-7050

FTB 5624-M (10-77)

B4d(7)

To Mildred

Law Office Report #38 July 8, 1978

from June

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(original kept here in James records)
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B4d(9)

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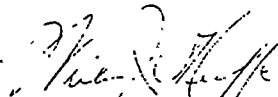
June 28, 1978

Mrs. Georgia Lee Lacy
871 Grove Street
San Francisco, California 94117

Dear Mrs. Lacy:

Enclosed please find new Birth
Certificate for Donna, which was sent to me
by the State Department of Health today.

Yours very truly,


William J. O'Keefe

WJO'K:ts
Encl.

B4d(10)

CALIFORNIA
DEPARTMENT OF HEALTH

OFFICE OF
REGISTRAR
STATISTICS

certify that
true copy of
sent filed in

of the
of 1962
of 1962
of 1962
of 1962

of 1962
of 1962
of 1962

of 1962
of 1962

1978

STATE BIRTH CERTIFICATE NUMBER		CERTIFICATE OF LIVE BIRTH			LOCAL REGISTRATION DISTRICT AND COUNTY	
62-33908		STATE OF CALIFORNIA			3801 17177	
NAME OF CHILD	1. NAME OF CHILD - FIRST		2. MIDDLE		3. LAST	
	Donna		Louise		Lacy	
SEX	4. SEX		5. BIRTHWEIGHT		6. DATE OF BIRTH - MONTH DAY YEAR	
	Female		3033		11/15/62	
PLACE OF BIRTH	7. PLACE OF BIRTH - NAME OF PLACE		8. STREET ADDRESS (Street, Number, or Location)			
	San Francisco General		22nd & Polero			
MOTHER OF CHILD	9. MOTHER'S NAME - FIRST		10. MIDDLE		11. LAST	
	Georgia		Lee		Palmer	
FATHER OF CHILD	12. FATHER'S NAME - FIRST		13. MIDDLE		14. LAST	
	Frank		Lacy		Lacy	
PARENTS' CERTIFICATION	15. I CERTIFY THAT I HAVE EXAMINED THE CHILD AND INFORMATION AND THIS IS IN ACCORDANCE WITH THE BEST OF MY KNOWLEDGE		16. PARENT OR OTHER INFORMANT - OPERATOR		17. RELATIONSHIP TO CHILD	
			Georgia Lee Lacy		Mother	
ATTENDANT'S CERTIFICATION	18. I CERTIFY THAT I STAYED WITH THE CHILD AND THAT THE CHILD WAS BORN ALIVE AT THE PLACE, DATE AND HOUR STATED		19. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THE BIRTH) - NAME, TITLE AND TITLED NAME			
			F. K. Chapler, M.D.			
LOCAL REGISTRAR	20. ADDRESS		21. LOCAL REGISTRAR - SIGNATURE		22. DATE	
	San Francisco		Ellis D. Sox, M.D.		11/23/62	

11/23/62

LAW OFFICES
Dicker & Dicker
A PROFESSIONAL CORPORATION
SUITE 501
1180 SOUTH BEVERLY DRIVE
Los Angeles, California 90035
(213) 553-8700 - 879-4777
June 7, 1978

CLARA JOHNSON
1435 Alvarado Terrace
Los Angeles, CA 90006

.. Invoice #5968

CHARGES FOR LEGAL SERVICES RE: WILLIAMS vs. TURNER
2829 Wellington Road,
FEE: \$100.00

DUPLICATE

ITEMIZED COSTS:

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Writ of Execution
Marshal's Fee
Abstract of Judgment
County Recorder
Process Server 38.00
Wage Garnishment

TOTAL CHARGES FOR CASE: TOTAL COSTS: \$ 53.00
\$153.00

B4d (12)

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SANTA ROSA CA

DEPARTMENT OF
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SOCIAL SECURITY ADMINISTRATION

CLAIM NUMBER
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DATE OF
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MONTHLY
BENEFIT

AMOUNT OF
FIRST CHECK

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10/65

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\$233.40

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Robert M. Ball

ROBERT M. BALL
COMMISSIONER OF SOCIAL SECURITY

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1 0A-30 (8-64)

B4d (13)

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FRANCHISE TAX BOARD
SACRAMENTO CA 95857



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APOSTOLIC CORPORATION

Corporate No.: 7640140 AC5**

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SN FRANCISCO CA 94115

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PLEASE TYPE OR PRINT

DO NOT USE THIS SPACE

Change year

Change address

Address, if different from that shown:

Number and street _____

City, state, zip code _____

Signature _____

Telephone Number _____

Date _____

TAXPAYER SERVICE
TELEPHONE (800) 852-7050

FTB 502-M (10-77)

B4d (14)

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B4A(16)

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TELEPHONE 864-8788

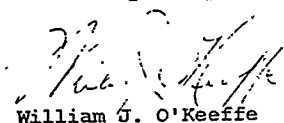
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Yours very truly,


William J. O'Keefe

WJO'K:ts
Encl.

