(1)

San Diego, California.

Messrs. Hotchkiss & Anewalt,
524 "B" Street, Suite 610,
San Diego, California.

Dear Sirs:

We, the undersigned, are taking possession of the house at No. 1212 Upas Street, this city, known as CASA DE TEMPO, under the instructions received by you in a telegram from Mr. Jorge Almada, under date of April 13, 1936, and we are moving into said house on this date.

We have inspected the property thoroughly and have checked the furniture and equipment in said house with the inventory hereto attached and from this date forward we assume all responsibility for the maintenance and care of said property, relieving you of any and all obligations and responsibilities from this date on.

Very truly yours,

GENERAL P. E. CALLES

Dated: _____

HAL G. HOTCHKISS
TELEPHONE [illegible]
Main 4111

H. PHILIP ANEWALT
TELEPHONE MAIN [illegible]
4111

2

HOTCHKISS & ANEWALT
REALTORS
BUSINESS AND INDUSTRIAL PROPERTIES
[illegible]
SAN DIEGO, CALIFORNIA

May 21, 1936

Received from Hotchkiss & Anewalt 10 Keys to Casa de Tempo, 1212 Upas Street, San Diego, California

For: General P. E. Calles

2 - Front door.
3 - Garage.
3 - Rear
2 - Upper Closets.
10.

HAL G. HOTCHKISS

H. PHILIP ANEWALT

3

HOTCHKISS & ANEWALT
REALTORS • INSURORS
524 B STREET – SUITE 610
SAN DIEGO, CALIFORNIA
TELEPHONE MAIN 4111

June 26, 1936

Mr. Fernando Torreblanca
1212 Upas Street
San Diego, California

Dear Sir:

Enclosed please find water bill from May 19th to June 19th.

At your convenience sometime during the next month, will you please stop at the City Hall, 5th and G Streets and sign up for the water service.

Trusting that you enjoy living at the house, we are

Very truly yours,

V. Earl Roberts

VER:hc

HOTCHKISS & ANEWALT
REALTORS • INSURORS
524 B STREET – SUITE 610
SAN DIEGO, CALIFORNIA
TELEPHONE MAIN 4111

November 14, 1939

Mr. Fernando Torreblanca
1212 - Upas Street
San Diego, California

Dear Mr. Torreblanca:

Enclosed please find the slips from the SafeWay Stores, which I have agreed will be returned to the main office after you have examined them.

If, however, you care to forward your check for the full amount of the bill, it will not be necessary to return the enclosed invoices.

Very truly yours,

V. EARL ROBERTS

VER:vc

5

Date 10/31 1939

M Gallo's

Address

Reg. No.	Clerk	Account Forward	
1	Groc for		
2	Oct.		4402
3			
4			
5			
6	Safeway Stores Inc		
7	#932		4402
8			1966
9			
10			
11			$3,68
12	37		
13			
14			
15			
16			
17			

Your Account Stated to Date – If Error Is Found Return at Once

6

SAFEWAY STORES
INCORPORATED
DISTRIBUTION WITHOUT WASTE

715 J STREET
SAN DIEGO, CALIFORNIA

ADDRESS ALL CORRESPONDENCE TO
P. O. BOX 190

November 13, 1939

Received of SAFEWAY STORES, INC., our original copies of invoices totaling $54.44 for the account of Plutarco Calles.

(Signed) _____

HOTCHKISS & ANEWALT
REALTORS • INSURORS
524 B STREET – SUITE 610
SAN DIEGO, CALIFORNIA
TELEPHONE MAIN 4111

December 12, 1939

General Plutarco E. Calles,
1212 Upas Street,
San Diego, Calif.

Re: Policy CA-43716

Dear Sir:

We are enclosing herewith Change of Car endorsement and Medical Expense endorsement to be attached to your automobile policy above captioned.

We are also enclosing our invoice for the additional premium of $4.84 in connection with these endorsements.

