

Dear Jack, Hasty thanks for your 6/24 and enclosures, here today, while I rush to prepare for a hearing in another case day after tomorrow.

Hope your move makes you all happy

When there is time the old notes may be of interest.

Thanks and good luck to you,

Sincerely, HW 6/28/77

24 JUNE 77

DEAR HAROLD,

AS PER OUR PHONE CONVERSATION I AM FORWARDING TO YOU COPIES OF A GARRISON LETTER OF INTRO AND OF AN INSURANCE POLICY. ON THE INSURANCE POLICY IS THE PRINTING OF HALL AT THE TOP OF PAGE, ALSO DATE OF BIRTH. THE SIGNATURE IN THE LOWER RIGHT IS HALL'S (L E. SKIP HALL).

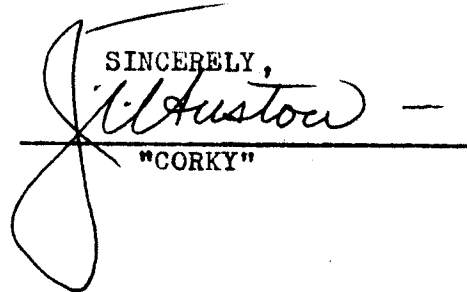
WILL MAKE THIS AN UNUSUALLY SHORT NOTE AS WE'RE IN THE MIDDLE OF PACKING. IT SEEMS MOST LIKELY THE WIFE AND I WILL BE IN THE SAN JOSE, CALIF. AREA NEXT WEEK AT THIS TIME, HOWEVER THERE ARE STILL OTHER POSSIBILITIES, SO WOULDN'T KNOW UNTIL THAT LAST SECOND.

IT MAY BE OF SOME POSSIBLE FUTURE HELP. I RUN ACROSS SOME NOTES THAT HAVE BEEN STORED AT MY MOTHER'S, INCLUDING OF COURSE THE ENCLOSED, THIS WAS CALIF. LIC. NO. OF HALL'S CADILLAC ON 29 DEC. '67: RGC 394.

ALSO MY UNCONFIRMED NOTE SHOWS PURCHASE OF THE "RAINBOW MOTEL" OCCURRED ON THE 6 MARCH '64.

AGAIN, I WILL STAY IN CONTACT AND TRY TO MEET YOU IN LA WHEN YOU ARE ABLE TO GET THIS WAY. TAKE CARE OF HEALTH AND GIVE BEST REGARDS TO YOUR WIFE.

SINCERELY,

A handwritten signature in cursive script, appearing to read "J. L. Huston", is written over a horizontal line. The signature is stylized with a large loop at the end.

"CORKY"

PROPOSED (Print full name) **LENA EUGENE (SKIP) HALL** DATE OF BIRTH? Mo: 1 Day: 4 Yr: 30 AGE nearest Birthday? Male? Female?

Single? Married? Sep? Div? Wid? Place of Birth? (State or Prov. and Country) **KANSAS**

DRESS? Number St or Rt City or Town County State or Province Time at Address? FIRM OR EMPLOYER?
 Residence **72 SILVERTHORN KERNVILLE KERN CALIF** Yes **4** Mos: **WALKER DUFFY INC,**
 Business **DUFFY FRONTIER VILLAGE, WOLFORD HTS. KERN COUNTY** No: **1** Mos: **WOLFORD HTS CALIFORNIA**

Mailing Address? Res. Bus. Other **BOX 74 KERNVILLE, CALIF**

in Military Service, Pay Grade and Permanent Mailing Address?

Present Occupation(s) **BARTENDER** Duties of Occupation(s) **ON SHIF**

Previous Occupation(s) within last 2 years? **MOTEL OWNER** Previous Address(es) Residence: **RAINBOW MOTEL, KERNVILLE, KERN, CA**
 within last 2 years? Business:

HEALTH PLAN and AMOUNT? APL? Yes No LIFE Policy to be dated? 4. PREMIUM MODE

P. Yes No LIFE Dividend option? Later date of Parts I and II LIFE HEA/
 P.O. Yes No Cash Add'n Date policy written C-O-M
 P.B. Yes No A.D.B. \$ F. Inc. (Yr.) \$ Mo. Prem. Dep. Other 19 Mthly
 P.B. Yes No Term (Yr.) \$ M.P. (Yr.) Units. Dep. & I.Y. T. Opt. Qrtly
 HEALTH PLAN and AMOUNT? **120 DAY MAX. BEN. PERIOD** **10000 BEN SURGERY** HEALTH Policy to be dated? Semi
 Monthly Disability Income \$ **2000** Day Benefits Commence: Accident Ann'l
 Family Hospital Benefit \$ **2000** Deductible Amount \$ **2500** Date policy written Gov't
 Maximum Major Medical Benefit \$ Deductible Amount \$ Other 19 S.P.

