

FEDERAL BUREAU OF INVESTIGATION
FOI/PA
DELETED PAGE INFORMATION SHEET
FOI/PA# 1256617-000

Total Deleted Page(s) = 3
Page 10 ~ b6 - Per ICE; b7C;
Page 32 ~ b6 - Per ICE; b7C;
Page 44 ~ b6 - Per ICE; b7C;

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X Deleted Page(s) X
X No Duplication Fee X
X For this Page X
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-1A3

Universal Case File Number

58A-NY-278417-^{Sub}IN-

Field Office Acquiring Evidence

NYO

Serial # of Originating Document

601

Date Received

7/24/03

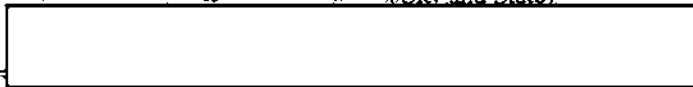
From

(Name of Contributor)

(Address of Contributor)

(City and State)

By



b6 Per FBI
b7C

To Be Returned Yes No

Receipt Given Yes No

Grand Jury Material - Disseminate Only Pursuant to Rule 6 (e)
Federal Rules of Criminal Procedure

Yes No

Federal Taxpayer Information (FTI)

Yes No

Title:

Marc Rich Pardon,
et Al.

Reference:

(Communication Enclosing Material)

Description: Original notes re interview of

Ins documents for



b6 Per ICE
b7C

b6 Per ICE
b7C

From: [redacted]
To: [redacted]
Date: Wed Jul 23 2003 12:31 PM
Subject: [redacted]

C14

b6 Per FBI
b7C

Thanks for the information on [redacted]. There seems to be only one [redacted] from Spain. Could you please pull any additional information regarding [redacted] born [redacted] A# [redacted].

Thanks.
[redacted]

b6 Per ICE
b7C

File ordered 7/24

ATTACHED PHOTOCOPY OF IMMIGRATION AND
NATURALIZATION SERVICE (INS) ALIEN FILE IS
NOT TO BE DISSEMINATED OUTSIDE OF THE FBI.
THIS IS AN UNOFFICIAL COPY TO BE UTILIZED
FOR INVESTIGATIVE PURPOSES ONLY.

IA

[redacted]

b6 Per FBI
b7C

8/19/2003

CIMIDN
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY

07/24/03
11:59:03

ID # (A/AA/AB/C/DA):
(DL/FB/FP/I/PP/SS/TD)

A#:

DOB:

LAST:
FIRST:
MIDDLE:
ALIASES:

NATZ DATE:
COURT:
LOCATION: b6 Per ICE
b7C

SEX: POE: NYC COB: SPAIN DOE: 10181974
FCO: NYC COA: Z2 COC:
PFCO: NYC SFCO: DFO: 10291974 BIN:

FATHER:
MOTHER:

SSN:
I-94 ADM #:
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

CONSOLIDATED A-NOS ---OTHER INFORMATION---

b7E Per ICE



CIMIDN
COMMAND:

IMMIGRATION AND NATURALIZATION SERVICE
CENTRAL INDEX SYSTEM - ID # SEARCH/DISPLAY

08/07/03
07:36:38

2012 1149
DOB: [REDACTED]

ID # (A/AA/AB/C/DA): [REDACTED]
(DL/FB/FP/I/PP/SS/TD)

A#: [REDACTED]

LAST: [REDACTED]
FIRST: [REDACTED]
MIDDLE: [REDACTED]
ALIASES:

NATZ DATE:
COURT: b6 Per ICE
LOCATION: b7C

SEX: POE: NYC COB: SPAIN DOE: 10181974
FCO: NYC COA: Z2 COC:
PFCO: NYC SFCO: DFO: 10291974 BIN:

FATHER:
MOTHER:

SSN:
I-94 ADM #:
PASSPORT #:
FBI #:
DRIVER LIC:
FINGER CD#:

CONSOLIDATED A-NOS ---OTHER INFORMATION---

b7E Per ICE



FRC.
89-0001
14803052
0293

MEMORANDUM OF CREATION OF RECORD OF LAWFUL PERMANENT RESIDENCE

b6 Per ICE
b7C

Place	NYC (245)
File No.	

Status as a lawful permanent resident of the United States is accorded:

Name	[Redacted]	SEX	F	DATE OF BIRTH	[Redacted]
Street Address	[Redacted]	PLACE OF BIRTH	[Redacted]		
City, State, Zip	Elmhurst, N.Y., 11373	NATIONALITY	[Redacted]		

COUNTRY TO WHICH CHARGEABLE (If any)	Spain, Z-2, (P2-1)	PREFERENCE (If any)	2nd Pref.
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REMARKS
b6 Per ICE
b7C

NONPREFERENCE: Section 212(a)(14) certification not required because:
 Individual section 212(a)(14) certification issued Blanket section 212(a)(14) certification issued

under the following provision of law:

<input type="checkbox"/> Sec 203(h) of the I & N Act	<input type="checkbox"/> Sec 249 of the I & N Act	<input type="checkbox"/> Sec 214(d) I & N Act
<input type="checkbox"/> Sec 244(a) of the I & N Act	<input type="checkbox"/> Sec 1 of the Act of 11/2/66	<input type="checkbox"/> Private Law no. _____ of the _____ Congress _____ session
<input checked="" type="checkbox"/> Sec 245 of the I & N Act	<input checked="" type="checkbox"/> Sec 13 of the Act of 9/11/57	(Other law Specify) _____

As of OCT 18 1974 (Month) (Day) (Year) at NYC PORT OF ENTRY FOR PERMANENT RESIDENCE
Class of admission (Insert symbol) Z-2 (P2-1)

(Applicable in all cases)
RECOMMENDED BY: (Immigration Officer) TE (Date) OCT 18 1974
DATED OF ACTION U.S. APPROVED INS. DD OCT 18 1974
DISTRICT NYC

FOR USE BY VISA CONTROL OFFICE
Date SEP 6 1974
Foreign State Spain
Preference Category Spousal
Number 242
Month of Issuance OCTOBER
Signed [Signature] (Visa Office, Dept. of State)
STATISTICS

Form I-135 delivered Form I-151 delivered Form I-151 mailed Form G-153 delivered
Visa Control Office, Visa Office, Department of State, Washington, D.C. 20520 for allocation of Immigrant visa number.

State Director, Selective Service (with I-59)
Form I-181 (Rev. 5-1-74) N (Page 1)

INSTRUCTIONS

GENERAL: To request allocation of a Visa number for a preference or nonpreference case under Section 245 or for a Western Hemisphere number under Section 1 of the Act of November 2, 1966, mail original and one copy to Visa Control Office. When grant of permanent residence becomes final, the copy returned by the Visa Control Office which allocates the visa number shall be appropriately endorsed, and placed in the file. In such cases the triplicate copy, which was retained in the file, shall be noted to show the date permanent residence status is granted and forwarded together with completed Form I-59 to the State Director of Selective Service in the case of every male alien between the ages 18 and 26 or between the ages of 18 and 35 in the case of a doctor, dentist or other medical specialist. If not required for this purpose, it shall be destroyed. In cases where permanent residence is granted without referral to the Visa Control Office, except where Selective Service is to be notified, only an original I - 181 need be prepared and placed in the file. In other cases where outstanding instructions require the form I - 181 to be forwarded to the Visa Control Office, it shall be prepared in duplicate and the original placed in the file, except when an additional copy is required to notify Selective Service.

PREFERENCE: Under Section 245, the priority date will be the filing date of one of the first six preference petitions.

NONPREFERENCE: Under Section 245, the priority date shall be fixed by the following factors, whichever is the earliest: (1) the priority date accorded the applicant by the consular officer as a nonpreference immigrant; (2) the date on which application Form I-485 is properly filed, if the applicant establishes that he is a member of a profession or a person with exceptional ability in the sciences or the arts not included in the Department of Labor's Schedule A (29 CFR 60) provided a certification is issued on that basis, or that he is within Schedule A, or that the provisions of Section 212(a)(14) of the Act do not apply to him; (3) the date on which an approved valid third or sixth preference visa petition in his behalf was filed; or (4) the date an application for certification based on a job offer was accepted for processing by any office within the employment service system of the Department of Labor, provided the certification applied for was issued. A nonpreference priority date, once established, is retained by the alien even though at the time a visa number becomes available and he is allotted a nonpreference visa number he meets the provisions of Section 212(a)(14) of the Act by some means other than that by which he originally established entitlement to the nonpreference priority date.

LABOR CERTIFICATION: Check and complete the block regarding certifications on the form as appropriate in a nonpreference case.

REMARKS: If the visa number requested is based on Section 202(b)(1), (2), (3) or (4) or Section 203(a)(9) of the Act, explain as appropriate in "Remarks" block.

DELAY NOTICE: When the Service must obtain a visa number from the Department of State before granting permanent residence, the letter portion of this form notifying of the delay is mailed to the applicant with a copy to the attorney of record. In represented cases the attorney is notified of the approval of an application by furnishing him with a copy of the notice which is part of this form.

03-31-63

03-30-63

VSO TSY TPO

XAC (342)

NEW YORK OFFICE OF RECORD OF TIME IN RESIDENCE

IMMIGRATION AND NATURALIZATION SERVICE
UNITED STATES DEPARTMENT OF JUSTICE

APPLICATION FOR STATUS AS PERMANENT RESIDENT

FEE STAMP
NEW
8/28

File No.
APPLICATION FOR THE BENEFITS OF SECTION:
 203(a)(7) and Sec. 245, I&N Act 245
 Sec. 214(d), I&N Act 249 I&N Act
 Sec. 13, Act of 9/11/57 151 805 35 49

(DO NOT WRITE ABOVE THIS LINE.) (SEE INSTRUCTIONS BEFORE FILLING IN APPLICATION. IF YOU NEED MORE SPACE TO ANSWER FULLY ANY QUESTION ON THIS FORM, USE A SEPARATE SHEET AND IDENTIFY EACH ANSWER WITH THE NUMBER OF THE CORRESPONDING QUESTION. FILL IN WITH TYPEWRITER OR PRINT IN BLOCK LETTERS IN INK.)

1. I hereby apply for the status of a lawful permanent resident alien on the following basis: (Check box A, B, C, D, E, or F) b6 Per ICE b7C
A. As a refugee to whom an immigrant visa is immediately available (Section 203(a)(7) and Section 245, I&N Act).
B. As a former fiancee or fiance of a U.S. citizen whom I married within 90 days after my arrival in the United States, or as a child of such fiancee or fiance (Section 214(d), I&N Act).
C. As a former government official, or as a member of the immediate family of such official (Section 13, Act of September 11, 1950).
D. As a person to whom an immigrant visa is immediately available, other than one described above (Section 245, I&N Act).
E. As a person who has resided in the United States continuously since prior to July 1, 1924 (Section 249, I&N Act).
F. As a person who has resided in the United States continuously since a date [redacted] (Section 249, I&N Act).
RECEIVED
74 FEB 28 PM 11
INS. NEW YORK N.Y.

2. My name is [redacted] (Last in capital letters) (First Name) (M) [redacted] Sex Male Female

3. [redacted] (ZIP Code)

4. Date of Birth [redacted] Place of Birth (City or Town) (County, Province, or State) (Country) I am now a citizen of (Country)
[redacted] Puerto Lumbreira, Murcia, Spain Spain

5. I last arrived in the United States at the port of (City and State) on (Month) (Day) (Year)
New York, N.Y. Aug. 25, 1973
by (Name of vessel or other means of travel) as a (visitor, student, exchange visitor, temporary worker, fiancee, fiance, crewman, parolee, etc.)
SPANTAX B-2

I was inspected. My last nonimmigrant visa issued outside the United States was issued by the American Consul at (City) (Country) or (Month) (Day) (Year)
 was not inspected. Seville, Spain Aug. 22, 1973

6. I am single married divorced widowed
a. I have been married once times, including my present marriage, if now married. (If you are now married give the following:) b6 Per ICE b7C
b. Number of times my husband or wife has been married: once c. Name of husband or wife (Wife give maiden name) [redacted]
d. My husband or wife resides with me apart from me at Address (Apt. No.) (No. & Street) (Town or City) (Province or State) (Country)
[redacted]

7. a. I have none sons or daughters as follows: (complete all columns as to each son or daughter; if living with you state "with me" in last column; otherwise give city and state or country of son's or daughter's residence).

Name	Sex	Place of Birth	Date of Birth	Now living at
[redacted]	F	USA	[redacted]	with me

b. The following members of my family are also applying for permanent resident status:
none b6 Per ICE b7C
G300 SENT 3/21/74

8. I have have not heretofore filed an application for the status of a permanent resident. (If you have ever filed such application, give the date and place of filing and final disposition.)

RECEIVED	TRANS. IN	RET'D. TRANS. OUT	COMPLETED
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9. I list below all organizations, societies, clubs, and associations, past or present, in which I have held membership in the United States or a foreign country, and the periods and places of such membership. (If you have never been a member of any organization, state "None.")

none

10. I have have not been treated for a mental disorder, drug addiction or alcoholism. (If you have been, explain.)

11. I have have not been arrested, convicted or confined in a prison. (If you have been, explain.)

12. I have have not been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action. (If you have been, explain.)

13. APPLICANTS FOR STATUS AS PERMANENT RESIDENTS MUST ESTABLISH THAT THEY ARE ADMISSIBLE TO THE UNITED STATES. EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE NOT ADMISSIBLE TO THE UNITED STATES AND ARE THEREFORE INELIGIBLE FOR STATUS AS PERMANENT RESIDENTS:

Aliens who have committed or who have been convicted of a crime involving moral turpitude (does not include minor traffic violations); aliens who have been engaged in or who intend to engage in any commercialized sexual activity; aliens who are or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization; (i) opposition to organized government, (ii) the overthrow of government by force or violence, (iii) the assaulting or killing of government officials because of their official character, (iv) the unlawful destruction of property, (v) sabotage, or (vi) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; aliens who intend to engage in prejudicial activities or unlawful activities of a subversive nature; aliens who have been convicted of violation of any law or regulation relating to narcotic drugs or marihuana, or who have been illicit traffickers in narcotic drugs or marihuana; aliens who have been involved in assisting any other aliens to enter the United States in violation of law; aliens who have applied for exemption or discharge from training or service in the Armed Forces of the United States on the ground of alienage and who have been relieved or discharged from such training or service.

Do any of the foregoing classes apply to you? Yes No (If answer is Yes, explain)

14. (COMPLETE THIS BLOCK ONLY IF YOU CHECKED BOX "A", "B", "C" or "D" OF BLOCK 1)

APPLICANTS WHO CHECKED BOX "A" "B" "C" OR "D" OF BLOCK 1 (INCLUDING REFUGEES) IN ADDITION TO ESTABLISHING THAT THEY ARE NOT MEMBERS OF ANY OF THE INADMISSIBLE CLASSES DESCRIBED IN BLOCK 10 ABOVE MUST, EXCEPT AS OTHERWISE PROVIDED BY LAW, ALSO ESTABLISH THAT THEY ARE NOT WITHIN ANY OF THE FOLLOWING INADMISSIBLE CLASSES:

Aliens who are mentally retarded, insane, or have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, mental defect, narcotic drug addiction, chronic alcoholism or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars or vagrants; aliens who are polygamists or advocate polygamy; aliens who intend to perform skilled or unskilled labor and who have not been certified by the Secretary of Labor (see Instruction 10); aliens likely to become a public charge; aliens who have been excluded from the United States within the past year, or who at any time have been deported from the United States, or who at any time have been removed from the United States at Government expense; aliens who have procured or have attempted to procure a visa by fraud or misrepresentation; aliens who have departed from or remained outside the United States to avoid military service in time of war or national emergency; aliens who are former exchange visitors who are subject to but have not complied with the two year foreign residence requirement.

