



Blue Cross
of Northern California
1800 Franklin Street
Oakland, California 94609
Telephone: (415) 845-3000

Sylvia Stubbs
EXPLANATION OF PAYMENTS

CHECK NUMBER
10147678

10147678

DATE OF BILL
11/01/77

CHECK AMOUNT
71.32

| SERVICE PROVIDED BY | PATIENT | SERVICE FROM | TO | ID# | EXPLANATION | CLAIM NUMBER | TOTAL CHARGES | BLUE CROSS BENEFIT |
|---------------------|---------|--------------|----------|-----------|---------------|--------------|---------------|--------------------|
| | SUB | 08/17/77 | 09/20/77 | G02321500 | MAJOR MEDICAL | 00291728 | 8915 | 7132 |
| F-3-a-86 | | | | | | | | |
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THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS



Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94612
 Telephone: (415) 845-3000

Sylvia Hubbs
EXPLANATION OF PAYMENTS

CHECK NUMBER
10212001

10212001

DATE OF ISSUE
11/09/77

CHECK AMOUNT
85.00

| SERVICE PROVIDED BY | PATIENT | SERVICE FROM | SERVICE TO | IO-G02321500 EXPLANATION | CLAIM NUMBER | TOTAL CHARGES | BLUE CROSS BENEFITS |
|---------------------|---------|-----------------|------------|--------------------------|--------------|---------------|---------------------|
| H WEBER MD | SUB | 05/27/77 | 05/27/77 | HOME OR OFFICE | 00425518 | 8500 | 8500 |
| | | <i>F-3-a-87</i> | | | | | |
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* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS





Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94612
 Telephone: (415) 845-3000

Sylvia Gibbs
EXPLANATION OF PAYMENTS

CHECK NUMBER
10243653

10243653

DATE OF ISSUE
11/15/77

CHECK AMOUNT
6.04

| SERVICE PROVIDED BY | PATIENT | SERVICE FROM | SERVICE TO | ID=G02321500 EXPLANATION | CLAIM NUMBER | * TOTAL CHARGES | BLUE CROSS BENEFITS |
|---------------------|---------|--------------|------------|--------------------------|--------------|-----------------|---------------------|
| | SUB | 10/06/77 | 10/06/77 | MAJOR MEDICAL | 00522237 | 755 | 604 |
| <i>F-3-a-88</i> | | | | | | | |
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 YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN
 FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE
 SECOND PAYEE.

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS



Blue Cross
 of Northern California
 1950 Franklin Street
 Oakland, California 94612
 Telephone: (415) 645-3000

EXPLANATION OF PAYMENTS

10848736

CHECK NUMBER
10848736

DATE OF ISSUE
12/05/77

CHECK AMOUNT
40.56

| SERVICE PROVIDED BY | PATIENT | SERVICE FROM | TO | ID=G02321500 EXPLANATION | CLAIM NUMBER | TOTAL CHARGES | BLUE CROSS BENEFITS |
|---------------------|---------|--------------|----------|--------------------------|--------------|---------------|---------------------|
| | SUB | 10/19/77 | 10/19/77 | MAJOR MEDICAL | 00830908 | 5070 | 4056 |
| <i>Sylvia Smith</i> | | | | | | | |
| F-3-a-89 | | | | | | | |
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THIS STATEMENT SHOWS THE AMOUNT PAID FOR HEALTH CARE SERVICES. YOU MAY WISH TO RECORD THIS PAYMENT. IF THE CHECK IS WRITTEN FOR TWO PAYEES, PLEASE ENDORSE IT AND SEND BOTH PARTS TO THE SECOND PAYEE.

* TOTAL CHARGES DO NOT INCLUDE PERSONAL ITEMS

F-3-a-90

The **EQUITABLE** Life Assurance Society of the United States



HOME OFFICE NEW YORK, NEW YORK

JOSEPH S. GARDELLA
Divisional Benefits Manager

3708 Mt. Diablo Blvd., Suite 310
P. O. Box 445
Lafayette, California 94549
Telephone: (415) 284-2730

Salvia Grubbs
998 Divisadero Box 207
San Francisco, Ca. 9

Nov. 28, 1977

Dear Ms. Grubbs,

We have received the Notice of Statement of Claim submitted on your behalf.

- () 1. Prior to being able to process your claim further, we will need a copy of the acceptance or rejection notice on your claim for State Disability Insurance (U.C.D.B.).
- () 2. Your application is incomplete; please answer question(s) _____.
- () 3. Have your doctor complete question(s) _____.
- () 4. Your application indicates that your condition might be work-related. Your NDI coverage is, therefore, not applicable. To process your STD claim we need to know if you have filed a claim for Workers Compensation. Date filed _____
Declined/Accepted _____. If declined, please indicate if you intend to appeal: Yes _____ No _____.
- () 5. There will be a slight delay in the processing of your claim as additional time will be required to evaluate and/or obtain additional information.
- () 6. Have you applied for or received UCRS, PERS, Social Security or Supplemental Income benefits, or other employer, union welfare, labor management trust, or an employee benefit organization plan?
- () 7. Copy enclosed.
- () 8. On Oct 13 & 24 we requested a continuation form form[†]. To date we have not received a response. Since no further attention can be given to your claim until we receive the requested information, we would appreciate your attention to this matter.
- () 9. To be eligible for benefits, you must be under the continuous and direct care of a physician.
- () 10. Comments: ** your doctor.*

Yours truly,

Patricia Peterson

The **EQUITABLE** Life Assurance Society of the United States F-3-a-91

FOR: Sylvia Grubbs
996 Divisadero Box 207
San Francisco, CA.

DATED AT Divisional Benefits
P.O. Box 445
Lafayette, CA. 94549
November 30, 1977
REPLYING TO YOURS OF

SUBJECT: NDI STD Benefits

Dear Ms. Grubbs,

We have reviewed your medical history, and regret that we must decline your benefits under the Short Term Disability coverage. We feel that your present condition was pre-existing, and therefore not covered within the terms of the STD coverage.

Your NDI benefits are still pending receipt of a continuation form from your doctor. -

Very truly yours,


Patricia Petersen

c.c. Ted Bivans
SNF UC

F-3-a-92



**TITLE INSURANCE
AND TRUST**
P. O. Box 180
San Rafael, Ca. 94902

Ronald W. Grimm
c/o Phyllis Houston
P. O. Box 6143
San Francisco, Ca. 94101

DATE 6/5/78
ESCROW No. 100808
LOAN No.
REFERENCE 15 Harte, San Rafael

In connection with the above transaction, we enclose:

- Policy of Title Insurance CLTA ALTA
- Escrow closing statement
- Our Check # 498611 in the amount of \$ 36,372.91 representing sale proceeds on the above.
- Deed from
- Deed of Trust executed by
- Original Note for \$ 780.00 made by David L. Subke and Theresa A. Madden in favor of Ronald W. Grimm
- Fire Policy # issued by
Amount \$ Expiration date.
- Copy of recorded document which you requested
- Receipted tax bill
- Covenants, Conditions and Restrictions
-
-

Any recorded documents to which you are entitled will be forwarded.

Thank you for giving us the opportunity of serving you.

Title Insurance and Trust Company

BY 
Caroline Hall, Escrow Officer

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------|
| POST OFFICE DEPARTMENT NOTICE OF SETTLEMENT | | DATE November 21, 1977 |
| FROM | Director, Postal Data Center San Bruno CA 94097 F-3-a-94 | JOURNAL NUMBER 40998 |
| REGISTERED MAIL | | |
| TO: | Magnolia C. Harris PO Box 893 Georgetown, Guyana South America | |
| <p>Your claim has been examined and there has been found due from the Post Office Department</p> <p>the sum of _____ Dollars \$ 526.37</p> <p>on account of proceeds of a check that was returned and deposited as undeliverable.</p> | | |
| | | <i>Jamie Stoker</i> Claims Examiner |

ALAMEDA-CONTRA COSTA TRANSIT DISTRICT
EMPLOYEE'S CLEARANCE RECORD

F-3-a-95

EMPLOYEE'S COPY

Issuing Department will sign and deliver to Payroll Department with Request for Time Check.
 Payroll Department will deliver to Cashier with Time Check, etc.

Name **HOYER, B. F.** Dept. **TRANS.** Badge No. **1070** Date **SEPTEMBER 1, 1978**
 Occupation **BUS DRIVER** Payroll **0-2** Div. **TWO**

| CASHIER'S RECORD OF SETTLEMENT CREDITS | | | | | | | AMOUNT |
|---------------------------------------------|---------------|--------|---------------|----------|-------------|------------|---------------|
| Time Check Number | Period Ending | Gross | Federal With. | F.I.C.A. | State With. | State D.I. | |
| 2306 | 9/1/78 | 677.60 | 100.50 | 40.99 | 29.50 | | 457.61 |
| Employee's Pass Deposit Ref. No. 145 | | | | | | | 5.00 |
| Paycheck No. | | | | | | | - |
| TOTAL CREDITS | | | | | | | 457.61 |
| DEBITS | | | | | | | AMOUNT |
| Audited Bills | | | | | | | |
| Pass Books Employees Pass Book | | | | | | | 10.00 |
| Company Property Rule Book | | | | | | | .25 |
| <i>OK 1/30/78</i> | | | | | | | |
| TOTAL DEBITS | | | | | | | 10.25 |
| Cash Due Employee | | | | | | | 447.36 |

Sumner in 7/1/78

AC Transit

F-3-a-95

OAKLAND • CALIFORNIA

NOT NEGOTIABLE

| BADGE NUMBER | DIV | EMPLOYEE NAME | MAR - SING | EXEMP | PERIOD ENDING | DATE OF CHECK |
|-----------------|-----------|-----------------|------------|---------------|---------------|---------------------|
| 1070 | 2 | B F HOYER | P | 4 | 9/02/78 | 9/08/78 |
| GROSS EARNINGS | | FEDERAL INC TAX | F.I.C.A. | STATE INC TAX | S.D.I. | NET PAY |
| CP | 745.36 | 169.74 | 45.09 | 42.85 | 68 | 24.39 |
| YD | 11,902.88 | 1,955.45 | 680.07 | 420.42 | 105.64 | |
| MISC DEDUCTIONS | | | | | | |
| CP | 452.61 | BEN ASSOC | INS LIFE | HEALTH PLAN | DENTAL PLAN | UNION DUES |
| YD | | PASS DEP | LOST PASS | INS W ST | UN CRUSADE | LOST PROP |
| HOURS PAID | | INS I.S.L | MGMT ASSO | OAK PANTS | CHILD SUPPORT | ATTACHMENTS |
| ST | 88H M | BANKRUPTCY | BONDS | CREDIT UNION | TIME CHECKS | WORKMAN'S COM RE PA |
| OT | H M | 452.61 | | | | |
| VAC | | PAY ADJUSTMENTS | | | | |

AC Transit

F-3-a-97

OAKLAND - CALIFORNIA

DRIVE CASHIER
NOT NEGOTIABLE

ALABAMA - CALIFORNIA COSTA TRANSIT DISTRICT (S.T.L.S. 11)

| SALES NO. | BY | EMPLOYEE NAME | BAR - LINE | EXEMP. | PERIOD ENDING | DATE OF CHECK | |
|----------------|----|---------------|------------|----------------|---------------|---------------------------|--------|
| 1070 | 2 | B F HOYER | M | 4 | 7/08/78 | 7/14/78 | |
| GROSS EARNINGS | | PER INC. TAX | F.I.C.A. | STATE INC. TAX | STATE & I | OTHER DEDUCTIONS | NET |
| 203.28 | | 13.92 | 4.10 | 1.54 | .88 | 21.00 | 162.04 |
| 301 UNION DUES | | | | | | 21.00 | |
| | | | | | | 21.00 | |
| | | | | | | TOTAL OF OTHER DEDUCTIONS | |

EMPLOYEE - PLEASE DETACH AND RETAIN THIS STUB. IT IS A RECORD OF YOUR EARNINGS AND DEDUCTIONS.

VERIFICATION STUB
F-3-a-98
NO. 0140 70402
DATE 860 DEC 3 77
AMOUNT \$ 7,000.00
CASHIER'S CHECK
DRAWN ON
Pittsburg Branch
Bank of America
NATIONAL SERVICE ASSOCIATION
SIGNED BY: [Signature]

DETACH AND
STAPLE AS
YOUR
PERSONAL
RECORD

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

0 813 858

| YEAR TO DATE | | | MONTH ENDED | | | MEMBER NUMBER | MONTHLY ALLOWANCE | DEDUCTIONS | | | AMOUNT DUE | |
|----------------|--------------|-----------------|-------------|--------|------|---------------|-------------------|---------------|--------------|--------|------------|--------|
| FED. W.H. TAX | ST. W.H. TAX | TOTAL ALLOWANCE | MO | DAY | YR | | | FED. W.H. TAX | ST. W.H. TAX | OTHER | | |
| | | 371586093177 | | | | 445464 | 41831 | | | | 41831 | |
| 03 | | | | | | | | | | | | |
| HEALTH SUBSIDY | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT |

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

SEE REVERSE SIDE FOR DEDUCTION CODES

F-3-a-99

DETACH AND
STAPLE AS
YOUR
PERSONAL
RECORD

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

0 819 746

| YEAR TO DATE | | | MONTH ENDED | | | MEMBER NUMBER | MONTHLY ALLOWANCE | DEDUCTIONS | | | AMOUNT DUE | |
|----------------|--------------|-----------------|-------------|--------|------|---------------|-------------------|---------------|--------------|--------|------------|--------|
| FED. W.H. TAX | ST. W.H. TAX | TOTAL ALLOWANCE | MO | DAY | YR | | | FED. W.H. TAX | ST. W.H. TAX | OTHER | | |
| | | 413417099077 | | | | 445464 | 41831 | | | | 41831 | |
| 03 | | | | | | | | | | | | |
| HEALTH SUBSIDY | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT |

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

F-3-a-100

DETACH AND
STAPLE AS
YOUR
PERSONAL
RECORD

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

0 831 567

| YEAR TO DATE | | | MONTH ENDED | | | MEMBER NUMBER | MONTHLY ALLOWANCE | DEDUCTIONS | | | AMOUNT DUE | |
|----------------|--------------|-----------------|-------------|--------|------|---------------|-------------------|---------------|--------------|--------|------------|--------|
| FED. W.H. TAX | ST. W.H. TAX | TOTAL ALLOWANCE | MO | DAY | YR | | | FED. W.H. TAX | ST. W.H. TAX | OTHER | | |
| | | 455248103177 | | | | 445464 | 41831 | | | | 41831 | |
| 03 | | | | | | | | | | | | |
| HEALTH SUBSIDY | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT |

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

F-3-a-101

SEE REVERSE SIDE FOR DEDUCTION CODES

DETACH AND
KEEP AS
YOUR
PERSONAL
RECORD

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

0 8 4 3 4 2 3

| YEAR TO DATE | | | MONTH ENDED | | | MEMBER NUMBER | MONTHLY ALLOWANCE | DEDUCTIONS | | | AMOUNT DUE | |
|----------------|--------------|-----------------|-------------|--------|------|---------------|-------------------|---------------|--------------|--------|------------|--------|
| FED. W.H. TAX | ST. W.H. TAX | TOTAL ALLOWANCE | MO | DAY | YE | | | FED. W.H. TAX | ST. W.H. TAX | OTHER | | |
| | | 4970.79 | 11 | 30 | 77 | 445464 | 41831 | | | | 41831 | |
| 03 | | | | | | | | | | | | |
| HEALTH SUBSIDY | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT |

SEE REVERSE SIDE FOR DEDUCTION CODES

EARL J JOHNSON
P O BOX 15156
SAN FRANCISCO
CAL 94115

F-3-a-102

GLADYS JACKSON

COUNTY OF LOS ANGELES

STATEMENT OF ALLOWANCE AND DEDUCTIONS
TO BE RETAINED BY RETIRED MEMBER

| MEMBER NO. | ISSUE DATE | WARRANT NO. | NORMAL ALLOWANCE | COST OF LIVING | TOTAL ALLOWANCE | MISC. DEDUCTIONS | NET PAYMENT | YTD ALLOWANCE |
|------------|------------|-------------|------------------|----------------|-----------------|------------------|-------------|---------------|
| 21 | 9766 | 73177129242 | 20914 | 7730 | 28644 | 2068 | 26576 | 198006 |

| MISCELLANEOUS DEDUCTION CODES AND AMOUNTS | | | | | | | | YTD Federal Tax |
|-------------------------------------------|--------|----|--|--|--|--|--|-----------------|
| 73 | 205368 | 15 | | | | | | 000000 |
| MISCELLANEOUS DEDUCTION CODES AND AMOUNTS | | | | | | | | YTD State Tax |
| | | | | | | | | 000000 |

| CODES FOR MISCELLANEOUS DEDUCTIONS | | | | | | | |
|------------------------------------|-------------------------------|------------------------------------|--------------------------------|--|--|--|--|
| 01 County & Records C.U. | 02 LAC-IRC Mut. Com. C.U. | 03 CA Employees Association | 71 Blue Cross | | | | |
| 02 Credit Union Ins. C.U. | 03 Public Services C.U. | 04 Monthly Rental Assoc. | 72 Blue Cross | | | | |
| 03 Fiscal Services C.U. | 04 Harbor Property C.U. | 05 Local 1014 (Hearst) Association | 73 Occidental | | | | |
| 04 Pension & Agmt. C.U. | 05 Olive Van C.U. | 06 P.O. Protective Association | 74 National Ins. Workers | | | | |
| 05 Sanitary Lin. Assoc. C.U. | 06 Long Beach Gas. Heat. C.U. | 07 Union Association | 75 Santa Fe Winery | | | | |
| 06 Supervisors C.U. | 07 John Walker Co. Heat. C.U. | 08 Redwood | 76 Local 1016 (Dana) Insurance | | | | |
| 07 Civil Control C.U. | 08 Power Control Mut. C.U. | 09 Union | 77 Dental/Vision Insurance | | | | |

NOT NEGOTIABLE

F-3-a-103

HKE
EARNINGS STATEMENT

GROVES NURSES REGISTRY, INC.
1714 STOCKTON STREET 2ND FL.
SAN FRANCISCO, CA. 94133
(415) 433-5950

F-3-a-104

ADP

| GROSS PAY | RET PAY | GROSS PAY | FED. WITH TAX | F.I.C.A. | S.U.I./DIS. | STATE WITH TAX | CITY WITH TAX | MEMBER NUMBER | MEMBER ALLOWANCE |
|-----------------------------------------|---------|-----------|---------------|----------|-------------|----------------|---------------|---------------|------------------|
| 41400 | 200 | 8288 | | | | | | IRRA JOHNSON | 100 |
| 41400 | 100 | 4144 | 12 | 727 | 124 | | | | 72477 |
| 600-1 | | | | | | | | | |
| 12432 | 11989 | 8407C | 2241 | 4518 | 84C | | | | |
| EARNINGS BEFORE PAY YEAR-TO-DATE TOTALS | | | | | | | | | |

DETACH BEFORE CASHING

STATEMENT OF EARNINGS AND DEDUCTIONS F-3-a-106
 CITY OF LOS ANGELES
 A 8 215 997

| SOCIAL SECURITY NUMBER | | EMPLOYEE ID | | EMPLOYEE NAME | | EMPLOYEE ADDRESS | | EMPLOYEE PHONE | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------|--------|---------------|--------|------------------|--------|----------------|--------|
| 0110780426487837 | | 27718 | | LEW JONES | | 5544 832 | | 21342 | |
| OTHER PAY PERIOD DEDUCTIONS | | | | | | | | | |
| CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT | CODE | AMOUNT |
| | | | | | | | | | |
| PAY PERIOD: 07-16-77 TO 07-23-77 PAY PERIOD: 07-30-77 TO 08-06-77 PAY PERIOD: 09-03-77 TO 09-10-77 PAY PERIOD: 09-17-77 TO 09-24-77 PAY PERIOD: 10-01-77 TO 10-08-77 PAY PERIOD: 10-15-77 TO 10-22-77 PAY PERIOD: 10-29-77 TO 11-05-77 PAY PERIOD: 11-12-77 TO 11-19-77 PAY PERIOD: 11-26-77 TO 12-03-77 PAY PERIOD: 12-10-77 TO 12-17-77 PAY PERIOD: 12-24-77 TO 12-31-77 | | | | | | | | | |
| 7002 | | | | | | | | | |
| 27718 5544 832 | | | | | | | | | |

RETROACTIVE PAY FOR 1977 - 1978
 EARNEST JONES

EMPLOYEE EARNINGS STATEMENT - RETAIN FOR YOUR RECORDS. FORM 54057 (REV. 10-74)

KAISER FOUNDATION HOSPITALS
 JUDY JONES
 1982287

| CURRENT HOURS | | | | CURRENT PAY | | | | |
|---------------|------|---------|----------|-------------|------|-------------|----------|-----------------|
| REGULAR | SICK | PREMIUM | VACATION | REGULAR | SICK | HOLIDAY | STAND-BY | OTHER |
| 56.0 | | | | 316.19 | | 45.17 | | 49.97 |
| | | | | | | SHIFT DIFF. | CALL-IN | RETRO & ADJUST. |

| TAXES AND DEDUCTIONS | | | | | | | | | |
|----------------------|----------|-----------|-----------|--------------|-------------|-------------|-----------|------------|-------|
| FEDERAL W/M | F.I.C.A. | DIS. INS. | STATE W/M | BONDS | UNION DUES | DENTAL | MAJ. MED. | RETIREMENT | OTHER |
| 49.59 | 24.06 | 4.12 | 6.97 | | 12.00 | | | | |
| YEAR TO DATE | | | | CREDIT UNION | CHAS. BORAT | HEALTH PLAN | GRP. INS. | OTHER | |
| 863.97 | 358.87 | 61.35 | 112.64 | | | | | | |

| BIWEEKLY PERIOD ENDING | SOCIAL SECURITY NO. | YEAR TO DATE GROSS PAY | CURRENT GROSS PAY | TOTAL TAXES AND DEDUCTIONS | NET PAY | |
|------------------------|---------------------|------------------------|-------------------|----------------------------|---------|--------|
| 07-16-77 | 553-78-9696 | 6,405.58 | 1982287 | 41.33 | 96.74 | 314.59 |

