

Prescott
40

2012 January 17 VA Form 21-22
Appointment of ADVS as POA

OMB Approved No. 2900-0321
Respondent Burden: 5 Mins.

		APPOINTMENT OF VETERANS SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE	
Note - If you would prefer to have an individual assist you with your claim, you may use VA Form 21-22a, "Appointment of Individual As Claimant's Representative."			
IMPORTANT - PLEASE READ THE PRIVACY ACT AND RESPONDENT BURDEN ON REVERSE BEFORE COMPLETING THE FORM			
1. LAST-FIRST-MIDDLE NAME OF VETERAN OConnell Anthony M		2. VA FILE NUMBER (Include prefix) 25 163 990	
3A. NAME OF THE SERVICE ORGANIZATION RECOGNIZED BY THE DEPARTMENT OF VETERANS AFFAIRS (See list on reverse side before selecting organization) 045 - Arizona Department of Veterans Services			
3B. JOB TITLE OF OFFICIAL REPRESENTATIVE AUTHORIZED TO ACT ON VETERAN'S BEHALF Any accredited representative			
INSTRUCTIONS - TYPE OR PRINT ALL ENTRIES			
4. SOCIAL SECURITY NUMBER [REDACTED]		5. INSURANCE NUMBER(S) (Include letter prefix)	
6A. SERVICE NUMBER(S)		6B. BRANCH OF SERVICE Navy	
7. NAME OF CLAIMANT (If other than veteran)		8. RELATIONSHIP (If other than veteran) Veteran	
9. ADDRESS OF CLAIMANT (No. and street or rural route, city or P.O., State and ZIP Code) 439 S Vista Del Rio Green Valley AZ 85614		10. CLAIMANT'S TELEPHONE NUMBER (Include Area Code)	
		A. DAYTIME () None	B. EVENING () None
		11. E-MAIL ADDRESS anthonymineroconnell@gmail.com	
12. DATE OF THIS APPOINTMENT 01-17-2012			
13. AUTHORIZATION FOR REPRESENTATIVE'S ACCESS TO RECORDS PROTECTED BY SECTION 7332, TITLE 38, U.S.C. Unless I check the box below, I do not authorize VA to disclose to the service organization named on this appointment form any records that may be in my file relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. <input checked="" type="checkbox"/> I authorize the VA facility having custody of my VA claimant records to disclose to the service organization named in Item 3A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Redisclosure of these records by my service organization representative, other than to VA or the Court of Appeals for Veterans Claims, is not authorized without my further written consent. This authorization will remain in effect until the earlier of the following events: (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the service organization named above, either by explicit revocation or the appointment of another representative.			
14. LIMITATION OF CONSENT - My consent in Item 13 for the disclosure of records relating to treatment for drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia is limited as follows: No Limitations			
I, the claimant named in Items 1 or 7, hereby appoint the service organization named in Item 3A as my representative to prepare, present and prosecute my claim for any and all benefits from the Department of Veterans Affairs based on the service of the veteran named in Item 1. I authorize the Department of Veterans Affairs to release any and all of my records, to include disclosure of my Federal tax information (other than as provided in Items 13 and 14), to that service organization appointed as my representative. It is understood that no fee or compensation of whatsoever nature will be charged me for service rendered pursuant to this power of attorney. I understand that the service organization I have appointed as my representative may revoke this power of attorney at any time, subject to 38 CFR 20.608. Additionally, in those cases where a veteran's income is being developed because of an income verification necessitated by an Internal Revenue Service verification match, the assignment of the service organization as the veteran's representative is only valid for five years from the date this form is signed for purposes restricted to the verification match. Signed and accepted subject to the foregoing conditions.			
THIS POWER OF ATTORNEY DOES NOT REQUIRE EXECUTION BEFORE A NOTARY PUBLIC			
15. SIGNATURE OF CLAIMANT (Do Not Print) 		16. DATE SIGNED 01-17-2012	
VA USE ONLY	VA FORM 21-221 SENT TO: <input type="checkbox"/> CER FILE <input type="checkbox"/> EDU FILE <input type="checkbox"/> INSURANCE FILE <input type="checkbox"/> CH. 30 <input type="checkbox"/> DEA FILE <input type="checkbox"/> LG FILE	DATE SENT	ACKNOWLEDGED (Date) 1/23/12
REVOKED (Reason and date)			
NOTE: As long as this appointment is in effect the organization named herein will be recognized as the sole agent for presentation of your claim before the Department of Veterans Affairs in connection with your claim or any portion thereof.			

