

EXHIBIT 14

CHISHOLM CHISHOLM & KILPATRICK LTD
ATTORNEYS AT LAW



January 8, 2014

Department of Veterans Affairs
Regional Office
110 Ninth Avenue, South
Nashville, TN 37203-3817

FOURTH REQUEST
DATE 2/28/14

Re: Linda Harrington
REDACTED

91 7199 9991 7033 6811 9802

To Whom It May Concern:

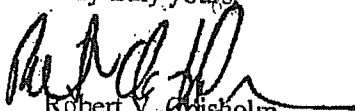
Enclosed please find a properly executed VA Form 21-22a (Appointment of Individual as Claimant's Representative) that I previously submitted to VA. Despite my previous submission, one or more of VA's corporate systems will not recognize my Power of Attorney code (00R) thereby limiting my ability to serve my client and assist VA.

Please update all of you your corporate systems, *i.e.*, MAP-D, SHARE, VACOLS, VBMS, and any others, so I may access my client's electronic records. It does appear that COVERS has been updated, but no other system has.

Please note that we filed an NOD on July 5, 2013, regarding a June 2013 rating decision denying DIC. Since then, we have requested the file numerous times. Yet still, VA has not provided us a copy of the file. Let us reiterate once again, the significant need for this file. Obviously, we do not wish to enter into litigation just to obtain a copy of the file to which we are legally entitled. However, if we do not soon receive the file, we will have no choice. Please provide us a copy of the file so that we may represent this Veteran's widow.

Please respond to the Providence, RI address only listed below.

Very truly yours,


Robert V. Chisholm

/vas

Enclosure

**VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

9. 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 individual named in item 7A 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.

I authorize the VA to disclose, based on the VA claimed records to disclose to the individual named in item 7A all treatment records relating to drug abuse, alcoholism or alcohol abuse, infection with the human immunodeficiency virus (HIV), or sickle cell anemia. Release of these records by my representative other than to VA or the Court of Appeals for Veterans Claims, is authorized without my further written consent. This authorization will remain in effect until I revoke it in writing or (1) I revoke this authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in item 7A either by explicit revocation or the appointment of another representative.

10. LIMITATION OF CONSENT My consent in item 9 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 LIMITATION.

11. AUTHORIZATION FOR REPRESENTATIVE TO ACT ON CLAIMANT'S BEHALF TO CHANGE CLAIMANT'S ADDRESS
Unless I check the box below, I do not authorize the individual named in item 7A to act on my behalf to change my address in my VA records.

I authorize the individual named in item 7A to act on my behalf to change my address in my VA records. This authorization does not extend to any other individual with the my representation record. This authorization will remain in effect until the earlier of the following events: (1) I revoke the authorization by filing a written revocation with VA; or (2) I revoke the appointment of the individual named in item 7A either by explicit revocation or the appointment of another representative. **PLEASE SEE CONDITIONS OF APPOINTMENT.**

CONDITIONS OF APPOINTMENT

I, the claimant named in item 2, hereby agree that the individual named in item 7A is my representative to prepare, present and prosecute my claims for my and all benefits from the Department of Veterans Affairs (VA) based on the service of the veteran named in item 1. If the individual named in item 7A is an accredited agent or attorney, the scope of representation provided below will be limited by the extent of authority as disclosed below in item 13. If the individual named in item 7A is not an attorney, the scope of representation under 48 CFR each representative is limited to a particular claim only. I authorize VA to release any and all of my records (other than as provided in item 9) and (1) to the individual appointed as my representative; and (2) to the extent that item 7A has completed agent of attorney. VA will not release to the following individuals named administrative employees of the Department: Zachary M. Stoltz, Landon E. Overby, Jessica L. Cleary, Jonathan W. Greene, Kerry L. Baker.

I agree and I accept subject to the foregoing conditions.

14. SIGNATURE OF CLAIMANT 	15. DATE OF SIGNATURE Jan 27, 2013	16. CLAIMANT'S RELATIONSHIP TO VETERAN Spouse
--------------------------------------	--	---

15. LIMITATIONS ON REPRESENTATION - AGENTS OR ATTORNEYS ONLY (Check if agent or attorney. This power of attorney is not valid if authority is limited to power of attorney).
NO LIMITATION.

16. SIGNATURE OF REPRESENTATIVE 	17. DATE OF SIGNATURE 7.3.2013
--	--

FEES: SECTION 504, Title 38, United States Code, contains provisions regarding the charges for change of address. No fee is paid by the VA for agent or attorney's representation with respect to VA benefits. The Department of Veterans Affairs will not pay for the costs of representation by the Department of Veterans Affairs. VA Form 21-22a, JULY 2009.