

DIVISION OF VETERANS' AFFAIRS  
CORNING TOWER, 28TH FLOOR  
SUITE 2836  
5 EMPIRE STATE PLAZA  
ALBANY, NY 12223-1551

TO: Director  
Division of Veterans' Affairs

FROM: (Name and Title of Employee)

Tracy R. Kinn  
State Veteran Counselor

From the date of my appointment as an employee of the NYS Division of Veterans' Affairs, I (HAVE, HAVE NOT) been designated, assigned or acted as a legal guardian, committee, or fiduciary of any incompetent veteran, former member of the Armed Forces or his widow, a veteran's widow, or the children of veterans or former members of the Armed Forces or other persons with whom I have come in contact in the exercise of functions and responsibilities as an employee of the NYS Division of Veterans' Affairs.

I (HAVE, HAVE NOT) been designated, assigned or acted as executor, administrator, executrix or administratrix of any will, estate or trust fund of a veteran, his widow, a former member of the Armed Forces or his widow, the children of same or other person with whom I have come in contact in the exercise of functions and responsibilities as an employee of the NYS Division of Veterans' Affairs during the period of my employment with the NYS Division of Veterans' Affairs.

8/16/01  
Date

Tracy R. Kinn  
Signature

If you have or are designated or acting in any of the above described capacities, you are to fully describe below all the facts and circumstances of each and every such designation or action. Use additional sheets if necessary.

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