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Curtis Gaylord

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161

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME <b>GAYLORD CURTIS RAY</b>			2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>000 000 000</b>	4. DATE OF BIRTH YEAR: <b>71</b> MONTH: <b>11</b> DAY: <b>05</b>
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY RA</b>			6. GRADE, RATE OR RANK <b>PFC</b>	7. PAY GRADE <b>E5</b>	8. DATE OF RANK YEAR: <b>75</b> MONTH: <b>06</b> DAY: <b>25</b>
9a. SELECTIVE SERVICE NUMBER <b>31 095 34 0154</b>		9b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE <b>1B/ 94 Plymouth IN 47762</b>		9c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) <b>5224 W Washington Rd Chicago IL 60644</b>	
10a. TYPE OF SEPARATION <b>DISCHARGE</b>			10b. POSITION OR INSTALLATION AT WHICH EFFECTED <b>P2 ORD CA</b>		
11. EFFECTIVE DATE YEAR: <b>75</b> MONTH: <b>03</b> DAY: <b>16</b>			12. TYPE OF CERTIFICATE ISSUED <b>DD FORM 256A</b>		

13. HONORABLE  
14. TYPE OF CERTIFICATE ISSUED  
**DD FORM 256A**

15. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Co B 7th SFG Ta (PC 404501) FT ORD CA</b>			16. COMMAND TO WHICH TRANSFERRED <b>NA</b>		
17a. YEAR, MONTH, DAY OF RESERVE/REGULATORY OBLIGATION <b>NA</b>			17b. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) <b>Chicago IL 60644</b>		
18. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: <b>72</b> MONTH: <b>10</b> DAY: <b>04</b>			19. RECORD OF SERVICE		

20. RECORD OF SERVICE		YEARS	MONTHS	DAYS
(a) NET ACTIVE SERVICE THIS PERIOD		1	5	9
(b) PRIOR ACTIVE SERVICE		0	0	0
(c) TOTAL ACTIVE SERVICE (a + b)		1	5	9
(d) PRIOR INACTIVE SERVICE		0	0	0
(e) TOTAL SERVICE FOR PAY (c + d)		1	5	9
(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD		0	0	0

17a. SECONDARY SPECIALTY NUMBER AND TITLE <b>NA</b>		17b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>	
18. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		19. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (No Years) SECONDARY/HIGH SCHOOL: <b>12 YRS (1-12 grades)</b> COLLEGE: <b>0 YRS</b>	
21. TIME LOST (Preceding Two Yrs) <b>None</b>	22. DAYS ACCRUED LEAVE PAID <b>33</b>	23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$20,000 <input type="checkbox"/> NONE	24. DISABILITY SEVERANCE PAY AMOUNT: <b>NA</b>
25. PERSONNEL SECURITY INVESTIGATION		26. DATE COMPLETED	
TYPE: <b>NA</b>		DATE COMPLETED: <b>NA</b>	

27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED

**RIFLE (RIFLE)**

28. REMARKS

Military Education: Motor Transport Operator  
 (I DO NOT REQUEST COPIES OF MY DD FORM 214)

29. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) <b>5512 W Felton St Chicago IL 60644</b>	25. SIGNATURE OF PERSON BEING SEPARATED <i>Curtis R. Raymond</i>
--	---

30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>JOSEPH A HALLORAN CPT AGC Asst AG</b>	26. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J. Halloran</i>
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DD FORM 214 NOV 72

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY

"Exhibit A"

21C-21

2142

Form approved  
OMB No. 76-R0007

**VETERANS ADMINISTRATION**

**VETERAN'S APPLICATION FOR COMPENSATION OR PENSION**

IMPORTANT: Read attached General and Specific Instructions before filling in this form. Typewrite, print or write plainly.

