

7. DOMESTIC BANKS - MISC.

RECEIPT FOR CERTIFIED MAIL

SENT TO <i>Gen. Miami Fed. Soc. Inc. P.O.</i>	POSTMARK OR DATE <b>SAN FRANCISCO, CA JUN 23 1977 STA. A</b>
STREET AND NO. <i>P.O. Box 014461</i>	
P.O., STATE AND ZIP CODE <i>Miami Fla 33101</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES	
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered With restricted delivery
	2. Shows to whom, date and where delivered With restricted delivery
RESTRICTED DELIVERY	
SPECIAL DELIVERY (extra fee required)	

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side) ☆ GPO 1975-O-591-452  
*RR-7-a-1*

No. 818311

RECEIPT FOR CERTIFIED MAIL

SENT TO <i>EE 1st Natl. Bk</i>	POSTMARK OR DATE <b>SAN FRANCISCO, CA JUL 1977 STA. A</b>
STREET AND NO. <i>100 So. Broadway</i>	
P.O., STATE AND ZIP CODE <i>Miami</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES	
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered With restricted delivery
	2. Shows to whom, date and where delivered With restricted delivery
RESTRICTED DELIVERY	
SPECIAL DELIVERY (extra fee required)	

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side) ☆ GPO 1975-O-591-452  
*RR-7-a-2*

No. 818424

RECEIPT FOR CERTIFIED MAIL

SENT TO <i>157 Fed. Savings &amp; Loan Assn</i>	POSTMARK OR DATE <b>SAN FRANCISCO, CA JUN 6 1977 STA. A</b>
STREET AND NO. <i>157 Third St</i>	
P.O., STATE AND ZIP CODE <i>Miami Fla 33131</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES	
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered With restricted delivery
	2. Shows to whom, date and where delivered With restricted delivery
RESTRICTED DELIVERY	
SPECIAL DELIVERY (extra fee required)	

PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side) ☆ GPO 1975-O-591-452  
*RR-7-a-3*

No. 813310

RECEIPT FOR CERTIFIED MAIL—30c (plus postage)

SENT TO <i>Bank of America</i>	POSTMARK OR DATE <b>SAN FRANCISCO, CA MAY 23 1977 STA. A</b>
STREET AND NO. <i>Brickell Ave</i>	
P.O., STATE AND ZIP CODE <i>Miami Florida 33131</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES	
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered With delivery to addressee only
	2. Shows to whom, date and where delivered With delivery to addressee only
DELIVER TO ADDRESSEE ONLY	
SPECIAL DELIVERY (extra fee required)	

PS Form Apr. 1971 3800 NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side) ☆ GPO 1975-O-591-452  
*RR-7-a-4*

No. 160371

**STICK POSTAGE STAMPS TO ARTICLE TO COVER POSTAGE (first class or airmail),  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
2. If you do not want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, date, detach and retain the receipt, and mail the article.
3. If you want a return receipt, write the certified-mail number and your name and address on a return receipt card, Form 3811, and attach it to the back of the article by means of the gummed ends. Endorse front of article RETURN RECEIPT REQUESTED.
4. If you want the article delivered only to the addressee, endorse it on the front DELIVER TO ADDRESSEE ONLY. Place the same endorsement in line 2 of the return receipt card if that service is requested.
5. Save this receipt and present it if you make inquiry.



**STICK POSTAGE STAMPS TO ARTICLE TO COVER POSTAGE (first class or airmail),  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

1. If you want this receipt postmarked, stick the gummed stub on the left portion of the address side of the article, leaving the receipt attached, and present the article at a post office service window or hand it to your rural carrier. (no extra charge)
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4. If you want delivery restricted to the addressee, or to an authorized agent of the addressee, endorse RESTRICTED DELIVERY on the front of the article. Check the appropriate blocks in item 1 of the return receipt card.
5. Save this receipt and present it if you make inquiry.

**STICK POSTAGE STAMPS TO ARTICLE TO COVER POSTAGE (first class or airmail),  
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5. Save this receipt and present it if you make inquiry.

RECEIPT FOR CERTIFIED MAIL

SENT TO *Dede Federal Savings & Loan* POSTMARK OR DATE  
 STREET AND NO. *101 E Glasgow St*  
 P.O., STATE AND ZIP CODE *Miami Fla. 3310* SAN FRANCISCO, CA JUN 1 1977 STA. A  
 OPTIONAL SERVICES FOR ADDITIONAL FEES  
 RETURN RECEIPT SERVICES  1. Shows to whom and date delivered With restricted delivery  
 2. Shows to whom, date and where delivered With restricted delivery  
 RESTRICTED DELIVERY  
 SPECIAL DELIVERY (extra fee required)  
 PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side) GPO 1975-O-591-42  
*RR-7-a-5*

No. 817720

RECEIPT FOR CERTIFIED MAIL

SENT TO *Greater Miami Feder of Savgs & Loan Assn.* POSTMARK OR DATE  
 STREET AND NO. *101 Southeast 2nd Ave*  
 P.O., STATE AND ZIP CODE *Miami Fla. 33131* SAN FRANCISCO, CA JUN 1 1977 STA. A  
 OPTIONAL SERVICES FOR ADDITIONAL FEES  
 RETURN RECEIPT SERVICES  1. Shows to whom and date delivered With restricted delivery  
 2. Shows to whom, date and where delivered With restricted delivery  
 RESTRICTED DELIVERY  
 SPECIAL DELIVERY (extra fee required)  
 PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side) GPO 1975-O-591-42  
*RR-7-a-6*

