

Additional Information

1. VETERAN'S NAME:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX middle smith Sr.

30. NAME OF FINANCIAL INSTITUTION:

XX

22G. TELL US THE REASON WHY YOU ARE NOT LIVING WITH YOUR SPOUSE:

XX

22H. HOW MUCH DO YOU CONTRIBUTE MONTHLY TO YOUR SPOUSE'S SUPPORT?:

999999999999999999

28. AMOUNT PAID BY YOU Line 1:

1

28. PURPOSE Line 1:

purpose1

28. PAID TO Line 1:

paidTo1

28. RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID Line 1:

relationship1

28. DATE PAID Line 1:

04/01/2012

28. AMOUNT PAID BY YOU Line 2:

2

28. PURPOSE Line 2:

purpose2

28. PAID TO Line 2:

paidTo2

28. RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID Line 2:

relationship2

28. DATE PAID Line 2:

04/02/2012

28. AMOUNT PAID BY YOU Line 3:

3

28. PURPOSE Line 3:

purpose3

28. PAID TO Line 3:

paidTo3

28. RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID Line 3:

relationship3

28. DATE PAID Line 3:

04/03/2012

28. AMOUNT PAID BY YOU Line 4:

4

28. PURPOSE Line 4:

purpose4

28. PAID TO Line 4:

paidTo4

28. RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID Line 4:

relationship4

28. DATE PAID Line 4:

04/04/2012

28. AMOUNT PAID BY YOU Line 5:

5

28. PURPOSE Line 5:

purpose4

28. PAID TO Line 5:

paidTo4

28. RELATIONSHIP OF PERSON FOR WHOM EXPENSES PAID Line 5:

relationship4

28. DATE PAID Line 5:

04/04/2012

21B. TO WHOM MARRIED Line 1:

spouse1 Olson

21A. Date of Marriage Line 1:

03/01/1985

21A. PLACE OF MARRIAGE Line 1:

marriagelocation1

21E. PLACE MARRIAGE TERMINATED Line 1:

location1

21C. TYPE OF MARRIAGE Line 1:

type1

21E. DATE MARRIAGE TERMINATED Line 1:

04/01/1985

21D. HOW MARRIAGE TERMINATED Line 1:

divorce1

21B. TO WHOM MARRIED Line 2:

spouse2 Olson

21A. Date of Marriage Line 2:

03/02/1985

21E. DATE MARRIAGE TERMINATED Line 2:

04/02/1985

21A. PLACE OF MARRIAGE Line 2:

marriagelocation2

21E. PLACE MARRIAGE TERMINATED Line 2:

location2

21C. TYPE OF MARRIAGE Line 2:

type2

21D. HOW MARRIAGE TERMINATED Line 2:

divorce2

21B. TO WHOM MARRIED Line 3:

spouse1 Olson

21A. Date of Marriage Line 3:

03/01/1985

21A. PLACE OF MARRIAGE Line 3:

marriagelocation1

21E. PLACE MARRIAGE TERMINATED Line 3:

location1

21C. TYPE OF MARRIAGE Line 3:

type1

21E. DATE MARRIAGE TERMINATED Line 3:

04/01/1985

21D. HOW MARRIAGE TERMINATED Line 3:

divorce1

19B. TO WHOM MARRIED Line 1:

Mark1 Olson

19A. Date of Marriage Line 1:

03/01/1985

19E. DATE MARRIAGE TERMINATED Line 1:

04/01/1985

19A. PLACE OF MARRIAGE Line 1:

marriagelocation1

19E. PLACE MARRIAGE TERMINATED Line 1:

location1

19C. TYPE OF MARRIAGE Line 1:

type1

19D. HOW MARRIAGE TERMINATED Line 1:
divorce1

19B. TO WHOM MARRIED Line 2:
Mark2 Olson

19A. Date of Marriage Line 2:
03/02/1985

19E. DATE MARRIAGE TERMINATED Line 2:
04/02/1985

19A. PLACE OF MARRIAGE Line 2:
marriagelocation2

19E. PLACE MARRIAGE TERMINATED Line 2:
location2

19C. TYPE OF MARRIAGE Line 2:
type2

19D. HOW MARRIAGE TERMINATED Line 2:
divorce2

19B. TO WHOM MARRIED Line 3:
Mark2 Olson

19A. Date of Marriage Line 3:
03/02/1985

19E. DATE MARRIAGE TERMINATED Line 3:
04/02/1985

19A. PLACE OF MARRIAGE Line 3:
marriagelocation2

19E. PLACE MARRIAGE TERMINATED Line 3:
location2

19C. TYPE OF MARRIAGE Line 3:
type2

19D. HOW MARRIAGE TERMINATED Line 3:
divorce2

22F. WHAT IS YOUR SPOUSE'S ADDRESS?:
str1, XXXXXXXXXXXXXXXXXXXXXXXXXXXX, MD, 21231,
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

