

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).

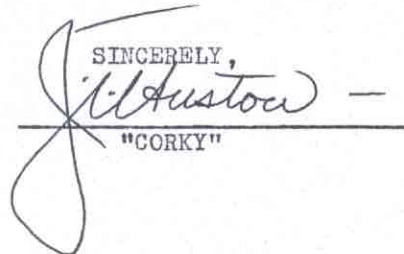
WILL MAKE THIS AN UNUSALLY SHORT NOTE AS WE'RE IN THE MIDDLE OF PACKING. IT SEEMS MOST LIKELY THE WIFE AND I WILL BE IN THE SAN JOSE, CALIF. AREA NEXT WEEK AT THIS TIME, HOWEVER THERE ARE STILL OTHER POSSIBILITIES, SO WOULDN'T KNOW UNTIL THAT LAST SECOND.

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,

 -  
"CORKY"

LD

074570

APPLICATION - PART I - TO NEW-YORK LIFE INSURANCE COMPANY

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

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

ADDRESS? Number 72 St. or Rt. SARITA ST City or Town KERNVILLE County KERN State or Province CALIF. Time at Address? Yrs 4 Mos: 1

Residence 72 SARITA ST, KERNVILLE, KERN CALIF. FIRM OR EMPLOYER? WALTER DUFFY MILL, LOOFORD HTS, CALIFORNIA

Business DUFFY FRONTIER VILLAGE, WOLFORD HTS, KERN COUNTY, CALIF.

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

If in Military Service, Pay Grade and Permanent Mailing Address?

Present Occupation(s) BARTENDER Duties of Occupation(s) ON SALE

Previous Occupation(s) within last 2 years? HOTEL OWNER Previous Address(es) Residence: RAINBOW MOTEL, KERNVILLE, KERN, CALIF.

LIFE PLAN and AMOUNT? W.P. Yes  No  P.P.O. Yes  No  C.P.B. Yes  No  A.D.B. \$ \_\_\_\_\_ F. Inc. (Yr.) \$ \_\_\_\_\_ Mo. Prem.  Dep.  P.P.B. Yes  No  Term (Yr.) \$ \_\_\_\_\_ M.P. (Yr.) \$ \_\_\_\_\_ Units Dep. & I.Y. T. Opt.

HEALTH PLAN and AMOUNT? 120 DAY MAX. BEN. PERIOD APL? Yes  No  LIFE Policy to be dated? Later date of Parts I and II  Date policy written \_\_\_\_\_ 19 \_\_\_\_\_

Monthly Disability Income \$ 200 Day Benefits Commence: Accident Sickness \_\_\_\_\_ HEALTH Policy to be dated? Later date of Parts I and II  Date policy written  19 \_\_\_\_\_

Daily Hospital Benefit \$ 200 Deductible Amount \$ 250 Other \_\_\_\_\_ 19 \_\_\_\_\_

Maximum Major Medical Benefit \$ \_\_\_\_\_ Deductible Amount \$ \_\_\_\_\_

BENEFICIARY, subject to change. Full Name & Relationship to Proposed Insured? LIFE \_\_\_\_\_ HEALTH \_\_\_\_\_

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

7. CASH PAID subject terms of receipt below (If none paid, say "none") LIFE Policy \$ \_\_\_\_\_ HEALTH Policy \$ 17.00

3. 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.

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

IT IS MUTUALLY AGREED THAT:

1. Except as provided in a receipt, the terms of which are mutually acceptable, given 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 for 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 time of delivery of the policy, true and complete representations of the state, at that time, of those matters inquired about in such application.

2. No field underwriter or other agent of the Company, nor any medical officer, is authorized to accept risks, pass upon insurability, make or 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 Applicant believing them to be true, shall rely and act upon them accordingly. 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.

Dated at Wolford Hts, Kern, Calif on July 19 1967

Witnessed by [Signature] Field Underwriter

Countersigned by \_\_\_\_\_ Licensed resident agent where required by statute or regulation.

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 cannot sign



JIM GARRISON  
DISTRICT ATTORNEY

## DISTRICT ATTORNEY

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



July 13, 1967

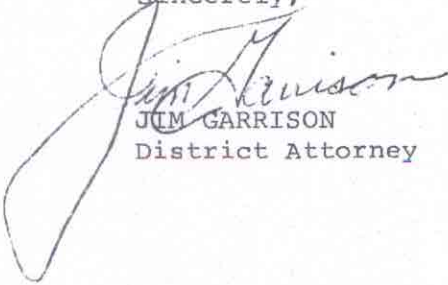
Mr. Jack Huston  
Box 536  
Lake Isabella, California

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