

No. 552997

Marriage Certificate

Filed at request of REV. E.M. FLIGER

State of Nevada)
County of Washoe) ss.

Recorded JAN 11 1962
Records of Washoe County, Nevada

Indexed 1 Della B. Wynn
County Recorder

This is to Certify that the undersigned Minister of St. Paul's Methodist Church, Reno did on the 5th day of January A.D. 1962 join in lawful wedlock Earl V. Best, Jr. of San Francisco State of California and Judith E. Chandler of San Francisco State of California with their mutual consent in the presence of Birdie M. Nilsson and A.S. Belford who were witnesses.

Birdie M. Nilsson
signature of witness
A.S. Belford
signature of witness

Edward M. Fliger

Judy Chandler and Earl Van Best Jr.'s marriage certificate, completed by my father and used for an additional handwriting comparison.

Form 89-5
TREASURY DEPARTMENT
INTERNAL REVENUE SERVICE
(Revised 7-68)

APPLICATION FOR SOCIAL SECURITY ACCOUNT NUMBER REQUIRED UNDER THE FEDERAL INSURANCE CONTRIBUTIONS ACT READ INSTRUCTIONS ON BACK BEFORE FILLING IN FORM

SS# redacted by SKH

DO NOT WRITE IN THE ABOVE SPACE

FILL IN EACH ITEM. PRINT IN BLACK OR DARK BLUE INK OR USE TYPEWRITER FOR ALL ITEMS EXCEPT SIGNATURE. IF THE INFORMATION CALLED FOR IN ANY ITEM IS NOT KNOWN, WRITE "UNKNOWN"

1 PRINT NAME YOU GAVE YOUR PRESENT EMPLOYER, OR IF UNEMPLOYED, THE NAME YOU WILL USE WHEN EMPLOYED <u>VAN Best</u>		FIRST NAME <u>Best</u>		MIDDLE NAME. (IF YOU USE NO MIDDLE NAME OR INITIAL, DRAW A LINE —) <u>230</u>		LAST NAME <u>230</u>	
2 MAILING ADDRESS (NO. AND ST., P. O. BOX, OR RFD) (CITY) (ZONE) (STATE) <u>514 NOE STREET SAN FRANCISCO CALIF. 14</u>				3 PRINT FULL NAME GIVEN YOU AT BIRTH <u>EARL VAN Best, JR. 230</u>			
4 AGE ON LAST BIRTHDAY <u>15</u>	5 DATE OF BIRTH (MONTH) (DAY) (YEAR) <u>JULY 14 1934</u>	6 PLACE OF BIRTH (CITY) (COUNTY) (STATE) <u>WILMORE Kentucky</u>		7 FATHER'S FULL NAME, REGARDLESS OF WHETHER LIVING OR DEAD <u>[REDACTED]</u>			
8 MOTHER'S FULL NAME BEFORE EVER MARRIED, REGARDLESS OF WHETHER LIVING OR DEAD <u>[REDACTED]</u>		9 (MARK (X) WHICH) SEX: MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		10 COLOR (MARK (X) WHICH) (IF OTHER, SPECIFY) OR RACE: <input checked="" type="checkbox"/> WHITE <input type="checkbox"/> NEGRO <input type="checkbox"/> OTHER		11 HAVE YOU EVER BEFORE APPLIED FOR OR HAD A SOCIAL SECURITY OR RAILROAD RETIREMENT NUMBER? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> DON'T KNOW <input type="checkbox"/>	
12 BUSINESS NAME OF EMPLOYER. IF UNEMPLOYED, WRITE "UNEMPLOYED" <u>MR. John Howell</u>				11 IF ANSWER IS "YES" PRINT THE STATE IN WHICH YOU FIRST APPLIED AND WHEN		STATE DATE	
12 EMPLOYER'S ADDRESS (NO. AND STREET) (CITY) (ZONE) (STATE) <u>434 Post SAN FRANCISCO 14 CALIF</u>				11 ALSO PRINT YOUR ACCOUNT NUMBER IF YOU KNOW IT		ACCOUNT NUMBER	
13 TODAY'S DATE <u>September 12, 1949</u>		14 WRITE YOUR NAME AS USUALLY WRITTEN (DO NOT PRINT) <u>Van Best</u>					

DO NOT WRITE IN THIS SPACE

RETURN COMPLETED APPLICATION TO NEAREST SOCIAL SECURITY ADMINISTRATION FIELD OFFICE

1949 SSA application & purported HW of Earl Van Best Jr.