N.

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

	State of California
	State of California County of Sonoma
	On this 14th day of March , A. D. one thousand nine hundred and Alven,
	personally appeared before me, a County Celerk within and for the county
	and State aforesaid, Gilman S. Toto Smir, who, being duly sworn according to law,
	declares that he is 67 years of age, and a resident of Sebasto pol
	county of Sonoma, State of California; and that he is the
	identical person who was ENROLLED at actor, mass, under the name of
	Vilman S. Thomer, on the 29 day of august, 1861,
	as a Private, in 60, "E" 26th Reg. Infanting mass. Volume
	in the service of the United States, in the Ginel war, and was Honorably discharged
	at Lavannah Ga, (State name of war, Civil or Mexican.) on the 26 day of Auf., 1865,
	That he also served
	(Here give a complete statement of all other services, if any.)
	That he was not employed in the military or naval service of the United States otherwise than as stated
	above. That his personal description at enlistment was as follows: Height, 5 feet 5 inches;
	complexion, Middy; color of eyes, grey; color of hair, best Brown; that his occu-
	pation was farmer; that he was born Oct. 24th, 1839,
	at atten, middlerer Co. mass,
la	That his several places of residence since leaving the service have been as follows: actor, mass los
1	(State date of each change, as nearly as possible.)
16	son loo, Oreg. 69 to 1906, Selvastopal, bal, 1906 to present time
	That he isa pensioner. That he has heretofore applied for pension
	Cension Certificate Mo. 83 7443 (If a pensioner, the certificate number only need be given. If not, give the number of the former application, if one was made.)
	That he makes this declaration for the purpose of being placed on the pension roll of the United
	States under the provisions of the act of February 6, 1907. That his post-office address is Swasto bol , county of Sorwing
	State of lealiforina
	Gilman & Hasmer
	Attest: (1) 20 & Hassiner (Claimant's signature in full.)
	(2) Stanley Hosney
	Also personally appeared It, S. Hosmer, residing in Souta Rosa
	and Starley Hosmer, residing in Santa Rosa, persons whom I
	present and saw Silmun S. Hosmer, the claimant, sign his name (or make his mark)
	to the foregoing declaration; that they have every reason to believe, from the appearance of the claimant
	and their acquaintance with him of 60 years and 18 years, respectively, that he is the identical
	person he represents himself to be, and that they have no interest in the prosecution of this claim.
	+ 90/ & Hornes
	2 0 a d 0 11
	Stanley Hasney (Signatures for witnesses.)
	SUBSCRIBED and sworn to before me this of march, A. D. 190/
	and I hereby certify that The Contents of the above declaration, etc., were fully
	made known and explained to the applicant and witnesses before swearing,
	made known and explained to the applicant and witnesses before swearing, including the words, erased,
	made known and explained to the applicant and witnesses before swearing, including the words
	made known and explained to the applicant and witnesses before swearing, including the words
	made known and explained to the applicant and witnesses before swearing, including the words, erased,, added;
	made known and explained to the applicant and witnesses before swearing, including the words
	made known and explained to the applicant and witnesses before swearing, including the words

DEPARTMENT OF THE INTERIOR BUREAU OF PENSIONS

Washington, D. C., January 2, 1915.

SIR: Please answer, at your earliest convenience, the questions enumerated below. The information is requested for future use, and it may be of great value to your widow or children. Use the inclosed envelope, which requires no stamp.

Very respectfully,

GILMAN S HOSMER
SEBASTOPOL CAL
832143 ACT MAY

March 19

Dalfastoner.

MAR Commissioner.

1915

The name of organizations in which you served? Answer. 6 and 26th mass Vo Answer actor No. 2. What was your post office at enlistment? No. 3. State your wife's full name and her maiden name. Answer. Mever was Married. No. 4. When, where, and by whom were you married? Answer. No. 6. Were you previously married? If so, state the name of your former wife, the date of the marriage, and the date and place of her death or divorce. If there was more than one previous marriage, let your answer include all, former wives. Answer. HERE. No. 7. If your present wife was married before her marriage to you, state the name of her former husband, the date of such marriage, and the date and place of his death or divorce, and state whether he ever rendered any miltary or naval service, and, if so, give name of the organization in which he served. If she was married more than once before her marriage to you, let your answer include all former husbands. No. 8. Are you now living with your wife, or has there been a separation? Answer. No. 9. State the names and dates of birth of all your children, living or dead. Answer. FOLD

KELLOGG & KYLE
ATTORNEYS
SANTA ROSA, CALIFORNIA
106-308 BANK OF ITALY BUILDING
PHONE 417

THE LAW OF REAL ESTATE AND LAND TITLES

HARRY T. KYLE F. H. KELLOGG

March 15th, 1920.