Trusting same will be found in order, and thanking you,

Yours very truly,

HOTCHKISS & ANEWALT

By, V. Earl Roberts

V. Earl Roberts

N

PHONE MAIN 4111

INVOICE

HOTCHKISS & ANEWALT

REALTORS - INSURORS

610 Commonwealth Building

SAN DIEGO, CALIFORNIA

8

DATE 12/12/39

GENERAL PLUTARCO ELIAS CALLES
1212 Upas Street
San Diego, Calif.

DATE OF POLICY	POLICY NUMBER	COMPANY	EXPIRES	AMOUNT INSURED	PREMIUM
end.					
12/6/39	CA 43716	Canadian Ins. Co.	7/17/40		
		Change of Car endorsement-additional			2.56
		Medical Expense endorsement- "			2.28
					$ 4.84

COVERING: Insurance on 1940 Buick sedan

1212 Upas Street
San Diego, California

December 14, 1939.

Hotchkiss & Anewalt
524 B Street - Suite 610
San Diego, California

Dear Sirs: Attention of Mr. V. E. Roberts

According to your letter of Dec. 12, 1939, which refers to Policy CA-43716, change of car endorsement and medical expence endorsement, addressed to Gen. Plutarco E. Calles, I am enclosing his check No. 568 in the amount specified in your letter, namely of $4.84.

Yours very truly,

GEO. CASTELLANOS

PHONE MAIN 4111

INVOICE

10

HOTCHKISS & ANEWALT

REALTORS - INSURORS

ROSCOE S. PORTER - MANAGER INSURANCE DEPARTMENT

610 Commonwealth Building

SAN DIEGO, CALIFORNIA

DATE 4/15/40

ALICIA ALMADA
c/o Gen. P.Elias Calles,
1212 Upas Street,
San Diego, Calif.

DATE OF POLICY	POLICY NUMBER	COMPANY	EXPIRES	AMOUNT INSURED	PREMIUM
5/6/40	BGC 78367	Metropolitan Casualty	5/6/41	$3,000.	$21.25

Paid by check
Mayo 9th 1940
G.C.

COVERING: Residence burglary
1212 Upas Street

LOYALTY GROUP

The Metropolitan Casualty Insurance Company of New York
ORGANIZED 1874

PACIFIC DEPARTMENT
220 BUSH STREET.
SAN FRANCISCO, CAL.

HOWE S. LANDERS, PRESIDENT
WM. B. REARDEN, EXECUTIVE VICE-PRESIDENT
W. W. POTTER, VICE-PRESIDENT
FRED W. SULLIVAN, VICE-PRESIDENT
F. E. CHADWICK, 2ND VICE-PRESIDENT

HOTCHKISS & ANEWALT, Agents
610 Commonwealth Bldg.
SAN DIEGO, CALIF.

11

April 16, 1940

General P. Elias Calles,
1212 Upas Street,
San Diego, California.

Re: Policy BGC 76367 - ALICIA ALMADA

Dear General Calles:

In accordance with your instructions, we are enclosing herewith the above insurance certificate issued in renewal of policy BT--46728. This covers $3,000.00 residence burglary at 1212 Upas Street, for a term of one year, commencing May 6, 1940.

We trust the enclosure will be found in order, and assure you of our willingness to make any changes or corrections you may suggest.

Thanking you, we remain,

Yours very truly,

HOTCHKISS & ANEWALT

By, Roscoe S. Porter

Roscoe S. Porter, Mgr.
Ins. Dept.

N

LOYALTY GROUP

LOYALTY GROUP

ENDORSEMENT

Number 1

NAME OF THE ASSURED HEREUNDER BEING INCORRECT IS HEREBY CHANGED TO READ:

"ALICIA ALMADA"

This Endorsement is effective as of the MAY 6th, 1940

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, conditions, agreements, or limitations of the undermentioned Policy other than as above stated.

