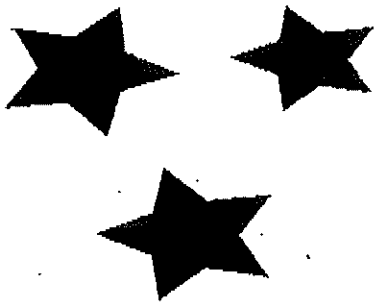

Chesterfield County Public Schools

Salem Church Elementary School
9600 Salem Church Road
Richmond, VA 23237
Telephone: (804) 768-6215
Fax: (804) 796-9499

PLEASE DELIVER TO ADDRESSEE UPON RECEIPT. THANK YOU.

DATE: Feb. 6, 2012

TO: Congressman Forbes District Office

FROM: Melissa True Payee for Mary R. Mills

ATTENTION: Chesterfield District Office / Randy Forbes

NUMBER OF COPIES INCLUDING COVER SHEET: 10

MESSAGE:

The documents accompanying this fax transmission may contain confidential information protected by the attorney-client or other privilege. All information transmitted is intended only for the use of the above named recipient. If you are not the named recipient, you are not authorized to read, disclose, copy, distribute or take any action in reliance on the information. Any action other than immediate delivery to the named recipient is strictly prohibited.

IF YOU HAVE RECEIVED THIS FAX IN ERROR, do not read the information and please immediately notify sender by telephone to arrange for a return of the original documents.

If you did not receive all pages or if pages are not legible, please immediately notify the sender by phone.

Equal Opportunity Employer

Office of Congressman J. Randy Forbes (VA-04)

Consent for Release of Personal Records by Executive Agencies

NAME OF AGENCY Social Security Administration

☐ **Mr.** ☑ **Mrs.** ☐ **Ms.** Mary R. Mills **Date of Birth** 10/24/41 (mm/dd/yyyy)

Address 15036 Creek Edge Pl.

City, State, and Zip Code S. Chesterfield, VA 23834

Phone: Home ( ) N/A Cell (804) 896-1812 **SSN** 223-58-1212

Email mytrueboys@comcast.net

Would you like to sign up to receive Congressman Forbes' weekly e-newsletter? ☐ **Yes** ☑ **No**

Please include the following information *only* if it pertains to your inquiry:

Veterans Claim Number _____ **CSA Number** claim number 223-58-030461

I have sought assistance from Congressman J. Randy Forbes on a matter that may require the release of information maintained by your agency and which may be prohibited from disseminating under the Privacy Act of 1974.

I hereby authorize you to release all relevant portions of my records or to discuss problems involved in this case with Congressman J. Randy Forbes or any authorized member of his staff until the matter is resolved.

Signature Melissa M. Jue (Payee) **Date** 02/06/2012 (mm/dd/yyyy)

Please return this form by mail or fax to
Congressman Forbes District Office:
(care of closest district office)

Chesapeake District Office
505 Independence Parkway, Suite 104
Chesapeake, Virginia 23320
757-382-0080 (phone)
757-382-0780 (fax)

Emporia District Office
425 H. South Main Street
Emporia, Virginia 23847
434-634-5575 (phone)
434-634-0511 (fax)

Chesterfield District Office
9401 Courthouse Road, Suite 201
Chesterfield, Virginia 23832
804-318-1363 (phone)
804-318-1013 (fax)

Melissa True for Mary R. Mills (SS# 223-58-1212)
15036 Creek Edge Place
S. Chesterfield, VA 23834
Cell: (804) 896-1812
Claim Number: 223-58-0304G1

Congressman Forbes District Office
c/o Chesterfield District Office
9401 Courthouse Road, Suite 201
Chesterfield, VA 23832

To Whom It May Concern:

I am writing on behalf (as Payee) of my mother Mary R. Mills who suffers from dementia and lives in an assisted living facility. The address, phone number and email provided above and on the "Consent for Release of Personal Records by Executive Agencies" is my contact information, Melissa M. True.