BASE 5.6463 SHORT .0000 SPEC .0000 EVE .3500 NIGHT .3500 F-3-a-107

EMPLOYEE EARNINGS STATEMENT - RETAIN FOR YOUR RECORDS. FORM 54057 (REV. 10-74)

KAISER FOUNDATION HOSPITALS
 JUDY JONES
 1989514

| CURRENT HOURS | | | | CURRENT PAY | | | | |
|---------------|------|---------|----------|-------------|------|-------------|----------|-----------------|
| REGULAR | SICK | PREMIUM | VACATION | REGULAR | SICK | HOLIDAY | STAND-BY | OTHER |
| 80.0 | | | | 451.70 | | | | 1.63 |
| | | | | | | SHIFT DIFF. | CALL-IN | RETRO & ADJUST. |

| TAXES AND DEDUCTIONS | | | | | | | | | |
|----------------------|----------|-----------|-----------|--------------|-------------|-------------|-----------|------------|-------|
| FEDERAL W/M | F.I.C.A. | DIS. INS. | STATE W/M | BONDS | UNION DUES | DENTAL | MAJ. MED. | RETIREMENT | OTHER |
| 57.48 | 26.52 | 4.53 | 8.50 | | | | | | |
| YEAR TO DATE | | | | CREDIT UNION | CHAS. BORAT | HEALTH PLAN | GRP. INS. | OTHER | |
| 921.45 | 385.39 | 65.88 | 121.14 | | | | | | |

| BIWEEKLY PERIOD ENDING | SOCIAL SECURITY NO. | YEAR TO DATE GROSS PAY | CURRENT GROSS PAY | TOTAL TAXES AND DEDUCTIONS | NET PAY | |
|------------------------|---------------------|------------------------|-------------------|----------------------------|---------|--------|
| 07-30-77 | 553-78-9696 | 6,858.88 | 1989514 | 453.30 | 97.03 | 356.27 |

BASE 5.6463 SHORT .0000 SPEC .0000 EVE .3500 NIGHT .3500 F-3-a-108

00000

| | | |
|------|-----|----|
| HAIR | HGT | |
| EYES | WGT | CA |

F-3-a-109

-R0761126
 -JUDITH KAY JAMES
 -PO BX 286
 -CALPELLA, CA 95418

RIGHT THUMB PRINT



SEX HAIR EYES HEIGHT WEIGHT PRE LIC EXP
 F BRN BRN 5-06 138 77

DATE OF BIRTH

12-06-49

OTHER ADDRESS 50CHERRY ST

CLASS 2 3 AXLE MOTOR CAR AND ALL 3 AXLE VEH. EXCEPT BUS OR 2

CLASS 3 2 WHEEL MOTORCYCLE, MAY TOW VEH. UNDER 6000 LBS. GROSS. MUST WEAR CORRECTIVE LENSES

SEE OVER FOR ANY OTHER CONDITIONS

MR _____

T.L.# _____

DATE _____

FEE \$3.25

| NO LENSES | LENSES | VEHICL | W/P | SGN | CL-1 | CL-2 | CL-3 | CL-4 | MC SKILL | DRIVE |
|-----------|--------|--------|-----|-----|------|------|------|------|----------|-------|
| B | | | | | | | | | | |
| R | | | | | | | | | | |
| L | | | | | | | | | | |

V039395A

| | | | |
|--------|------|------|-----|
| ATTACH | GUAR | HOLD | RES |
|--------|------|------|-----|

F-3-a-110
 REMITTANCE ADVICE

COUNTY OF MENDOCINO
 UKIAH, CALIFORNIA 95482

393319

| INVOICE DATE | REF. NO. | INVOICE NUMBER | INVOICE AMOUNT |
|--------------|---------------------------|----------------|-------------------|
| 9-2-77 | 220 - W/D of Contribution | | 2,673.70 |
| | 230 - W/D of Interest | | 327.71 |
| | 240 - W/D of C of L | | 261.87 |
| | 231 - W/D of C of L Int. | | 277.54 |
| | | | 27.54 |
| | | | 3,290.82 |

DETACH BEFORE DEPOSITING CHECK

EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF ACTION TAKEN ON YOUR MEDICARE CLAIM

ROBERT JOHNSON

| SERVICES WERE PROVIDED BY NAME / NUMBER | BLUE SHIELD CONTROL NO. | PROCEDURE NO. | DATE | SERVICE DATES | | CHARGES | | DEDUCTIBLE | REIMB. RATE % | NET PAY |
|------------------------------------------------|----------------------------|------------------|------|-------------------|-----------------|---------|-----------------------------|------------|---------------|---------|
| | | | | FROM MO DAY YR | TO MO DAY YR | UNPAID | AMOUNT APPROVED BY MEDICARE | | | |
| ORTHOPEDIC ASSO YYY20018Y | 017717147126090050 | 0101 | 1 | 42277 | 42277 | 2600 | 1600 | | 800 | |
| SEE NOTE 5 ON THE REVERSE. | | | | | | | | | | |
| ORTHOPEDIC ASSO YYY20018Y | | 90050 | 0201 | 1 | 50677 | 52077 | 5200 | 3200 | | 800 |
| SEE NOTE 5 ON THE REVERSE. | | | | | | | | | | |
| TOTAL FOR THE ABOVE CLAIM | | | | | | 7800 | 4800 | 00 | | 3840 |
| CLAIM HAS BEEN SPLIT TO FACILITATE PROCESSING. | | | | | | | | | | |
| JUL 14 1977 | | | | | | | | | | |
| THIS IS NOT A BILL | | | | | | | | | | |

| | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------|
| HEALTH INSURANCE CLAIM NUMBER 437070486A | PATIENT'S NAME JOHNSON ROBERT | CLAIMS TOTALS 7800 4800 |
| DATE 06 22 77 | CHECK NO. 054264396 | TOTAL AMOUNT APPROVED BY MEDICARE SUBJECT TO DEDUCTIBLE AND COINSURANCE 4800 |
| YOU HAVE NOW MET \$ 60.00 OF THE ANNUAL \$ 60.00 DEDUCTIBLE FOR 1977 | | THIS PORTION TOWARD ANNUAL DEDUCTIBLE 00 |
| P.O. BOX 7968 SAN FRANCISCO, CA 94120 TELEPHONE 415-445-5785 | | 80% OF BALANCE 4800 3840 |
| BALANCE PAYABLE AT 80% | | TOTAL MEDICARE PAYMENT 3840 |
| INPATIENT RADIOLOGY & PATHOLOGY PHYSICIAN'S CHARGES AND CERTAIN LABORATORIES PAID IN FULL | | |



BLUE SHIELD of California

F-3-a-111

KEEP THIS NOTICE FOR YOUR RECORDS

481-002 (C3877)



**ILWU-PMA PENSION AND WELFARE BENEFITS
SAN FRANCISCO, CALIFORNIA**

F-3-a-112

DETACH AND RETAIN THIS STUB

| NAME | BENEFIT MONTH | GROSS | MEDICARE | W/M TAX | TOTAL PAY |
|-----------------|---------------|--------|----------|---------|-----------|
| JOHNSON, ROBERT | 9/01/77 | 322.00 | 7.70 | | 329.70 |

The attached is your check for the month indicated on the check in accordance with the terms of the ILWU-PMA pension and welfare agreement.

ILWU - PMA BENEFIT FUNDS
1188 Franklin St.
San Francisco, California 94109

Trustees of the Funds are interested in keeping you informed of the check amount each month. A correct address is therefore necessary for this purpose. If you have changed your address, or intend to do so, please advise your nearest check please make such changes on the enclosed stub.

268820



University of California Retirement System
DISPOSITION OF ACCUMULATIONS
 U1635 (11/75) Series 3637

Please print or type

If further clarification is needed, contact your campus Benefits Counselor.

Mailing Address: should be one where you can be reached for at least three months following separation.

F-3-a-113

Campus **EF**

| | | | | | | | | |
|-----------------------------------------|----------------------------------------------------|-----------------------------------|-------------------------------------------------|------------------------------------|---------------------------------------|----------------------------|----------------------------------|-----------------------------------------------|
| Employee Name (First, Initial, last) | BRIGIDA Y. JONES | | | File Code 8905 | Department Nursing Services | | | |
| | Address (number, street, city, state, zip code) | 998 Divisadero Street #104 | | | Employee No. 423370 | Yr. of birth '48 | Male <input type="checkbox"/> | Female <input checked="" type="checkbox"/> |
| San Francisco, Ca. 94117 | | | Effective Date of Separation 06 23 78 | Employment Date 02 18 75 | Length of Service 3 | | | |

Check appropriate box(es)

REQUIRED CONTRIBUTIONS

A. I request a refund of my required contributions, any special contributions, and interest in the UCRS Retirement Plan. It should be sent to me at the above address. I understand that I will receive this refund normally within six weeks after my separation date or submission of this form, whichever is later, and that interest will be paid through the preceding July 1.

IMPORTANT: If you elect a refund of required contributions, you automatically waive your right to all other UCERS benefits.

B. I request that my required contributions, any special contributions, and interest in the UCRS Retirement Plan remain on deposit, and I elect Inactive Membership as I:

- Have at least 5 years of retirement service credit, or
- Will become a member of a retirement system that has a reciprocal agreement with UCERS (see cover sheet).

(name retirement system)

(effective date of membership)

C. I request that my required contributions, any special contributions, and interest in the UCRS Retirement Plan remain on deposit, and I elect Inactive Limited Membership since I have less than 5 years UCERS service credit but do have \$2000 or more in accumulations. It is mandatory that I elect that my accumulations be transferred to:

- the Fixed Annuity Program.
- the Variable Annuity Program.

If no election is made, the funds will be placed in the Fixed Annuity Program.

VOLUNTARY CONTRIBUTIONS

I am a continuing employee. I have separated from University employment.

D. I request a refund of my accumulations in the UCRS voluntary programs as follows:

- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs. (Including special contributions made in my behalf on separation only.)
- All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.

I understand that I will receive this refund normally within six weeks after my separation date or submission of this form. I understand that interest on any Fixed Annuity Program contributions will be paid through the preceding July 1.

IMPORTANT: Refunds of the accumulations in the Variable Annuity Programs are based on the unit value in effect for the month in which this form is received by the UCERS office in Berkeley.

E. I request that my accumulations in the UCRS voluntary programs remain on deposit as follows, and I elect Inactive Limited Membership as I have \$2000 or more in accumulations which will remain on deposit:

- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs.
- All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.

ADDITIONAL INFORMATION

F. I have read the summary of UCERS benefits on termination, and would like more information on:

- Retirement Income
- Disability Income
- Inactive Membership
- Inactive Limited Membership

I understand that if my accumulations are less than \$2000 and I am not eligible for Inactive Membership, a refund of accumulations will be mailed to the above address.

NOTE: If you receive a refund, you will receive a tax statement on or before January 31, of the next calendar year, reflecting the total distributions.

Accounting Office: For active employee refunds, indicate below the date of final deduction/reduction of codes 62, 63, 64, or 65 as cancelled on form U1637.

Date: _____ Payroll Activity through: _____

Employee Signature: _____ Date: _____

Accounting Office: **Manuel Gonzalez 7-5-78** Date: _____

- Gold-bordered - Systemwide Retirement Office
- White - To be returned to employee
- Yellow - Berkeley Accounting Office
- Yellow - Originating Campus Acting Office

Ref: See Records Disposition Schedules

CITY OF LOS ANGELES
220 CITY HALL • LOS ANGELES, 90012

OFFICE OF THE CONTROLLER
CHARLES NAVARRO

REMITTANCE ADDRESS

EARNEST JONES
1366 S ALVARADO ST
LOS ANGELES CA 90044

REMITTANCE ADVICE

GENERAL DEMAND FUND 7382

PAGE 1

| | | | |
|-----|-----|-----|--------------|
| MO. | DAY | YR. | DEMAND CHECK |
| 02 | 06 | 78 | 098809 |

FUND 7381 PUND TITLE INSURANCE TRUST

| | |
|--------------------|--|
| SALES/TUR TAX APPR | |
| FRT CHARGES APPR | |

DEPT. REF. 1117
VOUCHER 174230

| ITEM NO. | ACCOUNT NUMBER | SUB | AUTHORITY NUMBER | SUB/TC | P.Y. INVOICE OR DATE | GROSS AMOUNT DESCRIPTION | CASH DISCOUNT | NET AMOUNT | AMOUNT |
|---------------|----------------|-----|------------------|--------|----------------------|---------------------------------|---------------|------------|--------|
| 10 | | | | | | | | | |
| 11 | | | 140306 | 36 | | REFUND DED PR 9/24 10/8 10/22 9 | | | 76.74 |
| 12 | | | | | | 28.00 TERM EFF 11/1/77 | | | |
| PAYMENT TOTAL | | | | | | | | | 76.74 |

F-3-a-114

THE EQUITABLE LIFE ASSURANCE SOCIETY OF THE UNITED STATES

Box 2494, General Post Office, New York, N.Y. 10001

STATEMENT OF ACCOUNT

SEE IMPORTANT INSTRUCTIONS ON REVERSE SIDE OF THIS FORM.

F-3-a-115

NAME LYNETTA P. JONES

CHECK NUMBER G2-17091663

POLICY IDENTIFICATION NUMBER

AMOUNT PAYABLE 12- 1-77 UNDER A 950 025 0303167310 0

\$ 81.68

X 01
1 06

LYNETTA P. JONES
C/O EUGENE B CHAIKIN
P O BOX 15156
SAN FRANCISCO CA 94115

DETACH STATEMENT OF ACCOUNT BEFORE CASHING CHECK

PHARMACEUTICAL CARD SYSTEM, P.O. BOX 20621, PHOENIX, ARIZONA 85026

THIS CHECK STUB SHOWS IN DETAIL THE ACTION TAKEN ON ANY CLAIM IDENTIFIED HEREON.

| RX NUMBER | CLAIM NUMBER | DATE FILLED | AMOUNT CLAIMED | AMOUNT PAID | PAYMENT CODE | RX NUMBER | CLAIM NUMBER | DATE FILLED | AMOUNT CLAIMED | AMOUNT PAID | PAYMENT CODE |
|-----------|--------------|-------------|----------------|-------------|--------------|-----------|--------------|-------------|----------------|-------------|--------------|
| 0355744 | 125137 | 05/12/77 | 15.95 | 12.95 | 00 | 0355744 | 125136 | 07/27/77 | 25.45 | 12.45 | 00 |
| 0355745 | 123798 | 05/12/77 | 28.35 | 25.35 | 00 | 0355745 | 125087 | 07/27/77 | 28.35 | 25.35 | 00 |
| 0366672 | 826173 | 07/20/77 | 5.80 | 2.50 | 00 | | | | | | |
| | | F-3-a-116 | | | | | | | | | |
| | | L. P. JONES | | | 214 | 0008 | 303-16-7310 | | | | 08/31/77 |

PAYMENT CODE EXPLANATION

- 00 Claim paid less the deductible
- 02 Item failed to clear original processing to be reprocessed
- 03 Item purchased not covered under plan
- 04 Other - Being returned with notation

- 05 Dependents not covered - or beyond maximum age allowed
- 06 Rx filled after coverage had expired
- 07 Filled before coverage was effective
- 08 Prior of Rx less than deductible under plan
- 09 Duplicate Claim
- 10 Claim over 1 year old

- 51 Cost of prescription exceeded maximum dollar amount
- 52 Amount paid reduced as specified in master policy benefit plan or bargaining agreement
- 53 Quantity of medication exceeded program limitations

U. T. L. A. CREDIT UNION
 2511 WEST 3RD STREET
 LOS ANGELES, CALIFORNIA 90057

DATE OF ENTRY
 01-30-75

QUARTER ENDING
 03-31-78

MEMBER ID
 1660800

MEMBER CODE

SOCIAL SECURITY NO
 454-50-2089

F-3-a-117

MEMBER STATEMENT

PLEASE REPORT PROMPTLY ANY ERRORS IN SHARE OR
 LOAN ACCOUNT TO CHAIRMAN OR SUPERVISORY COMMITTEE

IMPORTANT INCOME TAX INFORMATION ON REVERSE

NOTICE: SEE REVERSE SIDE FOR ENCLOSURE, IF APPLICABLE!
 FOR IMPORTANT INFORMATION REGARDING YOUR RIGHTS
 TO DISPUTE BILLING ERRORS.

JOHNSON CLARA L
 1435 ALVARADO TERRACE #30
 LOS ANGELES CA

90008

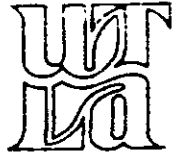
TRANSACTION CODES:

- CP - CASH PAYMENT
- DY - DIVIDEND
- PF - FEES OR LATE CHARGE
- IR - INTEREST REFUND
- JS - JOURNAL ENTRY
- NL - NEW LOAN
- PD - PAYROLL DEDUCTION
- RE - REVERSE ENTRY
- TR - TRANSFER OF FUNDS
- WS - WITHDRAWAL OF SHARES

| BEGINNING BALANCES THIS QUARTER | | | SHARE BALANCE | DO | LOAN NO | TYPE | BALANCE | LOAN NO | TYPE | BALANCE |
|---------------------------------|------|-------------|--------------------------|--------|---------------------|---------|-----------|----------|---------|---------|
| | | | SHARE BALANCE | DO | 615 | | 10421 | | | |
| | | | DIVIDENDS YEAR TO DATE | DO | | | | | | |
| | | | INTEREST PAID YR TO DATE | DO | | | | | | |
| TRANSACTION | | | SHARES | | FEES & LATE CHARGES | | LOANS | | | |
| DATE | CODE | TRANSACTION | SHARES | AMOUNT | NOTE NO | PAYMENT | PRINCIPAL | INTEREST | BALANCE | |
| 1024 | JE | | | | 615 | | 9306 | | 1115 | |
| 1024 | TR | | | | | | 1115 | 1115- | DO | |
| ENDING BALANCES THIS QUARTER | | | SHARE BALANCE | DO | LOAN NO | TYPE | BALANCE | LOAN NO | TYPE | BALANCE |
| | | | SHARE BALANCE | DO | | | | | | |
| | | | DIVIDENDS YEAR TO DATE | DO | | | | | | |
| | | | INTEREST PAID YR TO DATE | 1115 | | | | | | |

UTLA Credit Union

2511 West Third Street, Los Angeles, California 90057 • (213) 487-5560



F-3-a-118

Dear Member:

This form is being sent to you to enable our supervisory committee to confirm the correctness of our records.

Please review the enclosed March 31 quarterly statement of your account. If this information contained in that statement agrees with your records, no reply is necessary. If the information does not agree, complete the form below and return it with a copy of the statement directly to Joan Acosta, 827 Mira Valle, Monterey Park, California 91754.

If a discrepancy does exist, indicate the nature and amount and your name and employee number.

Joan Acosta, Chairperson
Supervisory Committee

CONFIRMATION

Member name _____

Joan Acosta: Employee Number _____

The quarterly statement is correct except as noted below:

Date: _____

By: _____
Member's signature

F-3-a-119

PHARMACEUTICAL CARD SYSTEMS, INC.
P. O. Box 20831
Phoenix, Arizona 85036

TO: Marguerite Watkins, Personnel Supervisor

DATE: September 21, 1977

The enclosed check was returned to us by the Post Office. We would appreciate your assistance in forwarding it on for us.

Thank you for your cooperation.

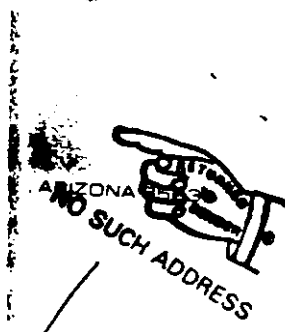
Sincerely,

Denise Horton
Denise Horton
Customer Service Department

Encl.

*P.O. Box 15384
San Francisco Calif.
94115*

*Lynetta - This
was sent to our
office. Hope
you are enjoying
yourself. - Margaret*



F-3-a-120b

Rev. Jones
Enclosed is check for
\$240.00. \$80.00 of which is
the balance for may, and
\$160.00 for june,
Thanks,
W. Burnley

Money went in
with 6/7 mailing

AFTER 8 DAYS RETURN TO

MRS. WILLIE BURNLEY
2501 Crutcher Avenue
Indianapolis, Indiana 46205

ZIP CODE



Rev. Jones W. Jones
P.O. Box 15156
San Francisco, California
94115

F-3-a-120a

CHILDREN'S HOSPITAL OF SAN FRANCISCO

DETACH AND RETAIN THIS STATEMENT
 THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
 IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DENIED.