Do any of the foregoing classes apply to you? Yes No (If answer is Yes, explain)

15. I do do not intend to seek gainful employment in the United States. If you intend to seek gainful employment in the United States, state the occupation you intend to follow. Dressmaker

16. (Complete this block only if you checked box A or D of block 1)

- a. I have a priority on the consular waiting list at the American Consulate at _____ as of _____ (City) _____ (Date)
- b. A visa petition according me immediate relative preference status was approved by the district director at New York, N.Y. on 6/24/73 (City and State) (Date)
- c. A visa petition has not been approved in my behalf but I claim eligibility for preference status because my spouse my parent is the beneficiary of a visa petition approved by the district director at _____ on _____ (Date) (City and State)
- d. I am claiming preference status as a refugee under the proviso to Section 203(a)(7) of the Act who has been continuously physically present in the United States for at least the past two years. (If you check this item, you must execute and attach Form I-590A to this application.)
- e. Other (explain)

b6 Per ICE
b7C

17. (Complete this block only if you checked Box E or F of Block 1)

A. I first arrived in the United States at (Port) _____ on (Date) _____ by means of (Name of vessel or other means of travel) _____

I was was not inspected by an immigration officer.

B. I entered the United States under the name (Name at time of entry) _____ and I was destined to (City and State) _____

I was coming to join (Name and relationship) _____

C. Since my first entry I have have not been absent from the United States. (If you have been absent, attach a separate statement listing the port, date and means of each departure from and return to the United States.)

18. Completed Form G-325A (Biographic Information) is attached as part of this application. Completed Form G-325A (Biographic Information) is not attached as applicant is under 14 years of age.

19. IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET BELOW:

Signature of Applicant

Date of Signature:

20. (Signature of person preparing form, if other than applicant.) I declare that this document was prepared by me at the request of the applicant and is based on all information on which I have any knowledge.

Address of person preparing form, if other than applicant

Date:

Occupation:

(Applicant) _____ an officer of the Immigration and Naturalization Service for examination
I do swear (affirm) that I know the contents of this application subscribed by me including the attached statements, that the same are true to the best of my knowledge, and that corrections numbered _____ to _____ that this application was signed by me with my full, true name:

Subscribed and sworn to before me by the above-named applicant at _____

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: 1-485

[]

DATE: February 21, 1974

FILE NO.: _____

b6 Per ICE
b7C

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

NAME: []	RELATIONSHIP TO I&N LAW: <input checked="" type="checkbox"/> PETITIONER <input type="checkbox"/> BENEFICIARY <input type="checkbox"/>
ADDRESS: (APT. NO.) (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE) [] <u>New York</u> <u>11373</u>	
NAME: []	RELATIONSHIP TO I&N LAW: <input type="checkbox"/> PETITIONER <input type="checkbox"/> BENEFICIARY <input type="checkbox"/>
ADDRESS: (APT. NO.) (NUMBER AND STREET) (CITY) (STATE) (ZIP CODE)	

b6 Per ICE
b7C

Check applicable item(s) below.

1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia Appellate Division, Supreme Court and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law. (Name of court)

2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board: _____

3. I am associated with _____, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2, whichever is appropriate.)

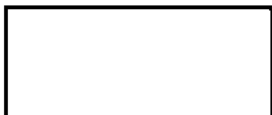
4. Others (Explain fully.) _____

[]	Complete Address	[]
[]	Telephone number	<u>New York, N. Y. 10036</u>

BLECHER & MENDEL

ATTORNEYS AT LAW
SUITE 1610
1501 BROADWAY
NEW YORK, N. Y. 10036
PENNSYLVANIA 6-4430

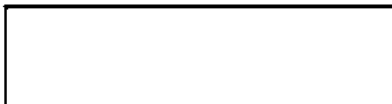
b6 Per ICE
b7C



February 21, 1974

U. S. Department of Justice
Immigration and Naturalization Service
20 West Broadway
New York, New York 10007

RE:



b6 Per ICE
b7C

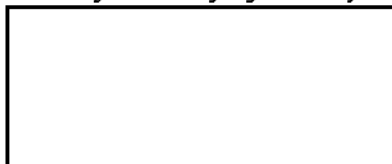
Gentlemen,

Enclosed please find the following documents for the above:

- 1-485
- G-325A
- 1-94
- SS-5
- G-28
- Photographs
- Fingerprints
- Copy of relative immigrant visa petition approval notice
- Check of \$25

Please process.

Very truly yours,



b6 Per ICE
b7C

AFFIDAVIT OF SUPPORT

(ANSWER ALL ITEMS FULLY IN WRITING OR PRINT IN BLOCK LETTERS IN INK.)

I, residing at
Long Beach NY 11561
(City) (State) (ZIP Code, if in U.S.) (Country)

being duly sworn depose and say:

1. I was born on at SPAIN. Also, answer either a, b or c, as appropriate, if you are not a native born United States citizen. b6 Per ICE
b7C
 (a) If a United States citizen through naturalization, give number of certificate of naturalization _____
 (b) If a United States citizen through parent(s) or marriage, give number of own certificate of citizenship _____
 If none obtained, attach statement explaining how citizenship derived.
 (c) If an alien lawfully admitted to the United States for permanent residence, give 'A' number _____

2. That I am years of age and have resided in the United States since 12-14-72

3. That this affidavit is executed in behalf of the following person(s) at present residing at _____

NAME	SEX	AGE	COUNTRY OF BIRTH	MARRIED OR SINGLE	RELATIONSHIP TO DEPENDENT
	F		SPAIN	M.	Wife

b6 Per ICE
b7C

4. (Amounts shown in answer to this question must be in United States dollars.)
 (a) That I am employed as, or engaged in the business of CHIEF with (Name of concern)
 at _____ and derive a net annual income of \$ 10,000. (b) That I have on deposit in savings

banks in this country \$ _____. (c) That I have other personal property, the reasonable value of which is \$ _____. (d) That I have stocks and bonds in the amount of \$ _____, market value, as indicated on attached list which I certify to be true and correct to the best of my knowledge and belief. (e) That I own real estate at _____ valued at \$ _____, with mortgages or other encumbrances thereon amounting to \$ _____. (f) That I have life insurance in the sum of \$ _____, cash surrender value of \$ _____. (g) That if self-employed, I attach a copy of my last income tax return or report of commercial rating concern which I certify to be true and correct to the best of my knowledge and belief. (See reverse side for nature of evidence of net worth to be submitted)

5. That the following persons are dependent upon me for support: (Place a check in the appropriate column to indicate whether the person named is wholly or partially dependent upon you for support.)

NAME OF PERSON	WHOLLY DEPENDENT	PARTIALLY DEPENDENT	AGE	RELATIONSHIP TO ME
	<input checked="" type="checkbox"/>			Wife

b6 Per ICE
b7C

6. (To be filled in, if appropriate.) That I have previously submitted affidavit(s) of support for the following person(s):

Name none Date submitted _____

7. (To be filled in, if appropriate.) That I have submitted visa petition(s) to the Immigration and Naturalization Service, on behalf of the following person(s):

Name none Relationship _____ Date submitted _____

8. That I am willing and able to receive, maintain, and support the person(s) listed in item 3 above. That I am ready and willing to deposit a bond, if necessary, with the Immigration and Naturalization Service to guarantee that such person(s) will not become public charges during their stay in the United States, or that they will maintain their nonimmigrant status if admitted temporarily and will depart prior to the expiration of their authorized stay in the United States.

9. That this affidavit is made by me for the purpose of assuring the Immigration and Naturalization Service that the person(s) named in item 3 will not become public charges in the United States.

10. (Complete this block only if the person(s) named in item 3 will be in the U.S. temporarily.) That I do intend do not intend to make specific contributions to the support of the person(s) listed in item 3 above. (If you checked "do intend", indicate the exact nature and duration of the contributions. For example, if you intend to furnish room and board, state for how long and, if money, state the amount in United States dollars and state whether it is to be given in a lump sum, weekly, or monthly and for how long.)

11. That my reasons for signing this affidavit are: show support for my wife

Execution of affidavit. You must sign the affidavit in your full, true, and correct name and affirm or make it under oath. In the United States the affidavit may be sworn to or affirmed before an immigration officer without the payment of fee, or before a notary public or other officer authorized to administer oaths for general purposes, in which case the official seal or certificate of authority to administer oaths must be affixed.

Outside the United States the affidavit must be sworn to or affirmed before a United States consular or immigration officer.

Signature of person preparing form, if other than deponent

I declare that this document was prepared by me at the request of the deponent and is based on all information of which I have any knowledge.

SIGNATURE

Address: _____ Date: _____

[Signature box]

SUBSCRIBED AND SWORN TO BEFORE ME THIS 18th day of October A.D. 19 74

NY NY
[Signature box] IC

b6 Per ICE
b7C

(Title of officer)

Nature of Evidence of Net Worth To Be Submitted.—The deponent must submit in duplicate evidence of net worth as follows:
1. Statement from an officer of the bank, postal or other financial institution in which you have deposits giving the following details regarding your bank account: (1) Date account opened, (2) Total amount deposited for past year, (3) Present balance.
2. Statement of employer, preferably on his business stationery, showing: (1) Date and nature of employment, (2) Salary paid, (3) Whether position temporary or permanent.
3. If self-employed: (1) Copy of last income tax return filed or (2) report of commercial rating agency.
4. List containing serial number and denomination of bonds and name of purchaser.

516-889-1300



10/15/74

KING DAVID MANOR

80 WEST BROADWAY
LONG BEACH, N. Y. 11561

b6 Per ICE
b7C

TO WHOM IT MAY CONCERN;

[REDACTED]

IS

EMPLOYED BY US AS A SECOND
CHIEF. HIS SALARY IS \$215.00
PER WEEK PLUS ROOM AND BOARD.

[REDACTED]

IS A SINCERE

INDIVIDUAL ANY COURTESY GIVEN TO
HIM WOULD BE MOST APPRECIATIVE.

Sincerely,

[REDACTED]

b6 Per ICE
b7C

108
UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

(245)

FILE NO.: [REDACTED]
September 24, 1974
DATE: _____

b6 Per ICE
b7C

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

[REDACTED]

Elmhurst, N.Y. 11373

CC: [REDACTED]

New York, N.Y. 10036

INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.

Please note, also the boxes checked below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS:

DATE:

TIME:

- Please communicate immediately with the below listed physician, or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before
All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER:

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

TO PHYSICIAN PERFORMING THE EXAMINATION

PLEASE OBTAIN THE APPLICANT'S SIGNATURE IN THE SPACE PROVIDED AND MEDICALLY EXAMINE HIM FOR ELIGIBILITY FOR ADJUSTMENT OF STATUS. IF THE APPLICANT IS FREE OF MEDICAL DEFECTS LISTED IN SECTION 212 (A) OF THE IMMIGRATION AND NATIONALITY ACT, ENDORSE THIS COPY OF FORM 1-486A IN THE SPACE PROVIDED AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. IF THE APPLICANT IS NOT FREE OF SUCH MEDICAL DEFECTS, DO NOT SIGN THIS FORM; INSTEAD WRITE "SEE FS-398 IN THE PHYSICIAN'S SIGNATURE BLOCK AND PREPARE MEDICAL CERTIFICATE ON FORM FS-398 AND HAND IT TO THE APPLICANT IN A SEALED ENVELOPE TOGETHER WITH THIS COPY OF FORM 1-486A FOR PRESENTATION AT HIS IMMIGRATION INTERVIEW. (IF EXAMINATION IS CONDUCTED BY A CIVIL SURGEON, INSERT IN ENVELOPE BOTH COPIES OF FORM 1-486A; X-RAYS AND LABORATORY REPORTS; AND TWO COPIES OF FORM FS-398 IF APPLICANT IS NOT FREE OF MEDICAL DEFECTS.)

DISTRICT DIRECTOR

I CERTIFY THAT THE ATTACHED X-RAY AND SEROLOGY REPORT (BLOOD TEST) RELATE TO ME.

SIGNATURE OF APPLICANT

X

PENALTY: THE LAW PROVIDES SEVERE PENALTIES FOR KNOWINGLY AND WILFULLY FALSIFYING OR CONCEALING A MATERIAL FACT OR USING ANY FALSE DOCUMENTS IN CONNECTION WITH THIS APPLICATION.

MY EXAMINATION INCLUDING X-RAY, BLOOD SEROLOGICAL AND OTHER REPORTS, WHEN NEEDED, SHOW THE APPLICANT TO BE FREE OF ANY DEFECTS, DISEASE OR DISABILITIES LISTED IN SECTION 212(A) OF THE IMMIGRATION AND NATIONALITY ACT AS AMENDED.

SIGNATURE OF PHYSICIAN

DATE

TITLE Medical Director United Hospital Laboratories, Inc.

10/3/74

NOTICE OF ENTRY OF APPEARANCE AS ATTORNEY OR REPRESENTATIVE

In re: 1-130

DATE: August 30, 1973

FILE NO.: _____
b6 Per ICE
b7C

I hereby enter my appearance as attorney for (or representative of), and at the request of, the following named person(s):

<p>NAME: _____</p> <p>ADDRESS: _____ (CITY) _____ (STATE) _____ (ZIP CODE)</p> <p><u>Elmhurst, New York</u></p>	<p>RELATIONSHIP TO I&N LAW: <input checked="" type="checkbox"/> PETITIONER <input type="checkbox"/> BENEFICIARY <input type="checkbox"/></p>
<p>NAME: _____</p> <p>ADDRESS: _____ (CITY) _____ (STATE) _____ (ZIP CODE)</p> <p><u>Elmhurst, New York</u></p>	<p>RELATIONSHIP TO I&N LAW: <input type="checkbox"/> PETITIONER <input checked="" type="checkbox"/> BENEFICIARY <input type="checkbox"/></p>

Check applicable item(s) below.

