



CERTIFICATION OF APPEAL

| | | | | | | | | | | | | | | | | | | |
|---|---|---|--|--|--------------------------------|---------------------------------------|---------------------------------------|---------------------------------|--------------------------------------|---|--------------------------------------|--|---------------------------------|---|---|-----------------------------------|--|--|
| 1A. NAME OF APPELLANT <i>(If other than veteran)</i> Susie Crockett | | 1B. RELATIONSHIP TO VETERAN Daughter | 2. FILE NO. VBMS-ID | | | | | | | | | | | | | | | |
| 3. LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN Davy Crockett | | | 4. INSURANCE FILE NO. OR LOAN NO. <i>(If pertinent)</i> adsad | | | | | | | | | | | | | | | |
| THE APPEAL IS FOR <i>(State the question(s) at issue clearly and concisely.)</i> | | | | | | | | | | | | | | | | | | |
| 5A. SERVICE CONNECTION FOR adasd | | | 5B. DATE OF NOTIFICATION OF ACTION APPEALED 02/22/2016 | | | | | | | | | | | | | | | |
| 6A. INCREASED RATING FOR asd | | | 6B. DATE OF NOTIFICATION OF ACTION APPEALED 02/22/2016 | | | | | | | | | | | | | | | |
| 7A. OTHER adsa | | | 7B. DATE OF NOTIFICATION OF ACTION APPEALED 02/22/2016 | | | | | | | | | | | | | | | |
| 8A. APPELLANT REPRESENTED IN THIS APPEAL BY <i>(Name of organization, attorney or agent)</i> asds - Other | | | | | | | | | | | | | | | | | | |
| 8B. ONE OF THE FOLLOWING IS ON FILE AS AUTHORITY FOR RECOGNIZING SUCH REPRESENTATIVE IN THIS APPEAL <input type="checkbox"/> POWER OF ATTORNEY <i>(VA Form 21-22 or VA Form 21-22a)</i> OTHER <input checked="" type="checkbox"/> CERTIFICATION THAT VALID POWER OF ATTORNEY IS IN ANOTHER VA FILE <i>(If so, specify file)</i> | | | 8C. IF AGENT DESIGNATED, IS HE/SHE ON ACCREDITED LIST? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | |
| 9A. IF REPRESENTATIVE IS SERVICE ORGANIZATION, IS VA FORM 646, OR EQUIVALENT, OF RECORD? <input type="checkbox"/> YES <input type="checkbox"/> NO | | 9B. IF VA FORM 646 IS NOT OF RECORD, EXPLAIN | | | | | | | | | | | | | | | | |
| 10A. WAS HEARING REQUESTED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 10B. IF HELD, IS TRANSCRIPT IN FILE? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | |
| 10C. IF REQUESTED BUT NOT HELD, EXPLAIN | | | | | | | | | | | | | | | | | | |
| 11A. ARE CONTESTED CLAIMS PROCEDURES APPLICABLE IN THIS CASE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <i>(If "YES," complete item 11B).</i> | | 11B. HAVE THE REQUIREMENTS OF 38 U.S.C. 7105a BEEN FOLLOWED? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | |
| 12A. DATE STATEMENT OF THE CASE FURNISHED 09/06/1987 | | 12B. SUPPLEMENTAL STATEMENT OF THE CASE <input type="checkbox"/> REQUIRED AND FURNISHED <input checked="" type="checkbox"/> NOT REQUIRED | | | | | | | | | | | | | | | | |
| 13. RECORDS TO BE FORWARDED TO BOARD OF VETERANS' APPEALS <table border="0"><tr><td><input type="checkbox"/> CF OR XCF</td><td><input type="checkbox"/> R&E F</td><td><input type="checkbox"/> LOAN GUAR. F</td><td><input type="checkbox"/> OUTPATIENT F</td><td><input type="checkbox"/> X-RAYS</td></tr><tr><td><input type="checkbox"/> INACTIVE CF</td><td><input type="checkbox"/> TRAINING SUB-F</td><td><input type="checkbox"/> INSURANCE F</td><td><input type="checkbox"/> HOSPITAL COR.</td><td><input type="checkbox"/> SLIDES</td></tr><tr><td><input type="checkbox"/> OTHER <i>(Specify)</i></td><td><input type="checkbox"/> DEP. ED. F <i>(Ch. 35)</i></td><td><input type="checkbox"/> DENTAL F</td><td><input type="checkbox"/> CLINICAL REC.</td><td><input type="checkbox"/> TISSUE BLOCKS</td></tr></table> | | | | <input type="checkbox"/> CF OR XCF | <input type="checkbox"/> R&E F | <input type="checkbox"/> LOAN GUAR. F | <input type="checkbox"/> OUTPATIENT F | <input type="checkbox"/> X-RAYS | <input type="checkbox"/> INACTIVE CF | <input type="checkbox"/> TRAINING SUB-F | <input type="checkbox"/> INSURANCE F | <input type="checkbox"/> HOSPITAL COR. | <input type="checkbox"/> SLIDES | <input type="checkbox"/> OTHER <i>(Specify)</i> | <input type="checkbox"/> DEP. ED. F <i>(Ch. 35)</i> | <input type="checkbox"/> DENTAL F | <input type="checkbox"/> CLINICAL REC. | <input type="checkbox"/> TISSUE BLOCKS |
| <input type="checkbox"/> CF OR XCF | <input type="checkbox"/> R&E F | <input type="checkbox"/> LOAN GUAR. F | <input type="checkbox"/> OUTPATIENT F | <input type="checkbox"/> X-RAYS | | | | | | | | | | | | | | |
| <input type="checkbox"/> INACTIVE CF | <input type="checkbox"/> TRAINING SUB-F | <input type="checkbox"/> INSURANCE F | <input type="checkbox"/> HOSPITAL COR. | <input type="checkbox"/> SLIDES | | | | | | | | | | | | | | |
| <input type="checkbox"/> OTHER <i>(Specify)</i> | <input type="checkbox"/> DEP. ED. F <i>(Ch. 35)</i> | <input type="checkbox"/> DENTAL F | <input type="checkbox"/> CLINICAL REC. | <input type="checkbox"/> TISSUE BLOCKS | | | | | | | | | | | | | | |
| 14. REMARKS <i>(Continue on reverse)</i> | | | | | | | | | | | | | | | | | | |
| CERTIFICATION: It is hereby certified that all material evidence is of record, that all contentions advanced by and on behalf of the appellant have been considered under all pertinent laws, and the issues determined. | | | | | | | | | | | | | | | | | | |
| 15. NAME AND LOCATION OF CERTIFYING OFFICE PLACEHOLDER | | 16. ORGANIZATIONAL ELEMENT CERTIFYING APPEAL PLACEHOLDER | | | | | | | | | | | | | | | | |
| 17A. SIGNATURE OF CERTIFYING OFFICIAL sdad | | 17B. TITLE adsd | 17C. DATE 02/25/2016 | | | | | | | | | | | | | | | |
| 18A. SIGNATURE OF MEDICAL MEMBER <i>(Insurance use only)</i> | | 18B. TITLE | 18C. DATE | | | | | | | | | | | | | | | |



14. REMARKS *(Continue from front page)*