DELUXE - FORM TWYTD-2 V-EPL - JAMES JONES

| DATE | EXPLANATION OF REFUND | AMOUNT |
|---------|-------------------------------------------------------------|---------|
| 9/15/77 | <input type="checkbox"/> PAYMENTS EXCEED BALANCE OF ACCOUNT | \$50.00 |
| | <input type="checkbox"/> PAYMENT SENT IN ERROR | |
| | <input type="checkbox"/> OTHER | |

PREPARED BY: 11 AMB. REFUND XX IN-HOUSE REFUND _____ SUBS. REFUND _____

F-3-a-121

FARMERS INSURANCE GROUP sends you this check because:

- your previous check was returned.
- your previous check was lost.
- you did not receive the first check.
- a recent change in your policy resulted in a refund.
- previous membership fees were available.
- a change in payee was requested.
- your signature is missing. Please sign check and return to us for payment of your premium.
- We have been unable to locate your policy number. Please write it on your check and return to us.
- duplicate payment received from:
 - Insured Mortgagee
- of an overpayment of premium.
- of change by endorsement No. _____
- your policy or bond is out of force as explained in our cancellation notice _____ CANCELLATION DATE _____
- Misc. F-3-a-122

James W. Jones
P.O. Box 115156
San Fran Ca 94115



26-0180 6-77 18261

THANK YOU





The Prudential Insurance Company of America

F-3-a-123

Statement of Benefit

DIRX

MAR-28-1978 0130273 004

| | | | | | |
|---------------------------------|---------------------------|---------|---------------------------------|-----------------|----------------------------|
| Benefit DEATH | Insured L JONES | Letters | Check amount \$457.20 | Certificate no. | Certificate amount |
| Policy Numbers 037689263 | | | | | Claim Number 558333 |

| | |
|-------------------------------------------------------------------------------------|-------------------------------------|
| Addressee JAMES WARREN JONES* PO BOX 15156 SAN FRANCISCO CA 94115 | Payee JAMES WARREN JONES* |
|-------------------------------------------------------------------------------------|-------------------------------------|

| | | |
|-------------------------|-----------------|---------------------------------------------------------------------|
| INCLUDED AMOUNTS | \$449.96 | AMOUNT OF INSURANCE (INCLUDING PAID UP ADDITIONAL INSURANCE) |
| | 7.24 | POLICY OR CONTRACT INTEREST |
| | \$457.20 | AMOUNT OF PAYMENT |

Instructions for Payee on reverse of this form. Please see paragraph (s)

1.

Remarks

THIS IS TO ADVISE YOU THAT WE HAVE THIS DAY
CHARGED YOUR ACCOUNT AS FOLLOWS:

DATE

ACCOUNT NUMBER

8/28/70

21-03815-8

| DESCRIPTION | NUMBER | INTEREST | PRINCIPAL | BALANCE | AMOUNT |
|-------------------------------------------------------------------|--------|----------|-----------|---------|----------|
| UTC draft #26889 to close account per letter of instruction - - - | | | | | 235.91 |
| closed without passbook - - - | | | | | |
| | | | | TOTAL | \$235.91 |

MAK
TO

James V. or Marceline W. Jones
P.O. Box 693
Georgetown, Guyana, S.A.

SAVINGS BANK OF MENDOCINO COUNTY

APPROVED BY _____

F-3-a-124

Blue Cross
of Northern California



F-3-a-125

1950 Franklin Street
Oakland, California 94659
(415) 845-3000

December 1, 1977

Dear Group Leader:

The enclosed check is a benefit check which is payable to one of your present or former employees, and we have been unsuccessful in delivering the check.

If at all possible, we would appreciate it if you could forward this check on to your present or former employee. If this is not possible, please return the check to the undersigned.

We appreciate your cooperation.

Sincerely,

William E. Buck

William E. Buck
Cashiers/Collections
Manager

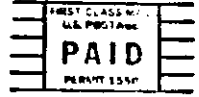
Enclosure
WEB:lls

Offices in San Francisco, San Jose, Sacramento and Fresno

Blue Cross
of Northern California



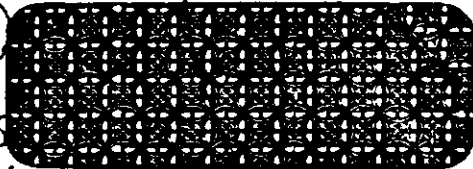
29603



Group
1850 Franklin Street
Oakland, California 94608

University of California

Adm. Ms.
C. Trapp
3rd and Parnassus



NOT DELIVERABLE
AS ADDRESSED
UNABLE TO FORWARD
RETURN TO WRITER

Room 300



San Fran - Ca - 94143

F-3-a-126

Blue Cross
of Northern California



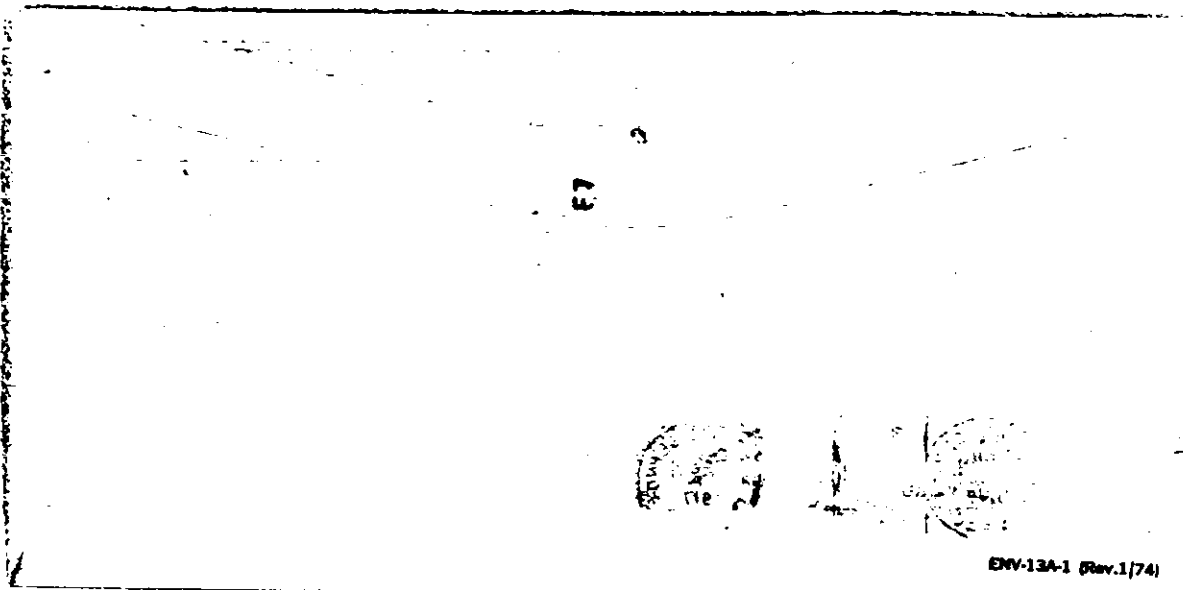
1850 Franklin Street
Oakland, California 94608



from envelope CROBBY
PO Box 15157 SF 94115
602321500
x.2138 4274
Sey Med
2550

University of California
Ms. C. Trapp, Administrator
Third and Parnassus, Room 300
San Francisco, California 94143

RALPH C. BREHL, JR.
FINANCE DIRECTOR



ENV-13A-1 (Rev. 1/74)

RECEIVED
DEC 13 1977
PERSONNEL OFFICE
SAN FRANCISCO

F-3-a-127

ENV-10A (Rev. 5-73)

#050
 UNIVERSITY OF CALIFORNIA
 PERSONNEL OFFICE
 SAN FRANCISCO, CALIFORNIA 94143

Silvia Grubbs
 40 JIM RANDOLPH
 P.O. Box 15157
 San Francisco, CA. 94115

SAV FRAC
 DEC 28 1977
 CALIF
 24
file

F-3-a-128

Questions regarding payments should refer to your order number and should be directed to:

UNIVERSITY OF CALIFORNIA
 ACCOUNTING OFFICE
 BERKELEY, CALIF. 94720

• See reverse side for explanation of Correction Code (Corr. Code)

BY JONES
 CHECK NUMBER: 2-22701

| INVOICE DATE | | | INVOICE NUMBER | OUR ORDER NUMBER | AMOUNT OF DISCOUNT TAKEN | NET AMOUNT | INVOICE DATE | | | INVOICE NUMBER | OUR ORDER NUMBER | AMOUNT OF DISCOUNT TAKEN | NET AMOUNT |
|--------------|----|----|----------------|------------------|--------------------------|------------|--------------|----|----|----------------|------------------|--------------------------|------------|
| MO | DT | YR | | | | | MO | DT | YR | | | | |
| 07 | 14 | 80 | | 00M834 | | 1,238.51 | 07 | 14 | 80 | 51-88-5060 | 00M834 | | 222701 |
| | | | | | | | | | | VENDOR | NO. JONES | TOTAL | 58.38 |
| | | | | | | | | | | | | | 1,296.89 |

F-3-a-129

WALKER, Rachelle SOL 9/14/80 3.50

| PERIOD ENDING | PERIOD BEG | RATE | GROSS | F.I.C.A. | F.S.D. WIN | STATE DISC | UNION DISC | OTH. | OTHER | TOTAL DEDUCT. | NET PAY |
|---------------|------------|------|--------|----------|------------|------------|------------|------|-------|---------------|---------|
| | | | 232.00 | 13.57 | 21.4 | 2.35 | 7.00 | | | 46.32 | 185.68 |

DETACH THIS STUB BEFORE CASHING.

SHEPHERD CONVALESCENT HOSPITAL - SAN FRANCISCO, CALIFORNIA

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

| | | | | | | | |
|------------------------------------|---------------------------|---------------------|-----------------|----------------|--------------------|------------------------|----------------------|
| EMPLOYEE NAME KING WANDA | EMP. NO. 417381 | DEPT. 50 | PER 5 | PR 5 | ITEM 80 | DATE 3/14/76 | 12535 |
| GROSS 216.00 | PENS. | TAX 20.26 | N.S.S. | DUES | HEALTH OR ST. BEN. | S.S. | NET 193.50 |
| ST 2.24 | ADD. PENS. | | | BONDS & INC. | | | |

NOT
NEGOTIABLE

F-3-a-130

THIS IS NOT A CHECK
DO NOT CASH

GROVES NURSES REGISTRY, INC
1714 STOCKTON STREET SAN FRANCISCO CA 94133

7978649

| CLASSIFICATION | HOURS | EARNINGS | DEDUCTIONS | | | |
|----------------|-------|--------------|------------|------|----------|-------------|
| REGULAR | 500 | 20720 | FICA TAX | 1254 | FED. TAX | 1860 |
| CLTH ALW | | 1000 | STATE TX | 199 | SDI | 207 |
| | | | DUES | 300 | | |
| | | 21720 | | | | 2020 |

| YEAR TO DATE | |
|--------------|--------|
| GROSS PAY | 116032 |
| FICA | 7021 |
| FED TAX | 17017 |
| STATE TAX | 3522 |
| SDI | 1160 |

FOR PERIOD ENDING
B 02-05-78

NET PAY
179.00

EDITH KUTULAS

WAA 1 100 05076

SSNO

T-TYPE
W - WEEKLY
B - BI-WEEKLY
S - SEMI-MONTHLY
M - MONTHLY
O - OTHER

STATEMENT OF EARNINGS
AND DEDUCTIONS

NON-NEGOTIABLE

ARTSON COMMUNICATIONS
SAN FRANCISCO, CALIF.

DETACH AND RETAIN THIS STATEMENT
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT RETURNED.

CAROL KEANS

REVERSE - FORM NWD-8 1977

FINAL CHECK PER YR

414 hrs @ 2.75 = 1136.50
34 hrs D.T. = 4.83

1141.33

FIT: 23.40
FICA: 11.79
SIT: 2.90
SDI: 2.01

126: 161.36

F-3-a-130

Main Katois

Pacific Telephone

This Is Your Record - Please Detach

SEP 26 1977

S769-0156

| Code | Account Number | Public Tel Collections (less U.S. tax) | Deposit Amount | Interest | From | | To | | Amount |
|------|----------------|----------------------------------------------|-------------------|----------|------|-----|----|-----|--------|
| | | | | | Mo | Day | Mo | Day | |
| 2 | 931 9107 564 | | 25 00 | 1 75 | 09 | 24 | 09 | 26 | 75 |

The Attached Draft is in Payment of

- CODE 1 Refund of Advance Payment
2 Refund of Deposit
3 Refund Of Overpayment on
Final Bill

- CODE 4 Commission on Public Telephone
Collections
5 Credit Balance on
Final Bill
6 Other (Detail Enclosed)

This is not a check - DO NOT CASH

F-3-a-133 -

2816 5650 4 51 714 LAYTON, LAURENCE J. FROM 043078051378 TO 051778
 CO # EMPLOYEE # TCD PYEL. HOME DEPT # PATROLL PERIOD DATE

77 HERRICK MEMORIAL HOSPITAL 549-78-2776

| 48E | JOB CODE | UNITS | AMOUNT | 78E | DESCRIPTION | AMOUNT |
|-----|---------------|-------|-----------|------------------|-------------|--------|
| 11X | REGULAR DAY | 56 | 36604 | | | |
| 11X | REGULAR EVE | 8 | 5757 | | | |
| 11X | REGULAR NITE | 16 | 11513 | | | |
| 21X | OVER-TIME DAY | 275 | 2696 | | | |
| 27X | CALL-IN | 425 | 4117 | | | |
| OBE | | | TOTAL PAY | TOTAL DEDUCTIONS | | |
| | | | 60737 | | | |

F-3-a-134

| FIT | FICA | OI | BIT | OTHER | NET |
|-------|-------|------|------|-------|--------------|
| 8567 | 3675 | 108 | 1441 | | 96444 |
| 63091 | 30193 | 4791 | 9956 | | GROSS 499052 |

Type or print name, address and Social Security number the same as above.

SOCIAL SECURITY NUMBER 553-68-4361 APR 20 1977

Mail check to:

F-3-a-135

Here is your check covering the refund of your contributions. Your membership in the Teachers' Retirement System has been terminated.

| | | |
|----------------|---------|-----------|
| FIRST NAME | INITIAL | LAST NAME |
| Carolyn Layton | | |
| STREET ADDRESS | | |
| P.O. Box 15156 | | |
| CITY | STATE | ZIP CODE |
| San Francisco | Calif. | 94115 |

State Teachers' Retirement System
 1415 - 9th Street
 Sacramento, California 95814
STATE TEACHERS' RETIREMENT SYSTEM

A. O. R. HOLDER
 Notary Public
[Signature]
 FORM R10 (REV. 6-71)
 Δ 0 04P

#055096

Refund retirement payroll deduction for the month of October, 1977.
 Supplement to Warrant number 037709
 Salary Adjustment:
 C.L. \$1.44
 N.C. 3.72
 Total \$5.16

CODE 63 Type 1 Status 1

Term. Date 11-15-77
 MA:JFLc11

Ruth Lowrey

F-3-a-136

| ACCOUNT | DESCRIPTION | AMOUNT |
|---------|------------------------------------------------------|---------|
| 28-4112 | STATE BAR OF CALIFORNIA JULY 29 1977 F-3-a-137 | \$11.30 |
| | | 21594 |

PLEASE DETACH BEFORE DEPOSITING. NO OTHER RECEIPT NECESSARY. THE STATE BAR OF CALIFORNIA. CHECK DETACHED AND PAID THIS CHECK BECOMES A RECEIPT IN PAYMENT OF THE ITEMIZED ACCOUNT.

THE STATE BAR OF CALIFORNIA

F-3-a-138

| no. 1628 | sub 30 | department no. 28 | emp. no. 297 | employee name LOOMAN, CAROLYN | | |
|-----------------------|---------------------|-------------------|----------------------|---------------------------------|--------|---------|
| from 07-01-77 | pay period 07-15-77 | to 07-15-77 | check no. 31269104 | social security no. 294-38-7774 | | |
| earnings | | | voluntary deductions | | | |
| Description | units | rate | amount | Description | amount | yd bal. |
| REGULAR | 00 | | 67000 | PERS | 4224 | 54908 |
| NOT NEGOTIABLE | | | | | | |
| total: | | | earnings \$ 670.00 | deductions \$ 42.24 | | |

statement of earnings not negotiable

current and year to date

| gross | fit w/h | fica | ret | st w/h | city | other | net pay |
|--------|---------|-------|-----|--------|------|-------|--------------------------------------|
| 67000 | 11610 | 3920 | | 3146 | | | \$ 441.00 |
| 871000 | 159155 | 50958 | | 41289 | | | a service of united californian bank |



THE STATE BAR OF CALIFORNIA

F-3-a-139

| no. 1628 | sub 30 | department no. 28 | emp. no. 297 | employee name LOOMAN, CAROLYN | | |
|-----------------------|---------------------|-------------------|----------------------|---------------------------------|--------|---------|
| from 07-16-77 | pay period 07-31-77 | to 07-31-77 | check no. 31325480 | social security no. 294-38-7774 | | |
| earnings | | | voluntary deductions | | | |
| Description | units | rate | amount | Description | amount | yd bal. |
| REGULAR | 00 | | 67000 | PERS | 4224 | 59132 |
| NOT NEGOTIABLE | | | | | | |
| total: | | | earnings \$ 670.00 | deductions \$ 42.24 | | |

statement of earnings not negotiable

current and year to date

| gross | fit w/h | fica | ret | st w/h | city | other | net pay |
|--------|---------|-------|-----|--------|------|-------|--------------------------------------|
| 67000 | 11610 | 3920 | | 3146 | | | \$ 441.00 |
| 938000 | 170765 | 54878 | | 44435 | | | a service of united californian bank |



KAREN LATTON

THIS CHECK IN THE AMOUNT OF \$ 6.00 IS BEING ISSUED TO YOU FOR THE FOLLOWING REASON:

- PATIENT OVERPAYMENT
- INSURANCE OVERPAYMENT
- DIRECT POLICY OVERPAYMENT
- STATE DISABILITY (LESS ANY OUTSTANDING BALANCE)
- LATE BLOOD CREDITS
- OTHER

F-3-a-140

THANK YOU FOR YOUR COOPERATION AND COURTESY

MZ 692 R.11/74

MOUNT ZION HOSPITAL AND MEDICAL CENTER 1899 DIVISADERO ST., SAN FRANCISCO, CALIFORNIA

COMPANY NAME: REQUISITION FOR DRAFT

ACCOUNT NUMBER 500-22

(950)

ASSOCIATION INDEMNITY CORP.

| | | | |
|--------------|-------------------------------|-----------------------|---------------|
| 5-10 (11-12) | HOMEOWNERS POLICY NO. (15-25) | PRODUCER CODE (25-28) | COMPANY CODES |
| CD 35 | N72 353 21 70 | 04-302-606 | 10 01 |

NAME OF INSURED (IF OTHER THAN PAYEE)

TO CASHIER: DRAFT TO THE ORDER OF:
EARNESTINE T MARCH

| |
|-------------------------|
| AMOUNT OF DRAFT (21-27) |
| FORCE APPLY (28-29) |
| DRAFT NUMBER (3-0) |

1367 CREDIT MEMORANDUM
CANCELLATION PREMIUM \$34.00

JUL 19 1977

F-3-a-141

MAIL TO:

RINO A. CECCATO
4730 MISSION STREET
SAN FRANCISCO CA 94112

WARRANT (NO) WTP-26-P-10-01-SFO-1367-01

PREPARED BY • CHECKED BY • APPROVED BY • ISSUE DATE • CASHIER

JUL 15 1977

STATE OF CALIFORNIA
REMITTANCE ADVICE

STD 404 (REV. 5/78)

THE ENCLOSED WARRANT IS IN PAYMENT OF INVOICES AS SHOWN BELOW:

DEPARTMENT OF CONSUMER AFFAIRS 15-00

ADDRESS

SCHEDULE NO. 5497

VENDOR

ANNE ELIZABETH MOORE
P O BOX 15156
C/O EUGENE CHAIKIN
SAN FRANCISCO, CA 94115

F-3-a-142

| DATE | VENDOR'S NO. | AMOUNT |
|---------|--------------|--------|
| 01/13/8 | 1997 | 10:00 |
| TOTAL: | | 10:00* |

| | | |
|-------|--|--|
| I.D.# | | |
|-------|--|--|

This amount will be reported in accordance with Section 6041 of Internal Revenue Code.

EXPRESS TRAVEL
SAN FRANCISCO, CA 94109


DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY NO RECEIPT DESIRED

Larry Mitchell

| PERIOD ENDING | EARNINGS | | | DEDUCTIONS | | | | NET PAY |
|---------------|----------------------------------------------------------------|----------|-------------|---------------|-------------|--------------|----------|---------|
| | REGULAR | OVERTIME | OTHER COMP. | FED. INC. TAX | F. I. C. A. | ST. INC. TAX | E. D. I. | |
| AUG. 15 | REFUND ON UNUSED RETURN PORTION OF 4 AIR TICKETS TO GOERGETOWN | | | | | | | 842.46 |

F-3-a-143

F-3-a-144a

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| RRB FORM RL-119 (11-76) U.S. RAILROAD RETIREMENT BOARD 844 RUSH STREET, CHICAGO, ILLINOIS 60611 NOTICE OF ANNUITY ADJUSTMENT OR REINSTATEMENT | When Writing To The Board Always Give: THE EMPLOYEE'S NAME and THIS CLAIM NO.  | DATE AUG 23 1977 |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

b6
b7c

Lillie Mitchell
 871 Grove St
 San Francisco, California 94117

The monthly annuity payments in this case have been reinstated ~~XXXXXXXXXXXXXXXXXXXX~~
~~XXXXXXXXXXXXXXXXXXXX~~

Benefits will now be paid as follows:

| <u>NAME</u> | <u>MONTHLY RATE</u> | <u>EFFECTIVE DATE</u> |
|-----------------|---------------------|-----------------------|
| Lillie Mitchell | \$94.55 | 2-1-77 |
| | \$100.13 | 6-1-77 |

Your check includes the amount due you through July 31, 1977.

Succeeding checks will be mailed during the first week of each month and will cover the amount due for the preceding month.

Should you have any questions about your annuity, contact the nearest district office of the Board. If you call in person, please bring this notice and any other material you have about your claim with you.

Enclosure:
 Check 702

cc: District Office
 San Francisco, California

H.P. Gibbons
 H. P. Gibbons
 Director of Retirement Claims

047 55 80

BE SURE TO READ THE BACK OF THIS NOTICE FOR OTHER IMPORTANT INFORMATION

the cost-of-living increase effective in the month of
June 1977 has been considered in the computation of
your monthly payment.

702 (5-77)

IMPORTANT

NOTE: YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD PROMPTLY if any event occurs which would affect payment of your annuity.