MAR (25 1920

The Commissioner of Pensions,

Washington, D. C.

Sir, -

Gilman S. Hosmer, formerly a resident of Sebastopol, in this County, died November 26th last. He had been drawing a pension from the United States Government for service in the Civil War, and about the time of his death a letter was received at the Sebastopol Post Office from your office, addressed to him, which is supposed to have contained his pension check for the period just preceding his death. Pending application for administration of his estate, the letter was returned to your office.

We represent Mr. Stanley Hosmer, the Executor of Mr. Gilman Hosmer's Will, and we write to inquire what steps will be necessary to entitle him, as such Executor, to payment of the amount of pension accrued at the date of Mr. Hosmer's death.

Yours truly,

HTK: FW.





IF A PENSIONER, DO NOT FAIL TO GIVE CERTIFICATE NUMBER.

DECLARATION FOR PENSION.

H

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Colfonice
County of - Lonono \\ 88.
On this 5 day of fune, A. D. one thousand nine hundred and Lively,
personally appeared before me a county Clesks within and for the county
and State aforesaid, Selman S. Assuur, who, being duly sworn according to law,
declares that he is 72 years of age, and a resident of Sebortofol
county of, State of; and that he is the
identical person who was ENROLLED at a Clon, Mossa chusells under the name of
Jetman S. Hormer, on the 29 day of lugar, 1861,
as a Scrummer, in Language E. 26 th Regiment of Infrank, Massachusel Here state rank, and company and regiment in the Arms; or vesses, it in the Navy.)
in the service of the United States, in thewar, and was Honorably discharged
at translin Sa, on the 70 day of January, 1864.
That he also served as and Company (E,) 26, Batt, of miffe Marz, (Here live of complete statement of all other services, if any)
Honorably descharge on aug 26 1865, at Lavanch Jes.
That he was not employed in the military or naval service of the United States otherwise than as stated
above. That his personal description at enlistment was as follows: Height, feet feet inches;
complexion, Ruddy ; color of eyes, -gray ; color of hair, & Besser; that his occu-
pation was
That his several places of residence since leaving the service have been as follows: Mexicor, 1866, Origon, 1869, Nevada 1870 - Origon, 1906, Colifornia ever since.
(State date of each change as nearly as possible.) That he is a pensioner under certificate No. £32,143
That he has applied for pension under original No. 8-32,143
That he makes this declaration for the purpose of being placed on the pension roll of the United
States under the provisions of the set of New 11 1010
States under the provisions of the act of May 11, 1912.
That his post-office address is - Selastopol , county of Amone,
That his post-office address is - Setastopol , county of Amone, State of - California Gilman S. Hosmer (Claimant's signature in full.)
That his post-office address is Selastopol, county of Amone, State of California Gilman S. Hasmer
That his post-office address is - Selaslopol , county of Amone, State of - California Gilman S. Hosmer (Claimant's signature in full.)
That his post-office address is School pol country of Amore, State of California Gilman S. Hasner (Claimant's signature in full.) (2) M. S. Hossmer
State of — Calfornia Gilman J. Hoasmer Attest: (1) — Subscribed and sworn to before me this day of ferrer, A. D., 1912, and I hereby certify that the contents of the above declaration, etc., were fully
State of — Calfornia Gilman J. Hossina (Claimant's signature in full.) Attest: (1) Local Local (Claimant's signature in full.) Subscribed and sworn to before me this day of factor, A. D., 1917, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the
State of Calfornia Gilman's signature in full.) Attest: (1) Subscribed and sworn to before in this and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words————————————————————————————————————
That his post-office address is Scale of Colored Gilmand, Gounty of Money State of Gilmand, House (Claimant's signature in full.) Attest: (1) (2) Subscribed and sworn to before mis this day of face, A. D., 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words face, and the words face, and the words face, and the words face of this chaim.
State of Calfornia Gilman's signature in full.) Attest: (1) Subscribed and sworn to before in this and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words————————————————————————————————————
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That his post-office address is Selection of State of California Gilman J. House Gilman J. House (Claimant's signature in full.) Attest: (1) House Local Gilman J. House in full.) (2) M. J. House Local Gilman J. House in full.) Subscribed and sworn to before mis this J. day of Jan., A. D., 1912, and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant before swearing, including the words

41

DECLARATION FOR PENSION.