- 1. I am an attorney and a member in good standing of the bar of the Supreme Court of the United States or of the highest court of the following State, territory, insular possession, or District of Columbia Appellate Division, Supreme Court and am not under a court or administrative agency order suspending, enjoining, restraining, disbaring, or otherwise restricting me in practicing law.
(Name of court)
- 2. I am an accredited representative of the following named religious, charitable, social service, or similar organization established in the United States and which is so recognized by the Board: _____
- 3. I am associated with _____, the attorney of record who previously filed a notice of appearance in this case and my appearance is at his request. (If you check this item, also check item 1 or 2, whichever is appropriate.)
- 4. Others (Explain fully.) _____

<p>Signature</p>	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>	<p>Complete Address</p>	<div style="border: 1px solid black; width: 100%; height: 40px;"></div>
<p>NAME-Type or print</p>	<p>Telephone number</p>	<p><u>NEW YORK, N.Y. 10036</u></p>	

BIOGRAPHIC INFORMATION

b6 Per ICE
b7C

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

type case

266-2-23-74

(Family name)	(First name)	(Middle name)	<input type="checkbox"/> MALE <input checked="" type="checkbox"/> FEMALE	BIRTHDATE(Mo.-Day-Yr.)	NATIONALITY	
					Spanish	
ALL OTHER NAMES USED (including names by previous marriages)				CITY AND COUNTRY OF BIRTH		
				Puerto Lumbreira, Spain		
FATHER				CITY AND COUNTRY OF RESIDENCE		
MOTHER(Maiden name)				Spain Granada, Spain		
				Spain Granada, Spain		
HUSBAND(if none, so state) OR WIFE	FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	CITY & COUNTRY OF BIRTH	DATE OF MARRIAGE	PLACE OF MARRIAGE
				Puerto Lumbreira Spain		Puerto Lumbreira Spain
FORMER HUSBANDS OR WIVES(if none, so state)						
FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE		
n/a						

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
	Elmhurst	N.Y.	U.S.A.	Aug	1973	PRESENT TIME	
	P. Lumbreras		Spain	May	1973	Aug	1973
	Granada		Spain		1960	May	1973

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
Unemployed		May	1973	PRESENT TIME	
Self-employed, Granada, Spain	dressmaker		1960	May	1973

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:	DATE
<input type="checkbox"/> NATURALIZATION <input checked="" type="checkbox"/> ADJUSTMENT OF STATUS	
<input type="checkbox"/> OTHER (SPECIFY):	
Are all copies legible? <input checked="" type="checkbox"/> Yes	
IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:	

PENALTIES: SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

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b7C

Name (Last, in CAPS)		(First)	(Middle)	Alien Registration Number
Other names used: (including maiden name if married woman)		SINEX CODE		
Place of birth (Country) Spain		Date of birth (Month, day, year)		
Petitioner's name (Last, in CAPS)		(First)	(Middle)	Petitioner's phone
DATE AND ACTION ON VP		SECTION		DATE PETITION FILED
DATE OF ACTION DD FEB 19 1974 DISTRICT <i>See marks</i>		<input type="checkbox"/> 201 (b) (spouse child) <input type="checkbox"/> 201 (b) (Parent) <input type="checkbox"/> 203 (a) (1) <input type="checkbox"/> 203 (a) (2) <input type="checkbox"/> 203 (a) (4) <input type="checkbox"/> 203 (a) (5)		1973 AUG 31 AM 10:01 N.Y.C. MAIL UNIT IMM. & NAT. SERVICE SEP 18 1973
Relative Petition Card Form I-130-A (REV. 1-1-73)N		Sent to Consul in NEW YORK, N.Y. <i>See 240</i>		

b6 Per ICE
b7C

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

Form approved
OMB No. 43-RO401

PETITION TO
CLASSIFY STATUS OF
ALIEN RELATIVE FOR
ISSUANCE OF
IMMIGRANT VISA

IMMIGRATION SERVICE
MAIL UNIT
1973 AUG 31 AM 10:00

81B checked	Fee stamp
checked	

NYC-7394(m)



TO THE SECRETARY OF STATE:

The petition was filed on 8/31/73

The petition is approved for status under section:

- SPOUSE, 201 (b) CHILD 203 (a) (2)
- 201 (b) PARENT 203 (a) (4)
- 203 (a) (1) 203 (a) (5)

U.S. APPROVED INS.

DATE OF ACTION FEB 19 1974

DD: Mark
DISTRICT NEW YORK, N.Y.

Remarks *Both spouses interviewed and nothing derogatory developed as to bona fides of marriage. wife presently pregnant 5 or 6 mos.*

(PETITIONER IS NOT TO WRITE ABOVE THIS LINE)

I. Petition is hereby made to classify the status of the alien beneficiary for issuance of an immigrant visa as: (Check one)

- The spouse, child (regardless of age), parent, brother, or sister of a United States citizen.
- The spouse or unmarried child (regardless of age) of an alien lawfully admitted to the United States for permanent residence.

5x9-5-73

Block I. - Information About Alien Beneficiary

b6 Per ICE
b7C

1. (First) <u>[redacted]</u> (Middle) <u>[redacted]</u>		3. Do Not Write in This Space	4. Relationship of beneficiary to petitioner <u>wife</u>
5. Other names used; (including maiden name if married woman)			6. Are beneficiary and petitioner related by adoption? <u>no</u>
7. Place of birth (Country) <u>Spain</u>	8. Date of birth (Month, day, year)		9. Beneficiary's marital status: <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Single
10. Petitioner's name (Last, in CAPS) (First) (Middle)	11. Petitioner's phone		12. Has this beneficiary ever been in the U.S.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
13. Name of beneficiary's spouse, if married, and date and country of birth. (Omit this item if petition is for your spouse) <u>n/a</u>			
14. Names, birthdates and countries of birth of beneficiary's children, if any <u>none</u>			
15. Full address of beneficiary's spouse and children, if any (Omit this item if petition is for your spouse) <u>n/a</u>			
16. If this petition is for your spouse or child, give the following:			
a. Date and place of your present marriage <u>5/31/1973</u> <u>Puerta Lumbrera</u>	b. Number of your prior marriages <u>none</u>	c. Number of prior marriages of spouse <u>none</u>	
d. Last address at which you and your spouse resided together			
(Town or city) (State or Province)	(Apt. No.) (Number and street)	From (Month) (Year)	To (Month) (Year)
<u>[redacted]</u>	<u>Elmhurst, New York</u>	<u>Aug. 1973</u>	<u>present</u>
17. If this petition is for a child, (a) Is the child married? <u>n/a</u> (b) Is the child your adopted child? <u>n/a</u> If so, give the names, dates, and places of birth of all other children adopted by you. If none, so state			
18. If this petition is for a brother or sister, are both your parents the same as the alien's parents? <u>n/a</u> If not, submit a separate statement giving full details as to parentage, dates of marriage of parents, and the number of previous marriages of each parent.			
19. If separate petitions are also being submitted for other relatives, give names of each and relationship to petitioner <u>none</u>			
20. Have you ever filed a petition for this alien before? <u>no</u> If so, give place and date of filing and result:			

b6 Per ICE
b7C

SEP 1973	TRANS. IN	REV. OF TRANS. OUT	COMPLETED
			<u>2/19/74</u>

Block I. - Information About Alien Beneficiary (Continued)

21. Address in the United States where beneficiary will reside (City) (State)
 [Redacted] Elmhurst, New York 11373

22. Address at which beneficiary is presently residing (Apt. No.) (Number and street) (Town or city) (Province or State) (Zip Code, if in U.S.)
 [Redacted] Elmhurst, New York 11373

23. If beneficiary is in the United States, give the following information concerning beneficiary:

a. He last arrived in the U.S. on (Month) (Day) (Year) Aug. 25, 1973	b. He last arrived in U.S. as (Visitor, student, exchange alien, crewman, stowaway, etc.) B-2	c. Show date beneficiary's stay expired or will expire as shown on his Form I-94 or I-95: Sept. 5, 1973
---	--	--

d. Name and address of present employer
Unemployed

e. Date alien began this employment
n/a

24. Check the appropriate box below and furnish the information required for the box checked:

Beneficiary will apply for a visa abroad at the American Consulate in _____ (CITY IN FOREIGN COUNTRY) (FOREIGN COUNTRY)

Beneficiary is in the United States and will apply for adjustment of status to that of a lawful permanent resident in the Office of the Immigration and Naturalization Service at _____ (CITY) (STATE)
 New York New York

If the application for adjustment of status is denied, the beneficiary will apply for a visa abroad at the American Consulate in _____ (CITY IN FOREIGN COUNTRY) (FOREIGN COUNTRY)
 Madrid Spain

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b7C

Block II. - Information About Petitioner

25. My name is (Last) (First) (Middle)
 [Redacted]

26. Other names used; (including maiden name if married woman)
 none

27. I reside in the United States at (Number and street) (Town or city) (State) (ZIP Code)
 [Redacted] Elmhurst, New York 11373

28. Address abroad (if any) (Number and street) (City or town) (Province) (Country)
 none

29. I was born: (Month) (Day) (Year) In: (City or town) (State or Province) (Country)
 [Redacted] Puerto Lumbrera, Murcia Spain

30. If you are a citizen of the United States, give the following:

a. Citizenship was acquired: (Check one)

through birth in the U. S. through parents through naturalization through marriage

(1) If acquired through naturalization, give name under which naturalized, number of naturalization certificate, and date and place of naturalization: _____

(2) If acquired through parentage or marriage, have you obtained a certificate of citizenship in your own name based on such acquisition? _____

(a) If so, give number of certificate and date and place of issuance: _____

(b) If not, submit evidence of citizenship in accordance with Instruction 3a.(2).

b. Have you or any person through whom you claim citizenship ever lost United States citizenship? _____
 If so, attach detailed explanation on separate sheet.

31. If you are a lawful permanent resident alien of the United States, give the following:

a. Alien Registration Number: _____ b. Date, place, and means of admission for lawful permanent residence
 A [Redacted] 12/14/1972 NYC Z-2

c. Have you ever lost status as a lawful permanent resident alien? NO If so, explain: _____

(If you are married to a citizen of the United States, read instruction 1b carefully).

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b7C

*Ver. Perm. Res. from INS
2/19/78*

32. Have you attached all required documents (see instruction No. 3)? Yes

Block III. - Oath or Affirmation of Petitioner

I swear (affirm) that I know the contents of this petition signed by _____
 Signature of petitioner (See Instruction No. 5)

Subscribed and sworn to (affirmed) before me this _____ day of _____ A.D. 1973 at _____
 (SEAL) My commission expires _____

(SIGNATURE OF OFFICER ADMINISTERING OATH) _____
 Commission Expires _____

Block IV. - Signature of Person Preparing Form, If Other Than Petitioner

I declare that this document was prepared by me at the request of the petitioner and is based on all information of which I have any knowledge.

 (SIGNATURE) (ADDRESS) (DATE)

FORM NE 353(R)
(ED. 4-1-66)

FILE COPY

Individual Register Receipt

UNITED STATES DEPARTMENT OF JUSTICE
Immigration and Naturalization Service

FEE PAID NUMBER **NYC 7394 (M)**

		DATE <i>8/11/73</i>

b6 Per ICE
b7C

APPLICATION FORM NUMBER
(CIRCLE)

I - 17	I - 140	I - 196	I - 290 B	I - 600	N - 565
I - 90	I - 143	I - 212	I - 485	I - 601	N - 577
I - 129 B	I - 191	I - 246	I - 506	I - 612	N - 580
<u>I - 130</u>	I - 192	I - 256 A	I - 539	N - 455	N - 585
I - 131	I - 193	I - 290 A	I - 550	N - 470	N - 600

OTHER _____

TYPE OF REMITTANCE (CIRCLE)	<u>PC</u>	BC	MO	IMO	C
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ISSUING SECTION (CIRCLE)	INF	TC	<u>M & F</u>	OTHER (ABBR.)
--------------------------	-----	----	------------------	---------------

REC'D BY (INITIALS)	AMOUNT \$ <u>1000</u>
---------------------	--------------------------

b6 Per ICE
b7C

STAPLE TO TOP RIGHT EDGE OF APPLICATION

17 300-492

Civil Registry of Puerto Lumbreras

Volume:
Page:

b6 Per ICE
b7C

Village of: Puerto Lumbreras
Province of: Murcia

MARRIAGE

Celebrated on the 31st day of May, 1973, between born on the 31 December 1932 in Lorca, Murcia, son of Fco. residing in Puerto Lumbreras, deputation of Puerto-Adentro, single (no marriage settlements granted),

b6 Per ICE
b7C

and:

born on the in Lorca, Murcia, daughter of residing in Puerto Lumbreras, diputation of Puerto-Adentro, single.

Puerto Lumbreras, 31 May 1973

Signed: (illegible)

Person in charge of the Civil Registry.

The Secretary.

1. Nationality will be indicated if not Spanish
2. If marriage settlements gratned, the date place of the settlement as well as the name of the authorizing notary will be indicated. Other observations.

REGISTRO CIVIL de

Puerto Lumbreras

TOMO

35

PAG.

71

PUEBLO DE

PUERTO LUMBRERAS

PROVINCIA DE

MURCIA

MATRIMONIO

b6 Per ICE
b7C

Celebrado el día *Veinte y uno* *Mayo* de mil novecientos *setenta y tres*

ent

Nacido el día *31* de *Diciembre* de *1932*

en *Lorca* - *MURCIA*

hijo d y de

domiciliado en *Puerto Lumbreras Diputación*

Ciudad de Puerto de Santa

Estado civil (1) *Soltero*

(2) *No otorgaron capitulaciones matrimoniales*

Nacida el día *25* de *Febrero* de *1932*

en *Lorca* - *MURCIA*

hija de y de

domiciliada en *Puerto Lumbreras Diputación*

de Puerto de Santa

Estado civil (1) *Soltera*

Puerto Lumbreras, 31 Mayo 1973



El Encargado del Registro Civil:

[Signature]

El Secretario:

[Signature]

(1) Se expresará también la nacionalidad, si no es la española.
(2) Si hubieren otorgado capitulaciones matrimoniales, se indicará la fecha de la escritura, lugar del otorgamiento y nombre del Notario autorizante. Otras observaciones.

I certify that I have compared this copy with the original and it is a true and complete copy.
Signed: _____

Name - by _____
Garcia & Lopez, Esqs.

Date: 8/22/13
Address: 100 Broadway, New York, New York
Admitted to Practice in State of New York
Attorney at Law

b6 Per ICE
b7C

EXTRACT FROM BIRTH REGISTRATION

Section:
Volume:
Page:

[Redacted box]

CIVIL REGISTRY OF LORCA
Province of Murcia

b6 Per ICE
b7C

This extract from birth registration only certifies to the birth, its date and place and sex of the person inscribed (Civil Registry Regulation of Nov. 14, 1958, Art. 29)

[Redacted] daughter of
[Redacted] was born in Lorca,
deputation of Puert-Adentro, on the
[Redacted]

I hereby CERTIFY, as per details indicated on the margin, [Redacted] temporary substitute of the person in charge.

Lorca, 26 July, 1973

Signed: (illegible)
Person in charge of the Civil Registry

Signed: (illegible)
Secretary:

We hereby state that the corresponding fees have been paid. (Decree of June 18, 1959, Art. 4 and Art. 37, tariff 1). This certificate is being issued on this type of paper as official forms are not available on this date.

Signed: (illegible)
Secretary

I certify that I have compared this copy with its original and it is a true and complete copy.