No. 817719

RECEIPT FOR CERTIFIED MAIL

SENT TO *Dede Federal Savings & Loan Assn.* POSTMARK OR DATE  
 STREET AND NO. *P.O. Box 01307 of 1-16*  
 P.O., STATE AND ZIP CODE *Miami Fla.* SAN FRANCISCO, CA JUN 29 1977 STA. A  
 OPTIONAL SERVICES FOR ADDITIONAL FEES  
 RETURN RECEIPT SERVICES  1. Shows to whom and date delivered With restricted delivery  
 2. Shows to whom, date and where delivered With restricted delivery  
 RESTRICTED DELIVERY  
 SPECIAL DELIVERY (extra fee required)  
 PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side) GPO 1975-O-591-42  
*RR-7-a-7*

No. 818309

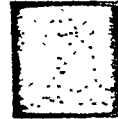
RECEIPT FOR CERTIFIED MAIL

SENT TO *First Federal Savings & Loan Assn.* POSTMARK OR DATE  
 STREET AND NO. *1 S.E. 3rd Ave*  
 P.O., STATE AND ZIP CODE *Miami Fla. 33131* SAN FRANCISCO, CA JUN 13 1977 STA. A  
 OPTIONAL SERVICES FOR ADDITIONAL FEES  
 RETURN RECEIPT SERVICES  1. Shows to whom and date delivered With restricted delivery  
 2. Shows to whom, date and where delivered With restricted delivery  
 RESTRICTED DELIVERY  
 SPECIAL DELIVERY (extra fee required)  
 PS Form Jan. 1976 3800 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side) GPO 1975-O-591-42  
*RR-7-a-8*

No. 817718

**STICK POSTAGE STAMPS TO ARTICLE TO COVER POSTAGE (first class or airmail),  
CERTIFIED MAIL FEE, AND CHARGES FOR ANY SELECTED OPTIONAL SERVICES. (see front)**

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5. Save this receipt and present it if you make inquiry.



IN ACCOUNT WITH

VERNON GOSNEY

NO. 225-374370

MARTINEZ - 225 OFFICE

	DATE	WITHDRAWAL	INTEREST	DEPOSIT	BALANCE	TELLER
				BALANCE FORWARD		
	Initial Deposit: Received by <i>Stony</i> Date FEB 13 78 225			10 <sup>00</sup> -	10 <sup>00</sup> -	
2	MAR 1 78 225			10 <sup>00</sup> -	20 <sup>00</sup> -	
3	MAR 8 * 225	15 <sup>00</sup> -			5 <sup>00</sup> -	
4						
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23						

PAY BY CHECK WITH A CHECKING ACCOUNT

## Notice

By accepting this savings receipt book, I agree that:

I will notify you immediately, if this receipt book is lost, stolen or destroyed.

I have received the disclosure brochure describing Individual Savings Passbook Accounts,

I will maintain the account in the manner established on the account agreement card.

I will not assign any money represented by this receipt book without obtaining written consent from you.

I will notify you of any change of address.

You have the right, at your sole discretion, to require presentation of this receipt book before any payment is made from the account.