**1A. FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN**  
CORTISS RAY GAYLORD

**1B. TELEPHONE NO.**  
312-626-6063

**2. MAILING ADDRESS OF VETERAN (Number and street or rural route, city or P.O., State and ZIP Code)**  
5512 W. 14th STREET  
Chicago, Ill. 60644

**3A. VETERAN'S SOC. SECURITY NO.**  
[REDACTED]

**3B. SPOUSE'S SOC. SECURITY NO.**  
[REDACTED]

**4. DATE OF BIRTH** 11 AUG. 54    **5. PLACE OF BIRTH** Columbus, N.C.    **6. SEX** M.

**7. RAILROAD RETIREMENT NO.** [REDACTED]

**8. HAVE YOU EVER FILED A CLAIM FOR COMPENSATION FROM THE OFFICE OF FEDERAL EMPLOYEES COMPENSATION? (Formerly the U.S. Bureau of Employees Compensation)**  
 YES     NO

**9A. HAVE YOU PREVIOUSLY FILED A CLAIM FOR ANY BENEFIT WITH THE VETERANS ADMINISTRATION?**  
 NONE     VOCATIONAL REHABILITATION (Chapter 31)     DENTAL OR OUTPATIENT TREATMENT  
 HOSPITALIZATION OR MEDICAL CARE     VETERANS EDUCATIONAL ASSISTANCE (Chapter 33 or 34)     OTHER (Specify)  
 WAIVER OF NSLI PREMIUMS     WAR ORPHANS OR DEPENDENTS EDUCATIONAL ASSIST. (Chap. 35)  
 DISABILITY COMPENSATION OR PENSION

**9B. VA FILE NUMBER**  
[REDACTED]

**9C. VA OFFICE HAVING YOUR RECORDS (if known)**  
C-

**SERVICE INFORMATION**

NOTE: Enter complete information for each period of active duty including Reservist or National Guard status. Attach Form DD-214 or other separation papers for all periods of active duty since January 31, 1955, to expedite processing of your claim. If you do NOT have your DD 214 or other separation papers check (✓) here .

9A. ENTERED ACTIVE SERVICE		9B. SERVICE NO.	10C. SEPARATED FROM ACTIVE SERVICE		10D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE		DATE	PLACE	
8 Oct 74	Chicago, Ill.	[REDACTED]	16 March 76	Ft. Ord, Cal.	PFC - E3 ARMY
BEST IMAGE AVAILABLE					

**10E. HAVE YOU BEEN A PRISONER OF WAR?**  YES     NO (If "Yes," complete items 10F and 10G)

**10F. NAME OF COUNTRY** [REDACTED]

**10G. DATES OF CONFINEMENT** [REDACTED]

**11. IF YOU SERVED UNDER ANOTHER NAME, GIVE NAME AND PERIOD DURING WHICH YOU SERVED AND SERVICE NO.** N.A.

**12. IF RESERVIST OR NATIONAL GUARDSMAN, GIVE BRANCH OF SERVICE AND PERIOD OF ACTIVE OR INACTIVE TRAINING DUTY DURING WHICH DISABILITY OCCURRED.** N.A.

**13A. ARE YOU NOW A MEMBER OF THE RESERVE FORCES OF THE ARMY, NAVY, AIR FORCE, MARINE CORPS, COAST GUARD OR NATIONAL GUARD?**  YES     NO

**13B. BRANCH OF SERVICE** [REDACTED]

**13C. RESERVE STATUS**  ACTIVE     INACTIVE     RESERVE OBLIGATION

**14A. ARE YOU NOW RECEIVING OR WILL YOU RECEIVE RETIREMENT OR RETAINER PAY FROM THE ARMED FORCES?**  YES     NO (If "Yes," complete 14B, 14C and 14D)

**14B. BRANCH OF SERVICE** [REDACTED]

**14C. MONTHLY AMOUNT** \$ [REDACTED]

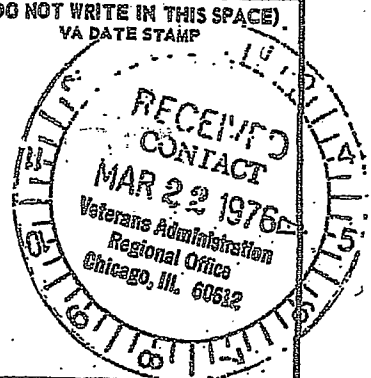
**14D. RETIRED STATUS**  PERMANENT     TEMPORARY DISABILITY RETIRED LIST

**15A. HAVE YOU EVER APPLIED FOR OR RECEIVED DISABILITY SEVERANCE PAY FROM THE ARMED FORCES?**  YES     NO (If "Yes," complete 15B)

**15B. AMOUNT** \$ [REDACTED]

**16A. HAVE YOU RECEIVED LUMP SUM READJUSTMENT PAY FROM THE ARMED FORCES?**  YES     NO (If "Yes," complete 16B)

**16B. AMOUNT** \$ [REDACTED]



DB

VA FORM 21-526 MAY 1975

SUPERSEDES VA FORM 21-526, MAY 1973, WHICH WILL NOT BE USED.