VA FORM
JUN 2009

21-22

EXISTING STOCKS OF VA FORM 21-22, NOV 2005,
WILL BE USED.

PTel



Department of Veterans Affairs

STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.578 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22, Compensation, Pension, Education and Rehabilitation Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1976, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.
RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.whitehouse.gov/omb/library/OMBINV.html#VA. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

LAST NAME - FIRST NAME - MIDDLE NAME OF VETERAN (Type or print) OConnell Anthony M	SOCIAL SECURITY NUMBER [REDACTED]	VA FILE NO. 25 163 990 C/CSS -
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The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

To: 345/Triage

From: ARIZONA DEPARTMENT OF VETERANS SERVICES, 240 S Montezuma Street, Suite 208, Prescott AZ 86303

Subject: Withdrawal of compensation claim for skin cancer.

The veteran wishes to withdraw his claim for compensation for skin cancer.

This does not affect the veterans claim for Non-Service Connected Pension. Please move forward with the veterans claim for Non-Service Connected Pension.

On the VA 21-526, questions 36A, 36B, and 36C were not checked, the answer for each was "No".

Thank you.

It took me four and a half years (4.5) to see a copy of this. I got a copy on July 16, 2016.

I believe this is the signature of Mr. Brian O'Neil of the AZDDVS (Arizona Department of Veterans Services in Prescott, Arizona).



I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE For the veteran VBC / POA ADVS	DATE SIGNED 02-02-2012
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ADDRESS 439 S Vista Del Rio Green Valley AZ, 85614	TELEPHONE NUMBER (Include Area Code)
	DAYTIME None EVENING None

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.

02/12/12 9:21/101103

Mr. Brian O'Neil's concealed document referred to as:

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Mr. Brian O'Neil's VA form 21-4130, received by the Phoenix VA, on February 7, 2012, is referred to as:

.

(1) "We have received your typed statement on **February 7**, 2012, stating that you wish to withdraw your claim for *Skin cancer"

Jeffrey McAdams, May 10, 2012

.

(2) "VA withdrew your request for compensation of skin cancer, based on a typed statement that they received on **February 7**, 2012."

Brian O'Neil, May 14, 2012

.

(3) "Statement submitted on **February 7**, 2012 that you would like to withdraw claim for skin cancer."

Brian O'Neil, May 17, 2012

.

(4) "*VA Form 21-4138, Statement in Support of claim, received **February 7**, 2012"

T. A. Olson, May 25, 2012

DEPARTMENT OF VETERANS AFFAIRS

Regional Office
P.O. Box 34790
Phoenix AZ 85067-4790



May 10, 2012

ANTHONY M OCONNELL
439 S VISTA DEL MONTE
GREEN VALLEY AZ 85614-2415

In reply, refer to:
345/PD2/TAS
File Number: 25 163 990
Anthony M. Oconnell

IMPORTANT needed

Dear Mr. Oconnell:

Important Information

We have received your typed statement on February 7, 2012 stating that you wish to withdraw your claim for:

- **Skin cancer**

We have withdrawn your pending claim at this time. No further action will be taken on your claim.

If you decide to reopen your claim, just state so on the enclosed VA Form 21-4138. If we do not receive this form in the Department of Veterans Affairs within one year from the date of this letter, benefits, if entitlement is established, may not be paid prior to the date of its receipt.

The Pension Management Center will address your claim for Non-Service Connected Pension.

How Can You Contact Us?

If you are looking for general information about benefits and eligibility, you should visit our web site at <http://www.va.gov>. Otherwise, you can contact us in several ways. Please give us your VA file number, **25 163 990**, when you do contact us.

- Call us at 1-800-827-1000. If you use a Telecommunications Device for the Deaf (TDD), the number is 1-800-829-4833.
- Send us an inquiry using the Internet at <https://iris.va.gov>.
- Write to us at the address at the top of this letter.

Why wait until May 10, 2012, to mention for the first time, a document received on February 7, 2012, that basically buries my poverty pension application in confusion and ambiguity? There should be a reason. What is it? Why the confusion and ambiguity in this May 10, 2012, letter?