BENEFICIARY, subject to change. Full Name & Relationship to Proposed Insured?
 BENEFICIARY: _____

6. LIFE Policy Owner? Proposed Insured Other
 (If "Other" complete question 15)

7. CASH PAID subject to terms of receipt below (If none paid, say "None")
 LIFE Policy \$ _____
 HEALTH Policy \$ **1700**

8. Has any person proposed for coverage (see Question 14):
 (a) ever been declined for issue, reinstatement, or renewal of any type of Life or Health insurance, or been offered a policy on issue, reinstatement or renewal which was different from that applied for? Yes No
 (If "Yes", give name of person, companies and other details below.)
 (b) flown within last 5 years, or intend to fly, as a pilot or other crew member of any kind of aircraft? Yes No
 (If "Yes", complete aviation blank, Form 5794, as part of this application.)
 (c) resided within last 5 years, or intend to reside, outside the United States and Canada? (If "Yes", state where, when and how long.) Yes No
 (d) engaged in within last 5 years, or intend to engage in, skin diving, motor vehicle racing, sky diving, or any other hazardous sport or hobby? Yes No
 (If "Yes", complete Form 7663.)

9. Is the policy(s) applied for intended to replace, in whole or in part, Life Health insurance in force in this or any other company? Yes No
 (If "Yes", give name of company, replacement date, amount of benefit placed, plan and policy number, if known.)

10. Insurance in force or pending on Proposed Insured? (If none, say "None")
 (a) If life policy being applied for, total amount of life insurance
 In Force **None** Pending _____
 (b) If health policy being applied for, amount of health insurance
 Mthly Inc. Daily Ben. Max. Ben. In Pend. Compar.
 (Disability) (Hospital) (Maj. Med.) Force ing Organiz.

Amendments and Corrections (for completion at Home Office; this space will not be used where not allowed by Statute or Insurance Department Regulation)

MUTUALLY AGREED THAT:
 I, the undersigned, accept as provided in a receipt, the terms of which are mutually acceptable, when for cash and bearing the same date and number as Part I of this application, no policy applied for herein shall go into force or take effect unless and until it is delivered to the Applicant and the first premium or it is paid in full during the lifetime of the person or persons proposed for coverage under it, and then only if the written representations made in the entire application for insurance would be, without material change, at the time of delivery of the policy, true and complete representations of the facts, at that time, of those matters inquired about in such application.

Issued at **Wolford Hts.** on **July 1967**
 by **[Signature]** Underwriter
 Witnessed by **[Signature]**
 countersigned by _____
 Licensed resident agent where required by statute or regulation.

2. No field underwriter or other agent of the Company, nor any medical officer, is authorized to accept risks, pass upon insurability, make or issue contracts, or waive any of the Company's rights or requirements.

3. The Applicant agrees that the written representations made in such application are correctly recorded, complete and true and that the Company, believing them to be true, shall rely and act upon them accordingly. The Applicant confirms all agreements included in such application and that acceptance of any policy issued thereon shall constitute ratification of such agreements and of any amendments and corrections which the Company has made under item 11 above.

Applicant **[Signature]**
 Proposed Insured* if other than Applicant _____
 Proposed Insured's Spouse _____
 if proposed for life coverage
 * "Name" instead of "Signature" if Proposed Insured is a child who can



DISTRICT ATTORNEY

PARISH OF ORLEANS
STATE OF LOUISIANA
2700 TULANE AVENUE
NEW ORLEANS 70119



JIM GARRISON
DISTRICT ATTORNEY

July 13, 1967

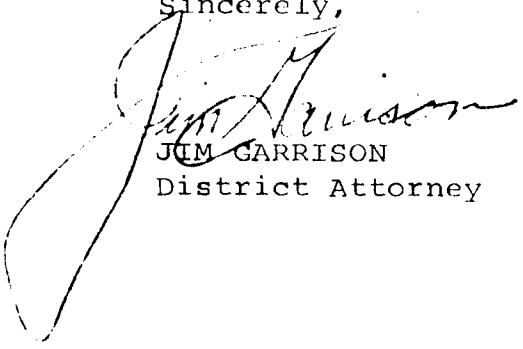
Mr. Jack Huston
Box 536
Lake Isabella, California

Dear Mr. Huston:

Thank you very much for your letter of June 12, 1967. I found it both helpful and interesting. I have taken the liberty of giving Mr. Miguel Acoca of Life Magazine who has been working on this investigation, a copy. I would appreciate it if you would discuss with him the contents of the letter and give him any help on any further information you may have concerning Mr. Hall.

Thanking you in advance for your cooperation, I am

Sincerely,


JIM GARRISON
District Attorney

JG/leb