Since  1852

# WELLS FARGO BANK

NATIONAL ASSOCIATION

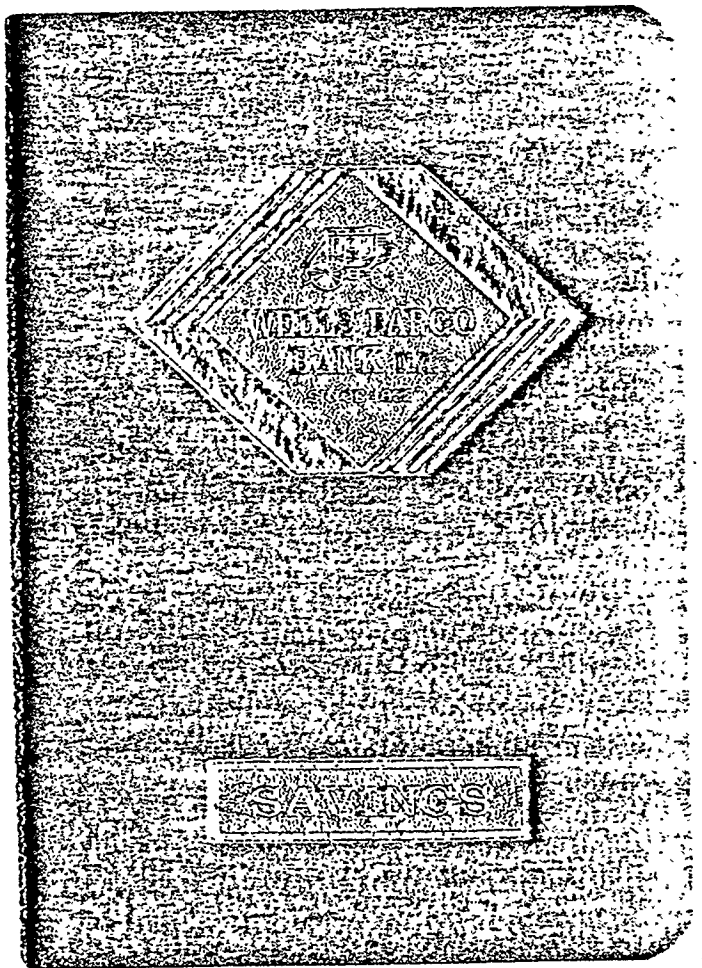
HEAD OFFICE • SAN FRANCISCO

MARTINEZ — 225

OFFICE

MEMBER FEDERAL RESERVE SYSTEM  
MEMBER FEDERAL DEPOSIT INSURANCE  
CORPORATION

RR-1-b-1





90-406 PROFIT SHARING TRUST

ACCOUNT No. 149

Shirley Smith

THIS PASS BOOK MUST ACCOMPANY ALL PAYMENTS

If you are not now enjoying the convenience and economy of paying your bills by check, may we suggest that you open a

Special  
Checking Account

---

You will receive your personalized checks imprinted with your name and address — AT NO COST TO YOU.

You pay for the service only when you use it — 15 CENTS FOR EACH CHECK YOU WRITE.

Your deposits may be made by mail.

Why not open a SPECIAL CHECKING ACCOUNT today?

Savings Bank  
of Mendocino County  
Ukiah Hopland

GLENDON — SAN FRANCISCO

NAME

ACCOUNT NO.

\$

PER MONTH BEGINNING

PAID IN	DISBURSEMENTS	DATE	BALANCE

**SAVINGS BANK OF MENDOCINO COUNTY**  
UKIAH, CALIFORNIA

NAME

ACCOUNT NO.

\$

PER MONTH BEGINNING

INTEREST	INTEREST PAID TO	PRINCIPAL	MISC. CHARGE	DATE	BALANCE
----------	------------------	-----------	--------------	------	---------

SAVINGS BANK OF MENDOCINO COUNTY  
UKIAH, CALIFORNIA

NAME

ACCOUNT NO.

\$

PER MONTH BEGINNING

INTEREST	INTEREST PAID TO	PRINCIPAL	MISC. CHARGE	DATE	BALANCE
----------	---------------------	-----------	-----------------	------	---------

SAVINGS BANK OF MENDOCINO COUNTY  
UKIAH, CALIFORNIA

NAME Shirley Smith

ACCOUNT NO. 149

\$ PER MONTH BEGINNING

INTEREST	INTEREST PAID TO	PRINCIPAL	MISC. CHARGE	DATE	BALANCE		
Date	Re-Value	Re-Alloc.	Yearly Contrib.	Balance	Vested Int. %	Verified By	
12/31/73	—	191.87	760.70	952.57	—	—	—
12/31/74	(268.62)	40.86	876.13	1600.94	—	—	—
12/31/75	698.97	59.63	960.05	3319.59	—	—	—
12/31/76	878.61	81.05	1038.95	5318.20	25%	ER	—

SAVINGS BANK OF MENDOCINO COUNTY  
UKIAH, CALIFORNIA

NAME

Shirley Smith

ACCOUNT NO. 149

\$

PER MONTH BEGINNING

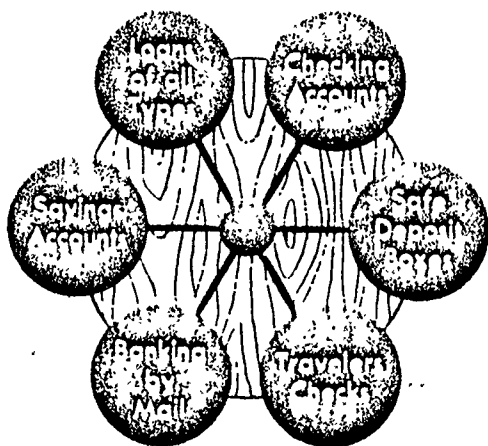
INTEREST	INTEREST PAID TO	PRINCIPAL	MISC. CHARGE	DATE	BALANCE
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Your interest in the trust at any time is some percentage of the trust assets at any given time. The figures in the "balance" column is the dollar value of your percentage of the trust on the date indicated. The market value of the trust, your percentage of it and your "vested interest" will vary from year to year.

SAVINGS BANK OF MENDOCINO COUNTY  
UKIAH, CALIFORNIA

*Everything*

AT YOUR  
FINGERTIPS!



Banking with us is something like using a "Lazy Susan"—we put all the banking services you want at your fingertips!

Doing all your banking in one stop means you can save time and steps. It also means better service to you, because the bank gets to know you and your needs better. Use all 6 of the important banking services listed: You'll like them all!

All 6 important banking services are important to you.



ACCOUNT NO.