17F. WHAT WERE YOUR TOTAL ANNUAL EARNINGS? Line 1:
10

17B. WHAT WAS YOUR JOB TITLE? Line 1:
worker1

17E. HOW MANY DAYS WERE LOST DUE TO DISABILITY? Line 1:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, name2 last2

16B. LIST AMOUNT (If known):

999999999999999999

12E. PLACE OF LAST OR ANTICIPATED SEPARATION:

XX

12B. BRANCH OF SERVICE:

XX

8A. PREFERRED E-MAIL ADDRESS:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

8B. ALTERNATE E-MAIL ADDRESS:

altXXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

10B. DATE(S) OF TREATMENT Line 1:

01/01/2016, 01/02/2016

10A. NAME AND LOCATION OF VA MEDICAL CENTER Line 1:

hospital1, nyc

10B. DATE(S) OF TREATMENT Line 2:

12/01/2016, 12/02/2016, 12/03/2016, 12/04/2016

10A. NAME AND LOCATION OF VA MEDICAL CENTER Line 2:

hospital2, dc

9A. DISABILITY(IES) Line 1:

XX

9B. DATE DISABILITY(IES) BEGAN Line 1:

12/01/2016

9A. DISABILITY(IES) Line 2:

XX

9B. DATE DISABILITY(IES) BEGAN Line 2:

12/01/2016

7A. City, State, Zip, Country:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, MD, 21231, XXXXXXXXXXXXXXXXXXXXXXXX

7A. Street address:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXX

23B. DATE OF BIRTH Line 1:

06/01/2012

23A. NAME OF DEPENDENT CHILD Line 1:

Mark1 Olson

23C. SOCIAL SECURITY NUMBER Line 1:

111223331

23B. PLACE OF BIRTH Line 1:

place1

23G. 18-23 YEARS OLD (in school) Line 1:

true

23I. CHILD MARRIED Line 1:

true

23H. SERIOUSLY DISABLED Line 1:

true

23J. CHILD PREVIOUSLY MARRIED Line 1:

true

23F. STEPCHILD Line 1:

true

23B. DATE OF BIRTH Line 2:

06/01/2012

23A. NAME OF DEPENDENT CHILD Line 2:

Mark1 Olson

23C. SOCIAL SECURITY NUMBER Line 2:

111223331

23B. PLACE OF BIRTH Line 2:

place1

23G. 18-23 YEARS OLD (in school) Line 2:

true

23I. CHILD MARRIED Line 2:

true

23H. SERIOUSLY DISABLED Line 2:

true

23J. CHILD PREVIOUSLY MARRIED Line 2:

true

23D. BIOLOGICAL Line 2:

true

23B. DATE OF BIRTH Line 3:

06/02/2012

23A. NAME OF DEPENDENT CHILD Line 3:

Mark2 Olson

23C. SOCIAL SECURITY NUMBER Line 3:

111223332

23B. PLACE OF BIRTH Line 3:

place2

23G. 18-23 YEARS OLD (in school) Line 3:

true

23I. CHILD MARRIED Line 3:

true

23H. SERIOUSLY DISABLED Line 3:

true

23J. CHILD PREVIOUSLY MARRIED Line 3:

true

23E. ADOPTED Line 3:

true

23B. DATE OF BIRTH Line 4:

06/03/2012

23A. NAME OF DEPENDENT CHILD Line 4:

Mark3 Olson

23C. SOCIAL SECURITY NUMBER Line 4:

111223333

23B. PLACE OF BIRTH Line 4:

place3

23G. 18-23 YEARS OLD (in school) Line 4:

true

23I. CHILD MARRIED Line 4:

true

23H. SERIOUSLY DISABLED Line 4:

true

23J. CHILD PREVIOUSLY MARRIED Line 4:

true

23E. ADOPTED Line 4:

true

24B. CHILD'S COMPLETE ADDRESS Line 1:

str1, city1, MD, 21231, USA

24A. NAME OF DEPENDENT CHILD Line 1:

outside1 Olson

24C. NAME OF PERSON THE CHILD LIVES WITH Line 1:

person1 Olson

24D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT Line 1:

1

24B. CHILD'S COMPLETE ADDRESS Line 2:

str2, city1, MD, 21231, USA

24A. NAME OF DEPENDENT CHILD Line 2:

outside2 Olson

24C. NAME OF PERSON THE CHILD LIVES WITH Line 2:

person2 Olson

24D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT Line 2:

2

24B. CHILD'S COMPLETE ADDRESS Line 3:

str3, city1, MD, 21231, USA

24A. NAME OF DEPENDENT CHILD Line 3:

outside3 Olson

24C. NAME OF PERSON THE CHILD LIVES WITH Line 3:

person3 Olson

24D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT Line 3:

3

24B. CHILD'S COMPLETE ADDRESS Line 4:

str4, city1, MD, 21231, USA

24A. NAME OF DEPENDENT CHILD Line 4:

outside4 Olson

24C. NAME OF PERSON THE CHILD LIVES WITH Line 4:

person4 Olson

24D. MONTHLY AMOUNT YOU CONTRIBUTE TO THE CHILD'S SUPPORT Line 4:

4

19F. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 19C, PLEASE EXPLAIN::

XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

21F. IF YOU INDICATED "OTHER" AS TYPE OF MARRIAGE IN ITEM 21C, PLEASE EXPLAIN::

spouse
XX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX, spouse other

27. Recipient Line 1:

Myself

27. Source Line 1:

GROSS WAGES AND SALARY

27. Amount Line 1:

1

27. Recipient Line 2:

Spouse

27. Source Line 2:

GROSS WAGES AND SALARY

27. Amount Line 2:

2

27. Recipient Line 3:

Myself

27. Source Line 3:

TOTAL DIVIDENDS AND INTEREST

27. Amount Line 3:

3

27. Recipient Line 4:

Myself

27. Amount Line 4:

4

27. Source Line 4:

name1

27. Recipient Line 5:

Spouse

27. Amount Line 5:

5

27. Source Line 5:

name2

27. Recipient Line 6:

parent Olson

27. Amount Line 6:

6

27. Source Line 6:

name3

27. Recipient Line 7:

parent Olson

27. Source Line 7:

GROSS WAGES AND SALARY

27. Amount Line 7:

1

27. Recipient Line 8:

parent Olson

27. Source Line 8:

TOTAL DIVIDENDS AND INTEREST

27. Amount Line 8:

3

25. Recipient Line 1:

Myself

25. Source Line 1:

CASH/NON-INTEREST BEARING BANK ACCOUNTS

25. Amount Line 1:

1

25. Recipient Line 2:

Myself

25. Source Line 2:

INTEREST-BEARING BANK ACCOUNTS

25. Amount Line 2:

2

25. Recipient Line 3:

Myself

25. Source Line 3:

IRA'S, KEOGH PLANS, ETC.

25. Amount Line 3:

3

25. Recipient Line 4:

Spouse

25. Source Line 4:

STOCKS, BONDS, MUTUAL FUNDS, ETC.

25. Amount Line 4:

4

25. Recipient Line 5:

Spouse

25. Source Line 5:

REAL PROPERTY

25. Amount Line 5:

5

25. Recipient Line 6:

Myself

25. Source Line 6:

ALL OTHER PROPERTY

25. Amount Line 6:

6

25. Recipient Line 7:

Spouse

25. Source Line 7:
ALL OTHER PROPERTY

25. Amount Line 7:
7

25. Recipient Line 8:
outside1 Olson

25. Amount Line 8:
8

25. Source Line 8:
name1

25. Recipient Line 9:
Spouse

25. Source Line 9:
CASH/NON-INTEREST BEARING BANK ACCOUNTS

25. Amount Line 9:
9

26. Recipient Line 1:
Myself

26. Source Line 1:
SOCIAL SECURITY

26. Amount Line 1:
1

26. Recipient Line 2:
Spouse

26. Source Line 2:
SOCIAL SECURITY

26. Amount Line 2:
2

26. Recipient Line 3:
Myself

26. Source Line 3:
U.S. CIVIL SERVICE

26. Amount Line 3:
3

26. Recipient Line 4:
Spouse

26. Source Line 4:
U.S. RAILROAD RETIREMENT

26. Amount Line 4:

4

26. Recipient Line 5:

Myself

26. Source Line 5:

BLACK LUNG BENEFITS

26. Amount Line 5:

5

26. Recipient Line 6:

Spouse

26. Source Line 6:

SERVICE RETIREMENT

26. Amount Line 6:

6

26. Recipient Line 7:

Myself

26. Source Line 7:

SUPPLEMENTAL SECURITY INCOME (SSI)/PUBLIC ASSISTANCE

26. Amount Line 7:

7

26. Recipient Line 8:

Spouse

26. Amount Line 8:

8

26. Source Line 8:

name1

26. Recipient Line 9:

outside1 Olson

26. Amount Line 9:

9

26. Source Line 9:

name2

26. Recipient Line 10:

outside1 Olson

26. Amount Line 10:

10

26. Source Line 10:

name3

26. Recipient Line 11:

Spouse

26. Source Line 11:

U.S. CIVIL SERVICE

26. Amount Line 11:

11

29. Checking Account Number:

8885656568888888