

VPP-14  
v. 12/5/45)

Date ... October 8, 1948 .....  
Visa Petition No. ~~JP-22448~~ .....  
V/PSPU

NOTICE OF APPROVAL OF PETITION FOR ISSUANCE OF IMMIGRATION VISA

Your Petition for Issuance of Immigration Visa has been approved and forwarded to the Department of State for transmission to the appropriate American Consul. If you desire further information, it is suggested that you communicate with the Consul to whom the prospective immigrant(s) intend(s) to apply for visa(s).

Mr. Rafael  
200 Cabrini Blvd.  
New York 25, N. Y.

MAIL UNIT  
DEPT. OF JUSTICE  
NOV 6 1948  
I & N Assistant Commissioner for Adjudications  
SIGNED & MAILED

*Joseph Savarotti*

CONSOLIDATED  
9/17/47 QMP

Ent. No. A-6743459  
11/13/47  
220 Cabrini Blvd., Apt. 4K  
MS/RS

TTY- 12543878  
 ADDRESS RECORD CARD—ALIEN REGISTRATION  
 (This card may be used for both types of reports mentioned on the front of the A's card)

REGISTRATION No. **not yet received**  
 (COPY FROM REGISTRATION RECEIPT)

Name (print or type) **Berta Fried**

My last address was **Hotel "Luxor"**  
(STREET ADDRESS OR RURAL ROUTE)

**Pedobradý-Lazne** **Bohemia** **Czechoslovakia**  
(POST OFFICE) (COUNTY) (STATE)

My present address is **220, Cabrini Blvd. Apt. 4K**  
(STREET ADDRESS OR RURAL ROUTE)

**New York 33** **New York** **N.Y.**  
(POST OFFICE) (COUNTY) (STATE)

I work for \_\_\_\_\_  
(EMPLOYER'S NAME)

Whose address is \_\_\_\_\_  
(STREET ADDRESS)

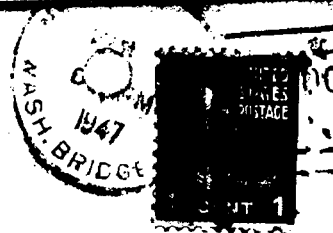
Date **8/9/1947** Signature **Berta Fried** **NOV 7 1947**  
(POST OFFICE) (COUNTY) (STATE)

16-16437-1

**ALIEN REGISTRATION  
ADDRESS REPORTS**

The Alien Registration Act, 1940, requires all resident aliens to report each change of address within 5 days of such change. Other aliens, for example: Visitors, students, and others not admitted for permanent residence in the United States, must report their address every three months whether they change their address or not. A penalty of fine and imprisonment is provided by law for failure to make the required reports. When reporting, give both your number and name.

16-10487-1



**DEPARTMENT OF JUSTICE,  
IMMIGRATION AND NATURALIZATION SERVICE,  
ALIEN REGISTRATION DIVISION,  
PHILADELPHIA, PA.**



WHEREFORE, I respectfully pray that the Honorable Secretary of State be informed of the status of such immigrant(s) so the proper consular officer may be authorized to issue an immigration visa according to the status found to exist. Respectfully submitted.

Personally appeared before me, the above-named petitioner Enote Refaeli  
signed the foregoing petition in my presence on this the 17th day of September, 1946, A. D.  
and who, being duly sworn, on oath says that the facts stated in the foregoing petition are true as (s)he verily believes.

JACK ABRAMSON  
Notary Public, Bronx Co. Clk's No. 10, Reg. No. 8-A-1  
City Filed in N. Y. Co. No. 25, Reg. No. 47-A-1  
My commission expires September 30th, 1947

Paul Gang, being duly sworn, on oath says that (s)he is 77 years of age,  
a citizen of the United States, having been born on Feb 18, 1874 at Junction City, Kansas,  
(County) (State) (City or town) (Year) (City or town)  
or naturalized on \_\_\_\_\_ certificate \_\_\_\_\_

(s)he resides at 155 Central Park Dr, New York, New York  
for 10 years last past (s)he has personally known the petitioner herein, that said petitioner is a responsible individual  
to support the prospective immigrant(s) in whose behalf this petition has been executed; and that the statements made in the  
going petition are true to the best of affiant's knowledge and belief.

Subscribed and sworn to before me this 17th day of Sept 1946  
My commission expires Sept 30, 1947  
JACK ABRAMSON  
Notary Public, Bronx Co. Clk's No. 10, Reg. No. 8-A-1  
City Filed in N. Y. Co. No. 25, Reg. No. 47-A-1

Louis K. Kurlin, being duly sworn, on oath says that (s)he is 50 years of age,  
a citizen of the United States, having been born on January 13, 1896  
Bullsville (County) (State) (City or town) (Year) (City or town)  
or naturalized on \_\_\_\_\_ certificate \_\_\_\_\_

(s)he resides at 465 W. 18th St, New York, New York  
for 10 years last past (s)he has personally known the petitioner herein, that said petitioner is a responsible individual,  
in support the prospective immigrant(s) in whose behalf this petition has been executed; and that the statements made in the  
going petition are true to the best of affiant's knowledge and belief.

Subscribed and sworn to before me this 17th day of Sept 1946  
My commission expires Sept 30, 1947  
JACK ABRAMSON  
Notary Public, Bronx Co. Clk's No. 10, Reg. No. 8-A-1  
City Filed in N. Y. Co. No. 25, Reg. No. 47-A-1

Date September 8 1946

Considered, and the Honorable Secretary of State is hereby respectfully informed that said

entitled to a nonquota status under Subdivision (a) Section 4 of the Immigration Act of 1924, as amended, and that said

entitled to preference as a quota immigrant(s) under paragraph (1) Subdivision (a) of Section 6 of the Immigration Act of 1924, as amended.

Approved by Direction of the Attorney General:

Joseph Savaroff  
Assistant Commissioner

(DO NOT WRITE IN THIS SPACE)

UNITED STATES DEPARTMENT OF IMMIGRATION AND NATURALIZATION

EXAMINERS WORK SHEET  
TRAVEL CONTROL SECTION  
VISA PETITION AND PREEXAMINATION UNIT

File No.

357442

Date

11/5/46

APPROVED FOR NON QUOTA, Section 4(a):

1 2 3 4 5 6 7 8

APPROVED FOR PREFERENCE QUOTA, Section 6(a)(1):

① 2 3 4 5 6 7 8

APPROVED ON CONDITION CONSUL SATISFIED PETITIONER IS U.S. CITIZEN AT PRESENT TIME.

OTHER CONDITIONS FOR APPROVAL: (Include pertinent information from Service files)

REJECTED:

1 2 3 4 5 6 7 8

REASONS FOR REJECTIONS:

FORWARD EVIDENCE OF FINANCES TO STATE DEPARTMENT.

FORWARD FOLLOWING DOCUMENTS TO STATE DEPARTMENT (for delivery to petitioner or beneficiary):

NOTICE OF APPROVAL TO:

- Petitioner  
 Petitioner e/o Attorney  
 Interested Party

RETURN TO PETITIONER:

- Birth Certificate  
 Baptismal Certificate  
 Marriage Certificate  
 Divorce Decree  
 Natz. Certificate  
(Registered Mail)

REMARKS:

**FORM 1040**  
Treasury Department  
Internal Revenue Service

**U. S. INDIVIDUAL INCOME TAX RETURN**  
FOR CALENDAR YEAR 1945

**1945**

or fiscal year beginning \_\_\_\_\_, 1945, and ending \_\_\_\_\_, 1946

**EMPLOYEES** Instead of this form, you may use your Withholding Report, Form W-2, with your return, if your total income was less than \$200, consisting wholly of wages shown on Withholding Receipts or of such wages and not more than \$100 of other wages, dividends, or interest.

Do not write in these spaces

Name (please print) **Felix Rafael**  
 (PLEASE PRINT. If this return is for a husband and wife, use both last names)  
 Address **220 Cabrini Boulevard**  
 (PLEASE PRINT. Street and number or rural route)  
**New York 33 New York New York**  
 (City or town, postal zone number) (County) (State)  
 Occupation **partner-novelty, mfg** Social Security No. **064-20-6586**

**Your Exemptions**

List your own name. If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband). List names of other close relatives (as defined in instruction 1) with 1945 incomes of less than \$500 who received more than one-half of their support from you. If this is a joint return of husband and wife, list dependent relatives of both.

1.	Name (please print)	Relationship	Name (please print)	Relationship
Your	<b>Felix Rafael</b>			
	<b>Johanna Elisabeth Rafael</b>	<b>daughter</b>		

**Your Income**

Enter your total wages, salaries, bonuses, commissions, and other compensation received in 1945, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Members of armed forces and persons claiming traveling or reimbursed expenses, see instruction 2.

2.	Print Employer's Name	Where Employed (City and State)	Amount
<b>COPY</b>			
Enter total here →			\$
3.	Enter here the total amount of your dividends and interest (including interest from Government obligations unless wholly exempt from taxation)		\$ <b>565 76</b>
4.	If you received any other income, give details on page 2 and enter the total here		\$ <b>960 82</b>
5.	Add amounts in items 2, 3, and 4, and enter the total here		\$ <b>1,526 58</b>

If item 5 includes incomes of both husband and wife, show husband's income here, \$ \_\_\_\_\_; wife's income here, \$ \_\_\_\_\_

**How to Figure Your Tax**

**IF YOUR INCOME WAS LESS THAN \$5,000.**—You may find your tax in the tax table on page 4. This table, which is provided by law, automatically allows about 10 percent of your total income for charitable contributions, interest, taxes, casualty losses, medical expenses, and miscellaneous expenses. If your expenditures and losses of these classes amount to more than 10 percent, it will usually be to your advantage to itemize them and compute your tax on page 3.

**IF YOUR INCOME WAS \$5,000 OR MORE.** Disregard the tax table and compute your tax on page 3. You may either take a standard deduction of \$500 or itemize your deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—If husband and wife file separate returns, and one itemizes deductions, the other must also itemize deductions.

**Tax Due or Refund**

6.	Enter your tax from table on page 4, or from line 15, page 3	\$	<b>None</b>
7.	How much have you paid on your 1945 income tax?	\$	<b>None</b>
	(A) By withholding from your wages	\$	<b>None</b>
	(B) By payments on 1945 Declaration of Estimated Tax	\$	<b>261 08</b>
Enter total here →		\$	<b>261 08</b>
8.	If your tax (item 6) is larger than payments (item 7), enter BALANCE OF TAX DUE here	\$	<b>261 08</b>
9.	If your payments (item 7) are larger than your tax (item 6), enter the OVERPAYMENT here	\$	<b>261 08</b>

Check ( ) whether you want this overpayment:  Debited to you  or Credited on your 1946 estimated tax

If you filed a return for a prior year, what was it for? **1944 1945 1946**  
 To which Collector's office was it sent? **0000**  
 To which Collector's office did you pay amount claimed in item 7 (B), above?