Signed: Date: 8/27/23

Name: Attorney at law
Buchter & Mandel, Esqs.
1200 Broadway, New York, New York

Address:
Admitted to Practice in State of New York

b6 Per ICE
b7C

NAME (LAST IN CAPS)		(FIRST)	(MIDDLE)	SDRX CODE	NO.
[REDACTED]				G-524	[REDACTED]
P.O.E.	DATE OF ENTRY	TYPE ADM.	MO.-DAY-YR. OF BIRTH	COUNTRY OF BIRTH	b6 Per ICE
NYC	10-18-74	2-2(P2-1)	[REDACTED]	SPAIN	b7C
Type of Action:			Name of Sponsor:		
CORRECTED INDEX CARD					
Action on VP: (Decision)		(Mo.)	(Day)	(Year)	(Section)
					(Forwarded to Consul at)
Street Address (City, State, and Zip Code)					
[REDACTED]		Elmhurst, NY 11373			
FCO	Date	FCO	Date	FCO	Date
NYC	10-29-74				
Accession No.			Box No.		
Form G-361 (Rev. 10-1-70) N			INDEX CARD		Triplicate

NAME (Exactly as it appears on the Nonimmigrant Document)				SDRX CODE
[REDACTED]				b6 Per ICE
FILE	DATE AND PORT OF LAST ARRIVAL IN UNITED STATES	CLASS	DATE OF BIRTH	
[REDACTED]	08-25-73 NYC	R-2	[REDACTED]	
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	DATE OF REPORT		
Spain	Spain	08-23-74 NYC		
DATE ON WHICH AUTHORIZED STAY EXPIRES		J-1 VISITOR (Current, Program No. & Institution)		
<input type="checkbox"/> EXTENSION OF STAY GRANTED TO: (date) _____				GPO 952-907
<input type="checkbox"/> EXTENSION DENIED; V/D TO: (date) _____				
<input type="checkbox"/> OSC ISSUED: (date) _____				
<input type="checkbox"/> V/D GRANTED TO: (date) _____ W/O ISSUANCE OF OSC				
<input type="checkbox"/> RECLASSIFICATION TO: (class) _____ (date) _____				
APPLICANT FOR: (Use only to notify Document Control that application is pending)				
<input type="checkbox"/> EXTENSION		<input checked="" type="checkbox"/> PERMANENT RESIDENT		<input type="checkbox"/> CHANGE OF NONIMMIGRANT STATUS
I-530 (REV. 3-1-73) N		REPORT OF ACTION - NONIMMIGRANT		
UNITED STATES DEPARTMENT OF JUSTICE		Immigration and Naturalization Service		

1. Name (Last in CAPS) First Middle		2. No.
3. Name Under Which Admitted, Record Created or Aliases		Sndx. Code
4. City and Country of Birth SPAIN	5. Date of Birth Month Day Year	
6. Place of Entry UNK	7. Date of Entry Month Day Year	08-25-73
8. Appl. For Season for Residence RESIDES	9. Date Appl. Received	10. Date of Request
11. Receiving FCO Symbol NYC	12. Forwarding FCO Symbol NEW	13. Date of Transfer 08-20-74
14. REMARKS: ATTN, T C I-485 PENDING		b6 Per ICE b7C

Form G-360B (Rev. 1-1-74)N ROUTE SLIP

NAME (Exactly as it appears on the Nonimmigrant Document)		SNMX CODE	
FILE NO.	DATE AND PORT OF LAST ARRIVAL IN UNITED STATES	CLASS	DATE OF BIRTH
	8/25/73 N.Y. N.Y.	B-2	
COUNTRY OF BIRTH	COUNTRY OF CITIZENSHIP	DATE OF REPORT	REPORTING OFFICE
Spain	Spain	1 3/22/74	New
DATE ON WHICH AUTHORIZED STAY EXPIRES		J-1 VISITOR (Current Program No. & Institution)	
		GPO 952-907	
<input type="checkbox"/> EXTENSION OF STAY GRANTED TO: (date) _____ <input type="checkbox"/> EXTENSION DENIED; V/D TO: (date) _____ <input type="checkbox"/> OSC ISSUED: (date) _____ <input type="checkbox"/> V/D GRANTED TO: (date) _____ W/O ISSUANCE OF OSC <input type="checkbox"/> RECLASSIFICATION TO: (class) _____ (date) _____			
APPLICANT FOR: (Use only to notify Document Control that application is pending)			
<input type="checkbox"/> EXTENSION <input checked="" type="checkbox"/> PERMANENT RESIDENT <input type="checkbox"/> CHANGE OF NONIMMIGRANT STATUS*			
I-530 (REV. 3-1-73) N		REPORT OF ACTION - NONIMMIGRANT	
UNITED STATES DEPARTMENT OF JUSTICE		Immigration and Naturalization Service	

b6 Per ICE
b7C

I-157
See attached

.b6 Per ICE b7C	IMMIGRANT VISA AND ALIEN REGISTRATION	IV-7534669 THE IMMIGRANT <input checked="" type="checkbox"/> HAS <input type="checkbox"/> HAS NOT BEEN PREVIOUSLY IN THE UNITED STATES
--------------------	--	---

OF: _____ <small>(Family Name) (First Name) (Middle Name)</small>			FILE NUMBER IF _____ <input checked="" type="checkbox"/> NOT APPLICABLE
ACTION BY IMMIGRANT INSPECTOR U.S. IMMIGRATION NEW YORK, N.Y. 10013 <i>J. M. ...</i>	THE IMMIGRANT NAMED ABOVE ARRIVED IN THE UNITED STATES VIA <i>B-999, 05/27/82</i> <small>(Name of vessel or flight no. of arrival)</small>	<input checked="" type="checkbox"/> ATTACHED <input type="checkbox"/> NOT REQUIRED	
INELIGIBILITY FOR VISA WAIVED UNDER SECTION <input type="checkbox"/> 212(e) <input type="checkbox"/> 212(h) <input type="checkbox"/> 212(g) <input type="checkbox"/> 212(i)			

MO.-DAY-YR.	COUNTRY OF BIRTH Spain	OCCUPATION Housewife	COUNTRY OF LAST RESIDENCE Spain	MARITAL STATUS <input checked="" type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP	SEX <input checked="" type="checkbox"/> M <input type="checkbox"/> F	NATIONALITY Spanish
FINAL ADDRESS IN THE UNITED STATES STREET ADDRESS: _____		CITY, STATE, AND ZIP CODE, IF AVAILABLE Long Beach, New York 11561				

ACTION OF S.I.O.	ACTION ON APPEAL	U.S.P.H.S.
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This visa is issued under Section 221 of the Immigration and Nationality Act, and upon the basis of the facts stated in the application. Possession of a visa does not entitle the bearer to enter the United States if at the time he seeks to enter he is found to be inadmissible. Upon arrival in the United States, it must be surrendered to a United States Immigration Officer.

AMERICAN <u>EMBASSY</u> AT <u>MADRID, Spain</u> <i>Lisa R. Layne</i> Lisa R. Layne Vice Consul of the United States of America.	IMMIGRANT CLASSIFICATION CLASSIFICATION SYMBOL SB-1 FOREIGN STATE/OTHER AREA LIMITATION IMMIGRANT VISA NO. ISSUED ON (Day) (Month) (Year) 22 February 1982 THE VALIDITY OF THIS VISA EXPIRES MIDNIGHT AT THE END OF (Day) (Month) (Year) 21 June 1982 PASSPORT NO. 1873/78 OR OTHER TRAVEL DOCUMENTS (Describe) ISSUED TO _____ BY Spanish Consulate General, New York ON July 11, 1978 EXPIRES July 10, 1983
Tariff Item No. 21 Fee Paid \$20 Local Cy Equiv. _____	

IV-7534669

DEPARTAMENTO DE ESTADO

SOLICITUD DE VISA DE INMIGRANTE Y REGISTRO DE EXTRANJERO

INSTRUCCIONES: Este cuestionario debe llenarse por **DUPLICADO** a máquina o, de hacerlo a mano, en letras de molde legibles. Deben contestarse **TODAS** las preguntas pertinentes. Cuando una pregunta no es pertinente, indíquese N.P. (no pertinente). Si el espacio previsto en el cuestionario para la respuesta a alguna pregunta fuere insuficiente, sírvase contestar en hojas aparte, por duplicado, indicando los mismos números de las preguntas del cuestionario a las que correspondan las respuestas. Anexe las hojas al cuestionario. **NO FIRME** este cuestionario hasta que el funcionario consular le indique que lo haga. Los derechos para la presentación de esta solicitud de visa de inmigrante son de US \$5.00. Estos derechos deben abonarse en dólares de los Estados Unidos o en su equivalente en moneda nacional, o mediante giro bancario, en oportunidad de presentar la solicitud al funcionario consular.

ADVERTENCIA: Toda declaración falsa u ocultación de un hecho pertinente, puede ser causa de exclusión permanente de los Estados Unidos. Aun cuando el peticionario ya hubiere sido admitido a los Estados Unidos, una declaración fraudulenta puede ser motivo de su enjuiciamiento, deportación, o ambos.

1. Apellido(s) (Family name) Nombre (First name) Segundo Nombre (Middle name)
[Redacted] b6 Per ICE
b7C

2. Otros nombres que haya usado o por los cuales se le conozca (si es mujer casada, indique aquí el apellido de soltera)
(Other names used or by which known (if married woman, give name of maiden name))
[Redacted]

3. Nombre completo en alfabeto nacional, si no se usan caracteres romanos
(Full name in native alphabet (if Roman letters not used))
[Redacted]

4. Fecha de nacimiento (Date of birth) 5. Edad (Age)
6. Lugar de nacimiento (Place of birth)
Ciudad o pueblo (City or town) (Prov. o Dpto.) (Province) País (Country)
LORCA MURCIA ESPAÑA
7. Nacionalidad (Nationality) Masculino (Male) Femenino (Female)
ESPAÑOLA
8. Estado Civil (Marital Status)
 Soltero (Quien nunca se haya casado) (Single (never married))
 Casado (Married)
 Viudo (Widowed)
 Divorciado (Divorced)
 Separado (Separated)
Incluyendo mi matrimonio actual, me he casado 1 veces.
(Including my present marriage, I have been married 1 times.)

10. Ocupación (Occupation) S.L.
11. Domicilio actual (Present address) GONAR (HUERCAL-QUEVA) ALMERIA

12. Motivo del viaje a los EE.UU. (Purpose in going to the United States) FAMILIAR
13. Nombre completo y domicilio del cónyuge (consignar el apellido de soltera de la esposa)
(Name and address of wife (include maiden name)) [Redacted] wife) b6 Per ICE

14. Nombres y domicilios de los hijos menores de 21 años
(Names and addresses of children under 21 years of age)
[Redacted]
15. ¿Las personas nombradas en los números 13 y 14 me acompañarán a los Estados Unidos o se (no se) reunirán conmigo posteriormente en dicho país?
(Persons named in 13 and 14 (will) (will not) accompany or follow me to the United States)
Tache lo que no corresponda (Cross out words that do not apply)
DON BOSCO - GONAR HUERCAL-QUEVA ALMERIA

16. ¿Cuánto tiempo piensa permanecer en los EE.UU.? (Si permanentemente, indique)
(Length of intended stay (if permanently, so state)) INDEFINIDO
17. Puerto de entrada (Intended port of entry) MADRGA NEW YORK

18. Domicilio que tendrá en los Estados Unidos (Final address in the United States) 80 West Broadway
Long Beach, N.Y. 11561 N.Y.
19. ¿Tiene Ud. pasaje hasta su destino final? (Do you have a ticket to final destination?) NO

20. Nombre, parentesco y domicilio de la persona con quien se reunirá en los Estados Unidos.
(Person you intend to join (Give name, relationship, if any)) [Redacted] MARIPO
21. Nombre y domicilio de su fiador (si no es la misma persona u organización indicada en el número 20.)
(Name and address of sponsoring person or organization (if different from 20)) [Redacted]

22. Filiación personal: (Personal description)
a) Color del cabello (Color of hair) CASTANO
b) Color de los ojos (Color of eyes) CASTAÑOS-VERDES
c) Estatura (Height) 1.00 m (ft.) 60 cm. (in.)
d) Tez (Complexion) MORENA
23. Señas particulares (Marks of identification) Social Security N. [Redacted] b6 Per ICE
b7C

24. A esta solicitud se anexan los siguientes documentos:
(The following documents are submitted in support of this application)
 Certificado de nacimiento (Birth certificate)
 Certificado(s) de policía (Police certificate(s))
 Certificado de matrimonio (Marriage certificate)
 Certificado de defunción (Death certificate)
 Certificado de divorcio (Divorce decree)
 Hoja de servicio militar (Military record)
 Comprobante de medios económicos propios (Evidence of own assets)
 Declaración jurada de manutención (Affidavit of support)
 Oferta de empleo (Offer of employment)
 Certificado(s) médico(s) (Medical record(s))
 Fotografías (Photographs)
 Otros (describanse) [Other (describe)]

25. Recursos financieros personales (Personal financial resources)

- a) Efectivo (Cash)
- b) Depósitos bancarios (Bank deposits)

- c) Bienes raíces (su valor) [Real Estate (value)]
- d) Otros (describanse) [Other (describe)]

26. Nombre completo y domicilio del padre (si ha fallecido indíquese en qué año murió) [Father's name and address (if deceased, so state giving year of death)] b6 Per ICE
b7C
 Avda. CABERO BLANCO N° 132-5° C. GRANADA

27. Nombre completo de soltera y domicilio de la madre (si ha fallecido indíquese en qué año murió) [Mother's maiden name and address (if deceased, so state giving year of death)]
 DOMICILIO N° (26)

28. Nombre completo y domicilio de su pariente más cercano en el país de su residencia (este dato debe consignarse si ambos padres han fallecido) [Name and address of next of kin in home country (if neither parent is living)]
 CARIDAD PARA PERÚ ALMERIA GONARI HUERCAL-OVERA

29. Enumere todos los lugares en que Ud. ha residido durante seis meses o más desde que cumplió los 16 años: (List all places of residence for six months or more since your sixteenth birthday)

City or town	Province	Country	Desde-Hasta (from-to)	Calling or occupation
		ESPAÑA	1974-1974	AMA DE CASA
		U.S.A.	1974-1979	AMA DE CASA
		Spain	1979-Present	

30. Enumere todas las organizaciones de las que Ud. es o haya sido miembro, socio o afiliado desde que cumplió los 16 años (inclusive las organizaciones profesionales, vocacionales, sociales y políticas) [List all organizations you are now or have been a member of or affiliated with since your sixteenth birthday (Include professional, vocational, social and political organizations)]

Name and address	Desde-Hasta (from-to)	Categoría de miembro o Cargo ejercido (Type of membership and office held, if any)

31. Enumere todos los idiomas, inclusive el propio, que Ud. habla, lee y escribe. (List all languages, including your own, that you can speak, read and write)

Idioma (Language)	Hablo (Speak)	Leo (Read)	Escribo (Write)
ESPAÑOL			

32. Enumere, incluyendo fechas, los períodos durante los cuales ha residido o visitado los Estados Unidos. (Cite el tipo de visa que usó o condición en que hizo la(s) visita(s)) [Inclusive dates of previous residence in or visits to the United States (Give type of visa or status) (If never, so state)]
 18-10-1974
 28-5-1979

33. ¿Ha recibido Ud. tratamiento para desórdenes mentales, alcoholismo o por ser adicto a barbitúricos, en algún hospital, institución, o en cualquier otro lugar? (Si la respuesta es afirmativa, explique) [Have you ever been treated in a hospital, institution or elsewhere for a mental disorder, drug addiction or alcoholism? (If answer is Yes, explain)]
 Sí No
 (Yes) (No)