Is it a coincidence that on May 11, 2012, I received a surprise lien for \$27,669.42 against some still unidentified property in Highland County, Virginia? The only property I own in Highland County is my farm. Why the confusion and ambiguity in the May 11, 2012, lien notice?

Page 2

File Number: 25 163 990
Anthony M. Oconnell

We look forward to resolving your claim in a fair and timely manner.

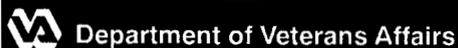
Sincerely yours,

Jeffrey McAdams

Jeffrey McAdams
Veterans Service Center Manager

Enclosures: VA Form 21-4138

cc: ARIZONA DEPARTMENT OF VETERANS' SERVICES



STATEMENT IN SUPPORT OF CLAIM

PRIVACY ACT INFORMATION: The VA will not disclose information collected on this form to any source other than what has been authorized under the Privacy Act of 1974 or Title 38, Code of Federal Regulations 1.576 for routine uses (i.e., civil or criminal law enforcement, congressional communications, epidemiological or research studies, the collection of money owed to the United States, litigation in which the United States is a party or has an interest, the administration of VA Programs and delivery of VA benefits, verification of identity and status, and personnel administration) as identified in the VA system of records, 58VA21/22/28, Compensation, Pension, Education, and Vocational Rehabilitation and Employment Records - VA, published in the Federal Register. Your obligation to respond is required to obtain or retain benefits. VA uses your SSN to identify your claim file. Providing your SSN will help ensure that your records are properly associated with your claim file. Giving us your SSN account information is voluntary. Refusal to provide your SSN by itself will not result in the denial of benefits. The VA will not deny an individual benefits for refusing to provide his or her SSN unless the disclosure of the SSN is required by Federal Statute of law in effect prior to January 1, 1975, and still in effect. The requested information is considered relevant and necessary to determine maximum benefits under the law. The responses you submit are considered confidential (38 U.S.C. 5701). Information submitted is subject to verification through computer matching programs with other agencies.

RESPONDENT BURDEN: We need this information to obtain evidence in support of your claim for benefits (38 U.S.C. 501(a) and (b)). Title 38, United States Code, allows us to ask for this information. We estimate that you will need an average of 15 minutes to review the instructions, find the information, and complete this form. VA cannot conduct or sponsor a collection of information unless a valid OMB control number is displayed. You are not required to respond to a collection of information if this number is not displayed. Valid OMB control numbers can be located on the OMB Internet Page at www.reginfo.gov/public/do/PRAMain. If desired, you can call 1-800-827-1000 to get information on where to send comments or suggestions about this form.

FIRST NAME - MIDDLE NAME - LAST NAME OF VETERAN (<i>Type or print</i>)	SOCIAL SECURITY NO.	VA FILE NO.
Anthony M Oconnell		C/CSS - 25 163 990

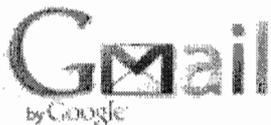
The following statement is made in connection with a claim for benefits in the case of the above-named veteran:

VA Form 21-4138 "Statement in support of claim"

I CERTIFY THAT the statements on this form are true and correct to the best of my knowledge and belief.

SIGNATURE	DATE SIGNED	
ADDRESS	TELEPHONE NUMBERS (<i>Include Area Code</i>)	
	DAYTIME	EVENING

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.



Anthony OConnell <anthonymineroconnell@gmail.com>

Application of January 24, 2012, for economic pension

2 images

Anthony OConnell <anthonymineroconnell@gmail.com>
To: Jeffrey McAdams <jeffrey.mcadams@va.gov>
Bcc: Anthony OConnell <anthonymineroconnell@gmail.com>

Wed, May 16, 2012 at 6:13 AM

Jeffrey Mcadams
Veterans Service Center Manager
Department of Veterans Affairs
Regional Office
3333 North Central Avenue
Phoenix, Arizona 85012

Dear Mr. McAdams,

This is not a complaint but a request for information.

I received your letter of May 10, 2012, with it's enclosure VA Form 21- 4138, but I don't understand it. Perhaps there is a misunderstanding; perhaps the information you have in your file is different from the information I have. Would you please send me copies of what you have in your file, and any other information you have concerning this?