Upon the death of my father on January 8, 2012 I followed instructions to notify the Social Security Administration and later attended an appointment on January 23, 2012 where I provided the Social Security employee with the information requested on my mother's behalf in order to adjust any benefits she may be entitled upon my father's death. I was disappointed to receive the attached letter on Friday, February 3, 2012 stating my mother would not be able to receive any of his benefits but provided no explanation of their decision. However, the letter also states in the "Things to remember in the future" section that "Ms. Mills may be able to receive widow's benefits at age 60" and "You should get in touch with us at that time to apply for the benefits." The letter states I can appeal the decision and must contact the Social Security Administration to request yet another form (SSA-561-U2 called "Request for Reconsideration").

Since my mother, Mary R. Mills is currently 70 and a widow as of January 8, 2012 I am confused in regards to the decision denying her any of my father's benefits. I have included copies of all the information I provided at the Social Security Office on January 23, 2012 on her behalf (marriage license, death certificate, birth certificate – all of which I have original copies as a well as a copy of a letter concerning my mother's condition from her primary care physician). Please let me know if there is any additional information that your office would need in order to help us resolve this issue.

Thank you so much for looking in to this matter on my mother's behalf. I am frustrated and overwhelmed in dealing with my father's death/estate and providing the best care for my mother while maintaining a full time job and family. The letter I received from the Social Security Administration was yet another obstacle. I cannot express my relief in seeing that your office may be of assistance. I look forward to hearing from your office after you have a chance to review the information.

Respectfully,
Melissa True payee for Mary R. Mills
Melissa True (payee)

Social Security Administration
Retirement, Survivors and Disability Insurance
Notice of Award

Southeastern Program Service Center
1200 Rev. Abraham Woods, Jr. Blvd.
Birmingham, AL 35285-0001
Date: January 31, 2012
Claim Number: 223-58-0304G1

000211 MCSM73 N1 0.910
MELISSA TRUE FOR
MARY R MILLS
15036 CREEK EDGE
PLACE
SOUTH CHESTERFIELD, VA 23834-6812

MARY R MILLS is entitled to a Social Security payment of $255.00 because of the death of ROBERT E MILLS. You will receive the payment around February 6, 2012.

Other Social Security Benefits

We checked to see if Ms. MILLS could receive any other Social Security benefit on ROBERT E MILLS' record. We found that the benefit we are paying her now is the only one she can receive. If you think that she might qualify for another kind of Social Security benefit in the future, you will have to file another application.

Your Benefits May Be Taxed

You may have to pay taxes on the benefits you get from us. Part of your Social Security benefits may be taxed if:

- you are single and your total income is more than $25,000 or
- you are married and you and your spouse have total income of more than $32,000.

You can decide if you want to have federal taxes withheld from your benefits. If you want taxes withheld, you need to complete and return a Form W-4V, Voluntary Withholding Request. You can get Form W-4V from the Internal Revenue Service by calling 1-800-829-3676. You can also get this form at www.ssa.gov/planners/taxwithold.htm on our website. After you complete and sign the form, return it to your local Social Security office by mail or in person.

You can find more information on paying taxes in the enclosed pamphlet, "What You Need to Know When You Get Retirement or Survivors Benefits".

Enclosure(s):
Pub 05-10058

M000211 *0801GFUJZ000421* MCSAFP.M73GFUJZ.R120127_FIN

Other Information

We are sending a copy of this notice to MARY R MILLS.

Do You Disagree With The Decision?

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide Ms. MILLS' case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to her.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a Form SSA-561-U2, called "Request for Reconsideration". Contact one of our offices if you want help.

Please read the enclosed pamphlet, "Your Right To Question The Decision Made On Your Claim". It contains more information about the appeal.

Things To Remember For The Future

Ms. MILLS may be able to receive widow's benefits at age 60, or at age 50 if she is disabled. You should get in touch with us at that time to apply for the benefits.

If You Want Help With Your Appeal

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

If You Have Any Questions

We invite you to visit our website at www.socialsecurity.gov on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local Social Security office at 1-877-803-6322. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY
100 POPLAR DRIVE
PETERSBURG VA 23805

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

Michael J. Astrue
Commissioner
of Social Security

L000211 *0202GFUJZ00421* MCSAFP.M73GFUJZ.R120122_FIN

CERTIFICATE OF VITAL RECORD

5069773 **COMMONWEALTH OF VIRGINIA**

DEPARTMENT OF HEALTH – DIVISION OF VITAL RECORDS

City of Richmond
CITY
COUNTY OF

CERTIFICATE OF MARRIAGE
COMMONWEALTH OF VIRGINIA

67 003625

FULL NAME OF GROOM Robert Edward Mills CLERK'S NO

FORMER NAME OF BRIDE Mary Elizabeth Rayburn NAME

GROOM				BRIDE			
AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED	AGE	RACE	SINGLE, WIDOWED, OR DIVORCED	NO. TIMES PREV. MARRIED
24	Wh	Single		25	Wh	Single	