Is your wife (or husband) making a separate return for 1945?  
 If "Yes," write below: (Yes or No)  
 Name of wife (or husband)  
 Collector's office to which sent

I declare under the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

**CRENS, REIFER & WEISSBARTH**  
 CERTIFIED PUBLIC ACCOUNTANTS  
 (Signature of preparer other than taxpayer or agent preparing return) 19 RECTOR STREET  
**NEW YORK 6, NEW YORK**  
 (Date) **FEB 27 1946**  
 (Signature of taxpayer) **FEB 27 1946**  
 (Date) **10**

(If this is a joint return of husband and wife, it must be signed by both)



Do not use this page if your income is from salaries, wages, dividends, and interest

Salaries, wages, dividends, and interest

Schedule A - INCOME FROM ANNUITIES OR PENSIONS

1. Cost of annuity (total amount you paid in) \$ \_\_\_\_\_ amount received this year \$ \_\_\_\_\_

2. Amount received tax-free in prior years \$ \_\_\_\_\_ excess, if any, of line 4 over line 3 \$ \_\_\_\_\_

3. Remainder of your cost (line 1 less line 2) \$ \_\_\_\_\_ 6. Enter line 5, or 3 percent of line 1, whichever is greater \$ \_\_\_\_\_  
(Attach separate schedule for each additional annuity or pension)

Schedule B - INCOME FROM RENTS AND ROYALTIES

1. Kind of property	2. Amount of rent or royalty	3. Depreciation or depletion (explain in Schedule F)	4. Expenses (explain in Schedule G)	5. Other expenses (explain in Schedule G)
	\$ _____	\$ _____	\$ _____	\$ _____
Net profit (or loss) (col. 2 less sum of cols. 3, 4, and 5)	\$ _____	\$ _____	\$ _____	\$ _____

Schedule C - PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION (Farmers should obtain Form 1040F)

(State (1) nature of business \_\_\_\_\_; (2) business name \_\_\_\_\_)

COST OF GOODS SOLD (To be used where inventories are an income-determining factor) (Enter the lesser "C" or "M" on lines 2 and 3 if inventories are valued at either cost, or cost or market, whichever is lower)		OTHER BUSINESS DEDUCTIONS	
1. Total receipts \$ _____		21. Salaries and wages not in line 4 \$ _____	
2. Inventory at beginning of year \$ _____		22. Interest on business indebtedness \$ _____	
3. Merchandise bought for sale \$ _____		23. Taxes on business and business property \$ _____	
4. Labor \$ _____		24. Losses (explain in Schedule G) \$ _____	
5. Material and supplies \$ _____		25. Bad debts arising from sales or services \$ _____	
6. Other costs (explain in Schedule G) \$ _____		26. Depreciation, obsolescence and depletion (explain in Schedule F) \$ _____	
7. Total of lines 2 to 6 \$ _____		27. Rent, repairs, and other expenses (explain in Schedule G) \$ _____	
8. Less inventory at end of year \$ _____		28. Amortization of emergency facilities (attach statement) \$ _____	
9. Net cost of goods sold (line 7 less line 8) \$ _____		29. Net operating loss deduction (attach statement) \$ _____	
10. Gross profit (line 1 less line 9) \$ _____		20. Total of lines 11 to 19 \$ _____	
		21. Total of lines 9 and 20 \$ _____	
		22. Net profit (or loss) (line 1 less line 11) \$ _____	

Schedule D - GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.

1. Net gain (or loss) from sale or exchange of capital assets (from separate Schedule D) \$ \_\_\_\_\_

2. Net gain (or loss) from sale or exchange of property other than capital assets (from separate Schedule D) \$ \_\_\_\_\_

Schedule E - INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES

Name and address of partnership, estate, or trust \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and address of estate or trust \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

Other sources (state source) \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

Total income from above sources (Enter on Form 4, page 2)

Schedule F - EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED ON SCHEDULES B AND C

1. Kind of property (if building, also character of use indicated)	2. Depreciation claimed	3. Cost or other basis (do not include land or other nondepreciable property)	4. Amount fully depreciated (to date of sale or end of year)	5. Depreciation allowed for alternative in prior years	6. Amounting out of other basis to be allowed	7. Estimated life used in computing depreciation	8. Estimated remaining life from beginning of year	9. Depreciation allowable this year
	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____			\$ _____

Schedule G - EXPLANATION OF COLUMNS 4 AND 5 OF SCHEDULE B, AND LINES 6, 20, AND 21 OF SCHEDULE C

1. Nature of expense	2. Expense	3. Amount	4. Nature of expense	5. Expense	6. Amount
		\$ _____			\$ _____

**SCHEDULE OF GAINS AND LOSSES**  
FROM SALES OR EXCHANGES OF (1) CAPITAL ASSETS AND (2) PROPERTY OTHER THAN CAPITAL ASSETS

(TO BE FILED WITH THE COLLECTOR OF INTERNAL REVENUE WITH FORM 1040)

For Calendar Year 1945

Or fiscal year beginning \_\_\_\_\_, 1945, and ending \_\_\_\_\_, 1946

(See Instructions on other side)

Name of taxpayer Felix Rafael  
Address 220 Cabrini Boulevard, New York 33, New York

**(1) CAPITAL ASSETS**

1. Kind of property (if necessary, attach statement of descriptive details not shown below)	2. Date acquired <i>Mo. Day Year</i>	3. Date sold <i>Mo. Day Year</i>	4. Gross sales price (contract price)	5. Cost or other basis	6. Expenses of sale and cost of improvements subsequent to acquisition or March 1, 1913	7. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	8. Gain or loss (column 4 plus columns 7 less the sum of columns 5 and 6)	9. Gain or loss to be taken into account	
								% Percentage	10. Amount
<b>SHORT-TERM CAPITAL GAINS AND LOSSES—ASSETS HELD NOT MORE THAN 6 MONTHS</b>									
							2,263.82	100	
							594.24	100	
							1,669.58	100	1,669.58
Total net short-term capital gain or loss (enter on line 1, column 3, of summary below)									\$ 1,669.58

**LONG-TERM CAPITAL GAINS AND LOSSES—ASSETS HELD FOR MORE THAN 6 MONTHS**

							432.49	50	
							112.76	50	159.87
							319.73	50	
Total net long-term capital gain or loss (enter in line 2, column 3, of summary below)									\$ 159.87

**SUMMARY OF CAPITAL GAINS AND LOSSES**

1. Classification	2. Capital loss carry-over (attach statement)	3. Net gain or loss to be taken into account from column 10, above		4. Net gain or loss to be taken into account from partnerships and comm. trust funds		5. Total net gain or loss taken into account in columns 2, 3, and 4 of this summary	
		(a) Gain	(b) Loss	(a) Gain	(b) Loss	(a) Gain	(b) Loss
1. Total net short-term capital gain or loss		\$		\$		\$ 1,669.58	
2. Total net long-term capital gain or loss		\$		\$		\$ 159.87	
3. Net gain in column 5, lines 1 and 2. (Enter on line 1, Schedule D, page 2, Form 1040)						1,829.45	*****
4. Net loss in column 5, lines 1 and 2. (The amount to be entered on line 1, Schedule D, page 2, Form 1040, is (1) this item or (2) net income, or adjusted gross income if tax is computed by use of the tax table on page 4, Form 1040, computed without regard to capital gains or losses, or (3) \$1,000, whichever is smallest.)							*****

**COMPUTATION OF ALTERNATIVE TAX**

Use only if you had an excess of net long-term capital gain over net short-term capital loss, and line 9, page 3, Form 1040, exceeds \$16,000

1. Net income (line 3, page 3, Form 1040)	\$	10. Surtax on line 9. (See Surtax Table in Form 1040 Instructions)	\$
2. Excess of net long-term capital gain over net short-term capital loss (line 2, column 5 (a), less line 1, column 5 (b), of summary above)	\$	11. Partial tax (line 6 plus line 10)	\$
3. Ordinary net income (line 1 less line 2)	\$	12. 50% of line 2	\$
4. Less: Normal-tax exemption (line 4, page 3, Form 1040)	\$	13. Alternative tax (line 11 plus line 12)	\$
5. Balance subject to normal tax. (If partially tax-exempt interest is included in line 3 above, see Tax Computation Instructions on page 4 of Form 1040 Instructions)	\$	14. Total normal tax and surtax (line 6 plus line 10, page 3, Form 1040)	\$
6. Normal tax (3% of line 5)	\$	15. Tax liability (line 13 or line 14, whichever is the lesser). (Enter on line 11, page 3, Form 1040)	\$
7. Ordinary net income (line 3, above)	\$		
8. Less: Surtax exemptions (line 8, page 3, Form 1040)	\$		
9. Balance (surtax net income)	\$		

**(2) PROPERTY OTHER THAN CAPITAL ASSETS**

1. Kind of property	2. Date acquired	3. Gross sales price (contract price)	4. Cost or other basis	5. Expenses of sale and cost of improvements subsequent to acquisition or March 1, 1913	6. Depreciation allowed (or allowable) since acquisition or March 1, 1913 (attach schedule)	7. Gain or loss (column 3 plus column 6 less the sum of columns 4 and 5)
		\$	\$	\$	\$	\$
Total net gain (or loss) (enter on line 2, Schedule D, page 2, Form 1040)						\$ 12

If any item in this schedule was acquired by you otherwise than by purchase, attach a statement explaining how acquired.

Do not itemize deductions if—(1) you determine your tax from the tax table on page 4, or  
 (2) Your total income is \$5,000 or more and you claim the \$500 standard deduction.  
 If husband and wife living together at end of year file separate returns and one itemizes deductions, the other must file his or her return on Form 1040, and must also itemize deductions.

**DEDUCTIONS**

Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return.

		Amount
Contributions	Bnai Brith	\$ 69 80
	Congregation Beth Israel	83 00
	Worlds Jewish Congress	25 00
	Other recognized charities	32 00
	Allowable Contributions (not in excess of 15 percent of item 5, page 1)	\$ 209 80
Interest	Hersfeld & Stern, 30 Broad St. NYC	\$ 42.50
	Total Interest	42.50
Taxes	Auto license	\$ 17 00
	Misc. excise taxes	10 00
Total Taxes	27 00	
Losses from fire, storm, shipwreck, or other casualty, or theft.	Total Allowable Losses (not compensated by insurance or otherwise)	
Medical and dental expenses	Accident insurance	\$ 90 00
	See statements attached	357 89
	Net Expenses (not compensated by insurance or otherwise)	\$ 447 89
	Enter 5 percent of item 5, page 1, and subtract from Net Expenses	76 32
Allowable Medical and Dental Expenses. See Instruction for limitation	371 57	
Miscellaneous (See instructions)	Discount expense	\$ 453 45
	Safe Deposit Box	18 00
	Accounting services	50 00
Total Miscellaneous Deductions	521 45	
<b>TOTAL DEDUCTIONS</b>	<b>\$ 1,172 32</b>	

**TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4**

1. Enter amount shown in item 5, page 1. This is your Adjusted Gross Income.	\$ 1,526 88
2. Enter DEDUCTIONS (if deductions are itemized above, enter the total of such deductions; if adjusted gross income (line 1, above) is \$5,000 or more and deductions are not itemized, enter the standard deduction of \$500).	1,172 32
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income.	\$ 354 56
4. Enter your Normal-Tax Exemption (\$500 if return includes income of only one person; otherwise see Tax Computation Instructions).	500 00
5. Subtract line 4 from line 3. Enter the difference here. (If line 3 includes partially tax-exempt interest, see Tax Computation Instructions).	\$ NONE
6. Enter here 3 percent of line 5. This is your Normal Tax. (Figure your Surtax and enter in line 10)	\$ NONE
7. Copy the figure you entered on line 3, above.	\$ 354 56
8. Enter your Surtax Exemptions (\$500 for each person listed in item 1, page 1).	1,000 00
9. Subtract line 8 from line 7. Enter the difference here. This is your Surtax Net Income.	\$ NONE
10. Use the Surtax Table in instruction sheet to figure your Surtax on amount entered on line 9. Enter the amount here.	NONE
11. Add the figures on lines 6 and 10, and enter the total here. (If alternative tax is made on separate Schedule D, enter here tax from line 15 of Schedule D).	\$
If you used the \$500 standard deduction in line 2, disregard lines 12, 13, and 14, and copy on line 15 the same figure you entered on line 11.	
12. Enter here any income tax payments to foreign or U. S. possess. (attach Form 1116).	\$
13. Enter here any income tax paid at source on interest and dividend bond interest.	\$
14. Add the figures on lines 12 and 13.	\$
15. Subtract line 14 from line 11. Enter the difference here. This is your tax.	\$

I hereby certify that this is a true copy of my  
Income Tax Return as submitted to the Collector  
of Internal Revenue for 1945.

