

AAF PERSONAL AFFAIRS STATEMENT  
(See \*Instructions)

NAME William David Lewis RANK Capt. ASN 0-665925  
(First) (Middle) (Last)

Date entered active duty (this tour) 17 Oct. 42; 4 years' service completed on 8 July 44; date of birth 21 Mar. 21

Permanent address 1921 Perry St. Houston, Texas  
(Street and number) (City) (State)

The status of my personal affairs reviewed with the assistance of the Personal Affairs Officer at 2529 AAFBU, MOORE FIELD, TEXAS

on 12 AUG 1945 is indicated below.

Note.—Boxes checked  indicate items accomplished or disposed of as of last date shown on this form.  
Boxes not checked  indicate items that may require further attention.

1. GOVERNMENT LIFE INSURANCE.

(a) I have (now in force or applied for) \$ 10,000 USGLI  
on the 8 year term plan, effective March 42  
NSLI

(b) With the additional disability benefit on \$ \_\_\_\_\_  
 (c) And am paying a total premium of \$ 6.50 Mo/ 665925, payable by direct credit allotment,  
effective October 42

(d) The beneficiaries designated on my Government Life Insurance are:  
Principal Mrs. Una No. Lewis Wife 10,000  
(Relationship) (Portion)

Contingent Mrs. Una No. Lewis Wife 10,000  
(Name) (Relationship) (Portion)

(e) The conversion privilege has been explained to me, and I have converted  
\$ \_\_\_\_\_ USGLI, effective \_\_\_\_\_  
\$ \_\_\_\_\_ NSLI, effective \_\_\_\_\_

2. COMMERCIAL LIFE INSURANCE.  
 (a) I have requested the A. G. O. to notify the following insurance company(s) in the event of my death.  
Amount of Insurance \_\_\_\_\_ Name of Company \_\_\_\_\_ Home Office Address \_\_\_\_\_

(b) I have made Class E Allotment(s) to the following company(s).  
Name of Insurance Company \_\_\_\_\_ Allotment Effective Date \_\_\_\_\_ Amount \_\_\_\_\_

(c) I have placed the following life insurance under the protection of the Soldiers and Sailors Civil Relief Act.  
\$ \_\_\_\_\_ Life Insurance Company.  
\$ \_\_\_\_\_

(d) The beneficiaries on my commercial life insurance contract(s) listed in paragraph 2 (a) above are:  
Principal \_\_\_\_\_ (Name) (Relationship) \_\_\_\_\_  
Contingent \_\_\_\_\_ (Name) (Relationship) \_\_\_\_\_

3. PUBLIC RECORDS. My beneficiaries now possess certified copies under seal of the applicable records listed below.

- (a) The public record of my marriage.
- (b) My/my wife's divorce decree and court orders.
- (c) My/my wife's/my children's adoption papers.
- (d) Birth certificate for each of the following: My wife, children, father, mother, sisters, brothers, myself.

4. CLASS B ALLOTMENT FOR THE PURCHASE OF WAR SAVINGS BONDS.  
I have made Class B Allotments as follows:  
Finance Officer U. S. Army at \_\_\_\_\_ Amount \_\_\_\_\_ Authorized Effective \_\_\_\_\_ Terminated Effective \_\_\_\_\_

5. CLASS E ALLOTMENT FOR DEPENDENTS.  
I have made a Class E Allotment in the amount of \$ 125.00 monthly,  
effective Oct. 42 \_\_\_\_\_, and payable  
To/Cr. William D. Lewis Relationship Self

Bank National Bank of Ft. San Houston  
Address San Antonio, Texas Terminated effective \_\_\_\_\_

6. FAMILY ALLOWANCES (ENLISTED PERSONNEL ONLY).  
A monthly Family Allowance for my dependents has been applied for, effective with the pay due me for the month of \_\_\_\_\_ Case No. X- \_\_\_\_\_

7. JOINT OWNERSHIP OF PROPERTY WITH RIGHT OF SURVIVORSHIP.  
The advantages have been explained to me.
8. JOINT CHECKING ACCOUNT WITH RIGHT OF SURVIVORSHIP.

and I have with the  
(bank),

at \_\_\_\_\_  
a checking account owned "jointly with right of survivorship."