**IF YOUR CHECKS ARE MAILED
DIRECTLY TO YOU --**

• ANNUITY CHECKS are mailed to you by the Treasury Department. If you receive an annuity check for any month for which you should not be paid, return the check to the:

Treasury Department
P.O. Box 8670
Chicago, Illinois 60680

• IF YOU CHANGE YOUR ADDRESS, notify the Railroad Retirement Board and your local post office immediately so that your monthly checks will not be delayed. To notify the Board, you may use the form printed on the back of your check envelope.

**IF YOUR CHECKS ARE SENT TO YOUR
CHECKING OR SAVING ACCOUNT--**

• YOU MUST NOTIFY THE RAILROAD RETIREMENT BOARD if you change your home or mailing address, so that you will be sure to receive Board mail (including important notices about payment of your annuity).

If you believe the decision on your claim is incorrect, you may ask that the decision be reconsidered based on additional evidence you may have. If you have no additional evidence or statements to submit, you may ask for more details as to the reason for the decision.

If you still disagree with the decision after the claim has been reconsidered or additional information furnished, you may appeal to the Bureau of Hearings and Appeals. If an appeal is made, it must be submitted on the form provided by the Board and must be received at an office of the Board within one year from the date of this letter.

08 23 77 716

**ALWAYS GIVE YOUR CLAIM NUMBER AND THE EMPLOYEE'S NAME WHEN
WRITING TO US.**

AB-2 (11-76)



Lawyers Title Insurance Corporation

F-3-a-145

P. O. BOX 145
50 NORTH MADISON
GREENWOOD, INDIANA 46142
AREA CODE 317 / 888-3537

April 12, 1978

Eugene Chaikin, Attorney-at-Law
P. O. Box 15156
San Francisco, California 94115

Dear Mr. Chaikin:

Enclosed please find the closing statement and check in the amount of \$842.54 for the deed balance of Mrs. Mueller's property at 4339 S. Shelby Street - Indianapolis, Indiana.

Thank you for forwarding these items to her.

Sincerely,

Barbara J. Rabourn
Escrow Closer

Enc.

LT-17b

Lawyers Title Insurance Corporation

F-3-a-146a

140 E. WASHINGTON ST. - INDIANAPOLIS, IND 46204
638-8401

SELLERS STATEMENT OF CLOSING

LTIC CASE # 139708 LENDERS a/c # _____ CLOSING DATE: March 15, 1978

PURCHASER: William P. McCormick

SELLERS: Esther L. Mueller

ADDRESS: 4339 S. Shelby Street - Indianapolis, Indiana

| | |
|---------------------------------------------|--------------------|
| SALES PRICE xxx CONTRACT BALANCE | \$ <u>1,500.00</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL DUE SELLERS: | \$ _____ |

SELLERS EXPENSES

| | |
|----------------------------------------------------|------------------------------------|
| Down Payment | \$ _____ |
| Mortgage Pay Off to _____ | \$ _____ |
| Owners Title Policy | \$ 88.00 <u>64.00</u> |
| Mortgage Ins. Policy | \$ _____ |
| Sellers Escrow Fee | \$ <u>30.00</u> |
| Recording Fees | \$ _____ |
| Mortgagee's Service Fee | \$ _____ |
| Escrow Payoff of Judgment | \$ <u>476.60</u> |
| Appraisal Fee | \$ _____ |
| Photos | \$ _____ |
| Inspection fee | \$ _____ |
| Discount | \$ _____ |
| Survey | \$ _____ |
| Release of (Mortgage) (Assignment) | \$ _____ |
| Intangible Tax | \$ _____ |
| Taxes for <u>1976</u> due <u>1977 (Delinquent)</u> | \$ <u>71.86</u> |
| Assessments - Resolutions | \$ _____ |
| Indiana Gross Income Tax | \$ _____ |
| Real Estate Commission | \$ _____ |
| Legal Expenses (Deed, etc) | \$ <u>15.00</u> |
| Escrow for Repairs or Completion | \$ _____ |
| Termite Inspection | \$ _____ |
| Tax Pro - Ration for _____ days @ _____ per diem | \$ _____ |
| Buyer's Costs paid by Sellers | \$ _____ |
| Contract Balance | \$ _____ |
| Unpaid Material Bills | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL SELLERS EXPENSES: | \$ 622.86 <u>657.46</u> |
| BALANCE DUE SELLERS: | \$ 822.86 <u>842.54</u> |

We the undersigned have read the above statement and find it to be true and exact.

| | | | |
|-------------------|--------|-----------------------------|-------|
| _____ | _____ | <u>William P. McCormick</u> | _____ |
| Esther L. Mueller | Seller | William P. McCormick | Buyer |

| | | | |
|-------|--------|-------|-------|
| _____ | _____ | _____ | Buyer |
| | Seller | | |

New Address: _____

LAWYERS TITLE INSURANCE CORPORATION

By: Barbara J. Rabourn
Barbara J. Rabourn

By: _____
Lender

LT-17-

Lawyers Title Insurance Corporation F-3-a-146

140 E. WASHINGTON ST. - INDIANAPOLIS, IND 46204
638-6401

SELLERS STATEMENT OF CLOSING

LTIC CASE # 134708 LENDERS a/c # _____ CLOSING DATE: DEC. 19, 1971

PURCHASER: William P. McCormick

SELLERS: Esther L. Mueller

ADDRESS: 455 S. Shelby Street - Indianapolis, Indiana

| | |
|----------------------------------|---------------------|
| SALES PRICE or CONTRACT BALANCE: | \$ <u>1,500,000</u> |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL DUE SELLERS: | \$ _____ |

SELLERS EXPENSES

| | |
|---------------------------------------------------|------------------------|
| Down Payment | \$ _____ |
| Mortgage Pay Off to _____ | \$ _____ |
| Owners Title Policy | \$ <u>24000.00</u> |
| Mortgage Ins. Policy | \$ _____ |
| Sellers Escrow Fee | \$ <u>300.00</u> |
| Recording Fees | \$ _____ |
| Mortgagee's Service Fee | \$ _____ |
| Credit Report - <u>Staff of Judgment</u> | \$ <u>470.00</u> |
| Appraisal Fee | \$ _____ |
| Photos | \$ _____ |
| Inspection fee | \$ _____ |
| Discount | \$ _____ |
| Survey | \$ _____ |
| Release of (Mortgage) (Assignment) | \$ _____ |
| Intangible Tax | \$ _____ |
| Taxes for <u>1971</u> due <u>1.77</u> (estimated) | \$ <u>14.00</u> |
| Assessments - Resolutions | \$ _____ |
| Indiana Gross Income Tax | \$ _____ |
| Real Estate Commission | \$ _____ |
| Legal Expenses (Deed, etc) | \$ <u>100.00</u> |
| Escrow for Repairs or Completion | \$ _____ |
| Termite Inspection | \$ _____ |
| Tax Pro - Ration for _____ days @ _____ per diem | \$ _____ |
| Buyer's Costs paid by Sellers | \$ _____ |
| Contract Balance | \$ _____ |
| Unpaid Material Bills | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| _____ | \$ _____ |
| TOTAL SELLERS EXPENSES: | \$ <u>24400.00</u> |
| BALANCE DUE SELLERS: | \$ <u>1,524,400.00</u> |

We the undersigned have read the above statement and find it to be true and exact.

| | | | |
|--------------------------|--------|-----------------------------|-------|
| <u>Esther L. Mueller</u> | Seller | <u>William P. McCormick</u> | Buyer |
| _____ | Seller | _____ | Buyer |

New Address: _____

By: _____

By: _____ Lender

LAWYERS TITLE INSURANCE CORPORATION

By: _____

ACCOUNT DETAIL

POLICY NO. **E5-18-18-7** CHECK NO. **548520** ACCOUNT BALANCE

| DATE | EXPLA-NATION | AMOUNT | DATE | EXPLA-NATION | AMOUNT | DATE | EXPLA-NATION | AMOUNT |
|-------|--------------|--------|-------|--------------|--------|-------|--------------|---------|
| 6-24 | S-C | 5.40 | 6-07 | PREM | 484.00 | 6-07 | PMT | 115.00- |
| 9-07 | PMT | 46.09- | 8-11 | PMT | 47.03- | 8-18 | PREM | 53.00- |
| 11-18 | PREM | 38.18- | 10-05 | PMT | 38.20- | 11-04 | PMT | 38.20- |
| 1-09 | DISB | 58.00- | 12-07 | PMT | 18.86- | 1-09 | PREM | 107.00- |
| | | 70.16 | | | | | | |

Dale Parks

F-3-a-147

SD=SAVINGS DIVIDEND BAL=LAST YEAR'S BALANCE SC=SERVICE CHARGE CR-BT=CHECK RETURNED BY BANK DISB=OUR CHECK TO YOU

Security National Bank F-3-a-148

CIVIC CENTER

04 DALE E PARKS
8 PD BOX 3427
WALNUT CREEK CA 94598

ACCOUNT NUMBER

7-105-843

STATEMENT DATE

01/11/78
..CLOSING

CHECKING ACCOUNT SUMMARY

| PREVIOUS STATEMENT | | CHECKS AND DEBITS | | DEPOSITS AND CREDITS | | SERVICE CHG | ENDING BALANCE |
|--------------------|---------|-------------------|--------|----------------------|--------|-------------|----------------|
| DATE | BALANCE | NUMBER | AMOUNT | NUMBER | AMOUNT | | |
| 1209 | 64000 | 8 | 94000 | 1 | 30000 | 00 | 00 |

CHECKS LISTED IN CHECK NUMBER SEQUENCE * INDICATES BREAK IN CHECK NUMBER SEQUENCE DEPOSITS AND BALANCE LISTED BY DATE

| CODE/CHECK NO | DATE | AMOUNT | CODE/CHECK NO | DATE | AMOUNT | DATE | BALANCE |
|---------------|-----------------|--------|---------------|------|--------|------|---------|
| DP | 216 | 30000 | | | | 215 | 57242 |
| *DEBIT | ITEMS FOLLOW*** | | | | | 216 | 87242 |
| 0136 | 221 | 4000 | | | | 219 | 74505 |
| * 0149 | 219 | 12737 | | | | 221 | 68562 |
| 0150 | 222 | 5370 | | | | 222 | 60000 |
| 0151 | 221 | 1943 | | | | 227 | 00 |
| 0152 | 215 | 4352 | | | | | |
| 0153 | 222 | 3192 | | | | | |
| 0154 | 215 | 2406 | | | | | |
| 0155 | 227 | 60000 | | | | | |

SEE REVERSE OF STATEMENT FOR EXPLANATION OF CODES

THEY'RE UNIQUE, THEY'RE FUNNY, THEY'RE EAST BAY SOCIETY
-WATCH FOR THEM IN YOUR LOCAL NEWSPAPERS AND BRANCHES

F-3-a-149

DALE E. PARKS
 P.O. BOX 3427 932-3540
 WALNUT CREEK, CALIF. 94598

2

136

NOV. 17 1977 90-237 1211

PAY TO THE ORDER OF National Board Resp Therapy, Inc. \$ 40.00

Dale E. Parks

SECURITY NATIONAL BANK
 Bank Center Office
 1700 NORTH MAIN STREET
 WALNUT CREEK, CALIFORNIA 94596

⑆011023707⑉105 843⑉0136 ⑈0000004000⑈

F-3-a-150

DALE E. PARKS
 P.O. BOX 3427 932-3540
 WALNUT CREEK, CALIF. 94598

149

DEC. 14 1977 90-237 1211

PAY TO THE ORDER OF Crabber National Bank \$ 127.37

One hundred twenty seven dollars and 37/100 DOLLARS

Dale E. Parks

SECURITY NATIONAL BANK
 Bank Center Office
 1700 NORTH MAIN STREET
 WALNUT CREEK, CALIFORNIA 94596

⑆011023707⑉105 843⑉06 0149 ⑈0000002737⑈

F-3-a-151

DALE E. PARKS
 P.O. BOX 3427 932-3540
 WALNUT CREEK, CALIF. 94598

150

DEC. 14 1977 90-237 1211

PAY TO THE ORDER OF Gratias Furniture Rental \$ 53.70

Fifty three dollars and 70/100 DOLLARS

Dale E. Parks

SECURITY NATIONAL BANK
 Bank Center Office
 1700 NORTH MAIN STREET
 WALNUT CREEK, CALIFORNIA 94596

⑆011023707⑉105 843⑉06 0150 ⑈0000005370⑈

F-3-a-152

DALE E. PARKS
 P.O. BOX 3427 932-3540
 WALNUT CREEK, CALIF. 94598

151

DEC. 14 1977 90-237 1211

PAY TO THE ORDER OF P. G. + E \$ 19.43

Nineteen dollars and 43/100 DOLLARS

Dale E. Parks

SECURITY NATIONAL BANK
 Bank Center Office
 1700 NORTH MAIN STREET
 WALNUT CREEK, CALIFORNIA 94596

⑆011023707⑉105 843⑉06 0151 ⑈0000001943⑈

NATIONAL BOARD OF RESPIRATORY THERAPY
KANSAS CITY, KANSAS
FOR DEPOSIT ONLY

PAY TO THE ORDER OF
TWIN CITY STATE BANK
KANSAS CITY, MO.
FOR DEPOSIT ONLY

National Board of Respiratory Therapy

DE 77 19
PAY ANY BANK P.E.O.
F.R.B. OF K.C.
1010-0004-8

104-4

18-4

ANC500

110004270

DE 77 11-37
FEDERAL RESERVE
SAN FRANCISCO

FOR DEPOSIT ONLY
SAN FRANCISCO CA 94102
SAN FRANCISCO CA 94102
SAN FRANCISCO CA 94102
SAN FRANCISCO CA 94102
SAN FRANCISCO CA 94102

DE 77 16
PAY ANY BANK
FEDERAL RESERVE
SAN FRANCISCO 11-1820

1021

110004270

DE 77 21
UCB-SI
PAY ANY BANK

RECORDED TO THE ACCOUNT
OF THE WITHIN NAMED PAYEE
FIRST NATIONAL BANK
SAN FRANCISCO, CALIFORNIA
24-4 PUBLIC

PACIFIC GAS & ELECTRIC COMPANY
SAN FRANCISCO, CALIFORNIA

DE 77 20
PAY ANY BANK
ANY BANK OR BANK OF AMERICA, N.Y. & C.O.
SAN FRANCISCO, CA
FOR DEPOSIT ONLY

DEC 18 1977

110004270

DALE E. PARKS
P.O. BOX 3427 923-3540
WALNUT CREEK, CALIF. 94598

F-3-a-153 152

Dec 14 1977 90-237 1211

PAY TO THE ORDER OF Security National Bank \$ 43.52

Fort Verde California 1/100 DOLLARS

SECURITY NATIONAL BANK
Bank Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94598

Dale E. Parks

05 0152 00000004352

DALE E. PARKS
P.O. BOX 3427 923-3540
WALNUT CREEK, CALIF. 94598

F-3-a-154 153

Dec 14 1977 90-237 1211

PAY TO THE ORDER OF Pacific Telephone \$ 31.92

thirty one dollars and 92/100 DOLLARS

SECURITY NATIONAL BANK
Bank Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94598

Dale E. Parks

05 0153 00000003192

DALE E. PARKS
P.O. BOX 3427 923-3540
WALNUT CREEK, CALIF. 94598

F-3-a-155 154

Dec 15 1977 90-237 1211

PAY TO THE ORDER OF Cash \$ 24.06

Twenty-four dollars and 06/100 DOLLARS

SECURITY NATIONAL BANK
Bank Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94598

Dale E. Parks

05 0154 00000002406

DALE E. PARKS
P.O. BOX 3427 923-3540
WALNUT CREEK, CALIF. 94598

F-3-a-155 155

DEC 23 1977 90-237 1211

PAY TO THE ORDER OF Cash \$ 670.00

Six hundred dollars and 00/100 DOLLARS

SECURITY NATIONAL BANK
Bank Center Office
1700 NORTH MAIN STREET
WALNUT CREEK, CALIFORNIA 94598

Dale E. Parks

05 0155 00000006700



1111 60121

DE 77 21
PAY ANY BANK
CROCKER NAT'L BANK &
SAN FRANCISCO, CA 94102

DE 77 22
P.E.S. 888888
FEDERAL RESERVE
SAN FRANCISCO

DEC 20 77

951
SAN FRANCISCO, CALIF.
CROCKER NAT'L BANK
SAN FRANCISCO, CALIF.
11-8

11-87
3048
3573

ORLANDO MAIL
PAY ANY BANK
CROCKER NAT'L BANK
SAN FRANCISCO, CALIF.

666 909 877 74
PAY ANY BANK P.E.S.
CROCKER NAT'L BANK
SAN FRANCISCO, CALIF.
11-8
30-2372

DEC 27 77
CROCKER NAT'L BANK
SAN FRANCISCO, CALIF.
11-8

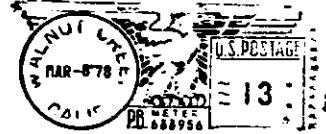
SECTION 5
FEDERAL RESERVE BANK
SAN FRANCISCO, CALIF.
90-55

8888 35823

**SECURITY
NATIONAL BANK**

CIVIC CENTER OFFICE
1790 NORTH BAIN STREET, WALNUT CREEK, CA 94596

*With Continuous Compounding,
Your Savings Earn More
At SNB*



Dale Parks
1501 Oakland Blvd.
Walnut Creek, CA. 94596

Box 15186 F
San Francisco, CA 94115

F-3-a-157

| DATE | REFERENCE | DEPOSIT AMOUNT | DISCOUNT | PREVIOUS BALANCE | BALANCE | REMARKS |
|-----------|-----------|-------------------|----------|---------------------|---------|------------------------------|
| JUL 21 77 | | 7.00 | | | 7.00 | Refund 554147 Jayce Parks |

F-3-a-158

 **Presbyterian Hospital of Pacific Medical Center**
CLAY AT BUCHANAN STREET, SAN FRANCISCO, CALIFORNIA 94115



Presbyterian Hospital of Pacific Medical Center

P.O. BOX 57480 • SAN FRANCISCO, CALIFORNIA 94137
IRS # 94-1490928M (415) 963-4521

F-3-a-159
STATEMENT

PATIENT **PARKS, JOYCE**
ACCOUNT NO. **554147**

| | | | | |
|------|----------------------|-----------------|-----------|------|
| FROM | SERVICE DATE | DATE | STATEMENT | PAGE |
| | 05/26/76 0830 | 06/25/77 | 3 | |
| TO | PHYSICIAN | | | |
| ENG | HARDEN | | | |

1
ACTIVITY

G
U
A
R
A
N
T
O
R

PARKS, JOYCE
1662 PAGE ST
SAN FRANCISCO CA

50

| |
|------------------------|
| INSURANCE |
| 1 |
| 2 |
| SOCIAL SECURITY NUMBER |

AMOUNT OF THIS PAYMENT

PLEASE INDICATE ANY CHANGE OF ADDRESS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
SEE REVERSE SIDE FOR MAILING INSTRUCTIONS

| BILLING DATE | SERVICE DATE | SERVICE CODE | DESCRIPTION | QTY. | CHARGES/PAYMENTS | BALANCE |
|--------------|--------------|--------------|--------------------------|------|------------------|---------|
| 05/27 | 05/27/76 | 29190510 | M.O. FEE RVS 90510 | 1 | 24.00 | 230.03 |
| 08/17 | 08/17/76 | 01000060 | BLUE CROSS PAYMT 081700 | 1 | 187.03- | 43.00 |
| 10/25 | 10/25/76 | 01000054 | PAYMENT-THANK YOU 052676 | 1 | 43.00- | 0.00 |
| 10/29 | 10/29/76 | 01000054 | PAYMENT-THANK YOU 052676 | 1 | 43.00- | 43.00- |
| 05/26 | 05/25/77 | 10111000 | TO E87816 | 1 | 36.00 | 7.00- |

The responsibility for payment of this bill rests with the Guarantor.

PATIENT IDEN. NO. **554147**
PATIENT NAME **PARKS, JOYCE**

TOTAL CHARGES **266.03**
TOTAL PAYMENTS **273.03-**
0.00
0.00

Mediography, Cardiology Laboratory, and Radiology Group
Medical professional fees for services provided by:
R.J. TUBBINEN, M.D. & ASSOCIATES - PATHOLOGISTS
BETHAN SILBER, M.D. & ASSOCIATES - CARDIOLOGISTS
SAN FRANCISCO RADIOLOGISTS MEDICAL GROUP, INC.