*Felix Rafael*  
Felix Rafael

*Income Tax Return for 1945  
Felix Rafael  
Felix Rafael*

**EVELYN R. CLOURE**  
Notary Public, Bronx County  
Bronx Co. Clk's No. 138  
N. Y. Co. Clk's No. 906  
Commission Expires March 30, 1947

HERZFELD & STERN

MEMBERS OF  
NEW YORK STOCK EXCHANGE  
CABLE ADDRESS  
"FELIXFELD" NEW YORK

30 BROAD STREET

NEW YORK 4, N. Y.

October 10th, 1946.

TO WHOM IT MAY CONCERN:-

We beg to state that we carry an account

for

Mr. Felix Rafael,  
220 Cabrini Blvd.,  
New York, N.Y.

having an equity of about \$10,711.90.

Very truly yours,

*Felix Rafael*  
*and Jesse Perkins*

GS:VD

Sworn to and subscribed before me  
this 10th day of October, 1946.

*Murray G. Levine*

MURRAY G. LEVINE, Notary Public  
State of N.Y. No. 63, Exp. No. 122-1-7  
City of New York No. 467, Reg. No. 278-1-7  
Commission expires March 30, 1947

# The Chase National Bank

OF THE CITY OF NEW YORK

MADISON SQUARE BRANCH  
MADISON AVENUE AT 88<sup>th</sup> STREET  
NEW YORK 10, N. Y.

New York

September 30, 1946.

American Consul,  
Prague, Czechoslovakia.

Sir:

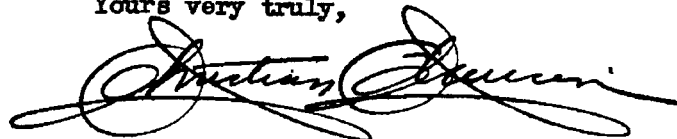
This letter is written at the request of Mr. Felix Rafael who is sponsoring the entrance into this country of his mother-in-law,

Mrs. Bertha Fried

presently residing in Podobrudy, Czechoslovakia. Mr. Rafael has maintained a good account with us since September, 1938. He was formerly a citizen of Czechoslovakia, but it is our understanding that he is at present residing in the United States under a permanent immigration visa. Balances in the account, for the past eight months, have been averaging in moderate four-figure proportions, and there is presently \$2,068.61 on deposit. Information in our possession regarding Mr. Rafael is of a complimentary nature, and our general impressions are entirely favorable.

For your further information we might add that in accordance with Executive Order 8389, as amended, this account operates freely under General License No. 42.

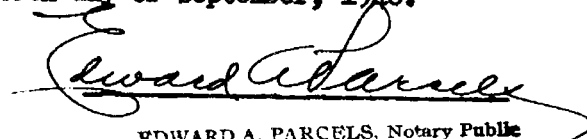
Yours very truly,



C. F. W. Clausen,  
Assistant Manager.

STATE OF NEW YORK )  
COUNTY OF NEW YORK)

Sworn to before me this thirtieth day of September, 1946.



EDWARD A. PARCELS, Notary Public  
Queens Co. Clerk's No. 1916  
Queens Co. Seal No. 42-P-8  
New York Co. Clerk's No. 90  
New York Co. Register's No. 69-P-8  
Term expires March 30, 1948

**KORA-PLAST CO.**  
**PLASTIC NOVELTIES**  
**25 SPRUCE STREET**  
**NEW YORK 7, N. Y.**

Balance Sheet

as of September 30, 1946.

**Assets:**

Bank of the Manhattan Co	\$ 4867.56	
Accounts receivable	5055.00	
Ready goods on hand	1556.00	
Deposit Rudolphe Axel	950.00	
Deposit Landlord	200.00	
Machines & fixtures	<u>3900.00</u>	16,528.56

**Liabilities:**

City Sales Tax

8.--

Capital

\$ 16520.56

Mr Felix Rafael - Capital

\$ 8260.28

Mr Leo P. Korey - Capital

\$ 8260.28

State of New York )  
 County of New York )

*Leo P. Korey*  
 Leo P. Korey, Partner

Sworn to before me this  
 14<sup>th</sup> day of October 1946

*Evelyn R. Clouse*

**EVELYN R. CLOUSE**  
 Notary Public, Bronx County  
 Bronx Co. Clk's No. 138  
 N. Y. Co. Clk's No. 905  
 Commission Expires March 30, 1947





upon me for support

Person	Name of Person: Partially Dependent	Age	Relationship
ELY DEPENDENT	Grete Rafael	50	Wife
	J. Elizabeth Rafael	18	Daughter

10. That I previously submitted affidavits of support for none persons, on  
(Number if more)  
 \_\_\_\_\_ and  
(Dates)

11. That their names were \_\_\_\_\_

12. That I previously submitted a petition for issuance of Immigration Visa for \_\_\_\_\_  
(name and relationship of person(s) to you)  
 \_\_\_\_\_  
(Dates)

13. DEPONENT FURTHER STATES: That he is willing and able to receive, maintain and support the above-named prospective immigrants listed in ITEM THREE. That he is ready and willing to deposit a bond with the U.S. Immigration Authorities, if that be necessary, to guarantee that they will never become public charges during their stay in this country.

AND DEPONENT FURTHER STATES: That this affidavit is made by him for the purpose of inducing the American Consul to issue visas to the above mentioned relatives or friends and the Immigration Authorities to admit said relatives into the United States.

*[Signature]*  
(Signature of Deponent)

Subscribed and sworn to before me,

this 14<sup>th</sup> day of October A.D. 19 46

*Evelyn R. Cloux*  
(Signature of officer)

*Notary Public*  
(Title of Officer)

EVELYN R. CLOUX  
 Notary Public, Bronx County  
 Bronx Co. Clk's No. 138  
 N. Y. Co. Clk's No. 400  
 Commission Expires March 30, 1947

DEPONENT MUST SUBMIT IN DUPLICATE EVIDENCE OF NET WORTH AS CLAIMED

IN ITEMS 4, 5(a), 6, 7, 8



IN THE MATTER OF THE APPLICATION  
 - of -  
 BERTA FRIED (NEE HAHN)  
 FOR IMMIGRATION VISA TO THE UNITED STATES

To the American Consul  
 in  
 PRAGUE, CZECHOSLOVAKIA

STATE OF NEW YORK  
 CITY NEW YORK  
 COUNTY OF NEW YORK } ss.:

Ruth W. Ganz, being duly sworn,  
 deposes and says:

That I am a resident of the State of New York  
 City of New York, residing at 150 Central Park South  
 in the County of Manhattan

That I was born in Chicago, Ill., U.S.A. on November 26, 1886

That I am a citizen of the United States by birth X, or by naturalization  
 certificate No. \_\_\_\_\_, issued by \_\_\_\_\_ Court,  
 on \_\_\_\_\_

That I am concerned about the welfare of my friend, Berta Fried (nee Hahn)  
 who was born in Cesky Budejovice, Bohemia, Czechoslovakia on June 9, 1874  
 and is residing at Hotel Luxor, Laska Podedbrady, Czechoslovakia  
 and who is anxious to immigrate to the United States to join me.

Although I am not related to Berta Fried  
 I am very much concerned about his welfare and have a strong sense of moral responsibility towards him.  
 (explain interest) She is the mother of a friend of mine of very many years  
 standing.

That I hereby assure the Honorable American Consul that I will properly receive and care for the said  
 Berta Fried upon his arrival in this country and I will not permit  
 him to become a public charge upon any community or municipality.

That as proof of my financial ability to assume the above responsibility, I allege as follows: (docu-  
 mentary proof is hereto attached)

1. That I am (give occupation) Housewife
2. That I have an annual income of \$ Approx. \$13,500.00
3. That in addition I have assets valued at \$ Approx. \$250,000.00 as follows:  
 Insurance \_\_\_\_\_ Cash surrender value \$ \_\_\_\_\_  
 Bank Savings \_\_\_\_\_  
 Other Assets Stocks and Bonds, and Life Interest in several trusts.
4. That I have dependent upon me for support:  
 No one.

21

That this petition is made by me in order that the Honorable American Consul abroad  
 passport of my friend, Berta Fried  
 Sworn and subscribed to before me  
 this 10th day of October 1946

x Ruth W. Ganz

JACK ABRAMSON  
 JACK ABRAMSON  
 Notary Public, State of New York, No. 16-A-1  
 Notary Public, State of New York, No. 47-A-1

**HARLEM SAVINGS BANK**  
181st STREET AND BROADWAY  
NEW YORK 33, N. Y.

October 2, 1946

American Consul  
Prague, Czechoslovakia

Gentlemen:

At the request of our depositor, we submit the following information with reference to an account maintained at this Office:

Account No.	99335
Title	"Grete Rafael"
Address	220 Cabrini Blvd., N. Y., N. Y.
Date Opened	July 1, 1942
Present Balance	Three thousand one hundred sixty three and 9/100th Dollars (\$3,163.90).

Very truly yours,

*Seward J. Baker*

STATE OF NEW YORK

COUNTY OF NEW YORK

Assistant Manager  
 NOTARY PUBLIC  
 ss.,  
 Bronx Co. Clk's No. 56, Reg. No. 104-S-4  
 N. Y. Co. Clk's No. 821, Reg. No. 380-S-7  
 Commission Expires March 30, 1947

On this 2 day of October, 1946, personally appeared  
 Seward J. Baker, Ass't. Manager, of the HARLEM SAVINGS BANK,  
 who duly acknowledged the foregoing instrument.

400-1-46-S.W.A.B. Corp.