OCCUPATION	Bookkeeper INDUSTRY OR BUSINESS	OCCUPATION	Clerk-Typist INDUSTRY OR BUSINESS
BIRTHPLACE	Richmond, Va.	BIRTHPLACE	Greenwood, Miss.
FATHER'S FULL NAME	Mortimer M. Mills	FATHER'S FULL NAME	Roy Rayburn
MOTHER'S MAIDEN NAME	Ursula Casey	MOTHER'S MAIDEN NAME	Christie Hanabrough
RESIDENCE: CITY OR COUNTY MAILING ADDRESS	5222 Futura Ave.	RESIDENCE: CITY OR COUNTY MAILING ADDRESS	2114 Royal Ave. Richmond, Va. 222

Proposed Date of Marriage February 4, 1967 Proposed Place of Marriage Richmond, Va.

Given under my hand this 10th day of January, 19 67

Thos R Miller, Clerk of Hustings Court.

CERTIFICATE OF DATE AND PLACE OF MARRIAGE 222

I, Father Robert E O'Kane, a priest of the Catholic (Denomination) Church, or religious order of that name, do hereby certify that on the 4 day of February 1967, in the county, city, or town of Richmond, Virginia, under authority of this license I joined together in the Holy State of Matrimony the persons named and described therein. I qualified and gave bond in the county or city of Richmond, year 1937, which authorizes me to celebrate the rites of marriage in the Commonwealth of Virginia. 16

Given under my hand this 4th day of February 1967

Address of celebrant ST. PATRICK'S CHURCH 213 NORTH 25th STREET

Rev Robert E O'Kane (Person who performs ceremony sign here.)

This is to certify that this is a true and correct reproduction or abstract of the official record filed with the Virginia Department Of Health, Richmond, Virginia

DATE ISSUED January 10, 2012

Janet M. Rainey
Janet M. Rainey, State Registrar

Do not accept unless on security paper with the seal of Virginia Department of Health, Vital Statistics in the lower left hand corner. Section 32.1 272, Code of Virginia, as amended. VS 15B

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

COMMONWEALTH OF VIRGINIA - CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH - DIVISION OF VITAL RECORDS - RICHMOND

COPY A FOR DIVISION OF VITAL RECORDS

REGISTRATION AREA NUMBER: 142
CERTIFICATE NUMBER: 9
STATE FILE NUMBER:

DECEDENT

1. FULL NAME OF DECEDENT (first) (middle) (last): Robert Edward Mills
2. SEX: male [X] female [ ]
3. DATE OF DEATH (mo.) (day) (year): January 8, 2012
4. AGE: 68 years; IF UNDER 1 YEAR: months days; IF UNDER 1 DAY: hours minutes
5. DATE OF BIRTH (mo.) (day) (year): Jan 22, 1943
6. WAS DECEDENT EVER IN U.S. ARMED FORCES? yes [ ] no [X]

PLACE OF DEATH

7. NAME OF HOSPITAL OR INSTITUTION OF DEATH (if none, so state): Bon Secours Mem'l Reg. Med. Ctr.
DOA [ ] Out Pat. Emer Rm [ ] Inpatient [X]
8. COUNTY OF DEATH (if independent city, leave blank): Hanover
9. CITY OR TOWN OF DEATH: Mechanicsville — inside city or town limits? yes [ ] no [X]
10. STREET ADDRESS OR RF. NO. OF PLACE OF DEATH: 8260 Atlee Road

USUAL RESIDENCE OF DECEDENT

11. STATE (OR FOREIGN COUNTRY) OF DECEDENT'S RESIDENCE: Virginia
12. COUNTY OF DECEDENT'S RESIDENCE (if independent city, leave blank): Chesterfield
13. CITY OR TOWN OF RESIDENCE: Colonial Heights — inside city or town limits? yes [ ] no [X]
14. STREET ADDRESS OR RF. NO. OF RESIDENCE: 2401 Pine Forest Dr — ZIP CODE: 23834