Attached to and forming part of Policy No. BT-46728 Cert. #BGC-78367 issued by METROPOLITAN CASUALTY **Insurance Company**, TO JORGE ALMADA

Howe S. Landers
President

HOTCHKISS & ANEWALT

Countersigned By Hal G. Hotchkiss
Authorized Representative

LOYALTY GROUP

LOYALTY GROUP

CAS. GEN. 5670 25M 6-39 3218

Printed in U. S. A.

LOYALTY GROUP

ATTACH THIS CERTIFICATE TO YOUR POLICY

J. SCOFIELD ROWE, PRESIDENT

THE METROPOLITAN CASUALTY INSURANCE CO. OF NEW YORK

CHARTERED 1874

RENEWAL CERTIFICATE

(For Burglary or Robbery Policy)

RENEWAL No. BGC 78367

Continuing in force Policy No. BT-46728

Name of Assured JORGE ALMADA

City and State NO. 1212 UPAS STREET, SAN DIEGO, CALIFORNIA

Amount of Policy $ 3,000.00

Premium $ 21.25

In consideration of a premium of ---TWENTY ONE AND 25/100--- *Dollars* ($ 21.25) *and of the statements which form a part of the policy above described and which the Assured by the acceptance of this certificate repeats and declares to be true,* THE METROPOLITAN CASUALTY INSURANCE COMPANY OF NEW YORK, *hereby agrees to continue in force the said policy from* SIXTH *day of* MAY *19* 40, *to* SIXTH *day of* MAY *19* 41, *at twelve o'clock noon, Standard Time, at the place of the Assured's address, designated in the said policy.*

In Witness Whereof, THE METROPOLITAN CASUALTY INSURANCE COMPANY OF NEW YORK, *has caused these presents to be signed by its President and Secretary, but the same shall not be binding unless countersigned by an authorized representative of the Company.*

Secretary

President

Countersigned at SAN DIEGO, CALIF. *this* 4TH *day of* APRIL *19* 40

HOTCHKISS & ANEWALT

BY Hal T. Hotchkiss

(Authorized Representative)

Cas.Burg. 5237 10M-6-30-5604E Printed in U.S.A.

HOTCHKISS & ANEWALT
REALTORS · INSURORS
524 B STREET – SUITE 610
SAN DIEGO, CALIFORNIA
TELEPHONE MAIN 4111

14

August 13, 1940

Mr. George Castellanos
P. O. Box 27
Del Mar, California

Dear Mr. Castellanos:

I am sorry to have missed seeing you the last several times you have been in the office, as I have wanted to deliver to you the new insurance policy on the General's car.

Inasmuch as we do not seem to make connections, I am enclosing it herewith and would appreciate you going over it with the General to be doubly sure you are satisfied with this coverage.

Trusting you will not hesitate to call upon me for any further information and with kindest personal regards to the General and yourself, I am

Very truly yours,

HOTCHKISS & ANEWALT

By V. Earl Roberts

V. EARL ROBERTS

VER:D
Encl.

Will you please sign the enclosed yellow slip and return it by mail to this office.

HOTCHKISS & ANEWALT
REALTORS · INSURORS
524 B STREET – SUITE 610
SAN DIEGO, CALIFORNIA
TELEPHONE MAIN 4111

October 29, 1940

General P. Elias Calles,
1212 Upas Street,
San Diego, California.

Re: Policy C 215511

Dear General Calles:

We are enclosing herewith the above numbered policy issued in renewal of present insurance expiring November 1st. This covers Workmens compensation on your domestic employees for a term of one year.

Please see that the enclosed notice showing name of insurance company is posted in a conspicuous place, in order to conform to the state law.

Trusting the enclosures will be found in order, and thanking you for past favors and for the continuation of this coverage, we are,

Yours very truly,

HOTCHKISS & ANEWALT

By, V. Earl Roberts

N

V. Earl Roberts.

16

EMPLOYER'S FIRST REPORT OF INJURY

Complete and send immediately to
CLAIM DEPARTMENT
NATIONAL AUTOMOBILE INSURANCE COMPANY

724 South Spring Street
LOS ANGELES, CALIFORNIA
TRinity 4811

315 Montgomery Street
SAN FRANCISCO, CALIFORNIA
GArfield 4940

FIRST AND FINAL REPORT TO INDUSTRIAL ACCIDENT COMMISSION

Returned to Work.....
Compensation Paid $.....
Medical Paid $.....