SAVINGS BANK  
OF  
MENDOCINO COUNTY

UKIAH, CALIFORNIA

MEMBER FEDERAL DEPOSIT INSURANCE CORPORATION

RL- 7- b-2

REGISTERED NO. 19-14738

Value \$ N.V.	Special Delivery \$
Reg Fee \$ 2.10	Return Receipt \$ 25
Handling Charge \$	Restricted Delivery \$
Postage \$ 13	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jones*

FROM *Jones*  
P.O. Box 15156  
S.F.A. 94115

TO *Dade Federal Savings*  
101 East Florida St  
Miami Florida 33131  
RR-7-C-1

POSTMARK OF *MIAMI NOV 1970*

MAILING OFFICE

★ GPO: 1970-599-203

REGISTERED NO. 19-15166

Value \$ N.V.	Special Delivery \$
Reg Fee \$ 2.10	Return Receipt \$ 25
Handling Charge \$	Restricted Delivery \$
Postage \$ 13	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jones*

FROM *Jones*  
RR-7-C-2

TO *Angelica Poldos*  
First Federal Savings  
One S.E. Third Ave.  
Miami Florida

POSTMARK OF *MIAMI NOV 1970*

MAILING OFFICE

★ GPO: 1970-599-203

REGISTERED NO. 19-15167

Value \$ N.V.	Special Delivery \$
Reg Fee \$ 2.10	Return Receipt \$ 25
Handling Charge \$	Restricted Delivery \$
Postage \$ 13	<input type="checkbox"/> AIRMAIL

POSTMASTER (By) *Jones*

FROM *Jones*  
P.O. Box 15156  
S.F.A. 94115

TO *Shelby Miami Savings*  
101 S.E. Third Ave.  
Miami Fla. 33131  
RR-7-C-3

POSTMARK OF *MIAMI NOV 1970*

MAILING OFFICE

★ GPO: 1970-599-203

**SAVE THIS RECEIPT FOR REGISTERED MAIL**

**COVERAGE**—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

**FILING CLAIM**—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

**FOREIGN COUNTRIES**—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3896, Mar. 1974

GPO: 1976 - 599 - 283

**SAVE THIS RECEIPT FOR REGISTERED MAIL**

**COVERAGE**—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

**FILING CLAIM**—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

**FOREIGN COUNTRIES**—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974

GPO: 1976 - 599 - 283

**SAVE THIS RECEIPT FOR REGISTERED MAIL**

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**FILING CLAIM**—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

**FOREIGN COUNTRIES**—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

PS Form 3806, Mar. 1974

GPO: 1976 - 599 - 283

ANN MOORE

No. 052

P.O. Box 16  
REDWOOD VALLEY, CA. 95470

Jan. 7 1976

90-406  
1211

PAY TO THE  
ORDER OF

Townsend Bros.

\$ 105<sup>70</sup>

One Hundred and Five and <sup>70</sup>/<sub>100</sub>'s DOLLARS

SINCE 1903  
SAVINGS BANK OF MENDOCINO COUNTY  
UKIAH - CALIFORNIA

Ann Moore

⑆ 211 0406 ⑆ 01 5506 ⑆ 3 ⑆ RR-7-d-1 ⑆ 0000010570 ⑆

ANN MOORE

No. 051

P.O. Box 16  
REDWOOD VALLEY, CA. 95470

Dec. 13 1975

90-406  
1211

PAY TO THE  
ORDER OF

California Conference Credit Union

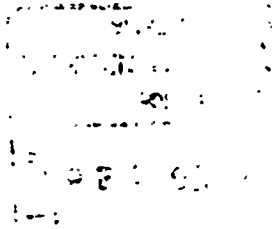
\$ 950<sup>00</sup>

Nine Hundred and fifty And <sup>00</sup>/<sub>100</sub>'s DOLLARS

SINCE 1903  
SAVINGS BANK OF MENDOCINO COUNTY  
UKIAH - CALIFORNIA

Ann Moore

⑆ 211 0406 ⑆ 01 5506 ⑆ 3 ⑆ RR-7-d-2 ⑆ 0000095000 ⑆



POST OFFICE BOX 1111  
 SAN FRANCISCO, CALIF. 94104  
 JAN 19 11 37 AM '69  
 W. J. DOWNING

JA 175 09  
 55-11  
 AMT BANK, P.E.C.  
 10 AMERICA, NT & SA  
 FRANCISCO CA 94

0000000000

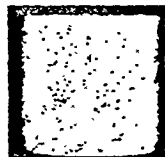
1969

AMERICAN SAVINGS OFFICE  
 AMERICAN SAVINGS OFFICE  
 1000 MARKET STREET  
 SAN FRANCISCO, CALIFORNIA  
 94103

19

19

AMERICAN SAVINGS OFFICE  
 AMERICAN SAVINGS OFFICE  
 1000 MARKET STREET  
 SAN FRANCISCO, CALIFORNIA  
 94103



PEOPLES TEMPLE ACCOUNT #27  
 P. O. BOX # 15384  
 SAN FRANCISCO, CALIFORNIA 94115  
 OFFICE 921-9107

BANK OF AMERICA  
 FULL SERVICE POST OFFICE  
 1800 CALIFORNIA ST.  
 SAN FRANCISCO, CALIFORNIA

15 246

11-55/1210

March 5, 1976 19

PAY Seven and 50/100 DOLLARS \$ 7.50  
 TO THE ORDER OF

French Hospital  
 4131 Geary Blvd.  
 San Francisco, California  
 94119

*Maura Kutzner*  
 TRIPPLICATE

⑈000248⑈ ⑆1210-0035⑆ 02719-00047⑈

PEOPLES TEMPLE ACCOUNT #27  
 P. O. BOX # 15384  
 SAN FRANCISCO, CALIFORNIA 94115

DETACH BEFORE DEPOSITING  
 DO NOT CHANGE OR ALTER

When detached and paid the above check becomes  
 a receipt in full payment of the foregoing amount.  
 NO OTHER RECEIPT NECESSARY.