34. ¿Ha sido Ud. arrestado, convicto o recluso en prisión o internado en algún asilo para indigentes, o en alguna otra institución de caridad? (Si la respuesta es afirmativa, explique) [Have you ever been arrested, convicted or confined in a prison, or have you ever been placed in a poorhouse or other charitable institution? (If answer is Yes, explain)]
 Sí No
 (Yes) (No)

35. ¿Se le ha concedido a Ud. perdón o amnistía, decreto de rehabilitación, o algún otro acto de clemencia o acción semejante? (Si la respuesta es afirmativa, explique) [Have you ever been the beneficiary of a pardon, amnesty, rehabilitation decree, other act of clemency or similar action? (If answer is Yes, explain)]
 Sí No
 (Yes) (No)

36. ¿Ha solicitado Ud. alguna vez visa para entrar a los Estados Unidos? (Si la respuesta es afirmativa indique cuándo y dónde la solicitó, si la solicitó de inmigrante o de no-inmigrante, y si ésta le fue otorgada o rehusada) [Have you ever applied for a visa to enter the United States? (If answer is Yes, state where and when, whether you applied for a nonimmigrant or an immigrant visa and whether the visa was issued or refused)]
 SEVILLA - NO INMIGRANTE
 Sí No
 (Yes) (No)

37. ¿Se le ha rehusado a Ud. entrada a los Estados Unidos durante los últimos doce meses? (Si la respuesta es afirmativa, explique) [Have you been refused admission to the United States during the last twelve months? (If answer is Yes, explain)]
 Sí No
 (Yes) (No)

38. ¿Se ha inscrito Ud. en el Servicio Militar, bajo las leyes del Servicio Selectivo de los Estados Unidos (United States Selective Service Law) (Si la respuesta es afirmativa, explique) [Have you ever registered with a draft board under United States Selective Service Laws? (If answer is Yes, explain)]
 Sí No
 (Yes) (No)

39. ¿Ha solicitado Ud. en alguna ocasión que se le exima del entrenamiento y servicio en las fuerzas armadas de los Estados Unidos, o ha salido y permanecido fuera de los Estados Unidos para evadir o evitar el servicio militar? (Si la respuesta es afirmativa, explique) [Have you ever applied for relief from training and service in the United States armed forces or departed from or remained outside the United States to avoid or evade military service? (If answer is Yes, explain)]
 Sí No
 (Yes) (No)

40. ¿Es su intención entrar a los Estados Unidos desde Canadá, México, o desde alguna isla adyacente a los Estados Unidos, dentro de los dos años de haber llegado a dichos países o islas adyacentes? (Si la respuesta es afirmativa, consigne el nombre de la empresa de transportes que usó para entrar, o por medio de la cual piensa entrar a México, Canadá o a tal isla adyacente) [Do you intend to enter the United States from Canada, Mexico or an island adjacent to the United States within two years after arrival in Canada, Mexico or such adjacent island? (If answer is Yes, give the name of the transportation company by which you entered or intend to enter Canada, Mexico or such island)]
 Sí No
 (Yes) (No)

41. Las leyes de los Estados Unidos que rigen la emisión de visas, requieren que cada solicitante de visa declare si pertenece o no a cualquiera de las clases de personas inadmisibles a los Estados Unidos. Las clases de personas inadmisibles se describen a continuación. Lea minuciosamente los párrafos que siguen; la comprensión de su significado y las respuestas que Ud. dé a las preguntas siguientes asistirán al funcionario consular a tomar una decisión respecto de su elegibilidad para obtener una visa.

United States laws governing the issuance of visas require each applicant to state whether or not he is a member of any class of individuals excluded from admission into the United States. The excludable classes are described below. You should read carefully the following paragraphs; your understanding of their content and the answers you give to the questions that follow will assist the consular officer to reach a decision on your eligibility to receive a visa.

EXCEPTO CUANDO LA LEY DISPONGA LO CONTRARIO, LOS EXTRANJEROS COMPRENDIDOS EN CUALQUIERA DE LAS SIGUIENTES CLASES DE PERSONAS NO SON ELEGIBLES PARA OBTENER UNA VISA DE INMIGRANTE.

(EXCEPT AS OTHERWISE PROVIDED BY LAW, ALIENS WITHIN ANY OF THE FOLLOWING CLASSES ARE INELIGIBLE TO RECEIVE AN IMMIGRANT VISA)

a) Los retardados mentales, los dementes o quienes hayan sufrido uno o más ataques de locura; quienes sufran de personalidad psicopática, desviación sexual, o defecto mental; quienes sean adictos al uso de narcóticos, los alcohólicos crónicos o quienes sufran de alguna enfermedad contagiosa peligrosa; quienes tengan algún defecto físico, enfermedad o incapacidad que afecte su capacidad para ganarse la vida; los indigentes, los mendigos profesionales y los vagos; quienes hayan sido convictos de algún delito que implique depravación moral o quienes admitan haber cometido los elementos esenciales de tal delito, o quienes hayan sido sentenciados o confinados cuando menos durante un total de cinco años por haber sido declarados culpables de dos o más delitos; los polígamos o quienes practiquen o prediquen la poligamia; las prostitutas o quienes hayan negociado en prostitución, lo mismo que quienes se hayan beneficiado financieramente con la prostitución y quienes hayan sido proxenetas o hayan importado personas para dedicarlas a la prostitución; quienes pretendan entrar a los Estados Unidos para negociar en prostitución o en cualquier otro vicio comercializado, o para llevar a efecto cualquier acto sexual inmorral; las personas que intenten entrar a los Estados Unidos con el objeto de trabajar en ocupaciones calificadas o no calificadas y que no hayan obtenido previamente la certificación respectiva del Secretario del Trabajo de los Estados Unidos, y aquellas personas que posiblemente se convertirían en carga pública en los Estados Unidos.

(a) Aliens who are mentally retarded, insane, or who have suffered one or more attacks of insanity; aliens afflicted with psychopathic personality, sexual deviation, a mental defect, narcotic drug addiction, chronic alcoholism, or any dangerous contagious disease; aliens who have a physical defect, disease or disability affecting their ability to earn a living; aliens who are paupers, professional beggars, or vagrants; aliens convicted of a crime involving moral turpitude or who admit committing the essential elements of such a crime, or who have been sentenced to confinement for at least five years in the aggregate for conviction of two or more crimes; aliens who are polygamists, or who practice or advocate polygamy; aliens who are prostitutes, or who engage in prostitution or other commercialized vice, or any immoral sexual act; aliens who seek entry to perform skilled or unskilled labor and who have not been certified by the Secretary of Labor; and aliens likely to become a public charge in the United States.

¿Pertenece Ud. a alguna de las clases de personas arriba mencionadas? (Do any of the foregoing classes apply to you?)
 Sí No (Si la respuesta es afirmativa, explique)
 (Yes) (No) (If answer is Yes, explain)

b) Quienes pretendan regresar a los Estados Unidos antes de haber transcurrido un año desde que fueron excluidos de los Estados Unidos, o quienes hubieren sido arrestados y deportados de dicho país o expulsados a costa del Gobierno, en lugar de ser deportados; o sacados como personas indigentes, o como extranjeros enemigos; las personas que hayan obtenido o tratado de obtener una visa u otra documentación por medio de fraude o por tergiversación intencional de los hechos; aquellos que no sean elegibles para la ciudadanía estadounidense o quienes hayan salido y permanecido fuera de los Estados Unidos para evadir el servicio militar en tiempo de guerra o emergencia nacional; quienes hayan sido convictos por violar o tratar de violar ciertas leyes o reglamentos concernientes a los narcóticos o a la marihuana, o quienes sean conocidos como traficantes o se crea que hayan traficado ilícitamente con narcóticos o marihuana; quienes traten de entrar a los Estados Unidos provenientes de territorios contiguos o islas adyacentes, dentro de los dos años de su arribo a tal territorio o isla, si su entrada al mismo la verificó usando los servicios de una empresa de transportes no signataria de convenciones internacionales; quienes no lean y comprendan algún idioma o dialecto; quienes a sabiendas y por remuneración hayan aconsejado o ayudado a cualquier otro extranjero a entrar o tratar de entrar a los Estados Unidos infringiendo las leyes; y, quienes habiendo estado en los Estados Unidos en calidad de visitantes de intercambio no hayan llenado el requisito de los dos años de residencia fuera de dicho país.

(b) Aliens who seek re-entry within one year of their exclusion from the United States, or who have been arrested and deported from the United States, or removed at Government expense in lieu of deportation, or removed as an alien in distress or as an alien enemy; aliens who procure or attempt to procure a visa or other documentation by fraud or willful misrepresentation; aliens who are not eligible to acquire United States citizenship, or who have departed from or remained outside the United States to avoid United States military service in time of war or national emergency; aliens who have been convicted for violating or for conspiring to violate certain laws or regulations relating to narcotic drugs or marihuana, or who are known or believed to be, or to have been, an illicit trafficker in narcotic drugs or marihuana; aliens seeking entry from foreign contiguous territory or adjacent islands within two years of their arrival therein on a non-signatory carrier; aliens who are unable to read and understand some language or dialect; aliens who, knowingly and for gain, have encouraged or assisted any other alien to enter, or attempt to enter, the United States in violation of law; and aliens who are former exchange visitors who have not fulfilled the two-year foreign residence requirement.

¿Pertenece Ud. a alguna de las clases de personas arriba mencionadas? (Do any of the foregoing classes apply to you?)
 Sí No (Si la respuesta es afirmativa, explique)
 (Yes) (No) (If answer is Yes, explain)

c) Quienes sean, o en cualquier momento hayan sido anarquistas, o miembros o afiliados a cualquier partido comunista u otro partido totalitario, inclusive cualquier subdivisión u organismo afiliado del mismo; quienes prediquen o enseñen o hayan predicado o enseñado, ya sea personalmente o por medio de material escrito o impreso, o por afiliación a alguna organización: 1) oposición al gobierno organizado, 2) derrocamiento del gobierno por la fuerza o la violencia, 3) el asalto o asesinato de funcionarios del gobierno por el hecho de serlo, 4) la destrucción ilegal de bienes, 5) el sabotaje, 6) las doctrinas del comunismo mundial o el establecimiento de una dictadura totalitaria en los Estados Unidos; y quienes pretenden entrar a los Estados Unidos para llevar a cabo actividades perjudiciales o ilegales que sean de naturaleza subversiva.

(c) Aliens who are, or at any time have been, anarchists, or members of or affiliated with any Communist or other totalitarian party, including any subdivision or affiliate thereof; aliens who advocate or teach, or who have advocated or taught, either by personal utterance, or by means of any written or printed matter, or through affiliation with an organization, (1) opposition to organized government, (2) the overthrow of government by force and violence, (3) the assaulting or killing of government officials because of their official character, (4) the unlawful destruction of property, (5) sabotage, or (6) the doctrines of world communism, or the establishment of a totalitarian dictatorship in the United States; and aliens who seek to enter the United States to engage in prejudicial activities or unlawful activities of a subversive nature.

¿Pertenece Ud. a alguna de las clases de personas arriba mencionadas? (Do any of the foregoing classes apply to you?)
 Sí No (Si la respuesta es afirmativa, explique)
 (Yes) (No) (If answer is Yes, explain)

42. ¿Alguien le ayudó a llenar esta solicitud? (Si la respuesta es afirmativa, indique el nombre y el domicilio de la persona que le ayudó, e indique si es pariente, amigo, agente de viajes, abogado, etc.)
[Were you assisted in completing this application? (If answer is Yes, give name and address of person assisting you indicating whether relative, friend, travel agent, attorney, or other)]

Nombre completo (Name)
[Redacted]

Domicilio (Address)
MARGUESSE LENA 7
MADRID - 3

Relación con la persona que le ayudó (Relationship)
FAMILIA

b6 Per ICE
b7C

NO ESCRIBA EN LOS ESPACIOS DEBAJO DE ESTA LINEA
El funcionario consular le indicará cómo debe contestar los párrafos 43 y 44
(DO NOT WRITE BELOW THE FOLLOWING LINE
The consular officer will assist you in answering parts 43 and 44)

43. Declaro estar exento de ineligibilidad para recibir una visa y de exclusión bajo el rubro ..., del párrafo 41, por las siguientes razones:
(I claim to be exempt from ineligibility to receive a visa and exclusion under item ... in part 41 for the following reasons:)

SECTION 212 (a) (14) NOT APPLICABLE

44. Declaro ser: (I claim to be a)
[] Inmigrante de ... preferencia, sujeto a la limitación numérica de ... (Pais extranjero o zona dependiente)
[] ... preference immigrant subject to the numerical limitation for ... (foreign state or dependent area)
[] Inmigrante especial sujeto a la limitación numérica del Hemisferio Occidental (Special immigrant subject to Western Hemisphere numerical limitation)
[] Inmigrante especial que no está sujeto a limitación numérica. (Special immigrant not subject to limitation)
[] Pariente inmediato de ciudadano norteamericano. (Immediate relative of a United States citizen)
Mi declaración se basa en los siguientes hechos: (My claim is based on the following facts:)

SB 1

Entiendo que estoy obligado a entregar mi visa al funcionario de inmigración de los Estados Unidos en el lugar donde solicite entrada a dicho país, y además entiendo que el poseer una visa no me da derecho a entrar a los Estados Unidos si en ese momento se determina que soy inadmisibles de acuerdo con las leyes de inmigración.

(I understand that I am required to surrender my visa to the United States Immigration Officer at the place where I apply to enter the United States, and that the possession of a visa does not entitle me to enter the United States if at that time I am found to be inadmissible under the immigration laws.)

También entiendo que cualquier declaración hecha por mí en esta solicitud, que sea intencionalmente falsa o tergiversada, o el haber ocultado intencionalmente algún hecho esencial, puede ser causa de que se me rehusen permanentemente la entrada a los Estados Unidos, y de que, si ya hubiere entrado a los Estados Unidos, podría estar sujeto a enjuiciamiento penal, deportación, o ambos.

(I understand that any willfully false or misleading statement or willful concealment of a material fact made by me herein may subject me to permanent exclusion from the United States and, if I am admitted to the United States, may subject me to criminal prosecution and/or deportation.)

Yo, el suscrito, solicitante de una visa de inmigrante para los Estados Unidos, juro solemnemente (o afirmo) que todas las declaraciones que aparecen en esta solicitud fueron hechas por mí, incluyendo las respuestas a los párrafos del 33 al 42 inclusive, y que éstas son verídicas y completas a mi mejor saber y entender. Además, juro (o afirmo) que en caso de ser admitido en los Estados Unidos, no llevaré a cabo actividades que serían perjudiciales al interés público o pondrían en peligro el bienestar, la seguridad o la tranquilidad de los Estados Unidos, ni me dedicaré a actividades prohibidas por las leyes de los Estados Unidos en lo relacionado con espionaje, sabotaje o desorden público, ni a otras actividades subversivas a la seguridad nacional, ni a ninguna actividad que tenga por objeto oponerse, dominar o derrocar el Gobierno de los Estados Unidos por medio de la fuerza, la violencia u otros medios anticonstitucionales; que no me uniré, afiliaré o participaré en las actividades de ninguna organización que esté inscrita o que deba inscribirse de acuerdo con la Sección 7 de la ley de Control de Actividades Subversivas de 1950. Comprendo perfectamente las declaraciones que anteceden, habiendo pedido y obtenido una explicación de cada una de las cláusulas que no había entendido con claridad.