*Richard M. Schector*

UNITED STATES OF AMERICA  
New York

AFFIDAVIT OF SUPPORT  
(MUST BE TYPEWRITTEN)

State of New York

Grete Rafael residing at 220, Cabrinha  
(Name) (Street Address)  
New York 33 N. Y.  
(City) (State) (Country)

Using duly sworn depose and say:

(a) THAT I was born a citizen of the  
United States on:  
(Date)  
City of \_\_\_\_\_  
County of \_\_\_\_\_  
State of \_\_\_\_\_

(b) That I was naturalized a citizen of the  
United States on: August 8, 1946  
(Date)  
City of New York  
County of New York  
State of New York  
Certificate Number is 6695024  
Issued by Southern District  
Court of New York  
(Court)

(c) That I am not a citizen of  
the United States, but have  
been lawfully admitted for  
permanent residence on:  
Date \_\_\_\_\_  
Steamship \_\_\_\_\_  
Port of \_\_\_\_\_

2. That I am 50 years of age and have resided in the United States since October 19, 1946  
3. That it is my intention and desire to have the following relative(s) at present residing at  
Hotel Luxor, Lazne Poebrazy, Czechoslovakia  
and remain with me in the United States until they become self supporting:

NAME OF PROSPECTIVE IMMIGRANTS	Sex	Age	Country of Birth	Married or Single	Relationship to Deponent
<u>Estla Fried</u> (nee Hahn)	<u>F</u>	<u>72</u>	<u>Czechoslovakia</u>	<u>single</u>	<u>mother</u>

4. That I am employed as, or engaged in the business of housewife  
with \_\_\_\_\_ at \_\_\_\_\_  
(Name of Concern) (Address)  
and derive a net annual income of \$ \_\_\_\_\_ dollars.

5. (a) That I have on deposit in savings banks in this country \$ 3163.94  
Jewelry (b) and I have other personal property, the reasonable value of which is \$ 9850

6. That I own real estate at \_\_\_\_\_  
\$ \_\_\_\_\_ dollars, with mortgages or other encumbrances to  
to \$ \_\_\_\_\_ dollars.

7. That I have insurance in the sum of \$ \_\_\_\_\_ dollars; cash surrender value of \_\_\_\_\_  
I have stocks and bonds in the amount of \$ \_\_\_\_\_

(OVER)

9. That the following persons are dependent upon me for

Name of Person : WHOLLY DEPENDENT	Name of Person Partially Dependent	Age	Relationship

10. That I previously submitted affidavits of support for none  
(Number, if any)  
\_\_\_\_\_ and  
(Dates)

11. That their names were \_\_\_\_\_

12. That I previously submitted a petition for issuance of Immigration Visa for my:  
(name and relationship of person(s) to you) mother  
on April 19, 1946 for non-preferred quota, when I was only a  
resident alien and now wish my mother to come to the U.S. under  
preferred quota.  
(Dates)

13. DEPONENT FURTHER STATES: That he is willing and able to receive, maintain and support the above  
named prospective immigrants listed in ITEM THREE. That he is ready and willing to deposit a bond  
with the U.S. Immigration Authorities, if that be necessary, to guarantee that they will never be-  
come public charges during their stay in this country.

AND DEPONENT FURTHER STATES: That this affidavit is made by him for the purpose of inducing the  
American Consul to issue visas to the above mentioned relatives or friends and the Immigration Au-  
thorities to admit said relatives into the United States.

Esrate Raluel  
(Signature of Dependent)

Subscribed and sworn to before me,

this 15 day of Oct A.D. 19 46  
Judea Gumpfer  
(Signature of officer)

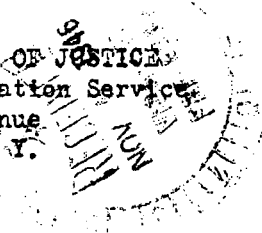
Notary Public  
(Title of officer) 1948

DEPONENT MUST SUBMIT IN DUPLICATE EVIDENCE OF

IN ITEMS 4, 5, 6, 7

3-1335  
7/5/46

UNITED STATES DEPARTMENT OF JUSTICE  
Immigration and Naturalization Service  
70 Columbus Avenue  
New York 23, N. Y.



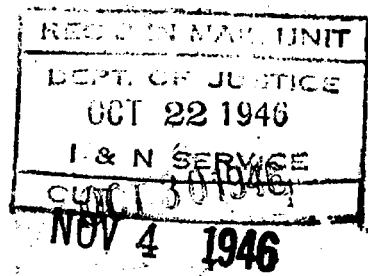
In re visa petition in behalf of:

Berta Fried

Attached petition and all documents attached thereto  
were reviewed and found satisfactory by me.

[Signature]  
Signature of Examiner

10/18/46  
Date



*VPJ*

6743459

UNITED STATES DEPARTMENT OF JUSTICE  
IMMIGRATION AND NATURALIZATION SERVICE

ALIEN REGISTRATION  
FOREIGN SERVICE FORM

Initial Entry  Reentry  
 IF REENTRY INDICATE:  
 a. Date last departure from U. S.:  
 (Month) (Day) (Year)  
 b. Port of departure:  
 c. Registration number if previously registered:

1. ☆ My name is Berta FRIED  
(FIRST NAME) (MIDDLE NAME) (LAST NAME)

☆ I have also been known by the following names nee Berta Hahn  
 (include maiden name if a married woman, professional names, nicknames, and aliases):

2. ☆ My address in the United States will be 220 Cabrini Blvd.  
(STREET ADDRESS OR RURAL ROUTE)

New York 33 N.Y.  
(CITY) (STATE)

3. ☆(a) I was born on June 9 1874  
(MONTH) (DAY) (YEAR)

☆(b) I was born in (or near) Ces. Budejovice Bohemia Czechoslovakia  
(CITY) (PROVINCE) (COUNTRY)

4. ☆ I am a citizen or subject of Czechoslovakia  
(COUNTRY)

5. ☆(a) I am a (check one):  
 Male  <sup>1</sup> Female  <sup>2</sup>  
 ☆(b) My marital status is (check one):  
 Single  <sup>1</sup> Married  <sup>2</sup> Widowed  <sup>3</sup> Divorced  <sup>4</sup>

☆(c) My race is (check one): White  <sup>1</sup> Negro  <sup>2</sup> Japanese  <sup>3</sup> Chinese  <sup>4</sup> Other

6. I am 4 feet 8 inches in height, weigh 122 pounds, have grey hair, and brown eyes.  
(COLOR) (COLOR)

7. ☆ My first arrival in the United States was on \_\_\_\_\_  
(MONTH) (DAY) (YEAR)

8. ☆(a) I have lived in the United States a total of \_\_\_\_\_ years.  
 ☆(b) I expect to remain in the United States permanently  
(PERMANENTLY, OR DURATION OF EXPECTED STAY)

9. (a) My usual (or previous) occupation is none

(b) My present occupation is none

☆(c) My present employer (or registering parent or guardian) is \_\_\_\_\_  
 whose address is \_\_\_\_\_  
(STREET ADDRESS) (CITY) (COUNTRY OR STATE)  
 and whose business is \_\_\_\_\_

10. (a) I intend to be engaged in the following activities in the United States: to join my daughter

(b) I have been, within the past 5 years, engaged in the following activities: Concentration camp

All items must be answered by persons 14 years of age or older. For children under 14 years of age, only the items marked with star (☆) must be answered by the parent or guardian. All answers must be accurate and complete.  
Revised Nov. 15, 1942



11. My military or naval service has been \_\_\_\_\_ (COUNTRY) \_\_\_\_\_  
 \_\_\_\_\_ (BRANCH OF SERVICE) From \_\_\_\_\_ (DATE) to \_\_\_\_\_ (DATE)

12. I have not applied for first citizenship papers in the United States. Date of application \_\_\_\_\_  
(HAVE, HAVE NOT)

First citizenship papers received \_\_\_\_\_ (DATE) \_\_\_\_\_ (NUMBER) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE)

Filed petition for naturalization \_\_\_\_\_ (DATE) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE)

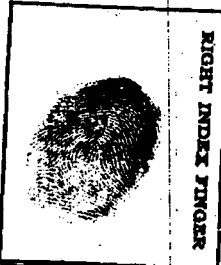
13. I have the following specified relatives living in the United States:  
 Parent(s) None Husband or wife No Children One  
(NONE, OR ONE, OR BOTH) (YES OR NO) (NUMBER)

14. I have not been arrested or indicted for, or convicted of any offense (or offenses). These offenses are:  
(HAVE, HAVE NOT)  
 Nature of offense \_\_\_\_\_ Date of arrest \_\_\_\_\_ Place of arrest \_\_\_\_\_ Disposition of case \_\_\_\_\_

15. Within the past 5 years I have not been affiliated with or active in (a member of, official of, a  
(HAVE, HAVE NOT)  
 worker for) organizations, devoted in whole or in part to influencing or furthering in the United States, the political  
 activities, public relations, or public policy of any other government.

OFFICE USE

**AFFIDAVIT FOR PERSONS 14 YEARS OF AGE AND OLDER**



I have read or have had read to me the above statements, and do hereby swear (or affirm) that these statements are true and complete to the best of my knowledge and belief.

Berta Fried  
(SIGNATURE OF REGISTRANT)

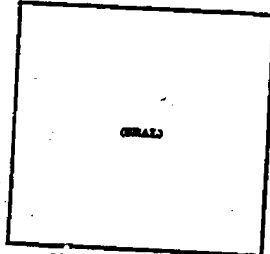
Subscribed and sworn to (or affirmed) before me this 8th day of May, 1947 at the place designated by the official seal below.  
Carroll C. Parry  
 CARROLL C. PARRY  
Consul of the United States of America

**AFFIDAVIT FOR PARENT OR GUARDIAN ONLY**

I am the \_\_\_\_\_ (PARENT OR GUARDIAN OF OR PERSON RESPONSIBLE FOR) the above-named alien, who is \_\_\_\_\_ (UNDER 14 YEARS OF AGE, OR INSANE) and have made the above allegations for him (or her). I have read or have had the same read to me, and do hereby swear (or affirm) that they are true and complete to the best of my knowledge, information, and belief.

PRINT NAME, ADDRESS, AND BUSINESS OF PERSON SIGNING THIS AFFIDAVIT IN 9 (c), ABOVE.

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 1947 at the place designated by the official seal at the right.



\_\_\_\_\_  
(SIGNATURE OF PARENT OF, OR GUARDIAN OF, OR PERSON RESPONSIBLE FOR THE ALIEN)

\_\_\_\_\_  
(REGISTERING OFFICIAL)

I certify that the within named registrant arrived in the United States on the S. S. M. S. GRIPSHOLM JUL 29 1947 at the port of NEW YORK, N. Y. and was inspected by me and duly admitted.

[Signature]  
 IMMIGRATION OFFICER

THE FOREIGN SERVICE  
OF THE  
UNITED STATES OF AMERICA

AMERICAN EMBASSY  
CONSUL GENERAL ON  
PRAHA, CZECHOSLOVAKIA

To be opened by the  
Officer in Charge of the  
U.S. Public Health Service  
at the port of entry.

Německý text neplatný.