**PRESBYTERIAN HOSPITAL OF
PACIFIC MEDICAL CENTER**
P.O. BOX 57480
SAN FRANCISCO, CALIF. 94137

AMOUNT DUE **7.00-**

ORIGINAL



Presbyterian Hospital of Pacific Medical Center

P.O. BOX 37480 • SAN FRANCISCO, CALIFORNIA 94137
IRS # 94-4595284 (415) 963-4321

F-3-a-159

STATEMENT

PATIENT **PARKS, JOYCE**
ACCOUNT NO. **554147**

| | | | | |
|------|---------------|-----------|-----------|------|
| FROM | SERVICE DATE | DATE | STATEMENT | PAGE |
| | 05/26/76 0830 | 06/25/77 | | 2 |
| TO | | PHYSICIAN | | |
| | | HARNDEN | | |

1
ACTIVITY

GUARANTOR

PARKS, JOYCE
1662 PAGE ST
SAN FRANCISCO CA

50

| | |
|------------------------|--|
| INSURANCE | |
| 1 | |
| 2 | |
| SOCIAL SECURITY NUMBER | |

AMOUNT OF THIS PAYMENT

PLEASE INDICATE ANY CHANGE OF ADDRESS

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT
SEE REVERSE SIDE FOR MAILING INSTRUCTIONS

\$

| BILLING DATE | SERVICE DATE | SERVICE CODE | DESCRIPTION | QTY. | CHARGES/PAYMENTS | BALANCE |
|--------------|--------------|--------------|---------------------------|------|------------------|---------|
| 05/27 | 05/26/76 | 30199068 | LAB-STAT EXAM | 1 | 3.25 | 108.75 |
| 05/27 | 05/26/76 | 30199068 | LAB-STAT EXAM | 1 | 3.25 | 112.00 |
| 05/27 | 05/26/76 | 30199068 | LAB-STAT EXAM | 1 | 3.25 | 115.25 |
| 05/27 | 05/26/76 | 42474020 | XRAY-ABDOMEN, COMP. STUDY | 1 | 51.50 | 166.75 |
| 05/28 | 05/26/76 | 61553027 | SOLN DEXT 5% WATER 1000 | 1 | 10.55 | 177.30 |
| 05/28 | 05/26/76 | 61555045 | NEEDLE IV PLACE 18.5 GA | 1 | 2.65 | 179.95 |
| 05/28 | 05/26/76 | 61557033 | TUBING EXTENSION K-50L | 1 | 0.64 | 180.59 |
| 05/28 | 05/26/76 | 61557033 | TUBING EXTENSION K-50L | 1 | 0.64 | 181.23 |
| 05/28 | 05/26/76 | 61557072 | TUBING IV REG ADULT DRIP | 1 | 2.90 | 184.13 |
| 05/28 | 05/26/76 | 61557072 | TUBING IV REG ADULT DRIP | 1 | 2.90 | 187.03 |
| 05/27 | 05/27/76 | 29000010 | EMERGENCY DEPT BASIC FEE | 1 | 12.00 | 199.03 |
| 05/27 | 05/27/76 | 29136410 | M.D. FEE RVS 36410 | 1 | 7.00 | 206.03 |

The responsibility for payment of this bill rests with the Guarantor.

PATIENT
NOCT. NO. PATIENT NAME

TOTAL CHARGES
TOTAL PAYMENTS

Laboratory, Cardiology Laboratory, and Radiology charges include professional fees for services provided by:
R.J. KLIMPENT, M.D. & ASSOCIATES - PATHOLOGISTS
MARTIN S. ZEN, M.D. & ASSOCIATES - RADIOLOGISTS
SAN FRANCISCO RADIOLOGISTS MEDICAL GROUP, INC.

**PRESBYTERIAN HOSPITAL OF
PACIFIC MEDICAL CENTER**
P.O. BOX 37480
SAN FRANCISCO, CALIF. 94137

AMOUNT DUE

➔

ORIGINAL



FORM 977 (7-78) REV. 6-22-78
 977 OF 78 7-78-2,000-78

Gerald Parks

NON-NEGOTIABLE F-3-a-160

SAFEWAY STORES
 INCORPORATED
 FREMONT, CALIFORNIA

STATEMENT OF EARNINGS

| DATE | PAY PERIOD | EMPLOYEE ID. | HOURS | GROSS | FED. TAX | F.I.C.A. | STATE TAX | OTHER TAX | STATE INS |
|-------|------------|--------------|-------|-------|----------|----------|-----------|-----------|-----------|
| 92778 | 39 | [REDACTED] | 926 | 25982 | 2469 | 1572 | 370 | 2 | |

| RETIRE | CREDIT UNION | STOCK | SEA | INSURANCE | BONDS | CHARITY | UNION | MISC. 1 | MISC. 2 | NET AMOUNT |
|--------|--------------|-------|-----|-----------|-------|---------|-------|---------|---------|------------|
| | | | | | | | | | | 21371 |

| TAX MEMO | | | | EMP # | INCLUDED IN ABOVE GROSS | | | | |
|----------|------|-------|------|--------|-------------------------|----------|----------|--------------|---------|
| RATE | TIPS | MEALS | MISC | | MISC | VACATION | SICK PAY | NOTH ABSENCE | HOLIDAY |
| | | | | 689200 | | 25982 | | | |

Safeway is an equal opportunity employer. As such, it welcomes applications for job openings without regard to race, color, religion, national origin, sex, age or political or fraternal affiliation. It is also the policy of the company to promote employees whenever openings exist on the same non-discriminatory basis.

It solicits, welcomes, and requires the cooperation of all employees in making its equal employment opportunity program effective. Your suggestions and referral of applicants will be greatly appreciated, and management will be glad to discuss any aspects of the program with you.

b6
b7c

VALLEY CLERKS TRUST FUND

F-3-a-161

| SOCIAL SECURITY NUMBER | LOCAL | INURRED DATE | DEPENDENT | CHECK NO. | DATE ISSUED | DESCRIPTION OF BENEFIT |
|------------------------|-------|--------------|-----------|-----------|--------------|------------------------|
| [REDACTED] | 1532 | 03 21 78 | BRENDA | 833986 | 05 26 78 | |
| OFF CALL | | | | | TOTAL AMOUNT | |
| 27 00 | | | | | 27 00 | BILLED |
| 15 00 | | | | | 15 00 | PAID |

ADVICE OF PAYMENT MADE

INSURED CLAIMANT IS:
PARKS, GERALD
 756 SO OAK #4
 UKIAH CAL 95482

CHECK WAS PAID TO:



NOT NEGOTIABLE
 SEE REVERSE SIDE

| NAME | SOC. SEC. NO. | LOCAL NO. | DATE ISSUED | CHECK # |
|----------------------|---------------|-----------|-------------|---------|
| PARKS, GERALD | [REDACTED] | 1532 | 04 06 78 | 400110 |

PRESCRIPTION DRUG BENEFIT VOUCHER

| PLEASE DETACH AND RETAIN | | THIS IS YOUR RECORD OF PAYMENT | | | | |
|--------------------------|----------------|--------------------------------|------|--------|-------|----|
| RECEIPT NO. | DEPENDENT NAME | DATE | TIME | CHARGE | PAID | MP |
| 372 | PATRICIA | 03 06 78 | 3281 | 13 70 | 12 33 | |
| 372 | PATRICIA | 03 02 78 | 3749 | 22 70 | 20 43 | |
| 372 | PATRICIA | 02 14 78 | 3281 | 6 85 | 6 17 | |
| TOTALS | | | | 43 25 | 38 93 | |

- MP - NON-PAYMENT CODES
1. CHANGE INCURRED WHEN MEMBER NOT INSURED
 2. CHANGE NOT COVERED BY PRES DRUG PROGRAM
 3. CHANGE INCURRED BY A NON-EMPLOYEE DEP
 4. PAID BY OTHER PARTY

F-3-a-162



F-3-a-163

VALLEY CLERKS TRUST FUND

| | | | | | |
|------------------------|----------|-------------|-----------|-----------|--------------|
| SOCIAL SECURITY NUMBER | LOCAL | ISSUED DATE | DEPENDENT | CHECK NO. | DATE ISSUED |
| [REDACTED] | 1532 | 02 10 78 | BRENDA | 815188 | 04 21 78 |
| OFF CALL | DIAG X-L | | | | TOTAL AMOUNT |
| 19 00 | 4 80 | | | | 23 80 |
| 15 00 | 4 80 | | | | 19 80 |

ADVICE OF PAYMENT MADE

INSURED CLAIMANT IS
PARKS, GERALD
 756 SO OAK #4
 UKIAH CAL 95482

CHECK WAS PAID TO:

b6
b7c



NOT NEGOTIABLE
 SEE REVERSE SIDE

| NAME | SOC. SEC. NO. | LOCAL NO. | DATE ISSUED | CHECK # | | |
|---------------------------------------------------------|----------------|-----------|-------------|---------|-------|-------|
| PARKS, GERALD | [REDACTED] | 1532 | 04 28 78 | 403085 | | |
| PRESCRIPTION DRUG BENEFIT VOUCHER | | | | | | |
| PLEASE DETACH AND RETAIN THIS IS YOUR RECORD OF PAYMENT | | | | | | |
| RECH NO. | DEPENDENT NAME | MO | FILL DATE | AMOUNT | PAID | SP |
| 461 | BRENDA | 02 | 17 78 | 3133 | 21 90 | 19 71 |
| TOTALS | | | | | 21 90 | 19 71 |



F-3-a-164

CITY AND COUNTY OF SAN FRANCISCO
 STATEMENT OF EARNINGS AND DEDUCTIONS

| | | | | | | | |
|------------------|----------|-------|--------|--------------|-----------------|----------------|--------|
| EMPLOYEE NAME | EMP. NO. | DEPT. | PER | PR | ITEM | DATE | |
| PERKINS R | 003294 | 96 | 22 | 92 | 165 | 11/ 8/77 64022 | |
| GROSS | PENS | TAX | H.S.S. | DUES | MAINT OR ST NET | SS | NET |
| 156.18 | | 9.98 | 11 | | | | 146.20 |
| ST | ADD PENS | | | BONDS & MISC | | | |
| 0.00 | | | | | | | |

F-3-a-165

NOT NEGOTIABLE

THIS IS NOT A CHECK
 DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

| | | | | | | | | |
|---------------|----------|--------|--------|---------|-----------------|------|----------|-------|
| EMPLOYEE NAME | | EMP NO | DEPT | PER | PR | ITEM | DATE | |
| PERKINS R | | 003294 | 96 | 23 | 92 | 164 | 11/22/77 | 03316 |
| GROSS | PENS | TAX | M.S.S. | DUES | MAINT OF ST RET | S.S. | NET | |
| 8.22 | | | | | | | 8.22 | |
| ST | ADD PENS | | | FONDS L | MISC | | | |
| 0.00 | | | | | | | | |

NOT
NEGOTIABLE

F-3-a-166

THIS IS NOT A CHECK
DO NOT CASH

F-3-a-165

167

law offices of DAVIDSON & EASTON

1418 Broadway, Oakland, California 94612, telephone 451-6782

ALAN H. DAVIDSON

STEPHEN K. EASTON

January 12, 1978

Mr. Leon Perry
c/o Mission Village
P. O. Box 893
Georgetown, Guyana,
South America

Dear Mr. Perry:

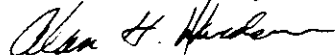
I trust and hope by this time that you have received our letter of December 14, 1977 regarding your case. I am taking the liberty of enclosing a copy of the letter of December 14, 1977 in the event that you did not receive it and ask again that you reply immediately.

We would especially like to talk with you on the telephone so if at all possible, try to call Monday through Friday, between the hours of 9:30 a.m. and 4:30 p.m. to insure that either I or one of my staff members will be here. You may certainly call collect. If I am not available, request to speak with my legal assistant, Margaret Rodriguez. If she is not in the office, my partner, Stephen Easton, would be the next person to ask for.

If you will be restricted to placing the telephone call on the weekend, my answering service has been put on notice to expect your call and route it first to me and then as outlined above. If you must place the call in the evening, the same procedure will apply.

Please call us immediately as time is of the essence.

Very truly yours,



ALAN H. DAVIDSON

AHD/bt

F-3-a-168a

October 15, 1977

1000 Park
P.O. Mission Village
Box 221
San Diego, California

We have been advised by your insurance carrier that you have been out of the area for more than one month. We recently obtained this most recent address for you.

An offer of settlement in the sum of \$10,500.00 has been made to conclude your entire claim in this matter. The gross amount, less by your insurance carrier for your property damage must be resolved by these funds. We would like your permission to accept this settlement offer. We would like to advise you of the circumstances of this incident.

After we obtain your permission we will negotiate with the insurance carrier to resolve the property damage claim for the lowest possible amount. Our object will be to recover as much of the funds for you as possible.

Enclosed is a copy of this letter which we request that you date, sign and return to us in the envelope provided. We will have your acknowledgment that you agree to settle your case as indicated above.

It is of the essence in this matter as the insurance carrier has ordered that this offer be filed before the

F-3-a-168b

Very truly yours,

Page Two

date can be assigned. By settling the case prior to the
that set for the filing of the Opening Brief, we will avoid
having to file the briefs or in fact await a trial date.

If you are available in a telephone and wish to
discuss this matter, please telephone my office person to
person. If you are not in the office, please leave a telephone
message with your name and office number and instructions as to
when I can return your call. Thank you.

Very truly yours,

ABRAHAM H. DAVIDSON

Enclosure

law offices of
DAVIDSON & EASTON
 1419 Broadway, Oakland, California 94612

Returned by 89 additional postage. When remailing, cross out this notice or paste stamp over it.



Mr. Leon Perry
 c/o Mission Village
 P. O. Box 893
 Georgetown, Guyana,
 South America

F-3-a-169

BURNS INTERNATIONAL SECURITY SERVICES, INC.
 8601 CARPELL DRIVE, SUITE A
 OAKLAND, CAL. 94671

CHECK NO. 558541 EMPL. NO. 712329 0 CHECK DATE 08-17-77 WEEK ENDING 08-11-77 LOCATION 0002

| CURRENT | ST. HOURS | ST. AMOUNT | OT HOURS | OT AMOUNT | FED. WITH. | F.I.C.A. | STATE TAX | LOCAL TAX | TEMP. DIS. |
|---------|-----------|------------|----------|-----------|------------|----------|-----------|-----------|------------|
| | | 39.00 | 126.00 | | 56.20 | | 22.44 | 11.52 | |
| ADJ. | ST. HOURS | ST. AMOUNT | OT HOURS | OT AMOUNT | VACATION | | | | EXPENSES |
| | | | | 756.80 | | | | | 1.58 |

383.60 ← GROSS PAY NET PAY \$ 221.13

THIS IS YOUR STATEMENT OF EARNINGS AND DEDUCTIONS FOR THE ABOVE PERIOD. RETAIN FOR YOUR RECORDS.

THOMAS J. PANTAR
 721 PACE ST
 SAN FRANCISCO CA

SEE REVERSE SIDE FOR EXPLANATION OF THIS STATEMENT

DEDUCTIONS: F-3-a-170

BURNS INTERNATIONAL SECURITY SERVICES, INC.
 8601 CARPELL DRIVE, SUITE A
 OAKLAND, CAL. 94671

CHECK NO. 527797 EMPL. NO. 712329 0 CHECK DATE 08-26-77 WEEK ENDING 08-18-77 LOCATION 0002

| CURRENT | ST. HOURS | ST. AMOUNT | OT HOURS | OT AMOUNT | FED. WITH. | F.I.C.A. | STATE TAX | LOCAL TAX | TEMP. DIS. |
|---------|-----------|------------|----------|-----------|------------|----------|-----------|-----------|------------|
| | | | | | | | 1.00 | | |
| ADJ. | ST. HOURS | ST. AMOUNT | OT HOURS | OT AMOUNT | VACATION | | | | EXPENSES |
| | | 25.00 | | | | | | | |

25.00 ← GROSS PAY NET PAY \$ 25.00

THIS IS YOUR STATEMENT OF EARNINGS AND DEDUCTIONS FOR THE ABOVE PERIOD. RETAIN FOR YOUR RECORDS.

THOMAS J. PANTAR
 721 PACE ST
 SAN FRANCISCO CA

SEE REVERSE SIDE FOR EXPLANATION OF THIS STATEMENT

DEDUCTIONS: LVPAYMT 24.24- 0.00

F-3-a-171-

BURNS INTERNATIONAL SECURITY SERVICES, INC.
8001 CARPUELL DRIVE, SUITE A
OAKLAND, CAL. 94621

EMPL. NO.
322799 712329 0

CHECK DATE
02-24-77

1-2
210

CHECK NO.
322799

THE CHASE MANHATTAN BANK, N.A.
341 EAST 42ND STREET
NEW YORK, N.Y. 10017

PAYROLL ACCOUNT
NUMBER 1

EXACTLY VOID VOID VOID VOID VOID VOID VOID VOID VOID

| |
|------------|
| EXACTLY |
| \$ 8888.66 |

THIS CHECK MAY BE CASHED AT:

PAY TO THE ORDER OF:

VOID VOID VOID VOID VOID
VOID VOID VOID VOID VOID
VOID VOID VOID VOID VOID

THOMAS J PARTAK
721 PAUL ST
SAN FRANCISCO CA 94117

F-3-a-172

⑆322799⑆ ⑆0210⑉0002⑆ 036⑉4⑉005405⑆

Thomas J Partak

F-3-a-173

WESTERN TITLE INSURANCE COMPANY
MENDOCINO COUNTY OFFICES

107 CYPRESS STREET
P.O. BOX 877
FORT BRAGG, CA 95437
(707) 954-4726

101 NORTH STATE STREET
P.O. BOX 80
UKIAH, CA 95482
(707) 462-4781

1484 SO. MAIN STREET
P.O. BOX 1848
WILLITS, CA 95480
(707) 488-6221

James R. Pugh & Eva H Pugh
c/o Jim Mc Elvance
P.O.Box 28
Redwood Valley, Ca. 95470

FROM Ukiah OFFICE

Order No. 77158
Subject: Schrader
Date: September 29, 1978

In accordance with instructions we have closed the escrow under the above subject.

The following checked items are also enclosed:

- Check in the amount of \$ 7,563.37
- Original promissory note for \$
- Copy of promissory note for \$
- Copies of lender's loan papers
- Statement to you for closing costs advanced in the amount of \$
- Closing Statement
-
-
-

REMARKS:

Any recorded documents you are to receive will be mailed to you after processing by the County Recorder.

Very truly yours,


Ron Stafford

F-3-a-174

ELI LILLY AND COMPANY—RETIREMENT PLAN

| | | | | | | |
|---------------------------------------------------------------------------------------|------------------------------------------------------|-------------------------------------------|------------------------|-------------------------------------------------|--------------------------------------------------------------------------------------------|----------------------------|
| NAME EVA H PUGH | | SOCIAL SECURITY NO. 304-01-7850 | | DATE SEP 1, 1977 | CHECK NUMBER 0901984 | |
| INCOME THIS MONTH | | | | | | |
| RETIREMENT 50.29 | SURVIVOR | LEVEL INCOME OPTION | OTHER | SAVINGS PLAN | TOTAL GROSS INCOME 50.29 | WITHHOLDING FEDERAL TAX |
| YEAR-TO-DATE INCOME | | | | | | |
| RETIREMENT 452.61 | SURVIVOR | LEVEL INCOME OPTION | OTHER | SAVINGS PLAN | TOTAL GROSS INCOME 452.61 | FEDERAL TAX |
| CHARGE FOR ELECTED OPTIONS | | | | | | |
| OPT. RETIREMENT SURVIVOR PROTECTION | CONTINGENT BENEFICIARY LIFETIME INCOME PROTECTION | INCREASED DEATH BENEFIT | | LEVEL INCOME (FOR ADDED INCOME TO AGE 62) | NET INCOME 50.29 | |
| SURVIVOR'S PROTECTION SUMMARY * | | | | | | |
| AUTOMATIC SURVIVOR'S INCOME PROTECTION TO SPOUSE'S AGE 62 AFTER SPOUSE'S AGE 62 | | | DEATH BENEFIT IN FORCE | | CONTINGENT BENEFICIARY PROTECTION TO BENEFICIARY'S AGE 62 AFTER BENEFICIARY'S AGE 62 | |

* SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PLEASE DETACH AND RETAIN THIS STATEMENT

PACIFIC COAST BAPTIST BIBLE COLLEGE, SAN DIMAS, CALIF. DETACH AND RETAIN THIS STATEMENT

IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DEEMED.

.DELUXE FORM DVD-3 - 142

| DATE | DESCRIPTION | AMOUNT |
|-----------|------------------------------------------|--------------------|
| 5-19-78 | Ensemble Bus - Truck + Auto-down Payment | 5-19-78 2500.00 |
| F-3-a-175 | | |

F-3-a-176

ELIZABETH RUGGERIO

Pacific Telephone

This is Your Record - Please Detach

AUG 1 1977

S713-0059

| Code | Account Number | Public Tel Collections (less U.S. tax) | Deposit Amount | Interest | From | | To | | Amount |
|------|----------------|----------------------------------------|----------------|----------|------|-----|----|-----|--------|
| | | | | | Mo | Day | Mo | Day | |
| 2 | 567 4419 185 | | 25 00 | 1 31 | 10 | 14 | 08 | 01 | 26 31 |

The Attached Draft is in Payment of

- | | |
|---------------------------------------|---------------------------------------------------|
| CODE 1 Refund of Advance Payment | CODE 4 Commission on Public Telephone Collections |
| 2 Refund of Deposit | 5 Credit Balance on Final Bill |
| 3 Refund Of Overpayment on Final Bill | 6 Other (Detail Enclosed) |

This is not a check - DO NOT CASH

Pacific Telephone

This is Your Record - Please Detach

OCT 31 1977

S804-0075

| Code | Account Number | Public Tel Collections (less U.S. tax) | Deposit Amount | Interest | From | | To | | Amount |
|------|----------------|----------------------------------------|----------------|----------|------|-----|----|-----|--------|
| | | | | | Mo | Day | Mo | Day | |
| 3 | 567 4419 185 | | | | | | | | 15 16 |

The Attached Draft is in Payment of

- | | |
|---------------------------------------|---------------------------------------------------|
| CODE 1 Refund of Advance Payment | CODE 4 Commission on Public Telephone Collections |
| 2 Refund of Deposit | 5 Credit Balance on Final Bill |
| 3 Refund Of Overpayment on Final Bill | 6 Other (Detail Enclosed) |

Elizabeth Ruggia

This is not a check - DO NOT CASH

A. Rodriguez

Pacific Telephone

This is Your Record - Please Detach

| Code | Account Number | Public Tel Collections (less U.S. tax) | Deposit Amount | Interest | From | | To | | Amount |
|------|----------------|----------------------------------------|----------------|----------|------|-----|----|-----|------------|
| | | | | | Mo | Day | Mo | Day | |
| | | | | | | | | | \$694-0554 |
| | | | | | | | | | 1 70 |

The Attached Draft is in Payment of

- | | |
|---------------------------------------|---------------------------------------------------|
| CODE 1 Refund of Advance Payment | CODE 4 Commission on Public Telephone Collections |
| 2 Refund of Deposit | 5 Credit Balance on Final Bill |
| 3 Refund Of Overpayment on Final Bill | 6 Other (Detail Enclosed) |

F-3-a-178

This is not a check - DO NOT CASH

b6
b7c

1018318097Z H

Wells Fargo Bank
NATIONAL ASSOCIATION

GEARY-NINETEENTH AVENUE OFFICE
5455 GEARY BLVD SAN FRAN CA
94121

F-3-a-178



0018 2- PG 1 ITEMS 1

Prepared for: ALVARAY SATTERWHITE
424 PIERCE ST
SAN FRANCISCO CA 94117

If you have any questions,
please call:
415 396-3644

IF YOU REGULARLY RECEIVE A GOVERNMENT CHECK
SUCH AS V.A. BENEFIT, SOCIAL SECURITY, ETC.,
WE CAN DIRECTLY DEPOSIT THE AMOUNT EACH MONTH
TO YOUR CHECKING OR SAVINGS ACCOUNT AT NO
EXTRA CHARGE. GET YOUR MONEY FASTER, SAFER,
AND MORE CONVENIENTLY, ASK FOR DETAILS.