[I, the undersigned applicant for a United States immigrant visa, do solemnly swear (or affirm) that all statements which appear in this application have been made by me, including the answer to parts 33 through 42 inclusive, and are true and complete to the best of my knowledge and belief. I do further swear (or affirm) that, if admitted into the United States, I will not engage in activities which would be prejudicial to the public interest, or endanger the welfare, safety, or security of the United States; in activities which would be prohibited by the laws of the United States relating to espionage, sabotage, public disorder, or in other activities subversive to the national security; in any activity a purpose of which is the opposition to, or the control, or overthrow of, the Government of the United States, by force, violence, or other unconstitutional means; or join, affiliate with or participate in the activities of any organization which is registered or required to be registered under Section 7 of the Subversive Activities Control Act of 1950. I understand all the foregoing statements, having asked for and obtained an explanation on every point which was not clear to me.]

The Spanish State
Province and City of Madrid
Embassy of the United States of America

[Redacted]

b6 Per ICE
b7C

FEB 22 1982

Firmado y juramentado ante mí, el día ... del mes de ... del año de ... en la ciudad de ...

(Subscribed and sworn to before me this 22 day of Feb. 19 82 at Embassy Madrid)

[Signature]
Firma del Funcionario Consular
(Consular Officer)

TARIFF ITEM NO. 20
FEE PAID U.S. \$5.00
LOCAL CY EQUIV.

MINISTERIO DE JUSTICIA

Dirección General de Justicia

Registro Central de Penados y Rebeldes

Nombre del interesado [Redacted]
 Primer apellido [Redacted]
 Segundo apellido [Redacted]
 Sexo h
 Edad (en número) 39
 Nacido en LORCA
 Provincia MURCIA
 Nombre del padre [Redacted]
 Nombre de la madre [Redacted]
 Se precisa para VISADO-PASAPORTE

b6 Per ICE
b7C

1339..

EL ENCARGADO DE GRUPO CORRESPONDIENTE

680058

CERTIFICA: Que consultadas las notas de antecedentes penales que obran en este Registro Central, no aparece ninguna que haga referencia a la persona de la filiación arriba indicada.

Esta certificación sólo es utilizable para el fin solicitado y dejará de surtir efectos a los tres meses de su fecha (RR. OO. de 1 de abril de 1896, Regla 3.ª, y de 9 de enero de 1914).

Madrid a veintiuno de Noviembre de mil novecientos veintiuno



V.º B.º
El Jefe de la Sección.

[Handwritten signature]

[Handwritten signature]

Nº 972795

Serie AA

Firmado: Pedro J. Garola Victoria

NOTA: Esta certificación no es válida con enmiendas, tachaduras, raspaduras o palabras interlineadas o agregadas.

Rivadeneira, S. A.—Madrid

11/20/81

TO: Director FBI, Attention: Identification Division

SUBJECT: REQUEST FOR U.S. POLICE CLEARANCE

b6 Per ICE
b7C

NAME:

[Redacted Name]

(Last)

(First)

(Middle)

ALIASES:

See:

[Redacted Aliases]

SEX: Female BIRTHDATE

[Redacted Birthdate]

BIRTHPLACE:

Lorca, Murcia, Spain

IDENTIFICATION DIVISION REPLY

On basis of information furnished, NO RECORD is available.

On basis of information furnished, A RECORD MAY EXIST. Please return this form and completed Form FS-258 to FBI for positive identification.

FROM:

AMERICAN EMBASSY
MADRID, SPAIN
~~APC N.Y. 8-11-81~~

DEC 23 '81 125

DEC 2 8 00 AM '81

DEPARTMENT OF STATE
VISA OFFICE
WASHINGTON D.C. 20520

POSTAGE AND FEES PAID
DEPARTMENT OF STATE STA-501

AMERICAN EMBASSY
VISA SECTION
APO N.Y. 09285



AYUNTAMIENTO
DE
HUERCAL-OVERA
(ALMERIA)

DON JOSE MARIA FERNANDEZ VIUDEZ, ALCALDE PRESIDENTE DEL
AYUNTAMIENTO DE ESTA VILLA DE HUERCAL-OVERA (Almería).-

INFORMO: Que según resulta de los antecedentes suministrados por los Agentes de mi Autoridad, / doña [redacted] mayor de edad, hija de [redacted] / con D.N.I. nº [redacted] domiciliada en la diputación de Góñar, / de este término municipal, -es- persona de buena conducta bajo todos los aspectos.-----

Y para que así conste y surta los oportunos efectos, expido / el presente en Huércal-Overa a / veinticuatro de noviembre de mil / novecientos ochenta y uno.-



b6 Per ICE
b7C

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

34

b6 Per ICE
b7C

Processing Sheet

Application or
Petition Form No.

I-485 (245)

File No.

2-2

CHECK ONE -- SUBJECT TO FOREIGN STATE CHARGE
 -- EXEMPT FOREIGN STATE CHARGE (IMMEDIATE RELATIVE OR SPECIAL IMMIGRANT)

	SECTION	PRIORITY DATE	COUNTRY OF CHARGEABILITY
PREFERENCE	203(a) (1) P2-1	8-31-73	Spain
NONPREFERENCE	203(a) (8)		

DOCUMENTS NEEDED
(If Checked)

B/C	
M/C	
Photos	
Support	<input checked="" type="checkbox"/>
I-508	
I-88	

MEDICAL & INTERVIEW

10/18 DATE

MEDICAL	
INTERVIEW	10:45
RESCHEDULED	
MEDICAL	
INTERVIEW	

DISTRIBUTE (If Checked)

	Date Mailed
Delay Notice	XXXXXXXXXXXXXXXXXX
I-181 to State	
G-325A Sheet #1	8-23-74
2	
3	
4	Seville
Other Consulate:	
(Location)	

CATEGORY A--- Prepare I-486 with date 45 days beyond date G-325A sent. Type I-151, omitting entry date, place and lamination. Insert I-151 in file with 245 packet (I-357; G-153).
SS

CATEGORY B--- Prepare I-486, omitting date and insert in file. Type I-151, omitting entry date, place and lamination. Insert in file with 245 packet (I-357; G-153).
Housewife

Officer's Instructions:

c/o 10/23/74 LR

I-151 Issued
OCT 18 1974

DISTRIBUTE (If Checked):

Date

I-181 to State Dept.	XXXXXXXXXXXXXXXXXXXX
I-181 to Consulate	AT
I-181 to Sel. Serv.	XXXXXXXXXXXXXXXXXXXX

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.

Keep this sheet on top of all material in file until initial decision is made

GPO 946-883

Form I-468
(Rev. 11-1-70)

mg

BIOGRAPHIC INFORMATION

(Family name) (First name) (Middle name) MALE BIRTHDATE(Mo.-Day-Yr.) NATIONALITY
 FEMALE **Spain**

All (Other names used since names by previous marriages) CITY AND COUNTRY OF BIRTH
Puerto Lumbreira, Spain (If any) --

FATHER (Family name) (First name) DATE, CITY AND COUNTRY OF BIRTH (If known) CITY AND COUNTRY OF RESIDENCE
1911 Puerto Lumbreira, Spain Granada, Spain

MOTHER (Maiden name) **1911 Puerto Lumbreira, Spain Granada, Spain**

HUSBAND (If none, so state) (For wife, give maiden name) FIRST NAME BIRTHDATE CITY & COUNTRY OF BIRTH DATE OF MARRIAGE PLACE OF MARRIAGE
Puerto Lumbreira Puerto Lumbreira Spain

FORMER HUSBANDS OR WIVES (if none, so state)

FAMILY NAME (For wife, give maiden name)	FIRST NAME	BIRTHDATE	DATE & PLACE OF MARRIAGE	DATE AND PLACE OF TERMINATION OF MARRIAGE
n/a				

APPLICANT'S RESIDENCE LAST FIVE YEARS. LIST PRESENT ADDRESS FIRST.

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR
	Elmhurst	N.Y.	U.S.A.	Aug	1973		PRESENT TIME
	P. Lumbreiras		Spain	May	1973	Aug	1973
	Granada		Spain		1960	May	1973

APPLICANT'S LAST ADDRESS OUTSIDE THE UNITED STATES OF MORE THAN ONE YEAR

STREET AND NUMBER	CITY	PROVINCE OR STATE	COUNTRY	FROM		TO	
				MONTH	YEAR	MONTH	YEAR

APPLICANT'S EMPLOYMENT LAST FIVE YEARS. (IF NONE, SO STATE.) LIST PRESENT EMPLOYMENT FIRST.

FULL NAME AND ADDRESS OF EMPLOYER	OCCUPATION (SPECIFY)	FROM		TO	
		MONTH	YEAR	MONTH	YEAR
Unemployed					PRESENT TIME
Self-employed, Granada, Spain	dressmaker	May	1973	1960	May 1973

Show below last occupation abroad if not shown above. (Include all information requested above.)

THIS FORM IS SUBMITTED IN CONNECTION WITH APPLICATION FOR:

NATURALIZATION ADJUSTMENT OF STATUS OTHER (SPECIFY):

SIGNATURE OF APPLICANT OR PETITIONER DATE

Are all copies legible? Yes

IF YOUR NATIVE ALPHABET IS IN OTHER THAN ROMAN LETTERS, WRITE YOUR NAME IN YOUR NATIVE ALPHABET IN THIS SPACE:

SEVERE PENALTIES ARE PROVIDED BY LAW FOR KNOWINGLY AND WILLFULLY FALSIFYING OR CONCEALING A MATERIAL FACT.

APPLICANT: BE SURE TO PUT YOUR NAME AND ALIEN REGISTRATION NUMBER IN THE BOX OUTLINED BY HEAVY BORDER BELOW.

b6 Per ICE
b7C

COMPLETE (Family name) (Given name) (Middle name)

(OTHER AGENCY USE)

A discrepancy appears between your Form G-325A and the application for visa that [redacted] completed on Aug. 22, 1973 (photocopy attached). In August she claimed single status, but this document shows that she was married in May of 1973. Had we known of her marriage we might not have issued the visa. Certainly we would have inquired as to her husband's location.

Seville, Spain
Sept. 20, 1974

Kent R. Steinkamp
Vice (4) Consul

U.S. Consulate General
 records pursuant 9 FAM, Part IV, App. D, Services for INS, section 8. If required, reply to: Immigration and Naturalization Service, 20 West Broadway, New York, N.Y. 8-23-74, and cite above date B-2 alien registration number. Seville 8-22-73

B-2 AUG 22 1973

ISSUED _____
REF. 6 months
VALID THROUGH _____
FEE _____ () OR MULT. APPL. _____
PPT _____
BY _____
NIV _____ LOS _____ IV _____
L _____

(NO ESCRIBA SOBRE ESTA LINEA - ESPACIO PARA USO OFICIAL)

1. APELLIDO PATERNO		APELLIDO MATERNO		NOMBRE DE PILA	
[Redacted]					
2. OTROS NOMBRES POR LOS QUE SE LE CONOZCA <i>(apellido de casada, profesional, de teatro, religioso, alias)</i> <u>Mingano</u>				3. NACIONALIDAD <u>Espanola</u>	
4. LUGAR DE NACIMIENTO <i>(Ciudad, Provincia, País)</i> <u>Lorca Murcia</u>				5. FECHA DE NACIMIENTO <i>(Dia, Mes, Año)</i> <u>25-3-43</u>	
6. DIRECCION PARTICULAR				7. TELEFONO	
[Redacted]				[Redacted]	
8. DIRECCION COMERCIAL <u>Parque de Ponda 106 Granada</u>				9. TELEFONO <u>245267</u>	
10. PROFESION U OCUPACION <u>Administrador</u>				11. SEXO <u>Femenina</u>	
12. COLOR DE PELO <u>castaño</u>	13. COLOR DE OJOS <u>Pardos</u>	14. ESTATURA <u>1.65</u>	15. COLOR DE TEZ <i>(rubia, moreno, etc.)</i> <u>Morena</u>		
16. MARCAS VISIBLES DE IDENTIFICACION. <i>(cicatrices, etc.)</i> <u>Mingano</u>					
17. ESTADO CIVIL <input type="checkbox"/> Casado <input checked="" type="checkbox"/> Soltero <input type="checkbox"/> Viudo <input type="checkbox"/> Separado <input type="checkbox"/> Divorciado					
18. ¿CUAL ES EL PROPOSITO DE SU VIAJE Y CUAL SERA SU DIRECCION EN LOS ESTADOS UNIDOS? <u>Turismo</u>					
19. DURACION DE SU PROYECTADA ESTANCIA EN LOS ESTADOS UNIDOS <u>8 dias</u>			20. FECHA APROXIMADA DE SALIDA PARA LOS ESTADOS UNIDOS <u>25-8-73</u>		
21. ¿QUIEN PAGARA SU VIAJE Y GASTOS EN LOS ESTADOS UNIDOS? <i>(usted mismo, su empresa, pariente en los Estados Unidos, etc.)</i> <u>yo misma</u>					
22. TIENE VD. A SU <input type="checkbox"/> CONYUGE <input type="checkbox"/> HIJO <input type="checkbox"/> PADRES VIVIENDO EN LOS ESTADOS UNIDOS EN ESTE MOMENTO? <input type="checkbox"/> Si <input checked="" type="checkbox"/> No					

b6 Per ICE
b7C

23. ¿HA SOLICITADO ALGUNA VEZ UN VISADO DE NO-INMIGRANTE A LOS ESTADOS UNIDOS?

Fecha y lugar de su última solicitud:

No

Si le fue expedido el visado. Si le fue rechazado el visado Si abandonó la solicitud

24. ¿SE HA INSCRITO ALGUNA VEZ COMO INMIGRANTE A LOS ESTADOS UNIDOS?

Si No

25. ¿CUANTO TIEMPO HA VIVIDO EN ESPAÑA?

desde que nació

26. INDIQUE LOS PAISES (EXCLUYENDO ESPAÑA) EN LOS QUE HAYA VIVIDO DURANTE MAS DE UN AÑO Y CITE FECHAS APROXIMADAS DE RESIDENCIA EN LOS MISMOS (DURANTE LOS ULTIMOS CINCO AÑOS).

PAISES

Virgenia

FECHAS APROXIMADAS

27. ¿A QUE DIRECCION DESEA QUE SE LE ENVIE SU PASAPORTE CON EL VISADO?

