



WHORTON

INSURANCE SERVICES

Stuart Gentling
4801 Harley St.
Fort Worth, TX. 76107

April 1, 1985

TO WHOM IT MAY CONCERN:

Re: David K. Holman

The above referenced, David K. Holman, Is insured under the American States Life Insurance Co.. His policy number is #436657.

Sincerely yours,

Jim Whorton, CIC

sy

SIMPLIFIED APPLICATION

Complete For:

AMERICAN STATES
LIFE INSURANCE COMPANY
Indianapolis, Indiana

☐ All Applications
☐ Adult Applications Only
☐ Juvenile Application Only (Ages 0-14)

issued as #211185
SEE REVERSE SIDE
Part 1 #436657

1. Name (Print name in full)

☒ Male ☐ Female

David Kent Holman
FIRST NAME MIDDLE LAST NAME

STATE OR COUNTRY

MONTH DAY YEAR

2. Birth Place TX Birth Date 5 2 47

Social Security No. 553-68-3479

3. Residence address is No. 8301 Milway Street

Austin TX 78757 (15 Yrs.)
CITY STATE ZIP CODE

Mailing address for premium notices

4. Name & Address of Employer Self employed

Job Held Printer How Long

5. ☒ Married ☐ Single ☐ Divorced ☐ Widow/er ☐ Separated

6. LIFE INSURANCE NOW OWNED

COMPANY

AMOUNT

LIFE

ACC. DEATH

YEAR OF ISSUE

None

Total principal sum accident insurance on your life \$

7. Will this policy replace or change any insurance or annuity in any company?

8. Have you flown in past 5 years as pilot or crew member? (If yes, submit Aviation Questionnaire) no

9. Do you contemplate change of occupation or foreign travel? no

10. Have you ever received disability benefits? no

11. Has any application for insurance on your life been postponed, declined or offered with an extra premium charge? no

12. In the past 5 years has your vehicle driving license been revoked, suspended or restricted? no

13. Within the past 5 years have you regularly smoked marijuana or used controlled substances, such as heroin, morphine, amphetamines, except as prescribed by a physician? no

Remarks (Details of #7 through 13)

14. (a) For children age 1 or less—was birth "full term" and normal?

(b) Does child have defective or abnormal hearing or sight?

(c) Does child have a mental or physical defect or deformity?

(d) Has child had medical advice or treatment within the past 5 years?

15. Has any application for insurance on the child's life been postponed, declined or offered with an extra premium charge?

16. Is child in sound health and without symptoms of disease?

17. What is the child's: Height Weight

DETAILS (Questions 14 through 17)

NATURE OF AILMENT
OR TREATMENTDATES
FROM TONAME AND ADDRESS
OF PHYSICIAN

FOR HOME OFFICE ENDORSEMENT—Do not write in this space

No. 350906

FORM 19-681 (2-77)

18. AMOUNT OF INSURANCE 216,000

Plan of insurance Select 10

Premium Mode ☐ Annual ☐ Semi-annual ☒ Quarterly ☐ Monthly
☐ Check matic

19. Include additional benefits checked below:

☐ Waiver of Premium (ages 15-55) ☐ GIO (ages 0-37)
☐ Double Indemnity (ages 5-60) ☐ Family Rider

☐ I do ☐ do not desire the automatic premium loan provision

20. For adult proposed insured the absolute owner of this policy will be the insured unless request to the contrary is made here and the owner signs below. For proposed insured under age 15, the owner of this policy will be the person who signs as "owner" below, until the Insured is age 21, and at that time the Insured becomes owner unless a request to the contrary is made here.

21. Proceeds, in event of death, are to be paid to:

NAME RELATIONSHIP AGE

The Gentling Book of Texas Birds, a
joint venture between Scott G. Gentling
and Stuart W. Gentling

The right to change beneficiary is reserved.

22. Special Requests (Settlement provisions, Short Term insurance, additional policies, policy date, etc.)

23. Does Payor desire Death & Disability Benefits ☐ Yes ☐ No (If "yes" complete part 2 questions as they relate to Payor)

24. Name of Payor

25. Date of Birth Occupation

26. Have you flown in last 5 years as a pilot or crew member? (If yes, furnish details or submit Aviation Questionnaire)

27. Has any application for insurance on your life been postponed, declined or offered with an extra premium charge?

I represent that the statements and answers recorded on this application are true and complete to the best of my knowledge and belief and agree that they, together with any statements or answers given to medical examiner, shall form a part of any insurance policy issued. I agree that acceptance of any policy issued on the basis of this application constitutes ratification by owner of any corrections, modifications or additions made by the company in space entitled "For Home Office Endorsement," except that any change as to amount, plan of insurance, date of birth, classification, or benefits shall be made only with written consent of owner.

I agree that no insurance shall take effect until the policy has been delivered to the owner and the full first premium of the policy has been paid during the continued lifetime of the proposed insured and while the health of the proposed insured has remained as stated on this application, except as provided by a conditional receipt bearing the same number as this application and given to the proposed owner by an authorized agent of the company, and I understand that no agent has the authority to alter this application or policy issued hereunder.

I authorize any physician, medical practitioner, hospital, clinic or other medical or medical related facility, insurance company, the Medical Information Bureau or other organization, institution or person, that has any records or knowledge of me or my health, to give to the American States Life Insurance Company any such information. A photographic copy of this authorization shall be as valid as the original.

Dated at

this 12th day of February 1985

X David Kent Holman
SIGNATURE OF PROPOSED INSURED—IF AGE 15 OR OVER

SIGNATURE OF OWNER—IF OTHER THAN PROPOSED INSURED OR IF PROPOSED INSURED IS UNDER 18 YEARS OF AGE

Scott G. Gentling
Stuart W. Gentling
SIGNATURE OF AGENT (WITNESS)