PAGE 1

"Exhibit B"

Record Before the Agency (RBA)

Page:544

**MARITAL AND DEPENDENCY INFORMATION**

<b>17A. MARITAL STATUS (Check one)</b> <input checked="" type="checkbox"/> NEVER MARRIED (If so, do not complete 17B through 20D) <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED	<b>17B. NUMBER OF TIMES YOU HAVE BEEN MARRIED</b> _____	<b>17C. NUMBER OF TIMES YOUR PRESENT SPOUSE HAS BEEN MARRIED</b> _____
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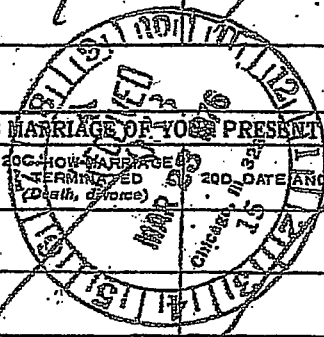
**NOTE -** Furnish the following information about each of your marriages. A certified copy of the public or church record of your **CURRENT** marriage is required if you or your spouse had a prior marriage.

18A. DATE AND PLACE OF MARRIAGE	18B. TO WHOM MARRIED	18C. TERMINATED (Death, divorce)	18D. DATE AND PLACE TERMINATED
/	/	/	/
/	/	/	/

**19. CHECK (✓) WHETHER YOUR CURRENT MARRIAGE WAS PERFORMED:**  
 CLERGYMAN OR AUTHORIZED PUBLIC OFFICIAL       OTHER (Explain)

**FURNISH THE FOLLOWING INFORMATION ABOUT EACH PREVIOUS MARRIAGE OF YOUR PRESENT SPOUSE**

20A. DATE AND PLACE OF MARRIAGE	20B. TO WHOM MARRIED	20C. HOW MARRIAGE TERMINATED (Death, divorce)	20D. DATE AND PLACE TERMINATED.
/	/	/	/



<b>21A. DO YOU LIVE TOGETHER?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "No," fill in 21B thru 21D)	<b>21B. REASON FOR SEPARATION</b> _____	<b>21C. AMOUNT YOU CONTRIBUTE TO YOUR WIFE'S SUPPORT MONTHLY</b> \$ _____	<b>21D. PRESENT ADDRESS OF SPOUSE</b> _____
--	--	--	--

**22. HAVE YOU ANY UNMARRIED CHILDREN: (Include any child whose marriage has been terminated by divorce, annulment, or death of a spouse)**  
 UNDER 18 YEARS OF AGE       OVER 18 AND UNDER 23 ATTENDING SCHOOL       OF ANY AGE PERMANENTLY HELPLESS FOR MENTAL OR PHYSICAL REASONS

**NOTE -** If any block in Item 22 is checked, furnish the following information for each child. A certified copy of the public or church record of birth or court record of adoption is required if the child is adopted, a stepchild or illegitimate child.

23A. FULL NAME OF CHILD	23B. DATE OF BIRTH (Month, day, year)	23C. PLACE OF BIRTH	23D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD
N.A.	/	/	/

**BEST IMAGE AVAILABLE**

<b>23E. HAVE ANY OF THE ABOVE CHILDREN BEEN MARRIED?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "YES", complete Item 23F)	<b>23F. GIVE NAME(S) OF CHILDREN AND FURNISH A COPY OF THE DOCUMENT TERMINATING MARRIAGE</b> N.A.      N.A.
---	--

<b>24A. IS YOUR FATHER DEPENDENT UPON YOU FOR SUPPORT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 24B)	<b>24B. NAME AND ADDRESS OF DEPENDENT FATHER</b> _____	<b>24C. IS YOUR MOTHER DEPENDENT UPON YOU FOR SUPPORT?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 24D)
---	---	---

<b>24D. NAME AND ADDRESS OF DEPENDENT MOTHER</b> _____	<b>24E. NAME AND ADDRESS OF NEAREST RELATIVE</b> MELTON GAYLORD 5512 - N. 14 <sup>th</sup> Chicago, Ill. 60644	<b>24F. RELATIONSHIP OF NEAREST RELATIVE</b> Father
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**NATURE AND HISTORY OF DISABILITIES**