Thank you.

Anthony O'Connell 7637
439 South Vista Del Rio
Green Valley, Arizona 85614
anthonymineroconnell@gmail.com
(No telephone)

345 PD2/GW
VA File number 25 163 990

McAdams, Jeffrey I., VBAPHNX <Jeffrey.McAdams@va.gov>
To: Anthony OConnell <anthonymineroconnell@gmail.com>
Cc: "RAMSEY, CHRISTINA, VBAPHNX" <christina.ramsey1@va.gov>

Sun, Jun 10, 2012 at 9:48 PM

Mr. O'Connell,

June10 (9:48pm) Jeffrey McAdams to Veteran

I don't know if you forwarded your request to anybody else, but I will be out of the office for one more week.

Please let Ms. Ramsey know.

Thank you,

Jeff

From: Anthony OConnell [mailto:anthonymineroconnell@gmail.com]
Sent: Wednesday, May 16, 2012 6:13 AM
To: McAdams, Jeffrey I., VBAPHNX
Subject: Application of January 24, 2012, for economic pension

[Quoted text hidden]

May 10-11

Can we expose the connection between the Phoenix VA in Arizona and the Fairfax County Court, and the Highland County Court in Virginia?

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May 11, 2012 (mailed) - The Phoenix VA in Arizona buries my pension application in ambiguity and confusion. (Approximate pension value \$5,784 per year) .
Contact - Jeffrey McAdams (jeffrey.mcadams@va.gov)

.
May 11, 2012 - The Fairfax County Court in Virginia, through their law firm, notifies me that they have placed a lien for \$27,669.42 against property I own in Highland County Virginia. They won't identify the property.
Contact - Director of the Department of Tax Administration (DTA) Kevin Greenlief (kevin.greenlief@fairfaxcounty.gov)

.
The converging trails from both sources are shrouded in secrecy and are against the law in ways too numerous to mention.



Taxing Authority Consulting Services, P.C.
Attorneys At Law

P.O. Box 1270 • Martinsburg, Virginia • 23113-8270
(804) 545-2500 • Fax (804) 440-2501 • liens@taxva.com

**NOTICE OF LIEN AND DEMAND FOR PAYMENT UNDER
§ 58.1-3919 & § 58.1-3952 OF THE CODE OF VIRGINIA**

May 11, 2012

**TO: THE BLUE GRASS VALLEY BANK
Attn: Lien Department
LEGAL ORDER PROCESSING
PO BOX 6
BLUE GRASS, VA 24413**

This is a pretend placement. Even if I had money in The Blue Grass Valley Bank in Highland County this would be illegal in ways too numerous to mention here. Where is the regulatory agency of banks?

**RE: ANTHONY M OCONNELL TR, 439 SOUTH VISTA DEL RIO GREEN VALLEY, AZ
85614**

**Fed ID: 225-52-7637 TACS #: 59140
Balance Due: \$27,669.42**

Taxing Authority Consulting Services, P.C. has been retained by the Fairfax County DTA to collect delinquent taxes and other charges owed by the above referenced person/business.

It appears that you may have in your possession property of the Debtor, therefore pursuant to Code of Virginia §58.1-3952, this LIEN is being issued against so much of the property of the Debtor that may be in your hands or in any depository account. You are hereby directed to remit such amount to our office, up to the balance due stated above.

This Lien shall be returnable within 14 days and unless you timely make reply and/or make payment of this Lien, a Summons may be issued, commanding you to appear before the appropriate court for interrogation on oath and such further proceedings and judgment as may be proper, under the provisions of § 58.1-3919 and § 58.1-3952 of the Code of Virginia.

Please return this form with your response to the address listed above and make your check payable to Fairfax County DTA.

Please direct any questions about this lien to our office at (804) 545-2500.

/S/
Mark K. Ames, Esq.
Pursuant to Code of Virginia §58.1-3934

RESPONSE:

- Payment Enclosed Full Partial
- No Funds available
- No Account/Account Closed
- Other _____



Anthony O'Connell <anthonymineroconnell@gmail.com>

Lien-please see attachment

Anthony O'Connell <anthonymineroconnell@gmail.com>
To: Lisa Kodger <lisa@bluegrassvalleybank.com>
Cc: Anthony O'Connell <anthonymineroconnell@gmail.com>

Tue, Jul 24, 2012 at 12:05 PM

Lisa,

Thank you for responding. Can you tell me anything about the attached "Notice of Lien and demand" to Bluegrass Bank? Did your bank ever receive this?