En mano

28. IMPORTANTE: Las Leyes de los Estados Unidos prohíben la expedición de un visado de no-Inmigrante a quien proyecte quedarse en el país permanentemente o por un período de tiempo indefinido. La persona admitida en los Estados Unidos con un visado de visitante temporal sólo podrá dedicarse a las actividades que correspondan a la clasificación del visado que le ha sido expedido. A un visitante no le está permitido trabajar. Las Leyes de los Estados Unidos prohíben la expedición de visados a personas con enfermedades contagiosas, tales como tuberculosis; que hayan sufrido grave enfermedad mental; que sean adictos o traficantes en narcóticos; que tengan antecedentes penales, incluyendo ofensas a la moral pública; que sea o haya sido miembro del partido comunista, o cualquier otra organización filial, a menos que los motivos de inadmisibilidad hayan sido previamente revocados. Se recomienda su comparecencia personal en nuestras oficinas en la eventualidad de que su caso esté comprendido dentro de alguna de las anteriormente mencionadas restricciones. En el caso de que no pueda usted presentarse personalmente, puede remitir a nuestras oficinas su solicitud incluyendo con ella una declaración detallada de los hechos; hay posibilidad de que se puedan revocar las mencionadas restricciones en algunos casos. Para cualquier clase de información sobre visados puede llamar por teléfono, visitarnos, o escribir a estas oficinas.

29. ¿HA LEIDO Y COMPRENDIDO LA INFORMACION QUE CONTIENE EL PARRAFO 28 DEL PRESENTE FORMULARIO?

30. ¿LE AFECTA A USTED ALGUNA DE LAS RESTRICCIONES MENCIONADAS EN EL PARRAFO 28 DEL PRESENTE FORMULARIO?

Si No EN CASO AFIRMATIVO SIRVASE DETALLARLAS EN UNA DECLARACION APARTE.

31. Los visados expedidos a quienquiera que a sabiendas haya proporcionado información falsa en su solicitud de visado están sujetos a cancelación, ya sea antes o después de su llegada a los Estados Unidos. Quienquiera que haya proporcionado tal información falsa será ineligible para recibir un visado en el futuro.

32. Certifico que las respuestas dadas en este formulario son correctas según mi leal saber y entender. Asimismo, entiendo que la posesión de un visado no constituye garantía de que su portador sea admitido en los Estados Unidos si al llegar al puerto de entrada resultara inadmisibile.

22-8-73

Fecha

(NO ESCRIBA DEBAJO DE ESTA LINEA - ESPACIO PARA USO OFICIAL)

b6 Per ICE
b7C

1da
UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

(245) FILE NO: [REDACTED]
September 24, 1974
DATE: _____

MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW

b6 Per ICE
b7C

[REDACTED]
Elmhurst, N.Y. 11373

cc: ALAN HENDEL, ESQ.
1501 Broadway - Suite 1610
New York, N.Y. 10036

INSTRUCTIONS FOR MEDICAL EXAMINATION

A medical examination is necessary as part of your application for adjustment of status to permanent resident. If you have reached your fifteenth birthday you must IMMEDIATELY obtain and bring with you when you appear for your medical examination a serology report and 14" x 17" chest X-ray film with a reading by a licensed physician interpreting the X-ray film. The serologic test must be performed by a laboratory approved by a state or local health department. The X-ray film and serologic test for syphilis may not be more than 90 days old. ~~YOUR MEDICAL EXAMINATION CANNOT BE COMPLETED WITHOUT THE (1) SEROLOGIC REPORT, (2) X-RAY AND (3) READING OF THE X-RAY FILM.~~

Please note, also the boxes checked below with regard to your medical examination.

- Please obtain your serologic report, X-ray film and reading promptly. You may telephone your state or local Health Department for the name of an approved laboratory where you may obtain these. Bring them and copies of this letter with you when you appear for examination by a physician of the U.S. Public Health Service for which an appointment has been made at the place and date indicated below:

ADDRESS:

DATE:

TIME:

- Please communicate immediately with the below listed physician or with one of the physicians on the attached list, if a list is attached, (1) to ascertain what arrangements you should make to obtain a serologic report, X-ray film and reading prior to your medical examination, and (2) to arrange for your medical examination by him, which must be completed before _____
All expenses in connection with this examination must be paid by you.

PHYSICIAN'S NAME, ADDRESS, AND TELEPHONE NUMBER:

Please show this letter to any laboratory performing tests. Also present the copies of this letter to the physician performing the medical examination, and furnish him with your signature written in his presence for inclusion with his report.

INSTRUCTIONS FOR IMMIGRATION INTERVIEW

AN APPOINTMENT HAS ALSO BEEN MADE FOR AN INTERVIEW BEFORE AN IMMIGRATION OFFICER AT:

ADDRESS: **20 West Broadway (11th floor)** DATE: **October 15, 1974**
New York, N.Y. 10007 TIME: **10:45 A.M.**

Bring with you at the time of interview the following:

1. The sealed envelope furnished to you by the physician who performed the medical examination.
2. Your passport and Form I-94. **Also bring Evidence of Support.**

NOTE:

IF YOU DO NOT SPEAK ENGLISH, A PERSON OF YOUR OWN SEX WHO CAN ACT AS INTERPRETER SHOULD ACCOMPANY YOU TO THE MEDICAL EXAMINATION AND IMMIGRATION INTERVIEW.

FAILURE TO KEEP THESE APPOINTMENTS AND TO BRING THE REQUIRED DOCUMENTS WILL DELAY YOUR CASE.

BRING PASSPORT AND I-94

2481
A1A2

UNITED STATES DEPARTMENT OF JUSTICE

IMMIGRATION AND NATURALIZATION SERVICE

20 West Broadway
New York, N.Y.

b6 Per ICE
b7C

NOTICE OF APPROVAL OF RELATIVE IMMIGRANT VISA PETITION

NAME AND ADDRESS OF PETITIONER

NAME OF BENEFICIARY

[Redacted Name and Address of Petitioner]

[Redacted Name of Beneficiary]

CLASSIFICATION	[Redacted]
203(a)(2)	[Redacted]
DATE PETITION FILED	DATE OF APPROVAL OF PETITION
8/31/73	2/

Unkurst, New York 11513

Your petition has been approved and is valid for the duration of your present relationship to the beneficiary.

Please be advised that approval of the petition confers upon the beneficiary an appropriate classification. The approval constitutes no assurance that the beneficiary will be found eligible for visa issuance, admission to the United States or adjustment to lawful permanent resident status. Eligibility for visa issuance is determined only when application therefor is made to a consular officer; eligibility for admission or adjustment is determined only when application therefor is made to an immigration officer. Also, please note the items below which are indicated by "X" marks concerning this petition:

- 1. YOUR PETITION TO CLASSIFY THE BENEFICIARY AS AN IMMEDIATE RELATIVE OF A UNITED STATES CITIZEN HAS BEEN FORWARDED TO THE UNITED STATES CONSULATE AT _____ THIS COMPLETES ALL ACTION BY THIS SERVICE ON THE PETITION. THE UNITED STATES CONSULATE, WHICH IS UNDER THE SUPERVISION OF THE DEPARTMENT OF STATE, WILL ADVISE THE BENEFICIARY CONCERNING VISA ISSUANCE. Inquiry concerning visa issuance should be addressed to the Consul. This Service will be unable to answer any inquiry concerning visa issuance.
- 2. IF YOU BECOME NATURALIZED AS A CITIZEN OF THE UNITED STATES AND AN IMMIGRANT VISA HAS NOT YET BEEN ISSUED TO THE BENEFICIARY. NOTIFY THIS OFFICE IMMEDIATELY, GIVING THE DATE OF YOUR NATURALIZATION. AT THE SAME TIME, IF THE PETITION WAS IN BEHALF OF YOUR SON OR DAUGHTER, ALSO ADVISE WHETHER THAT PERSON IS STILL UNMARRIED. THIS INFORMATION MAY EXPEDITE THE ISSUANCE OF A VISA TO THE BENEFICIARY.
- 3. YOUR PETITION FOR PREFERENCE CLASSIFICATION, AS SHOWN ABOVE, HAS BEEN FORWARDED TO THE UNITED STATES CONSULATE AT _____. THIS COMPLETES ALL ACTION BY THIS SERVICE ON THE PETITION. THIS SERVICE HAS NOTHING TO DO WITH THE ACTUAL ISSUANCE OF VISAS. VISAS ARE ISSUED ONLY BY UNITED STATES CONSULS WHO ARE UNDER THE JURISDICTION OF THE U.S. DEPARTMENT OF STATE. UNDER THE LAW ONLY A LIMITED NUMBER OF VISAS MAY BE ISSUED BY THAT DEPARTMENT DURING EACH YEAR AND THEY MUST BE ISSUED STRICTLY IN THE CHRONOLOGICAL ORDER IN WHICH PETITIONS WERE FILED FOR THE SAME CLASSIFICATION. WHEN THE BENEFICIARY'S TURN IS REACHED ON THE VISA WAITING LIST, THE UNITED STATES CONSUL WILL INFORM HIM AND CONSIDER ISSUANCE OF THE VISA. Inquiry concerning visa issuance should be addressed to the Consul. This Service will be unable to answer any inquiry concerning visa issuance.
- 4. THE APPROVAL OF THE PETITION IS CONDITIONED UPON THE BENEFICIARY BEING ACCOMPANIED TO THE UNITED STATES BY THE PARENT OR SPOUSE THROUGH WHOM IT IS CLAIMED THE BENEFICIARY IS CHARGEABLE TO A COUNTRY IN THE EASTERN HEMISPHERE OR A DEPENDENT AREA AND, IF SUCH PARENT OR SPOUSE IS NOT A LAWFUL PERMANENT RESIDENT ALIEN, UPON THE ISSUANCE OF AN IMMIGRANT VISA TO SUCH PARENT OR SPOUSE PURSUANT TO APPLICATION FOR SUCH VISA MADE SIMULTANEOUSLY WITH THE BENEFICIARY.
- 5. THE PETITION STATES THAT THE BENEFICIARY IS IN THE UNITED STATES AND WILL APPLY TO BECOME A LAWFUL PERMANENT RESIDENT. THE ENCLOSED APPLICATION FOR THIS PURPOSE (FORM I-485) SHOULD BE COMPLETED AND SUBMITTED BY THE BENEFICIARY IN ACCORDANCE WITH THE INSTRUCTIONS CONTAINED THEREIN. (IF THE BENEFICIARY HAD PREVIOUSLY SUBMITTED FORM I-485 WHICH WAS RETURNED TO HIM, HE SHOULD RESUBMIT THAT FORM.)
- 6. THE BENEFICIARY WILL BE INFORMED OF THE DECISION MADE ON HIS PENDING APPLICATION TO BECOME A LAWFUL PERMANENT RESIDENT (FORM I-485).
- 7. THE PETITION STATES THAT THE BENEFICIARY IS IN THE UNITED STATES AND WILL APPLY TO BECOME A LAWFUL PERMANENT RESIDENT. HOWEVER, AN IMMIGRANT VISA NUMBER IS NOT PRESENTLY AVAILABLE. THEREFORE, THE BENEFICIARY MAY NOT APPLY TO BECOME A PERMANENT RESIDENT.
- 8. SINCE THE BENEFICIARY IS A NATIVE OF THE WESTERN HEMISPHERE, HE IS INELIGIBLE TO BECOME A LAWFUL PERMANENT RESIDENT OTHER THAN BY DEPARTING FROM THE UNITED STATES AND REENTERING IN POSSESSION OF AN IMMIGRANT VISA ISSUED BY AN AMERICAN CONSUL.
- 9. DOCUMENTS WHICH YOU SUBMITTED IN SUPPORT OF YOUR PETITION HAVE SERVED OUR PURPOSE AND ARE RETURNED.

10. R [Redacted]

cc [Redacted]

new york n y 10036

b6 Per ICE
b7C

VERY TRULY YOURS,

[Signature]
DISTRICT DIRECTOR

UNITED STATES DEPARTMENT OF JUSTICE
IMMIGRATION AND NATURALIZATION SERVICE

b6 Per ICE
b7C

Processing Sheet

Application or
Petition Form No. _____

File No.

file sent to Newark in error
Verified with Atty Mendel
subject resides in
Elmhurst. L.I.
Transfer file back to NYC

aw
JC

19 AUG 1974

This form may be overprinted or stamped to show instructions, items requested, items received, or other pertinent data which may facilitate processing.

Keep this sheet on top of all material in file until initial decision is made

FILE ROUTED ON LOAN

File No.	[Redacted]
Subject	[Redacted]
To (Office)	TC
From (Office)	Rais
Date	4/26/74
Time	
(Unit or Person)	7-485

FILE ROUTE SLIP

Form G-102 (Rev. 12-1-58) GPO 962-646

*no I & S
app. TC
4-30-74
aw*

1. Name (Last in CAPS)		Middle	[Redacted]	
3. Name Under Which Admitted, Record Created or Aliases		Sidx. Code	4524	
4. City and Country of Birth	5. Date of Birth	Month	Day	Year
SPAIN	[Redacted]	[Redacted]	[Redacted]	[Redacted]
6. Place of Entry	7. Date of Entry	Month	Day	Year
NYC	08-25-73	[Redacted]	[Redacted]	[Redacted]
8. Appl. Form No. or Reason for Request	9. Date Appl. Received	10. Date of Request		
1-285	[Redacted]	03-21-74		
11. Receiving FCO Symbol	12. Forwarding FCO Symbol	13. Date of Transfer		
NEW	NYC	4/25/74		
14. REMARKS: [Handwritten notes]				

Form G-360B (Rev. 1-1-74) **ROUTE SLIP**

11 09

UNITED STATES DEPARTMENT OF JUSTICE

Immigration and Naturalization Service

20 West Broadway
New York, New York

FILE NUMBER

[Redacted]

DATE

February 7, 1974

[Redacted]

Elmhurst, New York 11373.

b6 Per ICE
b7C

Please come to the office shown below at the time and place indicated in connection with an official matter.

OFFICE LOCATION	20 West Broadway New York, New York, Room No. Floor No. 11
DATE AND HOUR	Tuesday, February 19, 1974 at 11:30
ASK FOR	Immigration Inspector I-130 b6 Per ICE b7C
REASON FOR APPOINTMENT	Interview re: I-130 petition filed in behalf of [Redacted]
BRING WITH YOU	This letter, proper identification, beneficiary's passport and I-94 and come with your spouse.

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT AND BRING THIS LETTER WITH YOU.

If you are unable to do so, state your reason, sign below and return this letter to this office at once.

cc:

[Redacted]

New York, N.Y. 10036

b6 Per ICE
b7C

I am unable to keep the appointment because:

SIGNATURE DATE

Very truly yours,

Sol Marks

file
4-30-74

BLECHER & MENDEL

ATTORNEYS AT LAW

SUITE 1610

1501 BROADWAY

NEW YORK, N. Y. 10036

PENNSYLVANIA 6-4430

MAX BLECHER, JR.

ALAN A. MENDEL

CHARLES M. GOLDSMITH

JEFFREY A. MARGOLIS

August 30, 1973

U. S. Department of Justice
Immigration and Naturalization Service
20 West Broadway
New York, New York 10007

b6 Per ICE
b7C

RE:

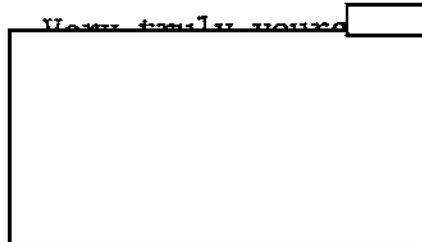


Gentlemen,

Enclosed please find 1-130 petition together with beneficiary's birth certificate and a marriage certificate, G-28 and a check of \$10.

Please process.