Bezirk Praha  
St. okres

Le

# Geburtsschein - Rodný list

(Auszug aus der Geburtsmatrik - výpis z matriky narozených)

der Jüdischen Kultusgemeinde in

- Židovská náboženská obec v Praze

1.	Ordnungs-Nr. Řadové číslo	Datum und Nummer des Anmeldescheines Datum a číslo ohlaš. listku	České Budějovice I Band Svazek r. 1874 Seite strana 1
2.	Kind - Dítě Kind - Dítě	Geburtsdatum (Tag, Monat, Jahr) Datum narození (den, měsíc, rok)	9. června 1874
3.		Geburtsort (Haus-Nr., polit. Bezirk) Místo narození (čís. domu, polit. okres)	České Budějovice
4.		Datum der Beschneidung (Namenabteilung) Datum obřezání (část jména)	-
5.		Ort der Beschneidung (Haus-Nr., pol. Bez.) Místo obřezání (čís. domu, polit. okres)	-
6.		Name Jméno	Berta
7.		Geschlecht Pohlaví	ženské
8.		Geburt (ehelich-unehelich) Původ (manželský-nemanželský)	manželský
9.		Vater - Otec	Vor- und Zuname Jméno a příjmení
	Stand (ledig-verheiratet) Stav (svobodný-ženat)		ženatý
	Beruf Povolání		-
	Wohnort (Haus-Nr., polit. Bezirk) Bydliště (číslo domu, polit. okres)		-
	Geboren (Datum) Narozen (datum)		-
	Heimatzuständigkeit Domovská příslušnost		-
	Namen der Eltern Jména rodičů		-
10.	Mutter - Matka	Name (auch Geburtsname) Jméno (též rodné)	Alžběta roz. Pícková
		Stand (ledig-verheiratet) Stav (svobodná-vdaná)	vdaná
		Beruf Povolání	-
		Wohnort (Haus-Nr., polit. Bezirk) Bydliště (číslo domu, polit. okres)	-
		Geboren (Datum) Narozena (datum)	-
		Heimatzuständigkeit Domovská příslušnost	-
		Namen der Eltern Jména rodičů	-



Matrik für Böhmen und Mähren in Prag  
matrika pro Čechy a Moravu v Praze



Židovská

19 46.

*Handwritten signature*  
Matrikenführer - Správce matrik

Gesch.-Zahl: 8187/46  
Cis. jed.:

Bezirk:  
Polit. okres:

P r a h a

Německý text neplatný.

Do vyčerpání starých tiskopisů

H.

# Traungsschein - Oddací list

(Auszug aus der Trauungsmatrik - výpis z matriky sňatků)

der Jüdischen Kultusgemeinde in Prag - Židovské náboženské obce v Praze  
Praha



Seite: 176  
Strana:

1.	Post-Nr.: Rad. číslo: 120	Band: svazek: VIII, 4, r. 1895	
2.	Der Bräutigam — ženich  Name, Beschäftigung, Wohnort, Zuständigkeit, Namen der Eltern Jméno, zaměstnání, bydliště, příslušnost, jména rodičů	Bedřich F r i e d, obchodník v Jablonci n/H., z Ješetie, syn Mojžiše Frieda a Marie rez. Gratunové	
		Alter und Geburtsort Stáří a rodiště 5.3.1861, Ješetice okr. Votice	
		Stand (ledig, Witwer, getrennt) Stav (svobodný, vdovec, rozloučený) svobodný	
3.	Die Braut — nevěsta  Name, Beschäftigung, Wohnort, Zuständigkeit, Namen der Eltern Jméno, zaměstnání, bydliště, příslušnost, jména rodičů	Berta H a h a e v á, dcera Hynka Habna a Alžběty rez. Píckové	
		Alter und Geburtsort Stáří a rodiště 9.6.1874, Č. Budějovice	
		Stand (ledig, Witwe, getrennt) Stav (svobodná, vdova, rozloučená) svobodná	
4.	Aufgebot Ohlášení  Datum des Aufgebots (Tag, Monat, Jahr) Datum ohlášení (den, měsíc, rok) Ort des Aufgebots (Tag, Monat, Jahr) Místo ohlášení (den, měsíc, rok)	11., 18. a 25. 5. 1895 Č. Budějovice Jablonce n/H.	
		2. č e r v n a 1895	
5.	Eheschließung Sňatek  Datum der Eheschließung Datum uzavření sňatku Ort der Eheschließung Místo sňatku  Dispens von Ehehindernissen bewilligt (Zahl und Datum des Dekrets) Dispens od překážek manžel. povolena (číslo a datum dekretu)	Praha	
		-	
6.	Eigenhändige Unter- schriften u. Wohnort Vlastnoruční podpisy a bydliště  das die Trauung vorkommenden Rabbiners oddávajícího rabína  der Zeugen svědků	Dr. Hořman Baneth	
		Mojžiš Fried Wolf Berger	
7.	Anmerkung Poznámka	-	



Jüdische Zentralmatrik für Böhmen und Mähren in Prag  
Židovská ústřední matrika pro Čechy a Moravu v Praze

O p i s .

Stát : Čechy

Čís. jedn. 12773/46

Polit. okres : Praha

Kolek 12.- Kčs

Ů m r t n í l i s t

L.S.

II. / Výpis z matriky zemřelých /

Židovské ústřední matriky pro země České a Moravskoslezské.

svazek : Boudnice 27a II V r. 1942 Strana : 86

1. Čad. čís. 254

2. Datum a číslo ohledacího lístku

a jméno ohledače mrtvých : 21. 11. 1942 MUDr. K. Cjajek

3. Den, měsíc a rok úmrtí : 21. listopadu 1942

4. Místo úmrtí /čís. domu / Terezín

5. Den, měsíc, rok a místo pohřbu : 23. listopadu 1942 ,Terezín

6. Z e m ř e l é h o :

Jméno, stav, zaměstnání, příslušnost, jméno manžela, event. rodičů

Bedřich F r i e d, býv. obchodník, přísl. do Budějovic, syn Moj-

žiše a Marie roz. Gratumové, manžel Berty roz. Hahnové.

7. Bydliště / čís. domu, pol. okres / Poděbrady č. 185

8. Pohlaví : mužské

9. Stáří/rok, měsíc a den naroz. / 5.3.1861

10. Pochodiště, /obec a ~~okres~~ pol. okres / v Ješeticích okr. Sedlčany

11. Stav/svobodný, ženatý, ~~vdaná~~, ovdovělý , rozloučený /

ženatý

12. Nemoc a příčina smrti : Pneumonia

13. Záznam osob starších 100 let : -

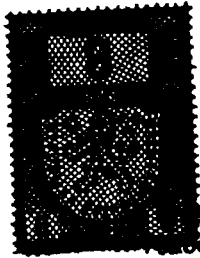
14. Poznámka : Dočatečný zápis: Mag. hl. m. Prahy ,ref. pop. č. IV.0

8600/46 lá ze dne 31. 5. 1946.

Pada židovských náboženských obcí  
v zemích České a Moravskoslezské.  
Židovské ústřední metrika pro země Čes a Moravskoslezské.

Y Praze dne 10.7.1946.

I. S.  
J. Šmolka v.r.  
podpis.



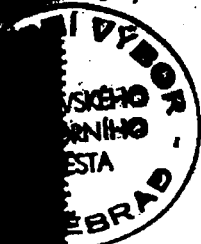
Stuji, že tento opis - fotodopis  
shoduje se úplně s předloženým mi  
prvopisem na *2/10* archu napsa-  
ným, kolkem za *K. M.* opatřeným  
Jablonec n. Nis., dne *10. 7. 1946*  
roku tisíc devětset čtyřicet *sedm*  
Popl. a kolek *Kč 25,-*



*Prošpice*  
notář

PODĚBRADĚCH dne 17. dubna 1947.

C. j. 364/1948.



## Vysvědčení zachovalosti.

Místní národní výbor v Poděbradech potvrzuje, že pan (i), sl. ....

Berta Friedová roz. Hahnová

povoláním soukromnice

datum a místo narození 9.6.1874 České Budějovice

domovská obec, politický okres Jablonec n.N.

bytem v Poděbradech, Tyršova ul. čp. 678./III.

**nemá v rejstříku trestů zaznamenáno žádné odsouzení dle oznámení státního zastupitelství v Českých Budějovicích**

Vysvědčení toto vydává se jako doklad k vystavení cest. pasu.



Předseda:

*Ha*  
*Moravská*

\*Nonpreferential  Preference: Section 6 (a) (1)  Section 6 (a) (2)

Czechoslovak  
(Quota nationality)

Embassy, Consular Section  
Czechoslovak

PORT OF

American

at Praha, Czechoslovakia

I certify that the within-named immigrant

*Berta Fried*

arrived in the United States at this port on the S. S.

on

and was inspected by me and duly <sup>admitted</sup> <sub>(held for BSI)</sub>

*[Signature]*  
Immigration Officer.

RECORD OF BSI

The within-named immigrant was <sup>admitted</sup> <sub>excluded and appeal granted</sub>

Date

Chairman BSI.

RECORD OF APPEAL

Admitted Excluded

Date



*Berta Fried*

QUOTA IMMIGRATION VISA No. 2485

Date JUN 16 1947

SEEN:

The bearer,

Berta FRIED

who is of Czechoslovak  
(Citizen or subject)

nationality, having been seen and examined, is classified as a quota immigrant and is granted this Immigration Visa pursuant to the Immigration Act of 1924, as amended.

The validity of this Immigration Visa expires on

00115 1947

*[Signature]*  
Consul General  
of the  
United States of America.



Fee \$9.

Fee No. 6286

Immigrant identification card No. issued.

Passport No. 4049/2725/47 or other travel document

(Describe)

Issued to Berta FRIED

Issued by National Security Headquarters  
Praha, Czechoslovakia

Date March 6, 1947.

Valid until February 28, 1948.

Note.—This Immigration Visa will not entitle the person to whom issued to enter the United States. If, upon arrival in the United States, he is found to be inadmissible to the United States under the Immigration Laws. (Subdivision (g), sec. 2, Immigration Act of 1924.)

\*Check appropriate classification

Registration



That I have [father] [mother] [have] not been in an institution or hospital for the care and treatment of the insane; that I have never of the insane; that my [father] [mother] [have] applied for an immigration or passport visa at any American consulate, either formally or informally.

That, except as hereafter noted, I am not a member of any one of the following classes of individuals excluded from admission to the United States under the immigration laws: (1) Idiots; (2) imbeciles; (3) feeble-minded; (4) epileptics; (5) insane persons; (6) persons having had previous attacks of insanity; (7) persons with constitutional psychopathic inferiority; (8) persons with chronic alcoholism; (9) paupers; (10) professional beggars; (11) vagrants; (12) persons afflicted with tuberculosis; (13) persons afflicted with a loathsome or dangerous contagious disease; (14) criminals; (15) polygamists; (16) anarchists; (17) persons who believe in or advocate the overthrow by force or violence of the Government of the United States; (18) persons inadmissible under the provisions of section 3 of the act of February 5, 1917; (19) persons inadmissible under the provisions of the act entitled "An Act to Exclude and Expel from the United States Aliens who are Members of the Anarchistic and Similar Classes," approved October 16, 1918, as amended by the act approved June 5, 1920; (20) prostitutes; (21) procurers; (22) contract laborers; (23) persons likely to become public charges; (24) persons previously deported or ordered deported and permitted to leave the United States voluntarily in lieu of deportation; (25) persons previously excluded from admission to the United States at a port of entry; (26) persons whose passage paid by another; (27) unaccompanied children; (28) natives of Asiatic barred zone; (29) illiterates; (30) aliens ineligible to citizenship; or (31) persons repatriated at the expense of the U. S. Government

That I claim to be exempt from exclusion on account of the class or classes noted above, for the reasons following, to wit:

That I am the [redacted], of [redacted], of the United States, as above. (City, State, street, and number) Grete Rafaela Fried 51 years of age, and resides at

That because of the relationship aforesaid I am entitled to and claim the preference provided for in paragraph (1) of Subdivision (a) of Section 6 of the Immigration Act of 1924, as amended.