DATE	DESCRIPTION	AMOUNT	DISCOUNT		OTHER DEDUCTIONS	NET AMOUNT
			%	AMOUNT		
3/5/76	Marcelene Kleinibst	7.50				7.50

- RR-7-E1

PEOPLES TEMPLE ACC. #27  
 P. O. BOX #15284  
 SAN FRANCISCO, CALIFORNIA 94115  
 DE FIDE 931-9207

BANK OF AMERICA  
 FULTON STREET OFFICE  
 570 FULTON ST.  
 SAN FRANCISCO, CA. 94102

501

11-30-1210

4-2- 19 76

PAY Forty Five and no/100 DOLLARS \$ 45.00  
 TO THE ORDER  
 OF

BLUE CROSS OF NORTHERN CALIFORNIA  
 1950 Franklin St.  
 Oakland, Ca. 94659

TRIPPLICATE

#000501# 61210-00350 02719-00047#

PEOPLES TEMPLE ACCOUNT #27  
 P. O. BOX # 15284  
 SAN FRANCISCO, CALIFORNIA 94115

DETACH BEFORE DEPOSITING  
 DO NOT CHANGE OR ALTER

When detached and paid the above check becomes  
 a receipt in full payment of the following account  
 NO OTHER RECEIPT NECESSARY.

DATE	DESCRIPTION	AMOUNT	DISCOUNT		OTHER DEDUCTIONS	NET AMOUNT
			%	AMOUNT		
4/2/76	Marcelline Kleinschmidt P.O. Box 221 Ukiah Ukiah, Ca. 95482	45.00				45.00
	JL.					

RR-7-E-2

PEOPLES TEMPLE ACCOUNT #27  
 P. O. BOX #15386  
 SAN FRANCISCO, CALIFORNIA 94115  
 OFFICE 931-9107

BANK OF AMERICA  
 FEDERAL RESERVE BANK  
 1900 FILLMORE ST.  
 SAN FRANCISCO, CALIF. 94115

NO 6-3

11-35-1970

4/12 19 76

PAY Forty Five and no/100 DOLLARS \$ 45.00  
 TO THE ORDER  
 OF

BLUE CROSS  
 1950 Franklin St.  
 Oakland, California 94699

*Michael L. Smith*  
 TRIPPLICATE

⑈000629⑈ Ⓞ1210-0035⑈ 02719-00047⑈

PEOPLES TEMPLE ACCOUNT #27  
 P. O. BOX # 15386  
 SAN FRANCISCO, CALIFORNIA 94115

DETACH BEFORE DEPOSITING  
 DO NOT CHANGE OR ALTER

When detached and paid the above check becomes  
 a receipt in full payment of the full account  
 NO OTHER RECEIPT NECESSARY

DATE	DESCRIPTION	AMOUNT	DISCOUNT		OTHER DEDUCTIONS	NET AMOUNT
			FEES	AMOUNT		
4/12/76	Marcellene Kleinibet P.O. Box 221 Ukiah, California 95482					
		A576-36				45.00
		JL.				

RR-7-E-3



7/26/76

Blue Cross  
1950 Franklin St.  
Oakland, CA  
94659

Dear Sir,

I am writing in reference to two checks that were sent to your office in the month of April. The checks were numbered as, # 501 and # 629, ( see attached copies ). As you can see the check numbered as 501 was mailed to you on the 2cd of April, which was to pay for the due monthly payment. Then, again on the 14th of April you were mistakenly paid another \$45.00 which was never returned as an over payment.

I would appreciate if you would mail us a check to reimburse our account. I realize that it's a trouble for both you and our client, but due to the change over in the bookkeeping service we did find the error and felt it only right to correct it.

Thank You.

Sincerely,

*Deborah L. Blakey*  
Deborah L Blakey

Payables Dept.

BR-7-3-4



Vertical lines and markings on the right side of the page, possibly a routing slip or form.



*Savings Bank*  
OF MENDOCINO COUNTY

STATEMENT OF ACCOUNT

EUGENE CHAIKIN  
ATTORNEY AT LAW  
P O BOX 192  
REDWOOD VALLEY CALIFORNIA 95470

ACCOUNT NUMBER	1-07360-3
STATEMENT DATE	11/30/77

BALANCE LAST STATEMENT	TOTAL AMOUNT CHECKS	NO. OF CHECKS	NO. OF DEPOSITS	TOTAL AMOUNT DEPOSITS	SERVICE CHARGE	BALANCE THIS STATEMENT
1245588		00		00	00	1245588

CHECKS	DEPOSITS	DATE	BALANCE
			1245588

SC - SERVICE CHARGE  
CC - CHECK CHARGE

MC - MISCELLANEOUS CHARGE  
RT - RETURN CHECK

RR-7-f

**E** **CITIZENS**  
SAVINGS AND LOAN ASSOCIATION  
Established 1885  
3146 20th Ave.  
San Francisco, CA. 94132

September 15, 1978

Mr. James Edwards  
People Temple Organization  
Jonestown, Guyana

Re: Account Number 002-040439-8

Dear Mr. Edwards:

Just a reminder that we have not yet received your completed signature card. As a convenience to you we have enclosed another card. Would you please take a few moments of your time to complete this card and return it to us in the enclosed postage-paid envelope?

For your safety, we only permit withdrawals to be made by those persons who have authorized signatures and proper identification in our files.

Cordially,

*C. Coplen*  
C. Coplen  
Branch Vice-President

Encls.