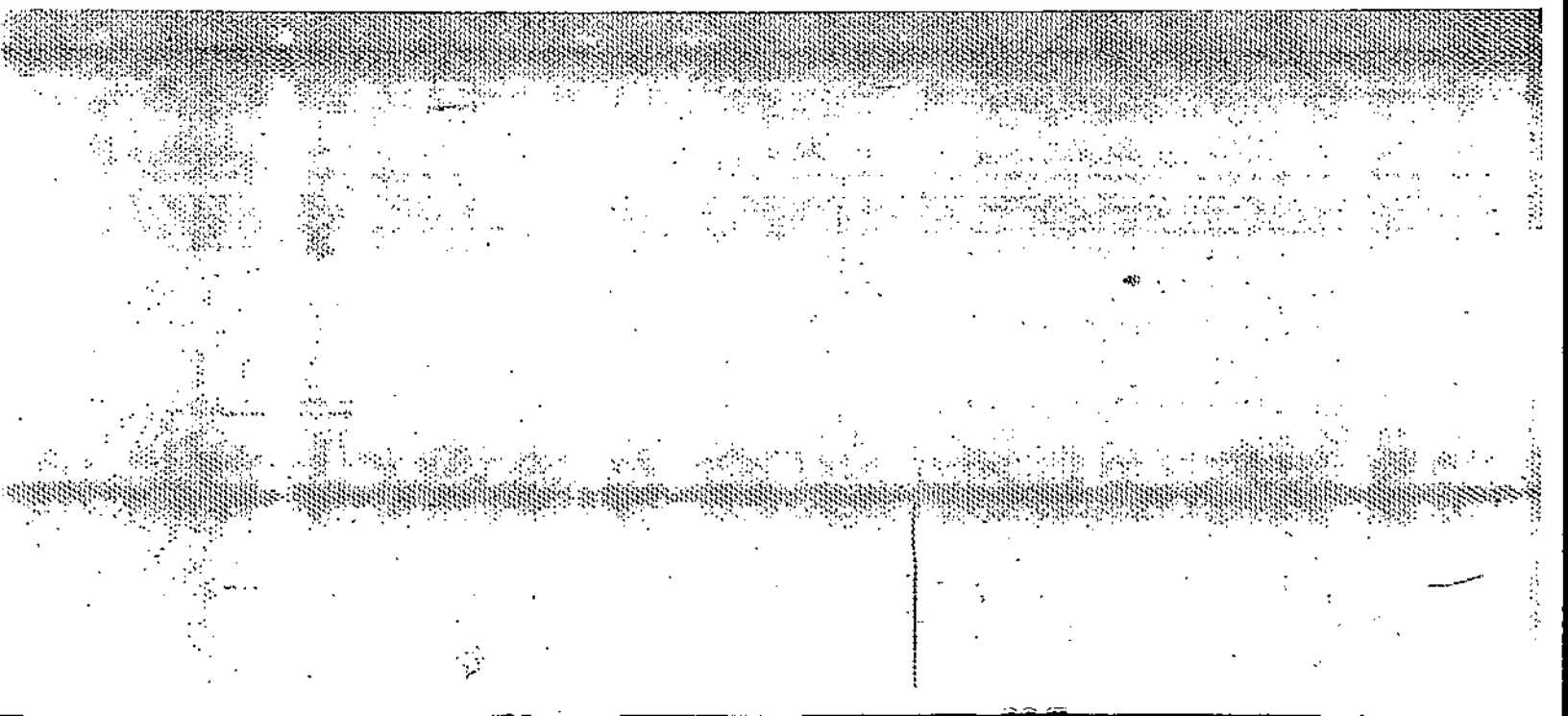
Very truly yours



b6 Per ICE
b7C



Encl.



58A-NY-278417-345

(X)

mjm

SEARCHED	INDEXED
SERIALIZED	FILED
49	49
MAR 20	
MAR 20 2003	
NEW YORK	
[Redacted]	mjm

✓

49 3/28/03

b6
b7C

FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 03/27/2003

To: New York

From: New York

Squad C-14

Contact: SA [redacted]

b6
b7C

Approved By: [redacted]

Drafted By: [redacted] mjm

Case ID #: 58A-NY-278417 (Pending)

Title: UNSUB(S);
WILLIAM J. CLINTON - FORMER U.S. PRESIDENT;

b6
b7C

[redacted]

MARC RICH - FUGITIVE (B); ET AL;
CFPO - EXECUTIVE BRANCH;
OO: NY

b6 per FBI/USSS
b7C per FBI/USSS

Synopsis: To advise of conversation with SA [redacted] U.S. Secret Service.

Administrative: Reference 03/27/2003 telcall. from SA [redacted] to SA [redacted]

Details: On 03/27/2003, SA [redacted] advised SA [redacted] that the U.S. Secret Service agents who primarily worked around President WILLIAM CLINTON and former First Lady HILLARY CLINTON would not submit to an interview. This is due primarily because they are present to protect the President and First Lady and being interviewed about what they saw or heard, in a general manner would damage, their overall mission. When the CLINTON's were inside the White House, [redacted]

[redacted] To the contrary, their mission is safety and eliminating threats. Agents do have a duty to report criminal activity if it occurs in their presence. SA [redacted] requested that the U.S. Secret Service be kept out of this investigation.

usss.ec

◆◆

b6 per FBI/USSS
b7C per FBI/USSS
b7E per USSS

25-1 3
WITHOUT [initials]
WITHOUT [initials]
BY [initials]
DATE [initials] 5/28/03

58A-NY-278417 -

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 10	
MAY 26 2003	
	YORK

[Redacted]

361
[Handwritten mark]

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FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 05/27/2003

To: New York

From: New York

White Collar Crime/Squad C-14 - Public Corruption b6

Contact: SA [redacted]

b7C

Approved By: [redacted]

Drafted By: [redacted] mjm

Case ID #: 58A-NY-278417 (Pending)

Title: UNSUB(S);
WILLIAM J. CLINTON - FORMER U.S. PRESIDENT;

[redacted]

MARC RICH - FUGITIVE (B); ET AL;
CFPO - EXECUTIVE BRANCH;
OO: NY

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Synopsis: To advise of investigative strategy meeting with AUSA

[redacted]

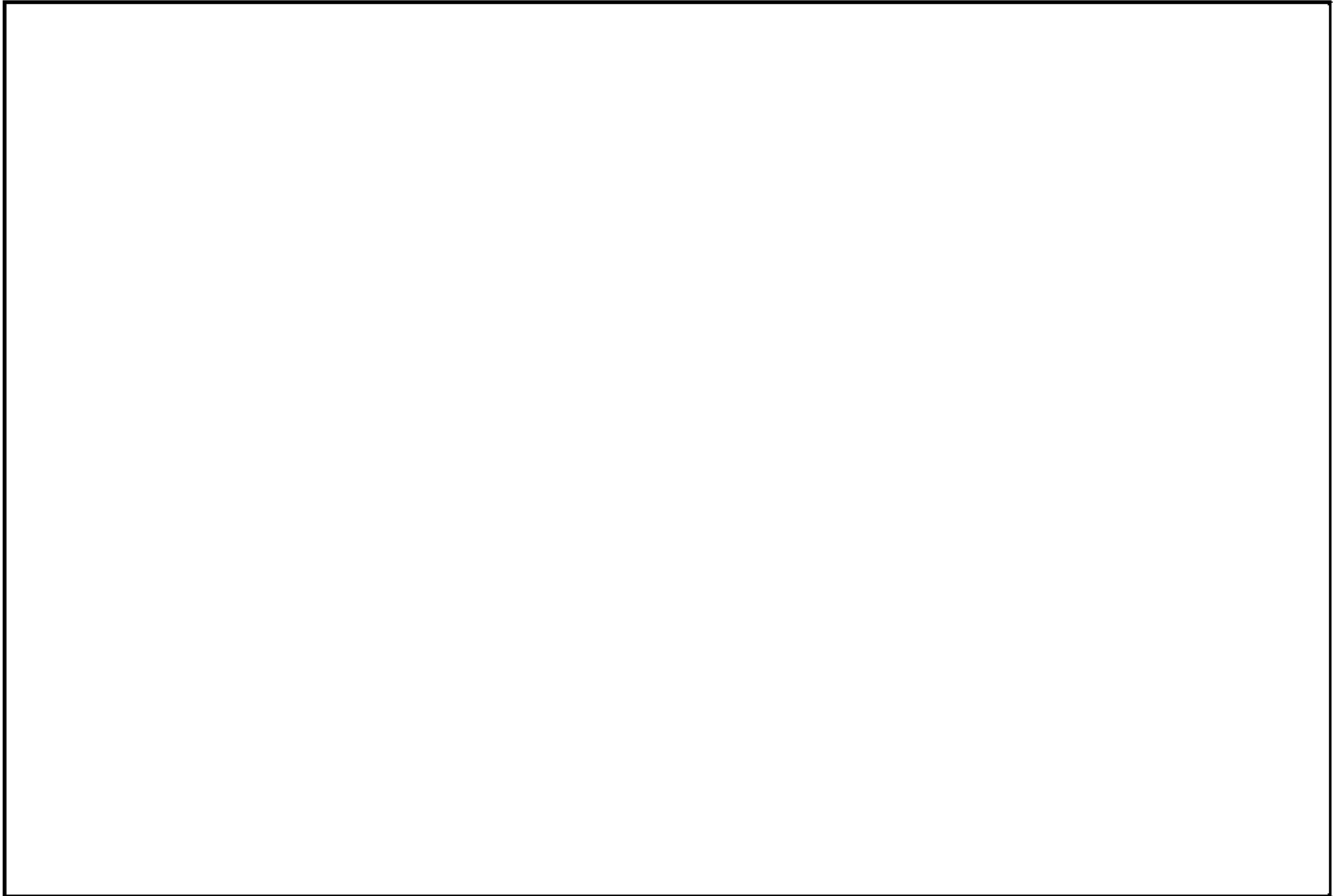
Details: On 05/23/2003, SA [redacted] met with AUSA
[redacted] SDNY, to discuss the investigative strategy in
the above captioned investigation. The following points were
discussed:

[Large redacted area]

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OTHER Sealed Pursuant to Court Order

To: New York Fr New York
Re: 58A-NY-278417, 05/27/2003



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58A-NY-278417-312

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FBI - NEW YORK	

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WITH TEXT ✓

WITHOUT TEXT _____

BY yg

DATE 8/18/03

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FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 08/05/2003

To: [Redacted]

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b7E

From: New York
White Collar Crime/Squad C-14 - Public Corruption

Contact: SA [Redacted]

Approved By: [Redacted]

WAC

Drafted By: [Redacted]

mjm *[Signature]*

Case ID #: 58A-NY-278417 (Pending)

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Title: UNSUB(S);
WILLIAM J. CLINTON - FORMER U.S. PRESIDENT;

[Redacted]

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MARC RICH - FUGITIVE (B); ET AL;
CFPO - EXECUTIVE BRANCH;
OO: NY

Synopsis: To request approval for inter-divisional travel to

[Redacted]

Details: New York is conducting a sensitive public corruption investigation concerning several controversial presidential pardons granted by former U.S. President WILLIAM J. CLINTON, specifically pardons granted to long time international fugitives MARC RICH and PINCUS GREEN.

[Redacted]

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To: [redacted] From: New York
Re: 58A-NY-278417, 08/05/2003

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SA [redacted] would travel to [redacted] on the morning of [redacted]. Anticipated travel costs would include air fare, taxi fare, parking, and per diem expenses.

ADIC, New York, and ADIC, [redacted] concur in the need for SA [redacted] to travel to [redacted].

[redacted]

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WITH/TEXT _____
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BY UP _____
DATE 8/19/03 _____

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U.S. Department of Justice

Federal Bureau of Investigation

In Reply, Please Refer to
File No. 58A-NY-278417

26 Federal Plaza
New York, New York 10278
212-384-3488

August 14, 2003

VIA SECURE FAX

[redacted]

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RE: [redacted]

Dear [redacted]

[redacted]

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Questions regarding this request may be brought to the attention of Special Agent [redacted] Thank you in advance for your attention to this matter.

Sincerely yours,

[redacted]

Assistant Director in Charge

By

[redacted]

Supervisory Special Agent

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TRANSMISSION REPORT

(JUN 03 '91 3:58 PM)

DATE	START TIME	REMOTE TERMINAL IDENTIFICATION	MODE	TIME	RESULTS	TOTAL PAGES	DEPT. CODE	FILE NO.
JUN 03	11:47PM	COMPATIBLE	SYNC-GST	01'23"	OK	03		

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DATE 08-16-2016 BY b6
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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-16-2016 BY [redacted]



FBI FACSIMILE COVER SHEET

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PRECEDENCE

- Immediate
- Priority
- Routine

CLASSIFICATION

- Top Secret
- Secret
- Confidential
- Sensitive
- Unclassified

Time Transmitted: _____
 Sender's Initials: MJM
 Number of Pages: _____
 (including cover sheet)

To: [redacted] _____ Date: 08/14/2003
 Name of Office

Facsimile Number: [redacted] _____

Attn: [redacted] _____
 Name Room Telephone

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From: FBI - New York _____
 Name of Office

Subject: [redacted] _____

Special Handling Instructions: Please hand deliver to [redacted] _____

Originator's Name: SA [redacted] C-14 Telephone: [redacted] _____

Originator's Facsimile Number: [redacted] _____

Approved: _____

Brief Description of Communication Faxed: [redacted] _____

WARNING

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58A-NY-278477 - 315

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WITNESS
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 BY: UP
 DATE: 9/8/03

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FEDERAL BUREAU OF INVESTIGATION

Precedence: ROUTINE

Date: 09/05/2003

To: New York

From: New York

White Collar Crime/Squad C-14 - Public Corruption

Contact: SA [redacted]

Approved By: [redacted]

Drafted By: [redacted] mjm

Case ID #: 58A-NY-278417 (Pending)

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Title: UNSUB(S);
WILLIAM J. CLINTON - FORMER^{TT} S. PRESIDENT;

[redacted]

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MARC RICH - FUGITIVE (B); E₁ ALI;
CFPO - EXECUTIVE BRANCH;
OO: NY

OTHER Sealed Pursuant to Court Order

Synopsis: To provide case update.

Details: The following information is being provided to update the above captioned investigation.

GRAND JURY WITNESSES

[redacted]

[redacted]

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To: New York From: New York
Re: 58A-NY-278417, 09/05/2003

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[REDACTED]

ANALYSIS

Records will be subpoenaed for [REDACTED]

[REDACTED]

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Additional analysis will be conducted of [REDACTED]

[REDACTED]

[REDACTED]

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Additional analysis may be conducted of [REDACTED]

[REDACTED]

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GRAND JURY SUBPOENAS

[REDACTED] subpoenas have been issued [REDACTED]
[REDACTED] Reports will soon be run to
determine additional leads.

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To: New York From: New York
Re: 58A-NY-278417, 09/05/2003

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INTERVIEWS

[redacted] was interviewed on [redacted] but provided little information which would be relevant to this investigation.

Interviews will be conducted for the following individuals.

[redacted]

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MISCELLANEOUS

The SDNY is awaiting response from [redacted] to determine if he is willing to submit to an interview to be conducted in [redacted]

[redacted]

Investigation is ongoing.

090503update.ec

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