Please report any errors or omissions
within 14 days. Otherwise
statement will be considered correct.

Statement period:
7/21/77 THROUGH 8/17/77

| Transactions | | | Transactions | | | Balance | |
|------------------------------|------|--------|---------------|------|--------|-------------------|--------|
| CHECKING ACCOUNT 0018 318097 | | | | | | BEGINNING BALANCE | |
| | | | | | | 7/21 | 299.20 |
| DEBITS | DATE | AMOUNT | | DATE | AMOUNT | | |
| CHECKS | | | 228 | 8/ 9 | 299.20 | 8/ 9 | .00 |
| SERVICE CHARGE | | | | 8/17 | .15 | 8/11 | .15 |
| CREDITS | | | | 8/11 | .15 | | |
| BANK ORIGINATED ENTRY | | | | | | | |
| TOTAL DEBITS | | 299.35 | TOTAL CREDITS | | .15 | ENDING BALANCE | |
| | | | | | | 8/17 | .00 |

WELLS FARGO BANK

SEVENTEENTH OFFICE
3425 SEARY BLVD., SAN FRANCISCO, CA 94131

MEMO

228

PAY TO THE ORDER OF

DR. J. C. CAMPBELL

8-5-77

299.20

Two Hundred Ninety Nine and 20/100
DOLLARS

ALVARAY SATTERWHITE
424 PIERCE ST.
SAN FRANCISCO, CA 94117

Alvaray Satterwhite

F-3-a-180

⑆1210-0024⑆228 0018 318097⑆

⑆00000299.20⑆

10010

| | | |
|------|------|-----|
| CA | HAIR | HGT |
| EYES | WGT | CA |

F-3-a-181

RIGHT THUMB PRINT



.R0229251
.MARY LOUISE SHAVERS
.192 HERMANN
.SAN FRANCISCO, CA

SEX HAIR EYES HEIGHT WEIGHT PRE LIC EXP
F BLK BRN 5-06 195 '77

DATE OF BIRTH
10-19-25

OTHER ADDRESS
CLASS 1 3 AXLE HOUSE CAR AND ALL 2 AXLE VEH. EXCEPT BUS OR 2 WHEEL MOTORCYCLE, MAY TOW VEH. UNDER 500 LBS. GROSS. MUST WEAR CORRECTIVE LENSES

IN _____
T.L.# _____
DATE _____
SIGN _____

X

FEE \$3.25

| NO LENSES | LENSES | VISION | W/P | SIGN | CL-1 | CL-2 | CL-3 | CL-4 | MC SKILL | DRIVE |
|-----------|--------|--------|-----|------|------|------|------|------|----------|-------|
| B | | | | | | | | | | |
| R | | | | | | | | | | |
| L | | | | | | | | | | |

U329202A

ATTACH GUAR HOLD RES

STEPHEN COHEN, D.D.S.
LAWRENCE M. LE VINE, D.D.S.
SHANNON WONG, D.D.S.

DETACH AND RETAIN THIS STATEMENT
THE ATTACHED CHECK IS IN PAYMENT OF ITEMS DESCRIBED BELOW.
IF NOT CORRECT PLEASE NOTIFY US PROMPTLY. NO RECEIPT DESIRED.

DELUXE - FORM WVD-8 4/8

| DATE | DESCRIPTION | AMOUNT |
|---------|-------------------------------------------------------|--------|
| 12-5-77 | Ref. For Insur. overpay: S.F. LeVine F-3-a-182 | 182.00 |

Dr. LeVine

Information on item 1 is for the CONFIDENTIAL USE of the Department of Motor Vehicles only, and will not be released to any other person except with your consent.

(1) Within the last three years have you experienced a lapse of consciousness or had any disease, disorder, or disability which affects your ability to exercise reasonable and ordinary control in operating a motor vehicle?
Explain Yes answers to (1)

(2) Have you applied for a license or California identification card under a former or different name within the past ten (10) years?

(3) Have you had your driving privilege or a license cancelled, refused, suspended or revoked within the last ten (10) years?

(4) Have you held a license in another state or country within the past 3 years?

Explain Yes answers to (2), (3) and (4)
I Heresby Certify, Under Penalty of Perjury, That All Statements on This Application Are True, and That My Birth Date is as shown on This Application. I Request That All Information Concerning My Physical and Mental Condition Be Kept Confidential.

(Date) (Signature of Applicant)
ACCEPTANCE OF LIABILITY BY PARENTS. Pursuant to Sections 17706 through 17708 and in assumption of the liability specified in Sections 17707 through 17710 of the Vehicle Code, the undersigned residents of the State of California join in the application and certify, under penalty of perjury, that all statements made hereon are true and correct.

Father: _____
Address: _____
City: _____ Date: _____
Mother: _____
Address: _____
City: _____ Date: _____

Examination has been given as indicated and I recommend that license be granted.

By: _____ Examiner _____
S/S Verified By: _____
DL-194 (REV. 6/74)

ESSELEOSE 00000000 L700800

PAY ANY BANK
WELLS FARGO BK.
SAN FRANCISCO, CA
AG 77 09

PAY TO THE ORDER OF BANK OF AMERICA
FOR DEPOSIT ONLY
AUG - AUG
DR. JOHN Q. CAMPBELL
5654 GERRY BLVD.
SAN FRANCISCO, CALIF. 941
2870-0218

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

| EMPLOYEE NAME | | EMP. NO. | DEPT | PER | PR | ITEM | DATE | |
|--------------------|-------|---------------|--------|------|------------------|------|---------|-------|
| SCHACHT LAURENCE E | | 636637 | 53 | 14 | 5 | 147 | 7/19/77 | 38155 |
| GROSS | PENS. | TAX | H.S.S. | DUES | MAINT OR ST RET. | S.S. | NET | |
| 480.46 | | 63.45 | | | | | 407.42 | |
| ADD. PENS. | | BONDS & MISC. | | | | | | |
| ST 9.59 | | | | | | | | |

NOT
NEGOTIABLE

F-3-a-183

THIS IS NOT A CHECK
DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

| EMPLOYEE NAME | | EMP. NO. | DEPT | PER | PR | ITEM | DATE | |
|--------------------|-------|---------------|--------|------|------------------|------|---------|-------|
| SCHACHT LAURENCE E | | 636637 | 53 | 15 | 9 | 163 | 8/ 2/77 | 76779 |
| GROSS | PENS. | TAX | H.S.S. | DUES | MAINT OR ST RET. | S.S. | NET | |
| 538.63 | | 76.25 | | | | | 450.45 | |
| ADD. PENS. | | BONDS & MISC. | | | | | | |
| ST 11.93 | | | | | | | | |

NOT
NEGOTIABLE

F-3-a-184

THIS IS NOT A CHECK
DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

| EMPLOYEE NAME | | EMP. NO. | DEPT | PER | PR | ITEM | DATE | |
|--------------------|-------|---------------|--------|------|------------------|------|---------|-------|
| SCHACHT LAURENCE E | | 636637 | 53 | 16 | 6 | 135 | 8/16/77 | 03931 |
| GROSS | PENS. | TAX | H.S.S. | DUES | MAINT OR ST RET. | S.S. | NET | |
| 505.75 | | 69.02 | | 1.50 | | | 424.63 | |
| ADD. PENS. | | BONDS & MISC. | | | | | | |
| ST 10.60 | | | | | | | | |

NOT
NEGOTIABLE

F-3-a-185

THIS IS NOT A CHECK
DO NOT CASH

CITY AND COUNTY OF SAN FRANCISCO
STATEMENT OF EARNINGS AND DEDUCTIONS

| | | | | | | | | |
|--------------------|------------|----------|--------|---------------|-------------------|------|---------|-------|
| EMPLOYEE NAME | | EMP. NO. | DEPT. | PER | PR | ITEM | DATE | |
| SCHACHT LAURENCE E | | 626637 | 52 | 17 | 20 | 1 | 8/30/77 | 97647 |
| GROSS | PENL. | TAX | H.S.S. | DUES | MAINT OR ST. RET. | S.S. | NET | |
| 202.30 | | 12.20 | | 1.50 | | | 186.86 | |
| | ADD. PENL. | | | BONDS & MISC. | | | | |
| ST | 1.74 | | | | | | | |

NOT
NEGOTIABLE

F-3-a-186

THIS IS NOT A CHECK
DO NOT CASH

GLADYS SMITH

F-3-a-187

Pacific Telephone

This Is Your Record - Please Detach

AUG 16 1977

S728-0110

| Code | Account Number | Public Tel Collections (less U.S. tax) | Deposit Amount | Interest | From | | To | | Amount |
|------|----------------|-------------------------------------------|----------------|----------|------|-----|----|-----|--------|
| | | | | | Mo | Day | Mo | Day | |
| 5 | 863 7881 184 | | | | | | | | 2 64 |

The Attached Draft is in Payment of

- | | | | |
|--------|-------------------------------------|--------|--------------------------------------------|
| CODE 1 | Refund of Advance Payment | CODE 4 | Commission on Public Telephone Collections |
| 2 | Refund of Deposit | 5 | Credit Balance on Final Bill |
| 3 | Refund of Overpayment on Final Bill | 6 | Other Detail Enclosed |

This is not a check - DO NOT CASH

F-3-a-188

January 31, 1978

Mr. Douglas Sanders
c/o Gene Chaiken
P.O. Box 15156
San Francisco, California 94115

Dear Doug:

Your final check is enclosed following your resignation from Pacific Gas and Electric Company on November 10, 1977.

As previously stated in my letters of November 15, 1977 and January 10, 1978, you should return your Company Identification Card and Safety Equipment that was not returned when you resigned.

Sincerely,


J. A. PRIDMORE
Plant Superintendent

JAP:mc

0631 752 6 51 1102 SINES, NANCY V. FROM 062677070977 TO 0701777
 CO. # EMPLOYEE # TCD PYRL. HOME DEPT. # PAYROLL PERIOD DATE

87 ARTSON COMMUNICATIONS 567-74-4633

| 48E | | | | 78E | | |
|-------|----------|-------|-----------|------------------|-------------|--------|
| PAY # | JOB CODE | UNITS | AMOUNT | DED. # | DESCRIPTION | AMOUNT |
| 11 | REGULAR | 7325 | 20144 | | F-3-a-192 | |
| 21 | OVERTIME | 125 | 173 | | | |
| 41 | OTHER | 0 | 2200 | | | |
| OBE | | | TOTAL PAY | TOTAL DEDUCTIONS | | |
| | | | 22517 | | | |

FIT 2703 FICA 1317 DI 225 SIT 347 OTHER NET 1723

0631 752 6 51 1102 SINES, NANCY V. FROM 072077072377 TO 0728777
 CO. # EMPLOYEE # TCD PYRL. HOME DEPT. # PAYROLL PERIOD DATE

87 ARTSON COMMUNICATIONS 567-74-4633

| 48E | | | | 78E | | |
|-------|----------|-------|-----------|------------------|-------------|--------|
| PAY # | JOB CODE | UNITS | AMOUNT | DED. # | DESCRIPTION | AMOUNT |
| 11 | REGULAR | 8050 | 22138 | | F-3-a-193 | |
| 21 | OVERTIME | 1 | 138 | | | |
| OBE | | | TOTAL PAY | TOTAL DEDUCTIONS | | |
| | | | 22276 | | | |

FIT 2660 FICA 1303 DI 223 SIT 341 OTHER NET 17749

POLICY NO. 82-43-39-6 CHECK NO. 530993 ACCOUNT BALANCE ACCOUNT DETAIL *Alvin + Bonnie Simon*

| DATE | EXPLA-NATION | AMOUNT | DATE | EXPLA-NATION | AMOUNT | DATE | EXPLA-NATION | AMOUNT |
|-----------|--------------|--------|-------|--------------|--------|-------|--------------|--------|
| | S.C. | 7.20 | 12-02 | PREM | 323.00 | 12-02 | S.D. | 33.00- |
| 2-03 | PMT | 32.24- | 3-07 | PMT | 33.12- | 4-04 | PMT | 33.12- |
| 5-04 | PMT | 33.12- | 5-19 | PREM | 46.00- | 6-13 | PMT | 23.92- |
| 7-06 | PMT | 23.92- | 8-01 | PMT | 23.92- | 10-20 | PREM | 65.00- |
| 10-20 | DISB | 17.16 | | | | | | |
| F-3-a-194 | | | | | | | | |

SD=SAVINGS DIVIDEND BAL=LAST YEAR'S BALANCE SC=SERVICE CHARGE CK.RT=CHECK RETURNED BY BANK DISB=OUR CHECK TO YOU ?

PG and E

PLEASE DETACH

Martha Souder

REFUND NO. 201474

ACCOUNT
NUMBER

PJC6676544

DECEMBER 16 1977

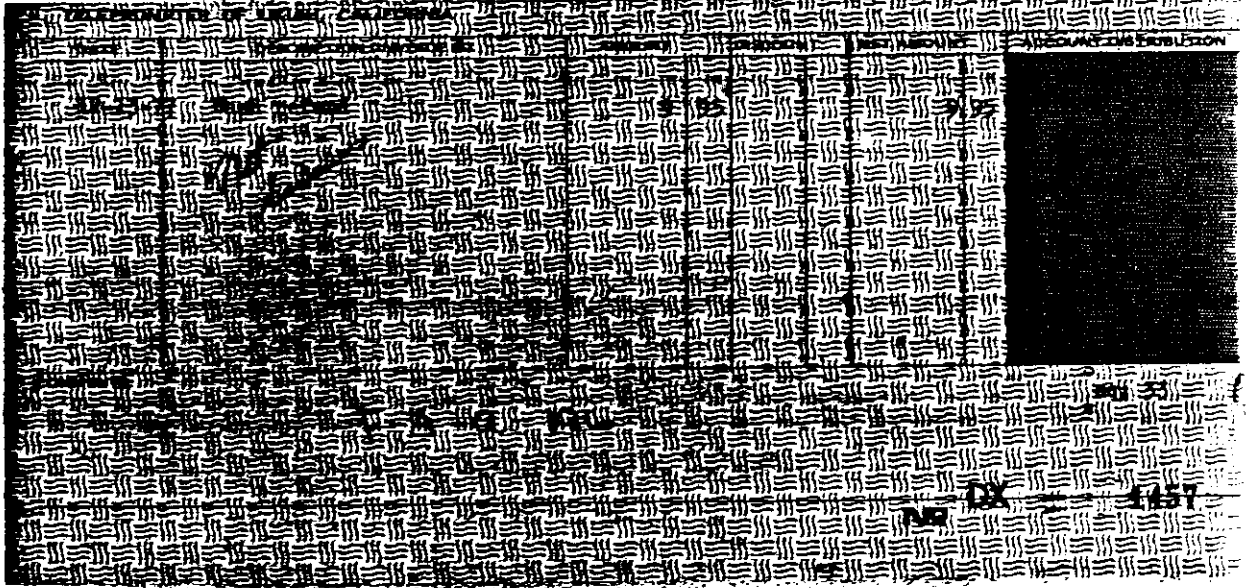
DEPOSIT LESS CLOSING BILL

\$*****17.20

74 TREATRO AVE
PITTSBURG CA 94565

F-3-a-195

61-7117
10-74



| DATE OF DEPOSIT | CHECK NO. | AMOUNT | DESCRIPTION | INITIALS |
|-----------------|-----------|--------|-------------|------------|
| 03/29/78 | 281 | 309.38 | WILBURN SLV | Donald Sly |

LAW OFFICES OF
GARRY, DREYFUS, Mc TERNAN, BROTSKY, HERNDON & PESONEN, INC.
 1286 MARKET STREET, CIVIC CENTER
 SAN FRANCISCO 94102
 TELEPHONE (415) 264-3131

No. 2108

Donald Sly
 2451 Rd. "K"
 Redwood Valley, California 95470

DATE
 March 29, 1978

F-3-a-197

Sly v. Wilburn (JR)
 U.S. IDENTIFICATION NO. 94-2242705

| | CHARGES | CREDITS | BALANCE |
|------------------------------------------------|-----------------|------------|------------------------|
| GROSS SETTLEMENT: | | \$3,250.00 | |
| LESS COSTS ADVANCED: | | | |
| Medical Reports | \$ 75.00 | | |
| Medical Records | 3.50 | | |
| Reproduction of Documents | 2.60 | | |
| | <u>81.10</u> | | |
| LESS ATTORNEY'S FEE (1/3 of \$3,168.90) | <u>1,056.30</u> | | |
| | <u>1,137.40</u> | | |
| CLIENT'S NET RECOVERY | | | <u>2,112.60</u> |
| Less medical liens to F. Newton, M.D. | | | 170.00 |
| John Lanfranki, M.D. | | | 96.20 |
| Balance to client | | | <u><u>1,846.40</u></u> |

The above accounting is approved and receipt of check in the amount of \$1,846.40 is hereby acknowledged.

Donald Sly
 DONALD SLY



University of California Retirement System
DISPOSITION OF ACCUMULATIONS
 U1635 (06/74) Series 3627

Please print or type

If further clarification is needed, contact your campus benefits counselor.

1. Mailing Address: should be one where you can be reached for at least three months following separation.

Campus
 San Francisco

| | | | | | | | | | | | | | | | | | |
|-----------------------------------------|--------------------------------------------------|-------------------------|---------------|---------------------------------|--------|----|-----------------|------|--------------------|-----------------|-------------------------------------|--------|--------------------------|---------------------------|------------|-----------------------|----|
| Employee Name (first, initial, last) | Michael A. Simon | | 2. Title Code | 9253 | | | 3. Department | | | Anesthesia/SPCH | | | | | | | |
| | Address number, street, city, state, zip code | 731-A Hayes Street | | 4. Employee No. | 766560 | | 5. Yr. of birth | 1955 | | 6. Male | <input checked="" type="checkbox"/> | Female | <input type="checkbox"/> | 7. Social Security Number | [REDACTED] | | |
| | | San Francisco, CA 94102 | | 8. Effective Date of Separation | Mo | 27 | Yr | 77 | 9. Employment Date | Mo | 10 | Di | 20 | Yr | 75 | 10. Length of Service | Yr |

b6
b7c

F-3-a-199

11. Check appropriate box

REQUIRED CONTRIBUTIONS

A. I request refund of my required contributions, any special contributions, and interest in the UCERS Retirement Plan, which will be sent to me at the above address. I understand that I will receive this refund normally within six weeks after my separation date or submission of this form, whichever is later, and that interest will be paid through the preceding July 1.

B. I request that my required contributions, any special contributions, and interest in the UCERS Retirement Plan remain on deposit and I elect Inactive Membership as I:

- Have at least 5 years of retirement service credit, or
- Will transfer to State or Public agency employment within 90 days of separation from University employment and will become a member of the Public Employees' Retirement System

through _____ (new employer's name)

on _____ (effective date)

C. I request that my required contributions, any special contributions, and interest in the UCERS Retirement Plan remain on deposit and I elect Inactive Limited Membership since I have less than 5 years UCERS service credit but do have \$2000 or more in accumulations. It is mandatory that I elect that my accumulations be transferred to:

- the Fixed Annuity Program
 - the Variable Annuity Program
- (a.b.—if no election is made the funds will be placed in the Fixed Annuity Plan.)

VOLUNTARY CONTRIBUTIONS

I am a continuing employee. I have separated from University employment.

D. I request refund of my accumulations in the UCERS Voluntary Programs as follows and I understand that I will receive this refund normally within six weeks after my separation date or submission of this form. I understand that interest on any Fixed Annuity Program contributions will be paid through the preceding July 1:

- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs. (Including special contributions made in my behalf on separation only.)
- All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.

E. I request that my accumulations in the UCERS Voluntary Programs remain on deposit as follows and I elect Inactive Limited Membership as I have \$2000 or more in accumulations which will remain on deposit:

- All of my tax-deferred accumulations in the Fixed and Variable Annuity Programs.
- All of my non tax-deferred payroll deduction accumulations in the Fixed and Variable Annuity Programs.

ADDITIONAL INFORMATION

F. I have read the summary of UCERS benefits on termination, and would like more information on:

- Retirement Income
- Disability Income
- Inactive Membership
- Inactive Limited Membership

I understand that if my accumulations are less than \$2000 and I am not eligible for Inactive Limited Membership, a refund of accumulations will be mailed to the above address.

NOTE: If you receive a refund, you will receive a tax statement on or before January 31, of the next calendar year, reflecting the total distributions.

Accounting Office: For active employee refunds, indicate below the date of final deduction/reduction of codes 62, 63, 64, or 65 as cancelled on form U1637.