RR-7-9-1

NAME AND ADDRESS - ZIP CODE (LAST NAME FIRST)

EDWARDS, Mr. James, Trustee for  
Calvin Johnson  
401 Ralston St.  
San Francisco, CA. 94132

BRANCH & ACCOUNT NUMBER

002-040439-8

TERM (MONTHS) RATE

Passbook

TAX IDENTIFICATION NUMBER

OLD ACCOUNT NUMBER - IF A TRANSFER

COUNTY CODE

NUMBER SIGNATURES  
FOR WITHDRAWALS

OPENED BY	DATE	AMOUNT	OTHER ACCOUNTS	OTHER INSTRUCTIONS
CC	1-7-78		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

The undersigned Trustee, who is also the Settlor, hereby applies for a Savings Account in  
CITIZENS SAVINGS AND LOAN ASSOCIATION

(hereinafter "Association") and for issuance of evidence thereof in the name of the undersigned as Trustee for Beneficiary(ies)  
named hereon, subject to the terms of the Declaration of Trust on the reverse hereof to which Declaration undersigned Trustee-Settlor hereby agrees and subscribes as though it were set in full at this point.

PLEASE SIGN REVERSE SIDE

8-72

RR-7-9-2

CONTINUED ON REVERSE SIDE

over

©

SIGNATURE (TRUSTEE)		DATE
MR MRS MISS		X
TRUSTEE FOR		
BENEFICIARY (IES)	ADDRESS	RELATIONSHIP TO TRUSTEE
X	X	X
BENEFICIARY (IES)	ADDRESS	RELATIONSHIP TO TRUSTEE

I, the person signing as Trustee and Settlor hereon, hereby declare that the savings account numbered and designated on the reverse hereof is, and any and all funds placed in such account at any time are and shall be held by me in trust for beneficiary(ies) designated herein, with the principal to remain and all funds placed in such account and interest thereon to myself the right (1) to have any interest not credited to such account paid to me, and (2) to manage such account in whole or in part as I may see fit by executing and delivering to Association a request for withdrawal of the whole or a part of such account and such trust shall be revocable as to the whole or part to which such request relates.

At my death, Association shall pay the whole or such account to such beneficiary if there is only one named as such beneficiary, or to those designated hereon in equal shares if more than one person is designated as such beneficiary, but if no beneficiary so named as being at my death, Association shall pay such account to my estate.

DECLARATION OF TRUST

SIGNATURE (SETTLOR-TRUSTEE)

MOTHER'S MARRIAGE NAME

MR  
MRS  
MISS

X

Association is authorized (1) to act as to such account without further inquiry in accordance with any writing bearing the signature of undersigned as Settlor hereon, and (2) to supply any needed and undeposited funds on any check or other similar instrument tendered for payment on or credit to such account. Withdrawals may not be made on any deposited funds until collected.

9-5

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, and 3 on the reverse.
  - Moisten gummed ends and attach to front of article if space permits. Otherwise affix to back of article.
  - Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300



RETURN  
TO



*Marceline J. Moore*  
(Name of sender)

*P.O. Box 15156*  
(Street or P.O. Box)

*San Francisco, Ca. 94115*  
(City, State, and ZIP Code)

*h-1-a*

PS Form 3811, Rev. 10/78

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.  
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).

Show to whom and date delivered..... 15¢

Show to whom, date, & address of delivery.. 35¢

RESTRICTED DELIVERY.  
Show to whom and date delivered..... 65¢

RESTRICTED DELIVERY.  
Show to whom, date, and address of delivery 85¢

2. ARTICLE ADDRESSED TO:

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
5-15168		

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE  Addressee  Authorized agent

4. DATE OF DELIVERY: *FF* POSTMARK: *SLA 10/11*

5. ADDRESS (Complete only if requested):

6. UNABLE TO DELIVER BECAUSE: *RR-7-h-1* CLERK'S INITIALS:

☆ GPO : 1978-O-203-456

UNITED STATES POSTAL SERVICE  
OFFICIAL BUSINESS

SENDER INSTRUCTIONS

Print your name, address, and ZIP Code in the space below.  
• Complete items 1, 2, and 3 on the reverse.  
• Moltex gummed ends and attach to front of article.  
If space permits. Otherwise affix to back of article.  
• Endorse article "Return Receipt Requested" adjacent to number.

PENALTY FOR PRIVATE  
USE TO AVOID PAYMENT  
OF POSTAGE, \$300



RETURN  
TO



4-2-4  
9-2-6

Marceline Jones  
(Name of Sender)

P.O. Box 15156  
(Street or P.O. Box)

San Francisco Ca. 94115  
(City, State, and ZIP Code)



PS Form 3811, Mar. 1976

● **SENDER** Complete items 1, 2, and 3. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).