THE PENSION CERTIFICATE SHOULD NOT BE FORWARDED WITH THE APPLICATION.

State of Caly	Lornin)	
County of Lo	88.	V
0 ,	day of Ootober, A. D. one thousand nine hundred a	nd Same
		and for the county
	1.0,	
and State aforesaid,		orn according to law,
declares that be is	O years of age, and a resident of telastop	
county of Jon	one, State of California	; and that he is the
identical person who v	vas Enrolled at Acton, Mass.	under the name of
Gelman	S. House, on the 18 day of Oak	Dez , 1861
as a brivato	(Here state rank, and company and regiment the Army, or vessels if	es. Vol. 4
	(Here state rank, and company and regiment to the Army, or vessels if	in the Navy.)
	61	
in the service of the l	United States in the war, and was HONG	DRABLY DISCHARGE
at acarre	an an on the 2 day of Mu	quest, 186
That he also served		
	(Here give a complete statement of all other services, if any.)	
	oyed in the military or naval service of the United States oth	, ,
above. That his pers	onal description at enlistment was as follows: Height, finil	feet fulinches
complexion, Ruca	dy; color of eyes, strey; color of hair, Brown	that, his occu
		24th, 1839
1 1	mass	
		. sator no
- 1867 2	places of residence since leaving the service have been as follow	in mola
100 punar	Ree 1869-1870, Lake Creek Oreg 18 (State date of each chappe, as nearly as possible.)	10-1900
astopal,	1-0.1	4
That he is	a pensioner. That he has heretofore applied for pensioner.	on
# 832,14	3	
(If a pension	ner, the certificate number only need be given. If not, give the number of the former application, if one	
	his declaration for the purpose of being placed on the pensio	n roll of the United
_	isions of the act of February 6, 1907.	S
That his post-office	ce address is Sebasta sol, county of	J0 200 ac
State of Cale	former & M	Par
YM.	(Claimant's signature in	(as mer
Attest: (1)	Libby	
	Fred!	
(2) AV	1	. 0
Also personally a	appeared & Wayman, residing in La	uta loss
and Stanley /	Former, residing in Santa Rosa	Del nargons whom
certify to be respects	able and entitled to credit, and who, being by me duly sworn	, say that they wer
	under S. / Losiner, the claimant, sign his nam	
	aration; that they have every reason to believe, from the appea	
	ce with him of	
	himself to be, and that they have no interest in the prosecution	
T Trondator	Ma.	- January I
310/4	X. Mangue	ay
	//4 = 1/2	11
101/101	(Signatures of	vitnesses.)
2 1	0(1	•
1909 SUBSCRII	BED and sworn to before me this 25 day of Cato	
DE CV	and I hereby certify that the contents of the above declara made known and explained to the applicant and witnes	
The state of the s		
	including the words.	
[L. s.]	and the words	
	and that I have no interest, direct or indirect, in the prosec	
	F. L. WRIGHT,	Co. Clerk,
2 2	accented 2	
	// Osternat	ure.)
	A. Cudd	
6—803	A. Cuddy Wer J. J	MERIJTY CLERK.

S. Hosmer heng duly aus es and dutical Illman the afflicant married ann Mg330 disabeled in right Hand any said B ight e had to at he h Kilman As and 29 80

County of Jackson & S. S. State of Oregon Clath.

State of Oregon State of Clash.

Survey the applicant named in plusion Claim fo 933,074, and that of Vecived plusual desablet of thomany 1883 at the Grave Orest inhund on the Oto Raid Road, Irras helping loud the time, that were used weide to hold up the rock and dut, to rep it from Caving, and one Slipped against the other and caught my hand, and the paine was not brought on by vicious habits, I am Satisfied and believe the disability is permanent.

Silview S. Horsmer

Sworn to and Subscribed before me this fourth day of March 1892. Et. Rowen. notang. Public