PERSONAL DATA OF DECEDENT

15. NAME OF DECEDENT'S FATHER: Mortimer Mills
16. MAIDEN NAME OF DECEDENT'S MOTHER: Ursula Casey
17. RACE OF DECEDENT: Caucasian
18. OF HISPANIC ORIGIN? (if yes, specify Cuban, Mexican, Puerto Rican, etc.) no [X] yes [ ]
19. EDUCATION (specify only highest grade completed): Elementary/Secondary (0-12) ____ College (1-4 or 5+) 2
20. CITIZEN OF WHAT COUNTRY: USA
21. BIRTHPLACE (state or country): Virginia
22. NEVER MARRIED [ ] MARRIED [X] DIVORCED [ ] WIDOWED [ ]
23. IF MARRIED OR WIDOWED, NAME OF SPOUSE (if divorced, leave blank): Mary Rayburn Mills
24. SOCIAL SECURITY NUMBER: 223-58-0304
25. USUAL OR LAST OCCUPATION: Manager
26. KIND OF BUSINESS OR INDUSTRY: Sun Trust Bank
27. INFORMANT - OR SOURCE OF INFORMATION - RELATIONSHIP: Melissa True - Daughter

CAUSE OF DEATH — MEDICAL CERTIFICATION

TO PHYSICIAN: Complete and sign medical certification (item 28) and return both copies to funeral director as soon as possible after determination of cause.

NOTE: If "ending" (death) not indicated, so state in part 1 and notify registrar of final decision as soon as possible.

28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

IMMEDIATE CAUSE (Final disease or condition resulting in death) → (A) Cardiac Arrest
DUE TO (OR AS A CONSEQUENCE OF):
(B) Abdominal Cancer
DUE TO (OR AS A CONSEQUENCE OF):
(C) Morbid Obesity Diabetes

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

INTERVAL BETWEEN ONSET AND DEATH:

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.

28a. AUTOPSY? AUTHORIZED BY: yes [ ] no [ ]

28b. IF FEMALE, WAS THERE A PREGNANCY IN PAST 3 MONTHS? yes [ ] no [ ] unknown [ ]
28c. IF EXTERNAL CAUSE, IT WAS INJURY [ ] or CONTRIBUTING [ ] TO CAUSE OF DEATH
28d. DESCRIBE HOW INJURY RELATING TO DEATH OCCURRED
28e. TIME OF INJURY (mo.) (day) (year) A.M. P.M.
28f. INJURY OCCURRED while at work [ ] not while at work [ ]
28g. PLACE OF INJURY (home, farm, factory, street, office bldg., etc.)
28h. (city or town) (county) (state)

28i. To the best of my knowledge, death occurred at 11:44 (a.m.) (p.m.) on the date and place and from the cause(s) stated.

ACTUAL SIGNATURE ▶ William F Moorman — DATE SIGNED: 1/11/12

NAME OF ATTENDING PHYSICIAN (Type or Print): William F Moorman
ADDRESS OF ATTENDING PHYSICIAN: 1620 Suburban Dr Richmond Va 23225

FUNERAL DIRECTOR

29. BURIAL [X] REMOVAL [ ] CREMATION [ ]
30. PLACE OF BURIAL, REMOVAL, ETC. (name of cemetery or crematory): Holy Cross Cemetery (city or county): Richmond, VA (state)
31. (Signature of funeral director or person legally filing this certificate) ▶ Duwell Barnett 050290104 — FUNERAL SERVICE LICENSEE (NEXT OF KIN)
NAME OF FUNERAL HOME AND ADDRESS: Bliley's P.O. Box 6267 Richmond, VA 23230

REGISTRAR

32. (signature of registrar) ▶ Frances Byford — DATE RECORD FILED: 1-12-2012

RESERVED FOR REGISTRAR'S USE

MARGIN RESERVED FOR BINDING

IMPORTANT: Use black ink or typewriter or print legibly with ball point pen having black or blue ink. This is a permanent record and subject to reproduction by microfilm and other photographic process.

VS 2A 1/04

This is to certify that this is a true and correct reproduction of the original record filed with the Hanover Health Department, Hanover, Virginia.