Show to whom and date delivered..... 15¢

Show to whom, date, & address of delivery.. 35¢

RESTRICTED DELIVERY.  
Show to whom and date delivered..... 65¢

RESTRICTED DELIVERY.  
Show to whom, date, and address of delivery 85¢

2. **ARTICLE ADDRESSED TO:**  
GREATER MIAMI FED  
S & L ASSO

3. **ARTICLE DESCRIPTION:**

REGISTERED NO. M-15167	CERTIFIED NO.	INSURED NO.
---------------------------	---------------	-------------

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE  Addressee  Authorized agent

*J. Brown*

4. **DATE OF DELIVERY**  
110777

**POSTMARK**  
LEE

5. **ADDRESS (Complete only if requested)**

6. **UNABLE TO DELIVER BECAUSE:**  
RR-7-h-2

**CLERK'S INITIALS**

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

STATEMENT OF ACCOUNT  
**BERKELEY OFFICE** **CENTRAL BANK**

PAGE 1 16

PERIOD ENDING  
 10/22/75  
 DATE LAST STATEMENT

ANN MOORE  
 2939 ASHBY  
 BERKELEY CA

9/19/75  
 ACCOUNT NUMBER  
 94705 5937 57115

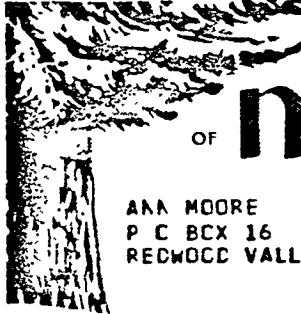
PLEASE ADVISE US OF ANY CHANGE IN ADDRESS

CHECKS	DEPOSITS	DATE	NEW BALANCE
			BALANCE FORWARD 5398
<p><i>If you write a check for                  They will close your                  account</i></p>			

*RR-7-i*

**SYMBOLS:** C = CUSTOMER AUTHORIZED CHANGE    P = P.C. CHANGE    R = RETURN ITEM CHANGE    S = SERVICE CHARGE

YOUR BALANCE WAS	WE HAVE ADDED (ING) CREDITS TOTALING	WE HAVE SUBTRACTED (ING) DEBITS TOTALING	SERVICE CHARGE	RESULTING IN A BALANCE OF
5398	00	00	00	5398



OF **ms** SAVINGS BANK  
ENDOCINO COUNTY

STATEMENT OF ACCOUNT

ANN MOORE  
P O BOX 16  
REDWOOD VALLEY CALIFORNIA 95470

ACCOUNT NUMBER	1-05506-3
STATEMENT DATE	01/15/76

BALANCE LAST STATEMENT	TOTAL AMOUNT CHECKS	NO. OF CHECKS	NO. OF DEPOSITS	TOTAL AMOUNT DEPOSITS	SERVICE CHARGE	BALANCE THIS STATEMENT
2432.56	105.70	2		00	00	1377.26

CHECKS	DEPOSITS	DATE	BALANCE
950.00		12-23	1,482.56
105.70		01-13	1,377.26

*RL-7-j*

SC - SERVICE CHARGE  
CC - CHECK CHARGE

MC - MISCELLANEOUS CHARGE  
RT - RETURN CHECK

COMMONWEALTH PROGRAM • THE CHARTERED BANK OF LONDON  
P.O. BOX 3244, SAN FRANCISCO, CA 94119

# STATEMENT

TO INSURE PROPER CREDIT  
TO YOUR ACCOUNT  
PLEASE DETACH THIS  
STUB AND ENCLOSE  
WITH YOUR PAYMENT

You borrowed money to pay your insurance premium(s). Your policy(s) has been CANCELLED. The expected RETURN PREMIUM(S) due back from the insurance company(s) is not enough to pay off your account. You still owe the remaining amount which is due. Please send your check or money order to close your account.

POLICY ENCLOSED ▶ SEP 1977

DATE ▶ 12/06/77  
POLICY PREMIUMS \$ 304.00

PRESENT ACCOUNT BALANCE ▶ 4.27

EXPECTED RETURN PREMIUM ▶ .00

CANC CHG 5.00

AMOUNT DUE ▶ \$ 9.27  
TO CLOSE ACCOUNT

AMOUNT DUE  
\$ 9.27

YOUR ACCOUNT NUMBER  
5057-13246442

MAIL TO  
THE CHARTERED BANK  
OF LONDON  
COMMONWEALTH PROGRAM  
P.O. BOX 3244  
SAN FRANCISCO, CA 94119

13246442

MCKINNIS, LEVATOS  
1611 FAIRVIEW ST  
BERKELEY

CA 94703

IF SEC (11/79)

PROTECT YOUR CREDIT • • IT IS A VALUABLE ASSET  
IF YOU HAVE ANOTHER ACCOUNT WITH US PLEASE INDICATE THE NUMBER

**▶ PAY THIS AMOUNT**  
**RR-7-K**

 Bank of Montreal (California)

SF Branch  
We advise having credited your account with the amount(s) shown.  
C/A 47395-2 Account 8-3 19 78  
To: Luedella Johnson  
P.O. Box 15156  
San Francisco, Ca. 94115,

Particulars	Amount
Soc. Sec.	\$72.90
HT	

RR-7-L

UNITED CALIFORNIA BANK

DATE \*\*\*JULY 28, 1977\*\*\*

12 800 103

PAY

\*\*\*110,065.17\*\*

PAYEE \*\*\*LYNETTA P. JONES OR MARCELINE M. JONES\*\*\*

CASHIERS CHECK

The cashiers check described hereon will be subject to service charge from the date of issuance if not presented for payment to this bank within one year from such date. NOT NEGOTIABLE - CUSTOMER COPY