Date: _____ Payroll Activity through: _____

Signature: Michael Simon Date: 8/29/77 Accounting Office: Manuel Gonzalez Date: 11-1-77

Goldwood - Universitywide Retirement Office
 White - To be returned to employee
 White - Salary Accounting Office
 Yellow - Originating Campus Acting Office

Note: See Records Disposition Schedules

| PAY PERIOD ENDING BY | ACCOUNT | TYPE PAY | TIME | | RATE | | GROSS | DED. OR ADJUST. | | DATE | CHECK NUMBER | CHECK DATE | C.C. |
|----------------------------|---------------|-----------------------------------------|------|-----------------|--------|--------|----------|---------------------|--------|--------|-----------------|---------------|------|
| | | | CODE | HOURS OR % TIME | CODE | FACTOR | | CODE | AMOUNT | | | | |
| 080877 | 434976 | 00 | 7 | 25.00 | 1 | 4.9900 | 124.75 | | | 091677 | 773531 | 1660 | 2 |
| 080877 | 434976 | 00 | 1 | .2609 | 5 | 868.00 | 226.46 | 60 | 1608- | | | | |
| | | | | | | | | 16.08- | | | | | |
| 766560 SIMON | | MA | | 351.21M04 | | | | 16.08- | | 335.13 | | | |
| EMPLOYEE NUMBER | EMPLOYEE NAME | GROSS | | CODE | AMOUNT | AMOUNT | F.I.C.A. | OTHER DEDUCTIONS | | NET | | | |
| | | CALIF STATE TAX FEDERAL WITHHOLD TAX | | RETIREMENT | | | | | | | | | |



STATEMENT OF EARNINGS AND DEDUCTIONS
Questions should be addressed to your department

FORM UH415 (R 5-73) RETAIN THIS STATEMENT AS A RECORD OF EARNINGS, TAXES AND RETIREMENT DEDUCTIONS

F-3-a-200

Questions regarding payments should refer to our order number and should be directed to:

UNIVERSITY OF CALIFORNIA
ACCOUNTING OFFICE
BERKELEY, CALIF. 94720

See reverse side for explanation of Correction Code (Corr. Code)

CHECK NUMBER: 8-83477

| INVOICE DATE | INVOICE NUMBER | CORR. CODE | OUR ORDER NUMBER | AMOUNT OF DISCOUNT TAKEN | NET AMOUNT | INVOICE DATE | INVOICE NUMBER | CORR. CODE | OUR ORDER NUMBER | AMOUNT OF DISCOUNT TAKEN | NET AMOUNT |
|--------------|----------------|------------|------------------|--------------------------|------------|--------------|----------------|------------|------------------|--------------------------|------------|
| 11187 | | | 00L269 | | 892.52 | 11187 | 564-97-9071 | | 00L269 | | 883477 |
| | | | | | | | VENDOR | | NO. SIMON | TOTAL | 920.78 |
| | | | | | | | | | | | 28.26 |

F-3-a-201

Michael Simon

MEMBER STATEMENT

SEND INQUIRIES TO:
77 McAllister Street
San Francisco, California 94102
Telephone 861-6587 • Area Code 415

MEMBER NO. 34372

SOCIAL SECURITY NO. [REDACTED]

QUARTER ENDING 3/31/78

PAGE NO. 1

F-3-a-202

CALIFORNIA STATE EMPLOYEES'

CREDIT UNION NO. 2

MICHAEL A SIMON
731 A HAYES ST.
SAN FRANCISCO CA 94102

MAKE A SHARE DEPOSIT SOON - CURRENT
DIVIDEND RATE 7.00% PER ANNUM.
ACCOUNTS INSURED TO \$40,000 BY
NCUA, AN INDEPENDENT AGENCY OF THE
U.S. GOVERNMENT.

b6
b7c

| TRANSACTION | | INVESTMENTS | | | LOANS | | | | | |
|-------------|--------------|-------------|--------------------|---------|----------|------|---------|----------------|-----------|---------|
| DATE | SHARE NUMBER | CODE | TRANSACTION AMOUNT | BALANCE | LOAN NO. | CODE | PAYMENT | FINANCE CHARGE | PRINCIPAL | BALANCE |
| 010178 | | | | | 38782 | LB | | | | 66023 |
| 031378 | | | | | | JE | 4073 | | 4073- | 61950 |
| 031378 | | | | | | JE | 66023 | 4073 | 61950- | 00 |
| 033178 | | | | | 38782 | BF | | | | 00 |

SHARE DIVIDENDS AND OR
CERTIFICATE INTEREST
PAID TO YOU THIS YEAR

\$.00

TRANSACTION CODES

CC - CHRISTMAS BALANCE FORWARD
 CC - CHRISTMAS CERTIFICATE TRANSFER
 CD - CERTIFICATE INTEREST DEPOSIT
 DF - DIVIDEND
 SF - ENTRANCE FEE
 PD - PAYROLL DEDUCTION DEPOSIT
 SB - SHARE BALANCE FORWARD
 SD - SHARE DEPOSIT CASH/CHECK
 SE - SHARE DEPOSIT EXCESS FROM LOAN PAYMENT
 SL - SHARE TO LOAN TRANSFER
 SS - SHARE TO SHARE TRANSFER
 SW - SHARE WITHDRAWAL CASH/CHECK
 TB - TAX BALANCE FORWARD
 TC - TAX CERTIFICATE TRANSFER
 SF - SHARE BALANCE FORWARD
 JE - JOURNAL ENTRY
 RE - REVERSE ENTRY

DR - DISABILITY INSURANCE REBATE
 IF - INTEREST ON FEE REVERSAL
 LB - LOAN BALANCE FORWARD
 LE - LOAN PAYMENT/FEES TO SHARES
 LP - LOAN PAYMENT CASH/CHECK
 LT - LOAN PAYMENT TRANSFER
 NL - NEW LOAN
 RD - REP LOAN DISBURSEMENT

FINANCE CHARGE
PAID ON LOANS
BY YOU THIS YEAR

\$40.73

Each loan marked * is open end credit. The daily periodic rate and the ANNUAL PERCENTAGE RATE used to compute the FINANCE CHARGE for each of these loans is printed under the last transaction relating to that loan. The daily periodic rate is applied to your balance for each day such balance is outstanding. Your balance changes as new amounts are borrowed and as payments are made or credits given.

NOTICE: SEE OTHER SIDE FOR IMPORTANT INFORMATION.

CONFEDERATED SALISH & KOOTENAI TRIBES
 OF THE FLATHEAD RESERVATION
 DIXON, MONTANA 59831

NO. 07100
 DATE 12/16/77
 CHECK NO. 7099

ROMAN STATE BANK
 ROMAN, MONTANA

PAYMENT DUE TO DOROTHY CLARK SIMPSON
 WITHHELD BY 200.00

F-3-a-203

PAID TO DOROTHY CLARK SIMPSON \$200.00
 79181 04062

PLEASE DETACH BEFORE CASHING
 NON - NEGOTIABLE

CONFEDERATED SALISH & KOOTENAI TRIBES
 OF THE FLATHEAD RESERVATION
 DIXON, MONTANA 59831

NO. 11367
 DATE 8/18/78
 CHECK NO. 11367

ROMAN STATE BANK
 ROMAN, MONTANA

PAYMENT DUE TO DOROTHY CLARK SIMPSON
 WITHHELD BY 300.00

F-3-a-204

PAID TO DOROTHY CLARK SIMPSON \$300.00
 79181 04062

PLEASE DETACH BEFORE CASHING
 NON - NEGOTIABLE

| STRAIGHT TIME HOURS | OVERTIME HOURS | STRAIGHT TIME EARNINGS | OVERTIME EARNINGS | OTHER EARNINGS | TOTAL EARNINGS |
|---------------------|----------------|------------------------|-------------------|----------------|------------------------|
| .00 | .00 | .00 | .00 | 269.44 | 269.44 |
| UNION | SENIORITY | SIT | FICA | SDI | FED. INC. TAX WITHHELD |
| .00 | .00 | .00 | 15.76 | 2.69 | .00 |
| 0202 | JAMES SIMPSON | 12/14/77 | 250.99 | | |
| TOTAL HOURS | TOTAL EARNINGS | SIT | FICA | SDI | FED. INC. TAX WITHHELD |
| | 200.00 | .00 | 409.83 | 70.04 | .00 |

BASIC VEGETABLE PRODUCTS, INC.
 YACAVILLE, CALIFORNIA

F-3-a-205

DO NOT CASH
 THIS IS NOT A CHECK
 49176

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

James Simpson

REMITTANCE
STATEMENT

| INVOICE # OR DATE | | DETAIL | PAYMENT | | |
|-------------------|--|-----------------------|---------|----------|-------|
| | | | GROSS | DISCOUNT | CASH |
| 102977 | | FLD TRVL 0 | 84.00 | .00 | 84.00 |
| F-3-a-206 | | | | | |
| 9409 294392 | | TOTALS - THIS CHECK → | 84.00 | .00 | 84.00 |

PLEASE DETACH THE BOTTOM BEFORE CASHING

CIVIC FEDERAL STATEMENTS OF SAVINGS ACCOUNT EARNINGS

2 CALIFORNIA STREET
SAN FRANCISCO, CA. 94111

Dear Customer:

We appreciate the opportunity to contribute toward your savings and investment objectives. For the calendar year indicated, your account has earned and has been credited with the amount shown below. We hope your confidence in us will result in even greater rewards in the future.

| TAX IDENTIFYING NUMBER | EARNINGS |
|------------------------|----------|
| 549-17-0558 | \$187.56 |

50-004817

CALENDAR YEAR 1977

SHARON STONE TRF
TOBIANA STONE
2231 SUTTER STREET
SAN FRANCISCO CA 94115

F-3-a-207

KEEP THIS SUBSTITUTE 1099 FOR YOUR TAX RECORDS

Do Not Attach to Income Tax Form. If Identifying Number is Not Shown, Please Furnish in Writing. This information will be furnished to the Department of the Treasury, Internal Revenue Service.

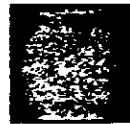
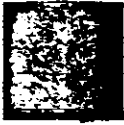
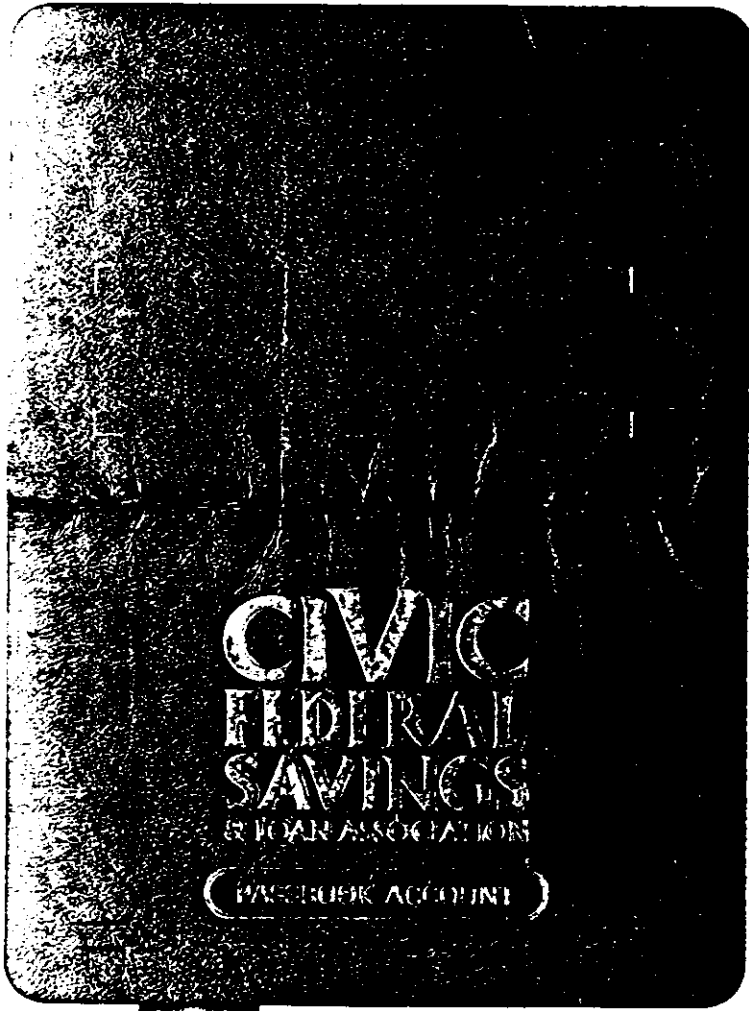
| DATE | ACCOUNT NUMBER | DESCRIPTION | AMOUNT |
|--------|----------------|----------------------------------------|------------|
| 2-7-78 | 2010 | Cloign of S/A #4817-8 Sharon Lee Stone | \$2,726.55 |
| | | F-3-a-208 | js |

PLEASE DETACH BEFORE DEPOSITING
NO OTHER RECEIPT NECESSARY

CIVIC FEDERAL SAVINGS
A LOAN ASSOCIATION

WHEN DETACHED AND PAID THIS CHECK BECOMES A RECEIPT
IN FULL PAYMENT OF THE ITEMIZED ACCOUNT.

50 - 68693



Savings Account No. 50-4617-8

CIVIC FEDERAL SAVINGS AND LOAN ASSOCIATION

THIS CERTIFIES THAT

SHARON STONE TRF

**DORIANA STONE (DAUGHTER)
2231 SUTTER ST.**

SAN FRANCISCO 94115

Holds a Savings Deposit in Civic Federal Savings and Loan Association, subject to its charter and bylaws, the Rules and Regulations for the Federal Savings and Loan System, and to the laws of the United States of America.

WITNESS the authorized signature of officer or employee

this 22 day of **FEBRUARY**, 1977

CIVIC FEDERAL SAVINGS AND LOAN ASSOCIATION

AUTHORIZED SIGNATURE

THE KEY TO FINANCIAL SECURITY IS

REGULAR SAVING

**BE SURE TO MAKE REGULAR DEPOSITS TO
YOUR CIVIC FEDERAL SAVINGS ACCOUNT.**

FOR CONVENIENCE

SAVE BY MAIL

Simply mail us this pass book with your check or money order - do not mail cash.

We will credit this amount to your account and return your pass book by mail. No deposit slip or letter is required from you.

For your extra convenience, when we return your pass book, we will also enclose a self-addressed postage paid envelope for your next deposit to your account.

SAVE BY MAIL

50-4817-8

| | DATE | WITHDRAWALS | INTEREST | DEPOSITS | BALANCE | |
|----|-----------|-------------|---------------|-----------------|----------|-----|
| 1 | 22 FEB 77 | | OK | 8,891.28 | 8,891.28 | |
| 2 | 11 MAR 77 | 800.00 | MD | | 8091.28 | |
| 3 | 18 MAR 77 | 780.00 | MD | | 7311.28 | |
| 4 | 24 MAR 77 | 500.00 | MD | | 6811.28 | |
| 5 | 21 APR 77 | | 31 MAR 77 ERH | 46.38 | 6857.66 | |
| 6 | 21 APR 77 | 880.00 | MD | | 5977.66 | 088 |
| 7 | 27 APR 77 | 200.00 | MD | | 5777.66 | 088 |
| 8 | 04 MAY 77 | 280.00 | MD | | 5497.66 | 088 |
| 9 | 11 MAY 77 | 580.00 | MD | | 4917.66 | 01A |
| 10 | | | | | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | 18 MAY 77 | 80.00 | MD | | 4837.66 | 02A |
| 17 | | | | | | |
| 18 | 20 MAY 77 | 280.00 | MD | | 4557.66 | 02A |
| 19 | 02 JUN 77 | 180.00 | MD | | 4377.66 | 02A |
| 20 | 06 JUN 77 | 80.00 | MD | | 4297.66 | 02A |
| 21 | 10 JUN 77 | 80.00 | MD | | 4217.66 | 02A |
| 22 | 13 JUN 77 | 90.00 | MD | | 4127.66 | 02B |
| 23 | 20 JUN 77 | 300.00 | MD | | 3827.66 | 02B |
| 24 | | | | BALANCE FORWARD | | |



SAFETY OF YOUR SAVINGS INSURED UP TO \$40,000 BY FEDERAL SAVINGS AND LOAN INSURANCE CORPORATION



SAVE BY MAIL

50-4617-8

| | DATE | WITHDRAWALS | INTEREST | DEPOSITS | BALANCE | |
|----|-----------|-------------|---------------|----------|---------|-----|
| 1 | 27 JAN 77 | | 30 JUN 77 ERM | 68.94 | | |
| 2 | 27 JAN 77 | 180.00 | MD | | 3716.56 | |
| 3 | 05 JUL 77 | 280.00 | MD | | 3536.56 | |
| 4 | 11 JUL 77 | 130.00 | MD | | 3206.56 | |
| 5 | 14 JUL 77 | 186.00 | MD | | 3100.56 | |
| 6 | 18 JUL 77 | 180.00 | MD | | 2920.56 | 02A |
| 7 | | | | | | |
| 8 | 22 JUL 77 | 48.00 | MD | | 2860.56 | 01B |
| 9 | | | | | | |
| 10 | 22 JUL 77 | 60.56 | MD | | 2800.00 | 01B |
| 11 | | | | | | |
| 12 | 26 JUL 77 | 60.00 | MD | | 2740.00 | 02A |

| | | | | | | |
|----|-----------|---------|---------------|-------|---------|-----|
| 13 | 27 JUL 77 | 100.00 | MD | | 2640.00 | 01B |
| 14 | 07 FEB 78 | | 30 SEP 77 ERM | 34.92 | 2674.92 | |
| 15 | 07 FEB 78 | | 31 DEC 77 ERM | 35.34 | 2712.28 | |
| 16 | 07 FEB 78 | | 07 FEB 78 ERM | 14.22 | 2726.55 | 00B |
| 17 | 07 FEB 78 | 2726.55 | MD | | 00 | 00B |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | |
| 22 | | | | | | |
| 23 | | | | | | |
| 24 | | | | | | |



SAFETY OF YOUR SAVINGS INSURED UP TO \$40,000 BY FEDERAL SAVINGS AND LOAN INSURANCE CORPORATION





If you have any questions about this statement, please call us
or bring this copy to your Bank of America branch.
EAST BAKERSFIELD OFFICE
BAKERSFIELD, CALIFORNIA

F-3-a-211

The
Timesaver Statement

PERIOD ENDING
MAY 23, 1978
BRANCH PHONE NO.
805-395-2382

13 **DOROTHY SIMPSON**
624 9TH ST
BAKERSFIELD CA 93304

0419-PS13

VERIFICATION STUD

Dorothy Simpson

NO. **0419 89323**

DATE May 23, 1978

AMOUNT \$ 1,139.62

CASHIER'S CHECK

DRAWN ON
East Bakersfield Branch

Bank of America
NATIONAL CITY ASSOCIATION

F-3-a-210

ISSUED BY _____

FD-300 (REV. 1)

LOANS FOR PLANES, BOATS AND RECREATION VEHICLES...
COME IN AND LET'S TALK ABOUT FINANCING.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

| TYPE OF SERVICE | ACCOUNT NO. | CHECKS | | DEBITS AMOUNT | NO. | DEPOSITS AMOUNT | NEW BALANCE |
|-----------------|--------------|--------|---------|---------------|-----|-----------------|-------------|
| | | NO. | AMOUNT | | | | |
| CHECKING | 0419-9-04821 | 1 | 1139.62 | 0 | 00 | 00 | |

CHECKING ACCOUNT ACTIVITY (USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS)

| CHECK NO. | DATE PAID | CHECKS AND OTHER DEBITS | | DATE PAID | AMOUNT | DATE | DEPOSITS AMOUNT |
|-----------|-----------|-------------------------|-----------|-----------|--------|------|-----------------|
| | | AMOUNT | CHECK NO. | | | | |
| | 523 | 1139.62 | | | | | |

PREVIOUS BALANCE **\$1,139.62** AMOUNT OF ENTRIES YOU AUTHORIZED DEBITS CREDITS MINIMUM PAYEE REFERENCE ENCLOSURE BALANCE **\$0.00MN**

Key to Symbols: * Gap in Check Sequence B BankAmericard® Instant Cash M Miscellaneous
** Includes Interest Payment Last Period R Reversing Entry OD Overdrawn
A Automatic Deposit
MN or AV Minimum or Average Balance used for Service Charge Calculator

BR-1 10-78 (REV.)

BANK OF AMERICA NATIONAL TRUST AND SAVINGS ASSOCIATION **MISCELLANEOUS DEBIT** No. 010073

EAST BAKERSFIELD OFFICE

WE HAVE CHARGED YOUR **CHECKING** ACCOUNT

DATE: May 28 1978

| | | | |
|-------------------------|--------------------------|-------------------------|-----------------------|
| 419 | 9-4821 | | \$ 1,139.62 |
| <small>OFF. NO.</small> | <small>ACCT. NO.</small> | <small>TR. CODE</small> | <small>AMOUNT</small> |

FOR ITEM AS ADVISED TODAY customer living in Guyana checking no longer needed.

DEBIT:
 DOROTHY SIMPSON
 c/o P. ADAMS
 P.O. BOX 893
 GEORGETOWN, GUYANA
 SOUTH AMERICA

MADE BY: *[Signature]*
 APPROVED BY: *[Signature]*

F-3-a-212 45100-10073 4199-04821 0000113962

BANK OF AMERICA NATIONAL TRUST AND SAVINGS ASSOCIATION **ADVICE OF CHARGE** No. 010073

EAST BAKERSFIELD OFFICE

WE HAVE CHARGED YOUR **CHECKING** ACCOUNT

DATE: May 28 1978

| | | | |
|-------------------------|--------------------------|-------------------------|-----------------------|
| 419 | 9-4821 | | \$ 1,139.62 |
| <small>OFF. NO.</small> | <small>ACCT. NO.</small> | <small>TR. CODE</small> | <small>AMOUNT</small> |

AS FOLLOWS: customer living in Guyana checking no longer needed.

(MAIL TO)

MADE BY: *[Signature]*
 APPROVED BY: *[Signature]*

DOROTHY SIMPSON
 c/o P. ADAMS
 P.O. BOX 893
 GEORGETOWN, GUYANA
 SOUTH AMERICA

F-3-a-213



The Timesaver Statement

If you have any questions about this statement, please call us or bring this copy to your Bank of America branch.