Date Issued: 1-12-2012

Frances Byford
Deputy Registrar

STATE OF MISSISSIPPI

MISSISSIPPI STATE DEPARTMENT OF HEALTH
VITAL RECORDS

10203679

ypr-1744268-1-2

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

FOR LIVE BIRTH ONLY
SHOWN ON HOSPITAL REPORT
USE SPECIAL BLANK FOR RECORDING STILL BIRTH

DEPARTMENT OF COMMERCE
Bureau of The Census

STANDARD CERTIFICATE OF LIVE BIRTH
STATE OF MISSISSIPPI

State File Number 38553
Registrar's Number

1. PLACE OF BIRTH—
County Leflore City or Town Greenwood, Miss. Inside or Outside Corporate Limits? Inside
Hospital Greenwood Leflore or Street and No. or Rural Precinct
Mother's Stay Before Delivery—(a) In Hospital 5 hr. 45 min. (b) In the Community
2. RESIDENCE OF MOTHER—
State Miss. County Carroll City or Town Carrollton or Rural Precinct inside
3. FULL NAME OF CHILD Mary Elizabeth Rayburn 4. DATE OF BIRTH October 24, 1941
5. Boy or Girl? Girl 6. Twin or Triplet? No If so—born 1st., 2d., or 3d. 7. Number Months of Pregnancy 9 mo. 8. Is Mother Married? Yes

FATHER OF CHILD	MOTHER OF CHILD
9. Full Name Newt Ray Rayburn	15. Full Maiden Name Chrisie Hansborough
10. Color or Race White 11. Age at Time of this Birth 36 Yrs.	16. Color or Race White 17. Age at Time of this Birth 30 Yrs.
12. Where Born? Sardis, Miss.	18. Where Born? Carrollton, Miss.
13. Usual Occupation Foreman	19. Usual Occupation Housewife
14. Industry or Business Highway Department	20. Industry or Business

21. CHILDREN BORN TO THIS MOTHER:
(a) How many other children of this mother are now living? None
22. Mother's Mailing Address for Registration Notice Carrollton, Miss.
(b) How many other children were born alive but are now dead? None (c) How many children were born dead? None

23. I hereby certify that I attended the birth of this child who was born alive at the hour of 11:00 A.M. on the date above stated, and that the information given was furnished by Mrs. M. R. Rayburn related to this child as Mother

24. Date Rec'd. by Registrar 11-3-41 19 (Signed) [signature]
25. Signature of Registrar Cornelia J. Jordan Address Greenwood, Miss.

THIS IS TO CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT COPY OF THE CERTIFICATE ON FILE IN THIS OFFICE

Judy Moulder
Judy Moulder
STATE REGISTRAR

FILE NAME: 194103855300
DATE ISSUED: JANUARY 20, 2012

WARNING: A REPRODUCTION OF THIS DOCUMENT RENDERS IT VOID AND INVALID. DO NOT ACCEPT UNLESS EMBOSSED SEAL OF THE MISSISSIPPI STATE BOARD OF HEALTH IS PRESENT. IT IS ILLEGAL TO ALTER OR COUNTERFEIT THIS DOCUMENT.

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. THIS IS WATERMARKED PAPER. DO NOT ACCEPT WITHOUT FIRST HOLDING TO LIGHT TO VERIFY WATERMARK.

BON SECOURS LABURNUM MEDICAL CENTER
Bon Secours Medical Group

William Moore, MD
Michael Sheehan, MD
Cheryl Jordan-Sayles, MD
William Noller, MD
Abbas Ashrafi, MD
Sandra Boisseau, MD
Courtney Vinik, NP

December 28, 2011

Mary Mills
2401 Pine Forrest Drive
Colonial Heights, VA 23834

RE: Mills, Mary
DOB: 10/24/41

Gentlemen:

I am writing regarding my patient, Mrs. Mary Mills, who I have followed for a number of years. Unfortunately she has become severely demented and is unable to manage her affairs. This condition is permanent and progressive. I expect no improvement.

If I can be of further help in this matter, please do not hesitate to let me know.

Sincerely,

William F. Moore, M.D. 12/30/11
Date

WFM/MedData:dlr d:12/28/11 t:12/30/11 JN: wfm62133830

4620 South Laburnum Avenue, Richmond, Virginia 23231 804/226-2444 fax 804/222-0458 Good Help to Those in Need®