That I am the wife of [redacted] a skilled agriculturalist and entitled to and claim preference provided for in paragraph (1) of Subdivision (a) of Section 6 of the Immigration Act of 1924, as amended.

That I am aware that the Deportation Act of March 4, 1929, provides in part that an alien who enters the United States in an illegal manner, or who eludes examination or inspection by immigration officials, or who obtains entry to the United States by a willfully false or misleading representation or willful concealment of a material fact shall be punishable by fine or imprisonment, or both; and that the Immigration Act of 1924 provides in part that a person who knowingly makes under oath any false statement in any application, affidavit, or other document required by the immigration laws or regulations issued thereunder shall be punishable by fine or imprisonment, or both.

Available documents required by the Immigration Act of 1924, as amended, are filed herewith and made part hereof, as follows: Birth Certificate, Marriage Certificate, Death Certificate, Certificate of Conduct.

Daughter's petition No. V 354442 approved by the Department of Justice on November 6, 1946 and authorized by the Department of State on November 12, 1946.

WHEREFORE, I apply for an Immigration Visa as a quota immigrant, pursuant to the provisions of the Immigration Act of 1924, as amended.

Berta Fried day of May 1947. (Signature of applicant)

Subscribed and sworn to before me this 8th



Fee No. 4781 Fee \$1. (SEAL)

Francis J. Hejny Vice Consul of the United States of America.

American Foreign Service

No. -1157-

AT Praha, Czechoslovakia.

APPLICATION FOR IMMIGRATION VISA (QUOTA)

I, the undersigned APPLICANT FOR AN IMMIGRATION VISA, being duly sworn, state that my full and true name is Berta FRIED ; that I am 7 1/2 years of age, of the female sex and Hebrew race; that I was born on the 9th day of June, 1874 ; that since reaching the age of 14 years I have resided at the following places, during the period stated, to wit: Ces. Budejovice, Czechoslovakia until 1894; Jablonec n.N., Czechoslovakia 1894-1941; Poděbrady, Czechoslovakia 1941-1943; Concentration camp 1943 - 1945; Poděbrady, Czechoslovakia until present.

That I am [redacted] and the name of my [redacted] is [redacted]; and resides at [redacted]; who was born [redacted]

That the names, dates of birth, and places of residence of my minor children are:

That my calling or occupation is none ; that my height is 4 feet and 8 inches; my complexion is fair ; color of hair, grey ; color of eyes, brown ; and that I bear the following marks of identification:

the same ; that I am [redacted] to speak Czech, German ; [redacted] to read [redacted]

Mother, the same ; and [redacted] to write the same (Name of language or dialect) ; address, ; address, ; that the names and addresses of my parents are as follows:

Father, deceased ; whose relationship is [redacted] ; that I shall enter the United States at the port of New York, N.Y. ; that my final destination beyond such port is New York, N.Y. ; and that I do have a ticket through to such destination; that my passage was paid for by Grete Rafael, my daughter

whose address is 280 Cebrini Blvd., New York 33, N.Y. ; that I intend to join [redacted] the same

whose address is [redacted] as above. (City, State, street, and number)

the United States is to join my daughter, and I intend to remain permanently

in the United States

Do not use this page if your income is wholly from salaries, wages, dividends and interest

**Schedule A.—INCOME FROM ANNUITIES OR PENSIONS**

1. Cost of annuity (total amount you paid in)	\$	4. Total amount received this year	\$
2. Amount received tax-free in prior years	\$	5. Excess, if any, of line 4 over line 3	\$
3. Remainder of your cost (line 1 less line 2)	\$	6. Enter line 5, or 3 percent of line 1, whichever is greater (Attach separate schedule for each additional annuity or pension)	

**Schedule B.—INCOME FROM RENTS AND ROYALTIES**

1. Kind of property	2. Amount of rent or royalty	3. Depreciation or deduction (explain in Schedule G)	4. Repairs (explain in Schedule G)	5. Other expenses (itemize in Schedule G)
	\$	\$	\$	\$
Net profit (or loss) (col. 2 less sum of cols. 3, 4, and 5)	\$	\$	\$	\$

**Schedule C.—PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION. (Farmers should obtain Form 1040F)**

(State (1) nature of business \_\_\_\_\_; (2) business name \_\_\_\_\_)

1. Total receipts		\$
<b>COST OF GOODS SOLD</b> (To be used where inventories are an income-determining factor) (Enter the letters "C" or "M" on lines 2 and 8 if inventories are valued at either cost or cost or market, whichever is lower)		
2. Inventory at beginning of year	\$	<b>OTHER BUSINESS DEDUCTIONS</b> 11. Salaries and wages not in line 4 12. Interest on business indebtedness 13. Taxes on business and business property 14. Losses (explain in Schedule G) 15. Bad debts arising from sales or services 16. Depreciation, obsolescence and depletion (explain in Schedule G) 17. Rent, repairs, and other expenses (explain in Schedule G) 18. Amortization of emergency facilities (attach statement) 19. Net operating loss deduction (attach statement)
3. Merchandise bought for sale	\$	
4. Labor	\$	
5. Material and supplies	\$	
6. Other costs (explain in Schedule G)	\$	
7. Total of lines 2 to 6	\$	
8. Less inventory at end of year	\$	
9. Net cost of goods sold (line 7 less line 8)	\$	20. Total of lines 11 to 19
10. Gross profit (line 1 less line 9)	\$	21. Total of lines 9 and 20
		22. Net profit (or loss) (line 1 less line 21)

**Schedule D.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.**

1. Net gain (or loss) from sale or exchange of capital assets (from separate Schedule D)
2. Net gain (or loss) from sale or exchange of property other than capital assets (from separate Schedule D)

**Schedule E.—INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES**

Name and address of partnership, syndicate, etc.	Amount, \$
Name and address of estate or trust	Amount, \$
Other sources (state nature)	Amount, \$
Total	\$

**Total income from above sources (Enter as item 4, page 1)** \$

**Schedule F.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULES B AND C**

1. Kind of property (If buildings, state material of which constructed)	2. Date acquired	3. Cost or other basis (do not include land or other nondepreciable property)	4. Assets fully depreciated in use at end of year	5. Depreciation allowed (or allowable) in prior years	6. Remaining cost or other basis to be recovered	7. Estimated life used in accumulating depreciation	8. Estimated remaining life from beginning of year	9. Depreciation allowable this year
		\$	\$	\$	\$			\$

**Schedule G.—EXPLANATION OF COLUMNS 4 AND 5 OF SCHEDULE B, AND LINES 6, 14, AND 17 OF SCHEDULE C**

1. Column or Line No.	2. Explanation	3. Amount	1. Column or Line No.	2. Explanation	3. Amount
		\$			\$

Do not use this part if your income is wholly from salaries, wages, dividends and interest

Schedule A.—INCOME FROM ANNUITIES OR PENSIONS

1. Cost of annuity (total amount you paid in) \$
2. Amount received tax-free in prior years
3. Remainder of your cost (line 1 less line 2)
4. Total amount received this year \$
5. Excess, if any, of line 4 over line 3
6. Enter line 5, or 3 percent of line 1, whichever is greater \$

Schedule B.—INCOME FROM RENTS AND ROYALTIES

Table with 5 columns: 1. Kind of property, 2. Amount of rent or royalty, 3. Depreciation or depletion, 4. Repairs, 5. Other expenses. Includes a row for Net profit (or loss).

Schedule C.—PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION. (Farmers should obtain Form 1040F)

(State (1) nature of business; (2) business name)

1. Total receipts
COST OF GOODS SOLD
2. Inventory at beginning of year
3. Merchandise bought for sale
4. Labor
5. Material and supplies
6. Other costs
7. Total of lines 2 to 6
8. Less inventory at end of year
9. Net cost of goods sold
10. Gross profit
OTHER BUSINESS DEDUCTIONS
11. Salaries and wages
12. Interest on business indebtedness
13. Taxes on business
14. Losses
15. Bad debts
16. Depreciation, obsolescence and depletion
17. Rent, repairs, and other expenses
18. Amortization of emergency facilities
19. Net operating loss deduction
20. Total of lines 11 to 19
21. Total of lines 9 and 20
22. Net profit (or loss)

Schedule D.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.

1. Net gain (or loss) from sale or exchange of capital assets
2. Net gain (or loss) from sale or exchange of property other than capital assets

Schedule E.—INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES

Name and address of partnership, syndicate, etc.
Name and address of estate or trust
Other sources (state nature)
Total

Total income from above sources (Enter as item 4, page 1)

Schedule F.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULES B AND C

Table with 9 columns: 1. Kind of property, 2. Date acquired, 3. Cost or other basis, 4. Assets fully depreciated, 5. Depreciation allowed, 6. Remaining cost, 7. Estimated life used, 8. Estimated remaining life, 9. Depreciation allowable.

Schedule G.—EXPLANATION OF COLUMNS 4 AND 5 OF SCHEDULE B, AND LINES 6, 14, AND 17 OF SCHEDULE C

Table with 6 columns: 1. Column or Line No., 2. Explanation, 3. Amount, 4. Column or Line No., 5. Explanation, 6. Amount.

Do not itemize deductions if—(1) You determine your tax from the tax table on page 4, or  
 (2) Your total income is \$5,000 or more and you claim the \$500 standard deduction.  
 If husband and wife living together at end of year file separate returns and one itemizes deductions, the other must file his or her return on Form 1040, and must also itemize deductions.

DEDUCTIONS  
 Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return.

Category	Description	Amount
Contributions	Allowable Contributions (not in excess of 15 percent of item 5, page 1)	\$ 1311
	Total Interest	
Interest	Total Interest	
	Total Taxes	\$ 127.36
Taxes	Total Taxes	\$ 100
	Total Allowable Losses (not compensated by insurance or otherwise)	
Losses from fire, storm, shipwreck, or other casualty, or theft.	Total Allowable Losses (not compensated by insurance or otherwise)	
	Net Expenses (not compensated by insurance or otherwise)	
Medical and dental expenses	Enter 5 percent of item 5, page 1, and subtract from Net Expenses	
	Allowable Medical and Dental Expenses. See Instruction for limitation	
Miscellaneous (See Instructions)	Total Miscellaneous Deductions	
	<b>TOTAL DEDUCTIONS</b>	\$ 1311

TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 5, page 1. This is your Adjusted Gross Income	\$ 13526.04	
2. Enter DEDUCTIONS (if deductions are itemized above, enter the total of such deductions; if adjusted gross income (line 1, above) is \$5,000 or more and deductions are not itemized, enter the standard deduction of \$500)	2705.76	
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income	\$ 10820.28	
4. Enter your Normal-Tax Exemption (\$500 if return includes income of only one person; otherwise see Tax Computation Instructions)	500	
5. Subtract line 4 from line 3. Enter the difference here. (If line 3 includes partially tax-exempt interest, see Tax Computation Instructions)	\$ 10320.28	
6. Enter here 3 percent of line 5. This is your Normal Tax. (Figure your Surtax below and enter in line 10)		\$ 309.62
7. Copy the figure you entered on line 3, above	\$ 10820.28	
8. Enter your Surtax Exemptions (\$500 for each person listed in item 1, page 1)	500	
9. Subtract line 8 from line 7. Enter the difference here. This is your Surtax Net Income	\$ 10320.28	
10. Use the Surtax Table in instruction sheet to figure your Surtax on amount entered on line 9. Enter the amount here		271.90
11. Add the figures on lines 6 and 10, and enter the total here. (If alternative tax computation is made on separate Schedule D, enter here tax from line 15 of Schedule D)		\$ 3071.52
12. Enter here any income tax payments to a foreign country or U. S. possession (attach Form 1116)		
13. Enter here any income tax paid at source on tax-free covenant bond interest		
14. Add the figures on lines 12 and 13 and enter the total here		
15. Subtract line 14 from line 11. Enter the difference here and in item 6, page 1. This is your		\$ 3071.52

10000 - 2640 = 7360  
 7360 x .37 = 2723.20  
 7360 - 2723.20 = 4636.80

File this return with Collector of Internal Revenue on or before March 15, 1946. Any balance of tax due (item 8, below) must be paid in full with return. See separate Instructions for filling out return.