B4d (17)

CALIFORNIA
DEPARTMENT OF HEALTH

REGISTRAR
STATISTICS

Verify that
copy of
filed in

of 100 to
of 1000 to
of 10000 to
of 100000 to
of 1000000 to
of 10000000 to

UNOFFICIAL
COPY OF HEALTH
CERTIFICATE

1978

STATE BIRTH CERTIFICATE NUMBER		CERTIFICATE OF LIVE BIRTH			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
STATE OF CALIFORNIA		STATE OF CALIFORNIA			STATE OF CALIFORNIA		
1. NAME OF CHILD - FIRST	2. MIDDLE	3. LAST	4. SEX	5. THIS BIRTH, SINGLE, TWIN, TRIPLE, QUADRUPLET, etc.	6. MARRIAGE	7. DATE OF BIRTH - MONTH, DAY, YEAR	8. MODE
Donna	Louise	Lacy	Female	Single	3033	11/15/62	1300
9. PLACE OF BIRTH - NAME OF HOSPITAL	10. STREET ADDRESS (CITY, NUMBER, OR LOCATION)						
San Francisco General	22nd E. Cabrero						
11. CITY OR TOWN	12. COUNTY						
San Francisco	San Francisco						
13. BIRTH NAME OF MOTHER - FIRST	14. MIDDLE	15. LAST	16. STATE OF BIRTH	17. AGE OF MOTHER			
Georgia	Lee	Balmer	TX	52			
18. NAME OF FATHER - FIRST	19. MIDDLE	20. LAST	21. STATE OF BIRTH	22. AGE OF FATHER			
Frank		Lacy	TX				
23. CERTIFY THAT I HAVE REVIEWED THIS STATEMENT AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE	24. PARENT OR OTHER INFORMANT - SIGNATURE			25. RELATIONSHIP TO CHILD (i.e., MOTHER, FATHER, etc.)			
	Georgia Lee Lacy			Mother			
26. CERTIFY THAT I ATTENDED THIS BIRTH AND THAT THIS CHILD WAS BORN ALIVE AT THE TIME, WAS FULLY FORMED, AND VISIBLE SEPARATELY	27. PHYSICIAN (OR OTHER PERSON WHO ATTENDED THIS BIRTH) - SIGNATURE AND TITLE AND TITLE NAME			28. DATE			
	F. K. Chapler, M.D.			11/16/62			
29. ADDRESS	30. LOCAL REGISTRAR - SIGNATURE			31. DATE RECEIVED BY REGISTRAR			
San Francisco	Ellis D. Sor, M.D.			11/23/62			

B-4-d (18)

LAW OFFICES
Dicker & Dicker
A PROFESSIONAL CORPORATION
SUITE 801
1180 SOUTH BEVERLY DRIVE
Los Angeles, California 90035
(813) 852-8700 • 878-6777
June 7, 1978

CLARA JOHNSON
1435 Alvarado Terrace
Los Angeles, CA 90006

.. Invoice #5968

CHARGES FOR LEGAL SERVICES RE: WILLIAMS vs. TURNER
2829 Wellington Road,
FEE: \$100.00

DUPLICATE

ITEMIZED COSTS:

Filing Fee \$15.00
Writ of Execution
Marshal's Fee
Abstract of Judgment
County Recorder
Process Server 38.00
Wage Garnishment

TOTAL COSTS: \$ 53.00
TOTAL CHARGES FOR CASE: \$153.00

B4A (19)

DISTRICT OFFICE
SANTA ROSA CA

DEPARTMENT OF
HEALTH, EDUCATION, AND WELFARE
SOCIAL SECURITY ADMINISTRATION

CLAIM NUMBER
303-10-4049HA

Certificate of Social Insurance Award

PAYMENT CENTER, BALTIMORE MD 21241

DATE: 12/09/65



THIS IS TO CERTIFY THAT THE PERSON(S) NAMED BELOW BECAME ENTITLED TO THE INSURANCE BENEFITS SHOWN, PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT.

TYPE OF
BENEFIT

NAME AND ADDRESS OF PAYEE AS THE CLAIMANT
OR AS REPRESENTATIVE OF THE CLAIMANT

DATE OF
ENTITLEMENT

MONTHLY
BENEFIT

AMOUNT OF
FIRST CHECK

CLEAVE L SHINNEY
1201 S DORA ST
UKIAH CALIF 95482

10/65

\$116.70

\$233.40

TYPE OF BENEFIT- DISABILITY

ROBERT M. BALL
COMMISSIONER OF SOCIAL SECURITY

880

READ THE OTHER SIDE OF THIS CERTIFICATE AND THE ENCLOSED INSTRUCTIONS FOR IMPORTANT INFORMATION AND CONDITIONS UNDER WHICH THESE BENEFITS ARE NOT PAYABLE.

4 OA-30 (8-64)

B4d (20)
KEEP AS A PERMANENT RECORD—DO NOT DESTROY

STATE OF CALIFORNIA
FRANCHISE TAX BOARD
SACRAMENTO CA 95857



REQUEST FOR
PAST DUE RETURN

Date: 06/30/78

APOSTOLIC CORPORATION

Corporate No.: 7640140 AC5**

P O BX 15156
SN FRANCISCO CA 94115

Income Year Ended: 01/31/78

Due Date of Return: 04/15/78

We have not received your return for the income year ended 01/31/78. As required by law, we are making a formal legal demand that the return be filed.

EVERY CORPORATION, EVEN THOUGH INACTIVE OR OPERATING AT A LOSS, IS REQUIRED TO FILE A RETURN FOR EACH INCOME PERIOD AND PAY THE TAX DUE UNTIL DISSOLVED OR WITHDRAWN.

You should resolve this matter now by filing the return promptly with payment of tax, penalties, and interest.

Please contact us if you have any questions regarding this notice.

PLEASE TYPE OR PRINT

DO NOT USE THIS SPACE	
Change year	<input type="text"/>
Change address	<input type="text"/>

Address, if different from that shown:

Number and street _____

City, state, zip code _____

Signature _____ Telephone Number _____

Date _____

TAXPAYER SERVICE
TELEPHONE (800) 852-7050

B4 d (21)