**25. NATURE OF SICKNESS, DISEASE OR INJURIES FOR WHICH THIS CLAIM IS MADE AND DATE EACH BEGAN**  
 FLAT FEET AGGRAVATED - GOING FROM MILD TO SEVERE.  
 AUGUST - 1975

<b>26A. ARE YOU NOW OR HAVE YOU BEEN HOSPITALIZED OR FURNISHED DOMICILIARY CARE WITHIN THE PAST THREE MONTHS?</b> <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," complete 26B and 26C)	<b>26B. DATES OF HOSPITALIZATION OR DOMICILIARY CARE</b> _____	<b>26C. NAME AND ADDRESS OF INSTITUTION</b> _____
---	---	--

NOTE: Items 27, 28, and 29 need NOT be completed unless you are now claiming compensation for a disability incurred in service.

IF YOU RECEIVED ANY TREATMENT WHILE IN SERVICE, FILL IN THE FOLLOWING INFORMATION

27A. NATURE OF SICKNESS, DISEASE OR INJURY	27B. DATES OF TREATMENT	27C. NAME, NUMBER OR LOCATION OF HOSPITAL, FIRST-AID STATION, DRESSING STATION, OR INFIRMARY	27D. ORGANIZATION AT TIME SICKNESS, DISEASE, OR INJURY WAS INCURRED
FLAT FEET	8-8-75	SILAS B. HAYES Army - FT. ORD CALIF.	

LIST CIVILIAN PHYSICIANS AND HOSPITALS WHERE YOU WERE TREATED FOR ANY SICKNESS, INJURY OR DISEASE SHOWN IN ITEM 27A ABOVE BEFORE, DURING, OR SINCE YOUR SERVICE, AND ANY (MILITARY) HOSPITALS SINCE YOUR LAST DISCHARGE.

28A. NAME	28B. PRESENT ADDRESS	28C. DISABILITY	28D. DATE
DR. BYRON M.P.	SILAS B. HAYES ortho people - Padrietary	FLAT FEET	AUG. 75

LIST PERSONS OTHER THAN PHYSICIANS WHO KNOW ANY FACTS ABOUT ANY SICKNESS, DISEASE OR INJURY SHOWN IN ITEM 27A ABOVE WHICH YOU HAD BEFORE, DURING, OR SINCE YOUR SERVICE.

29A. NAME	29B. PRESENT ADDRESS	29C. DISABILITY	29D. DATE
BEST IMAGE AVAILABLE			

IF YOU CLAIM TO BE TOTALLY DISABLED (Complete items 30A thru 33E)

Note: Items 30A thru 33E need not be completed if you are age 65 or over and only claiming pension.

30A. ARE YOU NOW EMPLOYED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		30B. DATE YOU LAST WORKED	30C. IF YOU WERE SELF-EMPLOYED BEFORE BECOMING TOTALLY DISABLED, JUST WHAT PART OF THE WORK DID YOU DO?	
30D. IF YOU ARE STILL SELF-EMPLOYED, WHAT PART OF THE WORK DO YOU DO NOW?		30E. WHAT IS THE MOST YOU EVER EARNED IN ANY ONE YEAR? 5	30F. WHAT YEAR?	
31A. EDUCATION (Circle highest year completed)			31B. NATURE OF AND TIME SPENT IN OTHER EDUCATION AND TRAINING	
1 2 3 4 5 6 7 8	1 2 3 4	1 2 3 4		
(GRADE SCHOOL)	(HIGH SCHOOL)	(COLLEGE)		

LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, FOR 1 YEAR BEFORE YOU BECAME TOTALLY DISABLED

32A. NAME AND ADDRESS OF EMPLOYER	32B. KIND OF WORK	32C. MONTHS WORKED	32D. TIME LOST FROM ILLNESS	32E. TOTAL EARNINGS

LIST ALL YOUR EMPLOYMENT, INCLUDING SELF-EMPLOYMENT, SINCE YOU BECAME TOTALLY DISABLED

33A. NAME AND ADDRESS OF EMPLOYER	33B. KIND OF WORK	33C. MONTHS WORKED	33D. TIME LOST FROM ILLNESS	33E. TOTAL EARNINGS

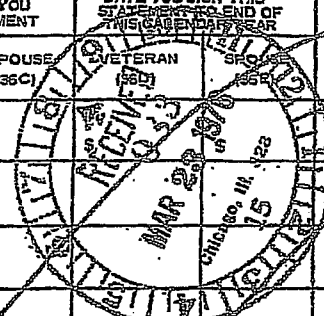
34. INCOME RECEIVED AND EXPECTED FROM ALL SOURCES

NOTE -- Items 34A through 38C should be completed only if you are applying for nonservice-connected pension.

