

## Additional Information

### 1. VETERAN'S NAME:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX middle smith Sr.

### 30. NAME OF FINANCIAL INSTITUTION:

XX

### 12B. BRANCH OF SERVICE Line 1:

army

### 12A. I ENTERED ACTIVE SERVICE ON Line 1:

06/26/2012

### 12C. RELEASE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE SERVICE Line 1:

04/10/2013

### 12B. BRANCH OF SERVICE Line 2:

army2

### 12A. I ENTERED ACTIVE SERVICE ON Line 2:

06/26/2012

### 12C. RELEASE DATE OR ANTICIPATED DATE OF RELEASE FROM ACTIVE SERVICE Line 2:

04/10/2013

### 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. DATE PAID Line 1:

04/01/2012

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

Myself

### 28. AMOUNT PAID BY YOU Line 2:

2

### 28. PURPOSE Line 2:

purpose2

### 28. PAID TO Line 2:

paidTo2

**28. DATE PAID Line 2:**

04/02/2012

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

Myself

**28. AMOUNT PAID BY YOU Line 3:**

3

**28. PURPOSE Line 3:**

purpose3

**28. PAID TO Line 3:**

paidTo3

**28. DATE PAID Line 3:**

04/03/2012

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

Myself

**28. AMOUNT PAID BY YOU Line 4:**

4

**28. PURPOSE Line 4:**

purpose4

**28. PAID TO Line 4:**

paidTo4

**28. DATE PAID Line 4:**

04/04/2012

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

Myself

**28. AMOUNT PAID BY YOU Line 5:**

5

**28. PURPOSE Line 5:**

purpose4

**28. PAID TO Line 5:**

paidTo4

**28. DATE PAID Line 5:**

04/04/2012

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

Myself

**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:**

1

**17C. WHEN DID YOUR JOB BEGIN? Line 1:**

04/01/2012

**17D. WHEN DID YOUR JOB END? Line 1:**

05/01/2013

**17A. WHAT WAS THE NAME AND ADDRESS OF YOUR EMPLOYER? Line 1:**

1, str1, 1, MD, 21231, USA

**17F. WHAT WERE YOUR TOTAL ANNUAL EARNINGS? Line 2:**

20

**17B. WHAT WAS YOUR JOB TITLE? Line 2:**

worker2

**17E. HOW MANY DAYS WERE LOST DUE TO DISABILITY? Line 2:**

2

**17C. WHEN DID YOUR JOB BEGIN? Line 2:**

04/02/2012

**17D. WHEN DID YOUR JOB END? Line 2:**

05/02/2013

**17A. WHAT WAS THE NAME AND ADDRESS OF YOUR EMPLOYER? Line 2:**

2, str2, 2, MD, 21231, USA

**17F. WHAT WERE YOUR TOTAL ANNUAL EARNINGS? Line 3:**

20

**17B. WHAT WAS YOUR JOB TITLE? Line 3:**

worker2

**17E. HOW MANY DAYS WERE LOST DUE TO DISABILITY? Line 3:**

2

**17C. WHEN DID YOUR JOB BEGIN? Line 3:**

04/02/2012

**17D. WHEN DID YOUR JOB END? Line 3:**

05/02/2013

**17A. WHAT WAS THE NAME AND ADDRESS OF YOUR EMPLOYER? Line 3:**

3, str2, 2, MD, 21231, USA

**14A. WHAT IS THE NAME AND ADDRESS OF YOUR RESERVE/NATIONAL GUARD UNIT?:**

XX, 111 Uni  
Drive, Baltimore, MD, 21231, USA

**11B. PLEASE LIST THE OTHER NAME(S) YOU SERVED UNDER:**

name1 last1, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX, name2 last2

**16B. LIST AMOUNT (If known):**

99999999999999999999

**12E. PLACE OF LAST OR ANTICIPATED SEPARATION:**

XX

**8A. PREFERRED E-MAIL ADDRESS:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

**8B. ALTERNATE E-MAIL ADDRESS:**

altXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX@XXXXXXXXXXXXXXXXXXXXXXXXXXXXX.com

**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, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**7A. Street address:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**23A. NAME OF DEPENDENT CHILD Line 1:**

outside1 Olson

**23A. NAME OF DEPENDENT CHILD Line 2:**

outside2 Olson

**23A. NAME OF DEPENDENT CHILD Line 3:**

outside3 Olson

**23A. NAME OF DEPENDENT CHILD Line 4:**

outside4 Olson

**23A. NAME OF DEPENDENT CHILD Line 5:**

parent Olson

**23B. DATE OF BIRTH Line 6:**

06/01/2012

**23A. NAME OF DEPENDENT CHILD Line 6:**

Mark1 Olson

**23C. SOCIAL SECURITY NUMBER Line 6:**

111223331

**23B. PLACE OF BIRTH Line 6:**

place1

**23G. 18-23 YEARS OLD (in school) Line 6:**

true

**23I. CHILD MARRIED Line 6:**

true

**23H. SERIOUSLY DISABLED Line 6:**

true

**23J. CHILD PREVIOUSLY MARRIED Line 6:**

true

**23F. STEPCHILD Line 6:**

true

**23B. DATE OF BIRTH Line 7:**

06/01/2012

**23A. NAME OF DEPENDENT CHILD Line 7:**

Mark1 Olson

**23C. SOCIAL SECURITY NUMBER Line 7:**  
111223331

**23B. PLACE OF BIRTH Line 7:**  
place1

**23G. 18-23 YEARS OLD (in school) Line 7:**  
true

**23I. CHILD MARRIED Line 7:**  
true

**23H. SERIOUSLY DISABLED Line 7:**  
true

**23J. CHILD PREVIOUSLY MARRIED Line 7:**  
true

**23D. BIOLOGICAL Line 7:**  
true

**23B. DATE OF BIRTH Line 8:**  
06/02/2012

**23A. NAME OF DEPENDENT CHILD Line 8:**  
Mark2 Olson

**23C. SOCIAL SECURITY NUMBER Line 8:**  
111223332

**23B. PLACE OF BIRTH Line 8:**  
place2

**23G. 18-23 YEARS OLD (in school) Line 8:**  
true

**23I. CHILD MARRIED Line 8:**  
true

**23H. SERIOUSLY DISABLED Line 8:**  
true

**23J. CHILD PREVIOUSLY MARRIED Line 8:**  
true

**23E. ADOPTED Line 8:**  
true

**23B. DATE OF BIRTH Line 9:**  
06/03/2012

**23A. NAME OF DEPENDENT CHILD Line 9:**



Mark3 Olson

**23C. SOCIAL SECURITY NUMBER Line 9:**  
111223333

**23B. PLACE OF BIRTH Line 9:**  
place3

**23G. 18-23 YEARS OLD (in school) Line 9:**  
true

**23I. CHILD MARRIED Line 9:**  
true

**23H. SERIOUSLY DISABLED Line 9:**  
true

**23J. CHILD PREVIOUSLY MARRIED Line 9:**  
true

**23E. ADOPTED Line 9:**  
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

**24A. NAME OF DEPENDENT CHILD Line 5:**  
parent Olson

**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:**

Myself

**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 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:**

**25. Recipient Line 10:**

Spouse

**25. Source Line 10:**

STOCKS, BONDS, MUTUAL FUNDS, ETC.

**25. Amount Line 10:**

4

**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:**

**29. Checking Account Number:**  
8885656568888888