**FORM 1040**  
 Treasury Department  
 Internal Revenue Service

**U. S. INDIVIDUAL INCOME TAX RETURN**  
**FOR CALENDAR YEAR 1945**

**1945**

For fiscal year beginning \_\_\_\_\_, 1945, and ending \_\_\_\_\_, 1946

**EMPLOYEES.**—Instead of this form, you may use your Withholding Receipt, Form W-2, as your return, if your total income was less than \$5,000, consisting wholly of wages shown on Withholding Receipts or of such wages and not more than \$100 of other wages, dividends, and interest.

Do not write in these spaces  
 File Code \_\_\_\_\_  
 Serial No. \_\_\_\_\_  
 District \_\_\_\_\_  
 (Cashier's Stamp)

NAME RUTH W. GANZ  
 (PLEASE PRINT. If this return is for a husband and wife, use both first names)

ADDRESS 150 CENTRAL PARK SOUTH  
 (PLEASE PRINT. Street and number or rural route)

NEW YORK 19 N   
 (City or town, postal zone number) (County) (State)

Occupation HOUSE WIFE Social Security No. \_\_\_\_\_

List your own name.  
 If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband)

List names of other close relatives (as defined in Instruction 1) with 1945 incomes of less than \$500 who received more than one-half of their support from you. If this is a joint return of husband and wife, list dependent relatives of both.

Name (please print)	Relationship	Name (please print)	Relationship
<u>RUTH W. GANZ</u>	<u>X X X X X X X X</u>		

List total wages, salaries, bonuses, commissions, and other compensation received in 1945, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Members of armed forces and persons claiming traveling or reimbursed expenses, see Instruction 2.

Print Employer's Name	Where Employed (City and State)	Amount
		\$ _____

Enter total here → \$ 2500

Enter here the total amount of your dividends and interest (including interest from Government obligations unless wholly exempt from taxation) \$ 1171 00

If you received any other income, give details on page 2 and enter the total here \$ 13526 04

Enter total amounts in items 2, 3, and 4, and enter the total here \$ \_\_\_\_\_

If item 5 includes incomes of both husband and wife, show husband's income here, \$ \_\_\_\_\_; wife's income here, \$ \_\_\_\_\_

**IF YOUR INCOME WAS LESS THAN \$5,000.**—You may find your tax in the table on page 4. This table, which is provided by law, automatically allows 10 percent of your total income for charitable contributions, interest, casualty losses, medical expenses, and miscellaneous expenses. If your deductions and losses of these classes amount to more than 10 percent, it will be to your advantage to itemize them and compute your tax on page 3.

**IF YOUR INCOME WAS \$5,000 OR MORE.**—Disregard the tax table and compute your tax on page 3. You may either take a standard deduction of \$500 or itemize your deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—If husband and wife file separate returns, and one itemizes deductions, the other must also itemize deductions.

Enter your tax from table on page 4, or from line 15, page 3 \$ 2571 65

How much have you paid on your 1945 income tax?  
 (A) By withholding from your wages \$ \_\_\_\_\_  
 (B) By payments on 1945 Declaration of Estimated Tax \$ 3360

Enter total here → \$ \_\_\_\_\_

If your tax (item 6) is larger than payments (item 7), enter BALANCE OF TAX DUE here \$ \_\_\_\_\_

If your payments (item 7) are larger than your tax (item 6), enter the OVERPAYMENT here \$ 8848

Check (✓) whether you want this overpayment: Refunded to you  or Credited on your 1946 estimated tax

For a prior year, what was the latest year? 1944

Which office was it sent? 3rd NY

Which office did you pay item 7 (B), above? 2nd NY

Is your wife (or husband) making a separate return for 1945? Yes  
 If "Yes," write below: ("Yes" or "No")  
 Name of wife (or husband) SA...  
 Collector's office to which sent 2nd NY

I certify that the penalties of perjury that this return (including any accompanying schedules and statements) has been examined by me and to the best of my belief is a true, correct, and complete return.

\_\_\_\_\_  
 (Name of taxpayer or agent) preparing return (Date) (Signature of taxpayer) (Date)

\_\_\_\_\_  
 (Name of firm or employer, if any) (If this is a joint return of husband and wife, it must be signed by both)

STATE OF NEW YORK } ss.:  
COUNTY OF

On the \_\_\_\_\_ day of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_  
before me came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he executed the same.

STATE OF NEW YORK } ss.:  
COUNTY OF

On the \_\_\_\_\_ day of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_  
before me came

to me known to be the individual described in and who executed the foregoing instrument, and acknowledged that he executed the same.

STATE OF NEW YORK } ss.:  
COUNTY OF NEW YORK

On the eleventh day of September, one thousand nine hundred and Fourty four, before me came FELIX RAFAEL, to me known, who, being by me duly sworn, did depose and say that he resides at 220 Cabrini Boulevard in the city of New York that he is the President of BOREMIAN ESTATES LTD.

the corporation described in and which executed the foregoing instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed his name thereto by like order.



L. RICHARD GOLDEN, Notary Public  
Clerk Co. Clk's No. 3888, Reg. No. 265-6  
N.Y. Co. Clk's No. 1191, Reg. No. 683-G-5  
Commission Expires March 30, 1975

STATE OF NEW YORK } ss.:  
COUNTY OF

On the \_\_\_\_\_ day of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_  
before me came \_\_\_\_\_, the subscribing witness to the foregoing instrument, with

whom I am personally acquainted, who, being by me duly sworn, did depose and say that he resides at \_\_\_\_\_ in \_\_\_\_\_; that he knows \_\_\_\_\_

to be the individual described in \_\_\_\_\_ and who executed the foregoing instrument; that he said subscribing witness, was present and saw \_\_\_\_\_

\_\_\_\_\_ that he said witness, at the same time subscribed his name as witness thereto

TO HAVE AND HOLD the same unto the assignee, FELIX RAFAEL

~~XXXXXXXXXXXXXXXXXXXX~~

legal representatives

heirs and assigns of the assignee forever.

And the assignor covenants that there is now owing upon  
said mortgage, without offset or defense of any kind, the principal sum of  
THREE THOUSAND FIVE HUNDRED FIFTY (\$3550.00) dollars,  
with interest thereon at five (5%) per centum per annum from the  
fifteenth day of June nineteen hundred and forty four

IN WITNESS WHEREOF, the assignor has duly executed this assignment this eleventh day  
of September, one thousand nine hundred and forty four

IN PRESENCE OF:

BOHEMIAN ESTATE STATE



By \_\_\_\_\_

President





**KNOW** that BOHEMIAN ESTATES, LTD. a domestic corporation  
having its principal office at 220 Cabrini  
Boulevard, Borough of Manhattan, City of  
New York

in consideration of ONE HUNDRED DOLLARS (\$100.00) and other good and  
valuable consideration \_\_\_\_\_, assignor,  
dollars.

paid by FELIX RAFAEL, residing at 220 Cabrini Boulevard, New York City

hereby assigns unto the assignee, a certain mortgage made by ETTA SEPTOFF \_\_\_\_\_, assignee,

given to secure payment of the sum of THREE THOUSAND FIVE HUNDRED FIFTY (\$3550.00)  
and interest, dated the 15th day of June, 1944, \_\_\_\_\_ dollars

No.

M14208

BOHEMIAN ESTATES LTD.

To

*290*

FELIX RAFAEL

*[Handwritten signature]*

**ASSIGNMENT  
OF MORTGAGE**

THE LAND AFFECTED BY THE WITHIN  
INSTRUMENT LIES IN BLOCK 9840  
IN SECTION 40 ON THE LAND MAP

OF THE COUNTY OF Queens  
R. and R.  
Alexander Berl  
West 42nd St.,  
New York, 18, N. Y.  
**TITLE GUARANTEE AND TRUST COMPANY**

OFFICES:

- 176 BROADWAY, NEW YORK
- 175 REMSEN STREET, BROOKLYN
- 160-08 JAMAICA AVE., JAMAICA
- 6 EAST 45TH STREET, NEW YORK
- 370 EAST 149TH STREET, BRONX
- BRIDGE PLAZA NORTH, L. I. CITY
- 56 BAY STREET, ST. GEORGE, S. I.
- MINEOLA, LONG ISLAND
- RIVERHEAD, LONG ISLAND
- WHITE PLAINS, NEW YORK

RESERVE THIS SPACE  
FOR USE OF RECORDING OFFICE

RECORDED

REGISTER OF THE  
CITY OF NEW YORK  
QUEENS COUNTY

OCT 6 1944 9 02 AM

HENRY W. RAFAEL  
REGISTER

35TH

Ave

60'

100'

100'

60'

Block 9840

on the Land Map of the County of Queens

190TH

Oct. 6, 1944 9.02 A.M.

599 of Mortgages

COMPARED

LIBER

PAGE

*[Handwritten signature]*  
Register

No. 8

**M14208**

BOHEMIAN ESTATES LTD.

To

FELIX RAFAEL

*290*  
*[Signature]*

**ASSIGNMENT OF MORTGAGE**

THE LAND AFFECTED BY THE WITHIN INSTRUMENT LIES IN BLOCK 9840 IN SECTION 40 ON THE LAND MAP

OF THE COUNTY OF Queens R. and R. Alexander Berl West 42nd St., New York, 18, N. Y. TITLE GUARANTEE AND TRUST COMPANY

OFFICES:

- 176 BROADWAY, NEW YORK
- 175 REMSEN STREET, BROOKLYN
- 160-08 JAMAICA AVE., JAMAICA
- 6 EAST 45TH STREET, NEW YORK
- 370 EAST 149TH STREET, BRONX
- BRIDGE PLAZA NORTH, L. I. CITY
- 56 BAY STREET, ST. GEORGE, S. I.
- MINEOLA, LONG ISLAND
- RIVERHEAD, LONG ISLAND
- WHITE PLAINS, NEW YORK

Recorded in the office of the New York City Register, County of Queens, Liber No. 6192 at 9:02 A.M. on Oct. 6, 1944

Block 9840

on the Land Map of the County of Queens

*190TH Street*  
*[Signature]*  
Register

RESERVE THIS SPACE FOR USE OF RECORDING OFFICE

RECORDED

REGISTER OF THE CITY OF NEW YORK QUEENS COUNTY

OCT 6 1944 9 02 AM

HENRY W. RALPH REGISTER

35TH

Ave



*[Handwritten signature]*

COMPARED

LIBER PAGE

Do not use this page if your income is wholly from salaries, wages, dividends and interest

Schedule A.—INCOME FROM ANNUITIES OR PENSIONS

1. Cost of annuity (total amount you paid in) \$... 2. Amount received tax-free in prior years... 3. Remainder of your cost (line 1 less line 2)... 4. Total amount received this year... 5. Excess, if any, of line 4 over line 3... 6. Enter line 5, or 3 percent of line 1, whichever is greater...