9. GENERAL POWER OF ATTORNEY.  
I have executed a general power of attorney, dated June 43 my attorney in fact, naming Mrs. Una Nolan
10. WILL FOR OFFICER/ENLISTED MAN.  
I have executed a will (dated June 43) which is located 1921 Terry St., Houston, Texas

11. WILL FOR WIFE/HUSBAND.  
The advantages have been explained to me.

12. LIFE INSURANCE ON WIFE/HUSBAND.  
My wife/husband has in force on her/his life \$ \_\_\_\_\_ life insurance, payable to \_\_\_\_\_ (Name)

13. EMERGENCY ADDRESSEE (IMPORTANT—See note to Emergency Addressee below.)

(a) The person I desire to be notified in event of an emergency is \_\_\_\_\_ (Name) \_\_\_\_\_ (Relationship)  
at \_\_\_\_\_ (Street and number) \_\_\_\_\_ (City) \_\_\_\_\_ (State)

- (b) On \_\_\_\_\_, I executed a WD AGO Form No. 48 recording the designation shown in paragraph 13 (a) above.

- (c) My religious preference is:  Protestant,  Catholic,  Hebrew.  
 14. SIX MONTHS' GRATUITY.  
On November 6 Nov, 43 designated XXXXXXXXXX, 1921 Terry St., Houston, Texas Robert wife  
(Name) \_\_\_\_\_ (Address) \_\_\_\_\_ (Relationship)

15. PERSONAL INFORMATION FILE FOR THE SAFEKEEPING OF MY RECORDS.  
I have been advised of the importance of maintaining a bound file containing copies of all records pertinent to my military service.

16. PAY AND FLYING STATUS.

(a) My status as to all items of pay and allowances has been checked.  
(b) Orders detailing me to flying duty (rated personnel) and orders detailing me to duty involving flying:  
Hq. AAF GFC, Randolph Field, Texas  
0. 2 & 3  
Par. 2 & 3  
Date Oct. 42

17. INCOME TAX.  
The effect of military service on my Federal Income Tax liability has been explained to me.

18. LEGAL MATTERS.  
I have been advised of the legal assistance facilities available to military personnel.

19. PERSONAL AFFAIRS STATEMENT AND SUPPLEMENTARY INFORMATION.  
I have received a copy of this Statement and information regarding Arrears in Pay, Six Months' Gratuity, War Time Pensions, Government Insurance, etc.

20. OTHER MATTERS. (Record of: Soldiers' Deposits and any other solely owned savings and checking accounts; location of safe deposit box, etc.)

I request that a copy of this Statement, together with a copy of WD Benefit Guide booklet (when available), be forwarded to my wife at \_\_\_\_\_

NOTE TO EMERGENCY ADDRESSEE.—If I am overseas, it is important that you communicate any change in your address to The Adjutant General, Washington 25, D. C., Attention: Casualty Branch. In any such communication, include my name, grade, Army Serial Number, and last known APO number.

Witnessed by: \_\_\_\_\_ Signature William S. Jaurie \*  
(Signature, Grade, ASN of Personal Affairs Interviewer) Social Security No. 44-9-18-6821

REVIEW RECORD

<u>17 Oct 43</u>	<u>William S Jaurie</u>	<u>PAAT</u>	<u>PAAT Dept For AFMTC Primary</u>	<u>37500932</u>	<u>MSX</u>
(Date)	(Signature of processee)	(Station)	(Name, Grade, ASN of PAI)	(Name, Grade, ASN of PAI)	(Initials of PAI)
<u>13 Nov 1946</u>	<u>William S Jaurie</u>	<u>SAARF</u>	<u>EMPD, OKLA. 2518AAFSU</u>	<u>59007-1344218A</u>	<u>ORS</u>
(Date)	(Signature of processee)	(Station)	(Name, Grade, ASN of PAI)	(Name, Grade, ASN of PAI)	(Initials of PAI)

\_\_\_\_\_  
(Date) \_\_\_\_\_ (Signature of processee) \_\_\_\_\_ (Station) \_\_\_\_\_ (Name, Grade, ASN of PAI) \_\_\_\_\_ (Initials of PAI)

\*INSTRUCTIONS.—AAF Personal Affairs Statement is not to be used, either as a substitute for, or in lieu of, authorized forms or established procedures for effecting desired personal affairs actions. The purpose of this form is to provide a consolidated record of all personal affairs actions taken by previous accomplishment of official forms. Accordingly, prior to signing this statement, any action will be accomplished in the prescribed official manner.

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