Thank you.

Anthony O'Connell

tacs-bluegrass-lien-2p.pdf
36K

I believe the attachment was the two TACS documents dated May 11, 2012.

Lisa Kodger <lisa@bluegrassvalleybank.com>
To: Anthony O'Connell <anthonymineroconnell@gmail.com>

Wed, Jul 25, 2012 at 5:54 AM

We did not receive this document. Any notice of tax liens come to us directly from the jurisdiction (locality, state or federal government) or through the court system and would not come from a private firm. If we would have received this document, we would not have responded.

Should you have additional questions, do not hesitate to contact me.

Lisa Kodger

[Quoted text hidden].

Lisa Kodger
Loan Officer
The Blue Grass Valley Bank
P.O. Box 516
Monterey, VA 24465
Phone (540) 468-1915
Fax (540) 468-1919
lisa@bluegrassvalleybank.com



Taxing Authority Consulting Services, P.C.
Attorneys At Law

P.O. Box 1270 • Midlothian • Virginia • 23113-8270
(804) 545-2500 • Fax (804) 440-1171 • liens@taxva.com

**NOTICE OF LIEN AND DEMAND FOR PAYMENT UNDER
§ 58.1-3919 & § 58.1-3952 OF THE CODE OF VIRGINIA**

July 26, 2012

**TO: FIRST AND CITIZENS BANK
Attn: Lien Department
LEGAL ORDER PROCESSING
195 W MAIN ST
MONTEREY, VA 24465**

This is a pretend placement. Even if I had money in the First and Citizens Bank in Highland County this would be illegal in ways too numerous to mention here. Where is the regulatory agency of banks?

**RE: ANTHONY M OCONNELL TR, 439 SOUTH VISTA DEL RIO GREEN VALLEY, AZ
85614
Fed ID: 225-52-7637 TACS #: 59140
Balance Due: \$27,718.72**

Taxing Authority Consulting Services, P.C. has been retained by the Fairfax County DTA to collect delinquent taxes and other charges owed by the above referenced person/business.

It appears that you may have in your possession property of the Debtor, therefore pursuant to Code of Virginia §58.1-3952, this LIEN is being issued against so much of the property of the Debtor that may be in your hands or in any depository account. You are hereby directed to remit such amount to our office, up to the balance due stated above.

This Lien shall be returnable within 14 days and unless you timely make reply and/or make payment of this Lien, a Summons may be issued, commanding you to appear before the appropriate court for interrogation on oath and such further proceedings and judgment as may be proper, under the provisions of § 58.1-3919 and § 58.1-3952 of the Code of Virginia.

Please return this form with your response.

Please direct any questions about this lien to our office at (804) 545-2500.

Why is it impossible to find out what property this lien was placed against?

/S/
Mark K. Ames, Esq.
Pursuant to Code of Virginia §58.1-3934

RESPONSE:

- Payment Enclosed Full Partial
- No Funds available
- No Account/Account Closed
- Other _____

Take Farm

The lien for back taxes on the Trust property in Fairfax County was sent to Highland County. It is against the law in multiple ways and is shrouded in secrecy.

Why won't those in control say what property they put their lien against? Why do they pretend it is at the Blue Grass Bank and then pretend it is at the First Citizens Bank? And then pretend they do no work in Highland County?

Why won't those in control show how they arrived at their lien amount? To see for yourself if the lien amount is a made up number that can be changed in any way at any time for any reason, regardless of the law and math, ask how they arrived at their lien amount. How did they arrive at their lien amount of \$27,738.00 as of August 1, 2012?

The Trust Agreement states that the Trustee is not individually liable and that all [three] beneficiaries share the real estate taxes. Why isn't this recognized? To not recognize it is against the law of contracts.

History suggests that concealments like these give those in control of the lien control of the property they placed their lien against and they can jerk the owner around indefinitely if he tries to clear the title.

The only thing I own in Highland County is my farm. History suggests that the lien takes control of my farm and I can't sell my farm until the secrecy is removed and the law is enforced.

Is there any authority in our Country who would penetrate the secrecy and enforce the law?