Schedule B.—INCOME FROM RENTS AND ROYALTIES

Table with 5 columns: 1. Kind of property, 2. Amount of rent or royalty, 3. Depreciation or depletion (explain in Schedule F), 4. Repairs (explain in Schedule G), 5. Other expenses (limit in Schedule G). Includes Net profit (or loss) (col. 2 less sum of cols. 3, 4, and 5).

Schedule C.—PROFIT (OR LOSS) FROM BUSINESS OR PROFESSION. (Farmers should obtain Form 1040F)

(State (1) nature of business...; (2) business name...)

1. Total receipts... COST OF GOODS SOLD (To be used where inventories are an income-determining factor) (Enter the letters "C" or "M" on lines 2 and 8 if inventories are valued at either cost, or market, whichever is lower) 2. Inventory at beginning of year... 3. Merchandise bought for sale... 4. Labor... 5. Material and supplies... 6. Other costs (explain in Schedule G)... 7. Total of lines 2 to 6... 8. Less inventory at end of year... 9. Net cost of goods sold (line 7 less line 8)... 10. Gross profit (line 1 less line 9)... OTHER BUSINESS DEDUCTIONS 11. Salaries and wages not in line 4... 12. Interest on business indebtedness... 13. Taxes on business and business property... 14. Losses (explain in Schedule G)... 15. Bad debts arising from sales or services... 16. Depreciation, obsolescence and depletion (explain in Schedule F)... 17. Rent, repairs, and other expenses (explain in Schedule G)... 18. Amortization of emergency facilities (attach statement)... 19. Net operating loss deduction (attach statement)... 20. Total of lines 11 to 19... 21. Total of lines 9 and 20... 22. Net profit (or loss) (line 1 less line 21)...

Schedule D.—GAINS AND LOSSES FROM SALES OR EXCHANGES OF CAPITAL ASSETS, ETC.

1. Net gain (or loss) from sale or exchange of capital assets (from separate Schedule D)... 2. Net gain (or loss) from sale or exchange of property other than capital assets (from separate Schedule D)...

Schedule E.—INCOME FROM PARTNERSHIPS, ESTATES AND TRUSTS, AND OTHER SOURCES

Table with 2 columns: Name and address of partnership, syndicate, etc.; Name and address of estate or trust; Other sources (state nature). Includes Total income from above sources (Enter as item 4, page 1) \$ 11171.04

Schedule F.—EXPLANATION OF DEDUCTION FOR DEPRECIATION CLAIMED IN SCHEDULES B AND C

Table with 9 columns: 1. Kind of property, 2. Date, 3. Cost or other basis (do not include land), 4. Assets fully depreciated in use at end of year, 5. Depreciation allowed (or allowable), 6. Remaining cost or other basis to be depreciated, 7. Estimated life used in accumulated depreciation, 8. Estimated remaining life from beginning of year, 9. Depreciation allowable this year.

Do not itemize deductions if—(1) You determine your tax from the tax table on page 4, or  
 (2) Your total income is \$5,000 or more and you claim the \$500 standard deduction.  
 If husband and wife living together at end of year file separate returns and one itemizes deductions, the other must file his or her return on Form 1040, and must also itemize deductions.

DEDUCTIONS

Describe deductions and state to whom paid. If more space is needed, list deductions on separate sheet of paper and attach to this return.		Amount	
Contributions	United Methodist Church 100 Method Street Cleveland, Ohio 44115	\$	
	Allowable Contributions (not in excess of 15 percent of item 5, page 1)	\$	1318 -
Interest		\$	
	Total Interest		
Taxes	State Income Tax 1387.26 City Sales Tax 100 -	\$	1387.26
	Total Taxes		1387.26
Losses from fire, storm, shipwreck, or other casualty, or theft.		\$	
	Total Allowable Losses (not compensated by insurance or otherwise)		
Medical and dental expenses		\$	
	Net Expenses (not compensated by insurance or otherwise)	\$	
Miscellaneous (See Instructions)		\$	
	Total Miscellaneous Deductions		
TOTAL DEDUCTIONS			\$ 2705.26

TAX COMPUTATION—FOR PERSONS NOT USING TAX TABLE ON PAGE 4

1. Enter amount shown in item 5, page 1. This is your Adjusted Gross Income	\$	13526.04
2. Enter DEDUCTIONS (if deductions are itemized above, enter the total of such deductions; if adjusted gross income (line 1, above) is \$5,000 or more and deductions are not itemized, enter the standard deduction of \$500)		2705.26
3. Subtract line 2 from line 1. Enter the difference here. This is your Net Income	\$	10820.78
4. Enter your Normal-Tax Exemption (\$500 if return includes income of only one person; otherwise see Tax Computation Instructions)		500 -

**FORM 1040**  
Treasury Department  
Internal Revenue Service

**U. S. INDIVIDUAL INCOME TAX RETURN**  
**FOR CALENDAR YEAR 1945**

**1945**

or fiscal year beginning \_\_\_\_\_, 1945, and ending \_\_\_\_\_, 1946

**EMPLOYEES.**—Instead of this form, you may use your Withholding Receipt, Form W-2, as your return, if your total income was less than \$5,000, consisting wholly of wages shown on Withholding Receipts or of such wages and not more than \$100 of other wages, dividends, and interest.

Do not write in these spaces

File Code \_\_\_\_\_  
Serial No. \_\_\_\_\_  
District \_\_\_\_\_  
(Cashier's Stamp)

NAME RUTH W. GANZ  
(PLEASE PRINT. If this return is for a husband and wife, use both first names)

ADDRESS 150 CENTRAL PARK SOUTH  
(PLEASE PRINT. Street and number or rural route)

NEW YORK 19. N.Y. NY  
(City or town, postal zone number) (County) (State)

Occupation HOUSEWIFE Social Security No. \_\_\_\_\_

List your own name. If married and your wife (or husband) had no income, or if this is a joint return of husband and wife, list name of your wife (or husband). List names of other close relatives (as defined in Instruction 1) with 1945 incomes of less than \$500 who received more than one-half of their support from you. If this is a joint return of husband and wife, list dependent relatives of both.

Name (please print)	Relationship	Name (please print)	Relationship
RUTH W. GANZ	XXXXXXXXXX		

List your total wages, salaries, bonuses, commissions, and other compensation received in 1945, BEFORE PAY-ROLL DEDUCTIONS for taxes, dues, insurance, bonds, etc. Members of armed forces and persons claiming traveling or reimbursed expenses, see Instruction 2.

Print Employer's Name	Where Employed (City and State)	Amount
		\$

Enter total here → \$

Enter here the total amount of your dividends and interest (including interest from Government obligations unless wholly exempt from taxation) \$ 2500

If you received any other income, give details on page 2 and enter the total here \$ 1171 04

Add amounts in items 2, 3, and 4, and enter the total here \$ 13526 04

If item 5 includes incomes of both husband and wife, show husband's income here, \$ \_\_\_\_\_; wife's income here, \$ \_\_\_\_\_

**IF YOUR INCOME WAS LESS THAN \$5,000.**—You may find your tax in the table on page 4. This table, which is provided by law, automatically allows 10 percent of your total income for charitable contributions, interest, casualty losses, medical expenses, and miscellaneous expenses. If your deductions and losses of these classes amount to more than 10 percent, it will be to your advantage to itemize them and compute your tax on page 3.

**IF YOUR INCOME WAS \$5,000 OR MORE.**—Disregard the tax table and compute your tax on page 3. You may either take a standard deduction of \$500 or itemize your deductions, whichever is to your advantage.

**HUSBAND AND WIFE.**—If husband and wife file separate returns, and one itemizes deductions, the other must also itemize deductions.

Enter your tax from table on page 4, or from line 15, page 3 \$ 3071 52

How much have you paid on your 1945 income tax?

(A) By withholding from your wages \$ \_\_\_\_\_

(B) By payments on 1945 Declaration of Estimated Tax 3360 —

3360 —

*Ruth W. Ganz*

STATE OF NEW YORK }  
COUNTY OF } ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_  
before me came

to me known to be the individual \_\_\_\_\_ described in and who executed the foregoing instrument, and acknowledged  
that he executed the same.

STATE OF NEW YORK }  
COUNTY OF } ss.:

On the \_\_\_\_\_ day of \_\_\_\_\_, one thousand nine hundred and \_\_\_\_\_  
before me came

to me known to be the individual \_\_\_\_\_ described in and who executed the foregoing instrument, and acknowledged  
that he executed the same.

STATE OF NEW YORK }  
COUNTY OF NEW YORK } ss.:

On the eleventh day of September, one thousand nine hundred and Fourty four, \_\_\_\_\_  
before me came FELIX RAFAEL \_\_\_\_\_, to me known, who, being by me duly sworn, did depose  
and say that he resides at 220 Cabrini Boulevard \_\_\_\_\_ in the city of New York  
that he is the President of BOHEMIAN ESTATES LTD.

\_\_\_\_\_ the corporation described in and which executed the foregoing  
instrument; that he knows the seal of said corporation; that the seal affixed to said instrument is such corporate  
seal; that it was so affixed by order of the Board of Directors of said corporation, and that he signed  
his name thereto by like order.



L. RICHARD GOLDEN, Notary Public  
Queens Co. Clk's. No. 3888, Reg. No. 265-6

TO HAVE AND HOLD the same unto the assignee, **FELIX RAFAEL**

~~and for his successors~~

, legal representatives

heirs and assigns of the assignee forever.

And the assignor covenants that there is now owing upon  
said mortgage, without offset or defense of any kind, the principal sum of  
**THREE THOUSAND FIVE HUNDRED FIFTY (\$3550.00)** dollars,  
with interest thereon at **five (5%)** per centum per annum from the  
**fifteenth** day of **June** **nineteen hundred and fourty four**

**IN WITNESS WHEREOF**, the assignor has duly executed this assignment this **eleventh** day  
of **September**, one thousand nine hundred and **fourty four**

**IN PRESENCE OF:**

*[Handwritten initials]*

BOHEMIAN ESTATES LTD.



By

*[Handwritten signature]*  
President





KNOW that BOHEMIAN ESTATES, LTD. a domestic corporation  
having its principal office at 220 Cabrini  
Boulevard, Borough of Manhattan, City of  
New York

, assignor,

in consideration of ONE HUNDRED DOLLARS (\$100.00) and other good and  
valuable consideration dollars.

paid by FELIX RAPAEL, residing at 220 Cabrini Boulevard, New York City

, assignee,

hereby assigns unto the assignee, a certain mortgage made by ETTA SEPTOFF

given to secure payment of the sum of THREE THOUSAND FIVE HUNDRED FIFTY (\$3550.00)

dollars

and interest, dated the 15th day of June, 1944,