

AAF PERSONAL AFFAIRS STATEMENT
(See *Instructions)

NAME Kendall King Hoyt RANK Major, A. C. ASN 0 205 498
(First) (Middle) (Last)

Date entered active duty (this tour) 30 Mar 42; 15 years' service completed on Feb 1944; date of birth 6 Oct 1903

Permanent address 4410 N. 38th St. Arlington Virginia
(Street and number) (City) (State)

The status of my personal affairs reviewed with the assistance of the Personal Affairs Officer at Hq. AAF Training
Command, Fort Worth, Texas

on 4 May 1945 is indicated below.

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

1. GOVERNMENT LIFE INSURANCE.

(a) I have (now in force or applied for) \$ 10,000 USGLI
on the 5 yr level premium plan, effective April 1942 NSLI

(b) With the additional disability benefit on \$ _____

(c) And am paying a total premium of \$ 8.30 Mo/Qt/SA/Ann, payable by direct remittance/allotment,
effective April 1942

(d) The beneficiaries designated on my Government Life Insurance are:
Principal Mrs. Elizabeth Hammond Hoyt Wife \$10,000
(Name) (Relationship) (Portion)
Contingent Mrs. Jennie K. Hoyt Mother \$10,000
(Name) (Relationship) (Portion)

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

2. COMMERCIAL LIFE INSURANCE.

(a) I have requested the A. G. O. to notify the following insurance company(s) in the event of my death.
Amount of Insurance Name of Company Home Office Address
\$ None _____

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

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

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

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

(a) The public record of my marriage.
 (b) My/my wife's divorce decree and court orders. Not applicable
 (c) My/my wife's/my children's adoption papers. Not applicable
 (d) Birth certificate for each of the following: My wife, children, father, mother, sisters, brothers, myself.

4. CLASS B ALLOTMENT FOR THE PURCHASE OF WAR SAVINGS BONDS.

I have made Class B Allotments as follows.
Finance Officer U. S. Army at Amount Authorized Effective Terminated Effective
\$ _____
\$ _____
\$ _____

5. CLASS E ALLOTMENT FOR DEPENDENTS.

I have made a Class E Allotment in the amount of \$ _____ monthly,
effective _____, and payable
To/Cr. _____ Relationship _____
Bank _____
Address _____ Terminated effective _____

6. FAMILY ALLOWANCES (ENLISTED PERSONNEL ONLY).

A monthly Family Allowance for my dependents has been applied for, effective with the pay due me for the month of
Not applicable Case No. X- _____

7. JOINT OWNERSHIP OF PROPERTY WITH RIGHT OF SURVIVORSHIP.

The advantages have been explained to me.

8. JOINT CHECKING ACCOUNT WITH RIGHT OF SURVIVORSHIP.

Mrs. Elizabeth Hammond Hoyt and I have with the
Union Trust Co. and Riggs National Bank (bank),
at Washington, D. C.

a checking account owned "jointly with right of survivorship."

9. GENERAL POWER OF ATTORNEY.

I have executed a general power of attorney, dated _____,
naming _____ my attorney in fact.

10. WILL FOR OFFICER/~~ENLISTED MAN~~

I have executed a will (dated 9/19/41) which is located
in safe at home

11. WILL FOR WIFE/~~HUSBAND~~.

The advantages have been explained to me.

12. LIFE INSURANCE ON WIFE/~~HUSBAND~~.

My wife/husband has in force on her/his life \$ _____ life insurance,
payable to _____ (Name) _____ (Relationship)

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

(a) The person I desire to be notified in event of an emergency is Mrs. Elizabeth Hammond Hoyt Wife
(Name) (Relationship)
at 4410 N. 38th Street Arlington Va.
(Street and number) (City) (State)

(b) On _____, I executed a WD AGO Form No. 43 recording the designation shown in paragraph 13 (a) above.

(c) My religious preference is: Protestant, Catholic, Hebrew. None

14. SIX MONTHS' GRATUITY.

On 1 May 1945, I designated Mrs. Elizabeth Hammond Hoyt 4410 N. 38th St. Wife
(Name) (Address) (Relationship)

(first beneficiary) to receive any Six Months' Gratuity to which he/she may be entitled. (WD AGO Form No. 41-Off.; WD AGO Form No. 22-EM.)

15. PERSONAL INFORMATION FILE FOR THE SAFEKEEPING OF MY RECORDS.

I have been advised of the importance of maintaining a bound file containing copies of all records pertinent to my military service.

16. PAY AND FLYING STATUS.

(a) My status as to all items of pay and allowances has been checked.

(b) Orders detailing me to flying duty (rated personnel) and orders detailing me to duty involving flying:

Hq. not rated
O. _____
Par. _____
Date _____

17. INCOME TAX.

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

18. LEGAL MATTERS.

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

19. PERSONAL AFFAIRS STATEMENT AND SUPPLEMENTARY INFORMATION.

I have received a copy of this Statement and information regarding Arrears in Pay, Six Months' Gratuity, War Time Pensions, Government Insurance, etc.

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

I request that a copy of this Statement, together with a copy of WD Benefit Guide booklet (when available), be forwarded to my wife, Mrs. Elizabeth Hammond Hoyt
at 4410 N. 38th Street, Arlington, Va.

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

Witnessed by:

Signature Kenell C Hoyt

Social Security No. None

Philip P. Whittier
PHILIP P. WHITTIER, Capt., A. C. 8 914 449

REVIEW RECORD

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

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