Not to be filled in by Employer

Policy No. C_____

Employer

1. **Name of Employer**.....
2. Office address: No. and St.....City or Town.....State.....
3. **Insured by**.....
4. Give nature of business (or article manufactured).....

Time and Place

5. (a) Location of plant or place where accident occurred.....
   .....Department.....State if employer's premises.....
   (b) If injured in a mine, did accident occur on surface, underground, shaft, drift or mill.....
6. **Date of Injury**.....19.....Day of Week.....Hour of day.....A.M.....P.M
7. Date disability began.....19.....A.M.....P.M. 8. Was injured paid in full for this day.....
9. When did you or foreman first know of injury.....
10. Name of foreman.....

Injured Person

11. **Name of Injured**.....
    (First Name) (Middle Initial) (Last Name)
12. Address: No. and St.....City or Town.....State.....
13. Check (V) Married....., Single....., Widowed....., Widower....., Divorced.....; Male....., Female.....; White....., Colored.....
14. Nationality ..... Relationship of Injured to Policyholder.....
15. Age.....Did you have on file employment certificate or permit.....
16. (a) Occupation when injured.....(b) Was this his or her regular occupation.....
    (If not, state in what department or branch of work regularly employed).....
17. (a) How long employed by you.....(b) Piece or time worker.....(c) Wages per hour $.....
18. (a) Number hours worked per day.....(b) Wages per day $.....
    (c) Number days worked per week.....(d) Average weekly earnings $.....
    (e) If board, lodging, fuel or other advantages were furnished in addition to wages, give estimated value per day, week or month.....

Cause of Injury

19. Machine, tool or thing causing injury.....20. Kind of power, (hand, foot, electrical, steam, etc.).....21. Part of machine on which accident occured.....
22. (a) Was safety appliance or regulation provided.....(b) Was it in use at time.....
23. Was accident caused by injured's failure to use or observe safety appliance or regulation.....
24. **Describe fully how accident occurred, and state what employee was doing when injured**.....
25. Names and addresses of witnesses.....

Nature of Injury

26. Nature and location of injury (describe fully exact location of amputations or fractures, right or left).....
27. Probable length of disability.....28. **Has injured returned to work**.....
    If so, date and hour.....At what wage $.....
29. At what occupation.....
30. (a) Name and address of physician.....
    (b) Physician engaged by whom?.....
    (c) Name and address of hospital.....

Fatal Cases

31. **Has injured died**.....If so, give date of death.....

Date of this report.....Firm name.....
Signed by.....Official Title.....

FORM 3205 25M 1-40

17

EMPLOYER'S FIRST REPORT OF INJURY

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FIRST AND FINAL REPORT TO INDUSTRIAL ACCIDENT COMMISSION

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Medical Paid $.....

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Time and Place

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   .....Department.....State if employer's premises.....
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10. Name of foreman.....

Injured Person

11. **Name of Injured**.....
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13. Check (V) Married....., Single....., Widowed....., Widower....., Divorced.....; Male....., Female.....; White....., Colored.....
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    .....
    .....
    .....
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    .....

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    (c) Name and address of hospital.....

Fatal Cases

31. **Has injured died**.....If so, give date of death.....

Date of this report.....Firm name.....
Signed by.....Official Title.....

FORM 3205 25M 1-40

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FIRST AND FINAL REPORT TO INDUSTRIAL ACCIDENT COMMISSION

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Compensation Paid $.....
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Policy No. C_____

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Date of this report.....Firm name.....
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FORM 3205 25M 1-40

HOTCHKISS & ANEWALT,
San Diego, Cal.

20