EAST BAKERSFIELD OFFICE
BAKERSFIELD, CALIFORNIA

F-3-a-214

PERIOD ENDING
APR 06, 1978
BRANCH PHONE NO.
805-345-2382

13 DOROTHY SIMPSON
824 4TH ST
BAKERSFIELD CA 93304

0419-PS13

YOUR FUTURE IS IMPORTANT TO US.
COME IN AND LET'S TALK SAVINGS.

SUMMARY OF BANKING SERVICES (BALANCES SHOWN ARE AS OF STATEMENT DATE)

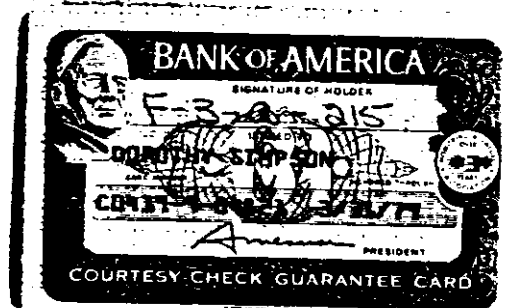
| TYPE OF SERVICE | ACCOUNT NO. | CHECKS NO. | DEBITS AMOUNT | DEPOSITS NO. | DEPOSITS AMOUNT | NEW BALANCE |
|-----------------|--------------|------------|---------------|--------------|-----------------|-------------|
| CHECKING | 0419-9-04821 | 0 | 00 | 0 | 00 | 113962 |

CHECKING ACCOUNT ACTIVITY USE REVERSE SIDE FOR RECONCILING TO YOUR RECORDS

| CHECK NO. | DATE PAID | CHECKS AND OTHER DEBITS | | DATE PAID | AMOUNT | DATE | DEPOSITS AMOUNT |
|------------------|-----------|-------------------------|-----------|-----------|--------|------|-----------------|
| | | AMOUNT | CHECK NO. | | | | |
| PREVIOUS BALANCE | | | | | | | \$1,139.62 |
| TOTAL DEBITS | | | | | | | |
| TOTAL CREDITS | | | | | | | \$1,139.00AV |
| BALANCE | | | | | | | 0 |

Key to Symbols: * Gap in Check Sequence
 ** Includes Interest Payment Last Period
 A Automatic Deposit
 B BankAmericard[®] Instant Cash
 R Reversing Entry
 M Miscellaneous
 OD Overdrawn

MN or AV Minimum or Average Balance used for Service Charge Calculation



| STRAIGHT TIME HOURS | OVERTIME HOURS | STRAIGHT TIME EARNINGS | OVERTIME EARNINGS | OTHER EARNINGS | TOTAL EARNINGS |
|-------------------------------------------------------------------|-------------------|------------------------|-------------------|----------------|---------------------------------------------|
| 63.90 | .00 | 228.60 | .00 | .00 | 228.60 |
| UNION | BUNDRY | SIT | FICA | SDI | FED. INC. TAX WITHHELD |
| .00 | .00 | .00 | 13.57 | 2.74 | .00 |
| 0213 | DOROTHY G SIMPSON | 10/29/77 | 212.94 | | |
| TOTAL HOURS | TOTAL EARNINGS | SIT | FICA | SDI | FED. INC. TAX WITHHELD |
| | 5242.80 | .00 | 306.69 | 52.42 | .00 |
| BASIC VEGETABLE PRODUCTS, INC. F-3-a-216 YACAVILLE, CALIFORNIA | | | | | DO NOT CASH THIS IS NOT A CHECK 49077 |

| STRAIGHT TIME HOURS | OVERTIME HOURS | STRAIGHT TIME EARNINGS | OVERTIME EARNINGS | OTHER EARNINGS | TOTAL EARNINGS |
|-------------------------------------------------------------------|-------------------|------------------------|-------------------|----------------|---------------------------------------------|
| .00 | .00 | .00 | .00 | 209.69 | 209.69 |
| UNION | BUNDRY | SIT | FICA | SDI | FED. INC. TAX WITHHELD |
| .00 | .00 | .00 | 12.27 | 2.10 | .00 |
| 0213 | DOROTHY G SIMPSON | 12/14/77 | 195.32 | | |
| TOTAL HOURS | TOTAL EARNINGS | SIT | FICA | SDI | FED. INC. TAX WITHHELD |
| | 5451.99 | .00 | 318.96 | 54.52 | .00 |
| BASIC VEGETABLE PRODUCTS, INC. F-3-a-217 YACAVILLE, CALIFORNIA | | | | | DO NOT CASH THIS IS NOT A CHECK 49182 |

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

Dorothy Simpson

REMITTANCE
STATEMENT

YOUR INVOICE YOUR CASH YOUR DEBIT MEMO YOUR C/M

| INVOICE # OR DATE | DETAIL | TYPE | PAYMENT | | |
|-----------------------------------|------------|------|---------|----------|--------|
| | | | GROSS | DISCOUNT | CASH |
| 102277 | FLD TRVL D | | 138.00 | .00 | 138.00 |
| 9409 293677 TOTALS - THIS CHECK → | | | 138.00 | .00 | 138.00 |

F-3-a-218

PLEASE DETACH THIS PORTION BEFORE CASHING

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

Dorothy Simpson

REMITTANCE
STATEMENT

YOUR INVOICE YOUR CASH YOUR DEBIT MEMO YOUR C/M

| INVOICE # OR DATE | DETAIL | TYPE | PAYMENT | | |
|-----------------------------------|------------|------|---------|----------|-------|
| | | | GROSS | DISCOUNT | CASH |
| 102277 | FLD TRVL D | | 54.00 | .00 | 54.00 |
| 9410 293678 TOTALS - THIS CHECK → | | | 54.00 | .00 | 54.00 |

F-3-a-219

PLEASE DETACH THIS PORTION BEFORE CASHING

BASIC VEGETABLE PRODUCTS, INC.
YACAVILLE, CALIFORNIA

Dorothy Simpson

REMITTANCE
STATEMENT

YOUR INVOICE YOUR CASH YOUR DEBIT MEMO YOUR C/M

| INVOICE # OR DATE | DETAIL | TYPE | PAYMENT | | |
|-----------------------------------|------------|------|---------|----------|-------|
| | | | GROSS | DISCOUNT | CASH |
| 102977 | FLD TRVL D | | 42.00 | .00 | 42.00 |
| 9410 294393 TOTALS - THIS CHECK → | | | 42.00 | .00 | 42.00 |

F-3-a-220

PLEASE DETACH THIS PORTION BEFORE CASHING

Pacific Telephone

Virginia Taylor

This Is Your Record - Please Detach

AUG 30 1977

S742-0117

| Code | Account Number | Public Tel Collections (less U.S. tax) | Deposit Amount | Interest | From | | To | | Amount |
|------|----------------|----------------------------------------|----------------|----------|------|-----|----|-----|--------|
| | | | | | Mo | Day | Mo | Day | |
| 5 | 771 3414 532 | | | | | | | | 3 38 |

The Attached Draft is in Payment of

- | | |
|---------------------------------------|---------------------------------------------------|
| CODE 1 Refund of Advance Payment | CODE 4 Commission on Public Telephone Collections |
| 2 Refund of Deposit | 5 Credit Balance on Final Bill |
| 3 Refund Of Overpayment on Final Bill | 6 Other (Detail Enclosed) |

F-3-a-221

This is not a check - DO NOT CASH

Pacific Telephone

RITA TUPPER

THIS IS YOUR RECORD - PLEASE DETACH

JUL 25 1977

C706-0661

| Code | Account Number | Public Tel Collections (less U.S. tax) | Deposit Amount | Interest | From | | To | | Amount |
|------|----------------|----------------------------------------|----------------|----------|------|-----|----|-----|--------|
| | | | | | Mo | Day | Mo | Day | |
| 5 | 485 8835 652 | | | | | | | | 13 45 |

The Attached Draft is in Payment of

- | | |
|---------------------------------------|---------------------------------------------------|
| CODE 1 Refund of Advance Payment | CODE 4 Commission on Public Telephone Collections |
| 2 Refund of Deposit | 5 Credit Balance on Final Bill |
| 3 Refund Of Overpayment on Final Bill | 6 Other (Detail Enclosed) |

F-3-a-222

This is not a check - DO NOT CASH

WELLS FARGO BANK, N.A.
OFFICE DATE

| ACCOUNT NUMBER | | | | | | | | TRANS | | | |
|----------------|---|---|---|---|---|---|---|-------|---|---|---|
| 0 | 5 | 9 | 6 | 2 | 6 | 2 | 7 | 0 | 2 | 6 | 0 |

Coddington #536 2-21-78

THIS IS TO ADVISE THAT WE HAVE CHARGED YOUR ACCOUNT AS FOLLOWS:

To close account per customer's written account

F-3-a-223

AMOUNT
\$ 927.66

MAIL TO

Richard D. Tropp
P. O. Box 15157
San Francisco, Ca. 94115

Richard D. Tropp



FORM NO. 383

2 WAY

REPLY MESSAGE

SYSTEMS, INC., HARBERTH, PA 19078

SAVE TIME-USE WINDOW ENVELOPES

SENDER FOLD ON ◀
REPLIER FOLD ON —

Life Assurance Company of Pennsylvania
230 SOUTH 15th STREET
PHILADELPHIA, PA. 19102
(215) KI 6-5025

F-3-a-224

DATE February 15, 1978

TO

Eugene Chaikin, Esq.
Attorney at Law
PO Box 15156
San Francisco, CA 94115

SUBJECT Alleane Tucker
Policy No. 65M0567

Enclosed is our check in the amount of \$387.01, which is the net cash
surrender value of this policy. The loan is a result of several Automatic
Premium Loans that were done over the years.

Sheila J. D'Avino Policyholder Service Department

SIGNED

Sheila D'Avino

SIGNED

DATE

SEND WHITE AND PINK COPIES WITH CARBON INTACT. PINK COPY IS RETURNED WITH REPLY.

LIFE ASSURANCE COMPANY OF PENNSYLVANIA

| DESCRIPTION | AMOUNT | DEDUCTION | NET AMOUNT |
|--------------------------------------|--------|-----------|------------|
| Cash surrender of policy 753M0567 | | | |
| Cash value | 436.20 | | |
| Less loan | | 48.08 | |
| Less interest | | 1.11 | |
| Net | | | 387.01 |

Alliance Trust
366-65M0567 App. 799
F-3-a-227

F-3-a-226

| DEPT. | EMP. NO. | EMPLOYEE NAME | SOC. SEC. NO. | MO. | DAY | YR. |
|-----------|----------|----------------|---------------|-----|-----|-----|
| 63-700029 | | CAROLYN THOMAS | 568846248 | 04 | 02 | 78 |

| CURRENT EARNINGS | REG. HRS. | O.T. HRS. | REG. EARN. | O.T. EARN. | OTHER EARN. | PREM. EARN. | FED. WH. TAX | ST. WH. TAX | F.I.C.A. | S.D.I. | EXPENSES |
|------------------|-----------|-----------|------------|------------|-------------|-------------|--------------|-------------|----------|--------|----------|
| → | 750 | | 4477 | | 14410 | | 1953 | 457 | 1143 | 45 | |

| MISC. DEDUCTIONS | CREDIT UNION | UNION DUES | FED. BONDS | UNITED CRUSADE | INSURANCE | MISC. DEDNS. | ADVANCES | TOTAL DEDNS. | NET PAY | CHECK NO. |
|------------------|--------------|------------|------------|----------------|-----------|--------------|----------|--------------|---------|-----------|
| → | | | | | | | | | 15289 | 77746 |

STATEMENT OF EARNINGS - SAN FRANCISCO NEWSPAPER PRINTING COMPANY, INC.

| YEAR TO DATE TOTALS | GROSS EARN. | FED. WH. TAX | ST. WH. TAX | F.I.C.A. | S.D.I. | DETACH BEFORE PRESENTING FOR PAYMENT AND RETURN AS EVIDENCE OF YOUR EARNINGS AND DEDUCTIONS. |
|---------------------|-------------|--------------|-------------|----------|--------|----------------------------------------------------------------------------------------------|
| → | 198709 | 15372 | 3035 | 11755 | 1796 | NOT NEGOTIABLE |

No 009537

DOBBIE DINER, INC.
OAKLAND, CALIFORNIA

OTHER DEDUCTION CODE:

J. MISC. DEDUCTION CODE
1, 5, 6 AND 7 ARE
COMBINATIONS OF 1, 2, 4

1.
2.
4.

C. STATE WITHHOLDING
D.
E. STATE DIS. INS.

F. UNION
G. INITIATION
H.

| PERIOD ENDING | HOURS | | EARNINGS | | | GROSS PAY | | TAXES | |
|---------------|---------|----------|----------|----------|-------|----------------|-------------|-------|--|
| | REGULAR | OVERTIME | REGULAR | OVERTIME | OTHER | PERIOD TO DATE | A. F.I.C.A. | | |
| 10/02/77 | | | 20.65 | | | 20.65 | 20.65 | 1.21 | |
| 9537 | | | | .21 | | 10.00 | | | |

STATEMENT OF EARNINGS AND DEDUCTIONS - PLEASE DETACH

QUARTERLY PENSION PAYMENT
OF
PENSION PAYABLE IN ADVANCE

Catherine Thrush

| DATE | PENSION AMOUNT | MEDICARE | SURGICAL | HOSP. | NOTARY | NET AMOUNT |
|-------|----------------|----------|----------|-------|--------|------------|
| 08/77 | | 23.10 | | | | 23.10 |

PLEASE DETACH BEFORE
DEPOSITING CHECK AND
KEEP FOR YOUR RECORDS

THE PENSION FUND OF LANE BRYANT, INC.
1501 BROADWAY
NEW YORK, N. Y. 10036

F-3-a-228

QUARTERLY PENSION PAYMENT
OF
PENSION PAYABLE IN ADVANCE

| DATE | PENSION AMOUNT | MEDICARE | SURGICAL | HOSP. | NOTARY | NET AMOUNT |
|-------|----------------|----------|----------|-------|--------|------------|
| 11/77 | | 23.10 | | | | 23.10 |

PLEASE DETACH BEFORE
DEPOSITING CHECK AND
KEEP FOR YOUR RECORDS

THE PENSION FUND OF LANE BRYANT, INC.
1501 BROADWAY
NEW YORK, N. Y. 10036

Catherine Thrush

F-3-a-229

F-3-a-230
DARLTON HOTEL PROPERTIES
SPECIAL ACCOUNT

| PERIOD ENDING | | 19 |
|------------------|--|------------------|
| NAME | | <i>L. TOWNES</i> |
| 7 MAR. | | <i>2735</i> |
| | | |
| TOTAL EARNINGS | | <i>3479</i> |
| F.I.C.A. | | <i>1450</i> |
| FED. INCOME TAX | | <i>2390</i> |
| STATE TAX | | <i>280</i> |
| CITY TAX | | |
| S.S.I. | | <i>248</i> |
| TOTAL DEDUCTIONS | | <i>4368</i> |
| NET PAY | | <i>20427</i> |

Burns & Thomas No. 35107

BERT FIELDS, JR.
DALLAS, TEXAS 75226

PLEASE DETACH THIS STATEMENT FOR YOUR RECORD

| DATE | LEASE NO. | WELL NO. | PROD. VOL. | PROD. VAL. | PROD. CHARGE | NET PAYMENT | CONDENSATE PERCENTAGE |
|------|-----------|----------|------------|------------|--------------|-------------|-----------------------|
| | 13639 | 21021 | 2.00 | .00 | .00 | 8.93 | .0000000 |
| | | | | | | | 8.93 |

REFER TO LEASE IDENTIFICATION NUMBER AND PAYEE IDENTIFICATION NUMBER WHEN WRITING

VOL. CODES: 1 - OIL 2 - GAS 3 - PLANT PRODUCTS
4 - CONDENSATE 5 - GATHERING CHARGE
6 - OTHER

| | | | | | | |
|-------------|----------|-----------|---------|-----|------|--------|
| 07 77 20105 | 1,702 2 | 309.49 | 21.36 | -00 | .06 | .00021 |
| 07 77 20105 | 2,649 2 | 480.18 | 36.01 | -00 | .09 | .00021 |
| 07 77 20105 | 3 | 146.97 | 8.77 | -00 | .03 | .00021 |
| 07 77 20105 | 183.08 4 | 1,185.97 | 54.55 | -00 | .24 | .00021 |
| 07 77 20105 | 18.01 4 | 97.29 | 4.48 | -00 | .02 | .00021 |
| 08 77 20105 | 1,753 2 | 318.76 | 22.00 | -00 | .06 | .00021 |
| 08 77 20105 | 2,735 2 | 492.96 | 36.97 | -00 | .10 | .00021 |
| 08 77 20105 | 3 | 175.45 | 10.48 | -00 | .04 | .00021 |
| 08 77 20105 | 15.64 4 | 98.81 | 4.55 | -00 | .02 | .00021 |
| 09 77 20105 | 12,546 2 | 10,272.45 | 701.64 | -00 | 2.09 | .00021 |
| 09 77 20105 | 12,546-2 | 2,427.77- | 157.46- | -00 | .49- | .00021 |
| 09 77 20105 | 1,516 2 | 1,228.88 | 85.15 | -00 | .25 | .00021 |
| 09 77 20105 | 2,665 2 | 474.57 | 35.59 | -00 | .10 | .00021 |
| 09 77 20105 | 3 | 219.51 | 13.10 | -00 | .05 | .00021 |
| 09 77 20105 | 15.45 4 | 99.89 | 4.59 | -00 | .02 | .00021 |
| 10 77 20105 | 1,840 2 | 1,498.33 | 103.83 | -00 | .30 | .00021 |
| 10 77 20105 | 2,821 2 | 508.63 | 38.15 | -00 | .11 | .00021 |
| 10 77 20105 | 3 | 179.82 | 10.74 | -00 | .04 | .00021 |
| 10 77 20105 | 364.78 4 | 2,155.19 | 99.14 | -00 | .45 | .00021 |

13639

3.58

13639

12 09 77

*****6

93

*****6.93

BERNICE THOMAS
331 BRIGHT STREET
SAN FRANCISCO CA 94132

F-3-a-232a

| | | | | | | |
|-------------|-------------|----------|-------|-----|------|--------|
| 11 76 20105 | 1,387 2 | 252.21 | 17.41 | .00 | .05 | .00021 |
| 11 76 20105 | 2,429 2 | 435.67 | 32.68 | .00 | .09 | .00021 |
| 11 76 20105 | 3 | 107.69 | 6.43 | .00 | .02 | .00021 |
| 11 76 20105 | 21.98 4 | 102.43 | 4.71 | .00 | .02 | .00021 |
| 12 76 20105 | 2,405 2 | 437.32 | 30.18 | .00 | .09 | .00021 |
| 12 76 20105 | 2,331 2 | 421.15 | 31.59 | .00 | .08 | .00021 |
| 12 76 20105 | 3 | 108.99 | 6.50 | .00 | .02 | .00021 |
| 12 76 20105 | 172.84 4 | 912.60 | 41.98 | .00 | .19 | .00021 |
| 01 77 20105 | 2,575 2 | 468.23 | 32.31 | .00 | .09 | .00021 |
| 01 77 20105 | 2,489 2 | 446.89 | 33.52 | .00 | .09 | .00021 |
| 01 77 20105 | 3 | 121.64 | 7.26 | .00 | .02 | .00021 |
| 01 77 20105 | 185.04 4 | 977.01 | 44.94 | .00 | .20 | .00021 |
| 02 77 20105 | 1,675 2 | 304.58 | 21.02 | .00 | .06 | .00021 |
| 02 77 20105 | 2,218 2 | 401.22 | 30.09 | .00 | .08 | .00021 |
| 02 77 20105 | 3 | 120.91 | 7.22 | .00 | .02 | .00021 |
| 04 77 20105 | 1,472 2 | 267.66 | 18.47 | .00 | .05 | .00021 |
| 04 77 20105 | 2,400 2 | 431.22 | 32.34 | .00 | .08 | .00021 |
| 04 77 20105 | 3 | 167.51 | 10.00 | .00 | .03 | .00021 |
| 04 77 20105 | 185.61 4 | 980.02 | 45.08 | .00 | .20 | .00021 |
| 04 77 20105 | 27.61 4 | 103.24 | 4.75 | .00 | .02 | .00021 |
| 04 77 20105 | 1,690 2 | 307.30 | 21.21 | .00 | .07 | .00021 |
| 04 77 20105 | 2,387 2 | 436.05 | 32.70 | .00 | .09 | .00021 |
| 04 77 20105 | 3 | 117.95 | 7.05 | .00 | .02 | .00021 |
| 04 77 20105 | 182.31 4 | 1,182.77 | 54.41 | .00 | .24 | .00021 |
| 04 77 20105 | 25.79 4 | 163.29 | 7.51 | .00 | .03 | .00021 |
| 1C 75 | 386,412,000 | .00 | .00 | .00 | .73 | .00021 |
| 05 77 20105 | 2,009 2 | 365.31 | 25.21 | .00 | .07 | .00021 |
| 05 77 20105 | 2,701 2 | 490.05 | 36.75 | .00 | .10 | .00021 |
| 05 77 20105 | 3 | 141.90 | 8.47 | .00 | .03 | .00021 |
| 05 77 20105 | 52.18 4 | 352.92 | 16.23 | .00 | .07 | .00021 |
| 06 77 20105 | 1,580 2 | 287.30 | 19.83 | .00 | .06 | .00021 |
| 06 77 20105 | 2,571 2 | 464.12 | 34.81 | .00 | .09 | .00021 |
| 06 77 20105 | 3 | 153.40 | 9.16 | .00 | .04 | .00021 |
| 06 77 20105 | 185.84 4 | 981.24 | 45.14 | .00 | .21 | .00021 |
| 13639 | | | | | 3.35 | |

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