Department of Veterans Affairs		
REPORT OF CONTACT	VA OFFICE	IDENTIFICATIONS NDS. (C, XC, SS, XSS, V, K, etc.)
NOTE: This form must be filled out in ink, or on typewriter, as it	344 VARO	DEN IFICA IUNO NUS. (C, AC, OS, AGO, T, A, BEJ
ecomes a permanent record in veterans' folders.)	LOS ANGELES	C
ST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print)		DATE OF CONTACT
ERA, Frank	1	-97
IDRESS OF VETERAN		TELEPHONE NO. OF VETERAN (include Area Code)
RSON CONTACTED		TYPE OF CONTACT (Check)
DEBBIE		PERSONAL X TELEPHONE
ADDRESS OF PERSON CONTACTED		TELEPHONE NO. OF PERSON CONTACTED (Include Area Code)
ecretary Brown's Office		(202) 273-4830 FAX: 4879
HEF STATEMENT OF INFORMATION REQUESTED AND GIVEN This is a <mark>Secretary Brown Interest</mark> -11-97 today. Debbie would conte	<mark>case</mark> . I FAX act the vetera	'd a copy of the rating of n
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PERSON, OF THE		INTEREST CRETARY
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IVISION OR SECTION	EXECUTED BY (Signature and	title)
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VA FORM 119 EXISTING STOCK OF VA FOR MAY 1990	RM 119, JUL 1977 WILL BE USI	ED

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THE SECRETARY OF VETERANS AFFAIRS WASHINGTON

10.10

TELEFAX TRANSMISSION MEMO

AAO CHEIS AIRN ATTENTION: ORGANIZATION: ADJUD (310)235-7568 TELEFAX NO .: FROM: Debi Bevins, Special Assistant to the Secretary 202-273-4830 Department of Veterans Affairs ORGANIZATION: 202-273-4879 TELEFAX NO .: NO. OF PAGES TO FOLLOW: -2 DATE: 6-10-97 FRANK MESSAGE: neir le entetlem cain Than ĸs アンシ 6-12-2 **Putting Veterans First**



THE SECRETARY OF VETERANS AFFAIRS WASHINGTON

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TELEFAX TRANSMISSION MEMO

Ken allen RB Spec. ATTENTION: adjud (310) 235-7568 ORGANIZATION:

TELEFAX NO :

FROM:

Debi Bevins, Special Assistant to the Secretary 202-273-4830

ORGANIZATION: Department of Veterans Affairs

TELEFAX NO .: 202-273-4879

NO. OF PAGES TO FOLLOW:

521-97 DATE:

MESSAGE: _____ CONVERSALION - C:P Exams a copy of decision upon completion thanka.





THE SECRETARY OF VETERANS AFFAIRS

WASHINGTON

, 1997

Mr. Frank Vera

Dear Mr. Vera:

This is in reference to your VA disability claim.

The Los Angeles VA Regional Office re-evaluated your claims file for possible entitlement to an increase for back condition. Based upon the evidence of record an increase for service connection was granted for low back strain combined with osteoporosis with discogenic disease with spondylosis.

This decision entitles you to a retroactive payment of \$

Please contact me at (202)273-4830 if I can be of further assistance.

Sincerely,

Debi Bevins,

Special Assistant to the Secretary

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