34A. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION OR RAILROAD RETIREMENT?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", complete Items 34B thru 34F as applicable)	34B. MONTHLY AMOUNT (Include Medicare deduction) \$ _____	34C. BEGINNING DATE _____	34D. DATE YOU EXPECT BENEFITS TO BEGIN _____
	34E. IF YOU HAVE NOT YET APPLIED, DO YOU INTEND TO APPLY FOR EITHER BENEFIT DURING THE NEXT 12 MONTHS? _____		34F. APPROXIMATE DATE YOU INTEND TO APPLY _____
35A. HAVE YOU APPLIED FOR OR ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANNUITY OR RETIREMENT BENEFITS OR ENDOWMENT INSURANCE FROM ANY OTHER SOURCE?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "YES", complete Items 35B thru 35E, as applicable)	35B. MONTHLY AMOUNT _____	35C. BEGINNING DATE _____	35D. DATE YOU INTEND TO APPLY _____
	35E. NAME AND ADDRESS OF SOURCE _____		

36. INCOME AND NET WORTH

LINE NO.	SOURCE (36A)	AMOUNT RECEIVED FROM JAN 1 TO DATE YOU SIGN THIS STATEMENT		AMOUNT EXPECTED FROM DATE YOU SIGN THIS STATEMENT TO END OF THIS CALENDAR YEAR		AMOUNT EXPECTED FOR THE NEXT CALENDAR YEAR	
		VETERAN (36B)	SPOUSE (36C)	VETERAN (36D)	SPOUSE (36E)	VETERAN (36F)	SPOUSE (36G)
1	TOTAL WAGES (Report total income and not "take home pay")	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
2	SOCIAL SECURITY						
3	OTHER ANNUITIES OR RETIREMENT BENEFITS						
4	DIVIDENDS AND INTEREST						
5	UNEMPLOYMENT COMPENSATION						
6	NET INCOME FROM RENTAL(S)						
7	NET PROFIT FROM SELF-EMPLOYMENT (BUSINESS OR FARM)						
8	INSURANCE						
9	OTHER INCOME						
10	TOTAL INCOME (Total of lines 1 thru 9)	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
11	GROSS RENTAL(S) (Before any deductions)						
12	GROSS INCOME FROM SELF-EMPLOYMENT ON FARM						
13	GROSS INCOME FROM SELF-EMPLOYMENT - BUSINESS						



BEST IMAGE AVAILABLE

LIST YOUR TOTAL ASSETS (Read Instructions for Items 37A to 37E before you answer the following:)

37A. STOCKS, BONDS, BANK DEPOSITS, ETC. \$ _____	37B. REAL ESTATE \$ _____	37C. OTHER PROPERTY \$ _____	37D. TOTAL DEBTS \$ _____	37E. NET WORTH \$ _____
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38. REMARKS (Identify your statements by their applicable item numbers. If additional space is required, attach separate sheet and identify your statements by their item numbers.)

*Just Release From Military*

CERTIFICATION AND AUTHORIZATION FOR RELEASE OF INFORMATION -- I certify that the foregoing statements are true and complete to the best of my knowledge and belief. I CONSENT that any physician, surgeon, dentist or hospital that has treated or examined me for any purpose, or that I have consulted professionally, may furnish to the Veterans Administration any information about myself and I waive any privilege which renders such information confidential.

39. DATE SIGNED <b>3-22-76</b>	40. SIGNATURE OF CLAIMANT SIGN HERE <i>Curtis R. Harold</i>
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NOTE--Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.

41A. SIGNATURE OF WITNESS	41B. ADDRESS OF WITNESS
42A. SIGNATURE OF WITNESS	42B. ADDRESS OF WITNESS

PENALTY -- The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.