RR-7-m

PAYER <b>BANK OF AMERICA</b> <small>NATIONAL TRUST AND SAVINGS ASSOCIATION 94-1687665</small>		Statement for Recipients of <b>Interest Income</b>		Copy B For Recipient
UKIAH BRANCH 501 SOUTH STATE STREET UKIAH INV PBK 1288-80082		1977	Any amount shown in box 3. Amount of forfeiture may be deducted from the recipient's gross income to arrive at adjusted gross income on Form 1040 for Federal tax purposes even if he does not itemize his deductions.	
Recipient's identifying number 1 564-33-7166	LOWE	2 Interest on bank deposits 228.00	3 Amount of forfeiture	
RECIPIENT'S name, address and ZIP code Name P LOWELL F MC COY A MINDR CAROL A MC COY MOTHER 620 BUCHANAN STREET SAN FRANCISCO CA 94117		This information is being furnished to the Internal Revenue Service and appropriate State officials. PLEASE KEEP THIS COPY DO NOT ATTACH TO YOUR INCOME TAX RETURN An "X" in the upper left corner indicates this is a corrected form.		

RR-7-n

**BANK OF AMERICA**

UKIAH BRANCH  
 P. O. BOX 299  
 UKIAH CA 95422

BRANCH PHONE NO: 707-462-4721  
 QUARTER ENDING: SEP. 30, 1976

JOHN WILLIAM JONES  
 JEANNE L JONES  
 P O BOX 1515E  
 SAN FRANCISCO CA 94115

ACCOUNT NO. 2289-80285	TAXPAYER ID NO. 426-77-8667
INTEREST RATE 5.50	MATURITY TERM 2 MONTHS
INTEREST PAID THIS YEAR 296.48	INTEREST FORFEITURE THIS YEAR .00

SEE REVERSE SIDE FOR EXPLANATION OF SYMBOLS AND WITHDRAWAL TERMS AND RULES

DATE	WITHDRAWALS	DEPOSITS	NEW BALANCE
JUL 13 78		250.00	9,357.65
AUG 11 78		1,000.00	10,357.65
AUG 21 78	100.00		10,257.65
SEP 13 78		463.53	10,721.18
SEP 14 78	463.53		10,257.65
SEP 15 78		1,000.00	11,257.65
SEP 15 78	400.00		10,857.65
SEP 16 78	400.00		10,457.65
SEP 30 78	INTEREST	217.56	10,675.21

RR-7-o

PRINCIPAL AND INTEREST AVAILABLE FOR REINVESTMENT OR WITHDRAWAL UNTIL 10TH OF OCT 1978 \$ 8,025.61

BETWEEN 1ST & 10TH OF \_\_\_\_\_ AMOUNT WILL BE \$ \_\_\_\_\_

EXCLUDING ANY ACTIVITY IN THE INTERIM

BALANCE FORWARD	TOTAL WITHDRAWALS	TOTAL DEPOSITS	NEW BALANCE
7,907.65	1,663.53	2,831.09	9,075.21

#### SERVICES TO MAKE SAVING EASIER

**DEPOSIT AT ANY BRANCH** — Deposits made at any Bank of America Branch will be credited the same as if they were made at your home branch.  
**MONEY TRANSFER SERVICE** — You can arrange to have funds transferred regularly from your checking account to your savings account.

**ACCOUNT TRANSFER IF YOU MOVE** — There's sure to be a Bank of America branch near your new home in California. We can transfer your account to your new branch at any time in any quarter, with no loss of interest. (And when you move please give us your new address).

#### WITHDRAWAL AND REINVESTMENT TERMS

In order to earn the higher rate of interest associated with Investor Passbook Accounts, you must agree to keep your funds on deposit for a specific time period. If you want to withdraw your funds, the Bank at its discretion may permit you to do so before maturity. However, federal regulations require the Bank to impose the following interest forfeiture and rate penalties.

1. Interest Forfeiture - Up to three months interest must be forfeited on the amount being withdrawn.
2. Interest Rate Reduction - If the amount being withdrawn has been on deposit more than three months, interest for that additional period will be paid at the Bank's regular savings rate at the time of withdrawal.

In order to comply with these requirements when an account is closed it will be necessary to deduct from the amount requested to be withdrawn a portion of any interest that has already been paid or credited to your account. Forfeitures that apply to partial withdrawals will be subtracted from your remaining balance. When you withdraw funds at any time during the calendar quarter following maturity, the entire forfeiture will be applied to accrued, but unpaid interest.

You may withdraw interest during the first 10 days of a quarter, after it has been credited to your account (at the end of a quarter and until the principal amount on which it has been paid has matured). Interest not withdrawn within the first 10 days of the quarter following the principal maturity date will also become principal, and automatically be reinvested for another full maturity period. All funds not withdrawn after maturity will be reinvested at the same interest rate and maturity term.

#### IMPORTANT TAX INFORMATION

The statement of your Investor's Passbook Account is a complete and official record of your account activity for the calendar quarter and states it shows deposits, withdrawals, interest paid, interest disbursed, interest forfeiture and amounts available for withdrawal or reinvestment.

Tax laws require the Bank to report forfeitures and interest payments to the US Internal Revenue Service and the California Franchise Tax Board. Tax laws also require that you report all interest you have earned. You must report it on both federal income tax return and California or other state income tax return. The figure you will need is printed on your last statement of the year marked interest paid this year. Forfeitures may be reported as a deduction.

#### EXPLANATION OF SYMBOLS

D - Interest Disbursement, R - Reversing Entry, T - Money Transfer, M - MISC Entry, F - Withdrawal Penalty