

Exhibit No. 2  
on the deposition  
of Mr. Martin Isaacs  
4/16/64 at New York, N.Y. Jm zib

Department of Welfare  
Bureau of Resources and Legal Services

## RESOURCE SUMMARY

<b>Name:</b>			<i>Surname</i>	<i>Man's First Name</i>	<i>Woman's First Name</i>	<b>Date</b>
			Oswald	Lee		4/13/62
<b>Address</b>						<b>W.C.</b>
						SSWC
<b>Social Security Numbers:</b>	<i>Man</i>	<i>Woman</i>	<i>Others (in household)</i>			<b>Case No.</b>
						T
<b>No. in Family</b>	<b>Health Condition</b>				<b>Age Verification for All over Age 65</b>	<b>Caseload No.</b>
3						

  

**LIFE INSURANCE:**

Name of Company	Policy Nos.	Date of Issue	Kind of Policy	Face Value	Premiums		Date Paid to	Name of Insured	Father	Mother	Liens	Date of Birth
					Age Stated on Policy	Amount			Son etc.	Loans Waivers		

*None*

  

**UNION BENEFITS:**

<b>Name of Member</b>	<b>Name as Entered in Dues Book</b>	<b>Dues Book No.</b>
<b>Official Name of Union</b>	<b>Local No.</b>	<b>Date of Last Payment</b>
<b>Name and Address of Local Secretary</b>	<b>Date of Initiation</b>	
<b>Name and Address of Last Employer</b>	<i>None</i>	
<b>Periods of Employment</b>	<b>Badge or Identification No.</b>	
<b>Reason for Loss of Last Employment</b>		

  

**GROUP INSURANCE:**

<b>Name of Insurance Company</b>	<b>Group No.</b>	<b>Certificate No.</b>
<b>Name of Employer or Union as It Appears on Group Policy</b>		

  

**FRATERNAL ORGANIZATIONS:**

<b>Name of Organization</b>	<b>Name and Address of Secretary</b>	<b>Name of Member</b>
	<i>None</i>	

  

<b>Dues \$</b>	<b>Date of Last Payment</b>	<b>Benefits</b>
		<i>None</i>

Isaacs Exhibit No. 2

ISAACS EXHIBIT No. 2

REAL PROPERTY, MORTGAGES, MORTGAGE CERTIFICATES, LEASES, ETC.:

Name of Owner	Address and Nature of Property	Boro	Lot No.	Block No.	Section No.
	None				

BANK ACCOUNTS:

Name of Bank	Address	Boro	Account No.

LEGAL ACTIONS (give complete information)

DESCRIPTION OF ALL OTHER ASSETS NOT PREVIOUSLY LISTED (e.g. interest and estates, stocks, bonds, chattel mortgages, pawn tickets, jewelry, and other valuable personal property)

PERIODS OF ASSISTANCE

STATEMENT AND AUTHORIZATION

The above is a true statement of the financial resources of myself and members of my family. I understand that I must notify the Department of Welfare of any changes in these resources, or of any future acquisition of resources by myself or members of my family. The Department of Welfare is hereby authorized to conduct any investigation which may be necessary in connection with our resources. The Department is also authorized to give banks, insurance companies, and other agencies such information as may be necessary in order to verify resources or to obtain payment of claims to myself, my heirs or assigns, or to the Department of Welfare.

Signed

*[Signature]*

Date

6/13/62

Witnessed:

*F. C. Velez* sec. INV.

Name and Title

RESOURCE ANALYSIS AND PLAN OF ACTION

ISAACS EXHIBIT No. 2—Continued