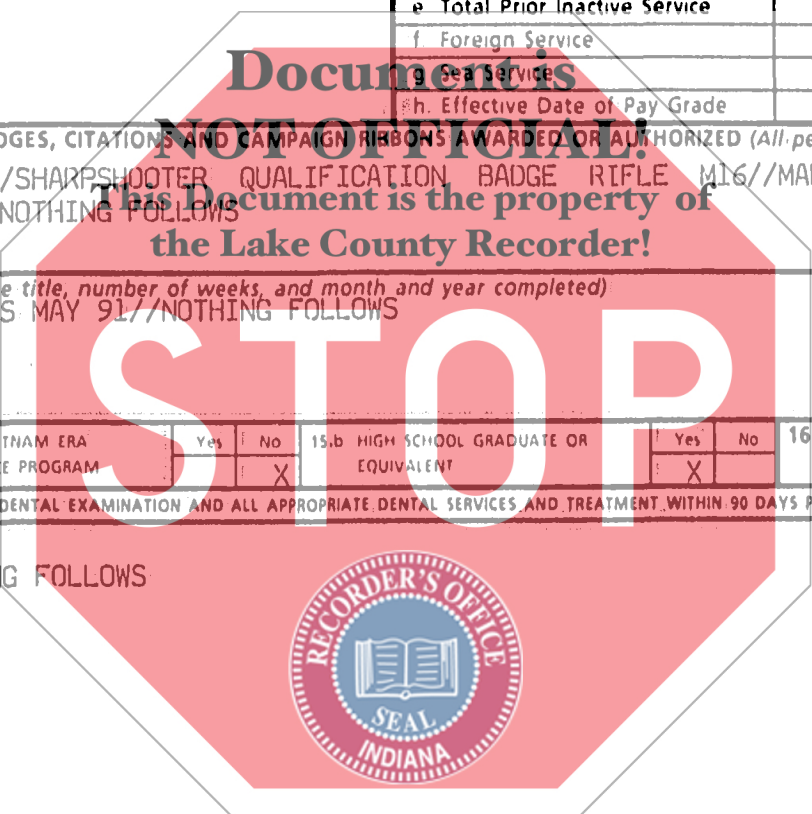


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) ASHE DAVID LEE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY / ARNG		3. SOCIAL SECURITY NO. 425 35 9153	
4.a GRADE, RATE OR RANK PV1		4.b PAY GRADE E-1		5. DATE OF BIRTH (YYMMDD) 671015	
6. RESERVE OBLIG. TERM. DATE Year 98 Month 11 Day 26			7.a PLACE OF ENTRY INTO ACTIVE DUTY HAMMOND IN 93016057		
7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 5638 CLAUDE ST HAMMOND IN 46320			8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND TC CO A 31ST ENGR BN 1ST ENGR BD USAEC&FLW		
8.b STATION WHERE SEPARATED FORT LEONARD WOOD, MO			9. COMMAND TO WHICH TRANSFERRED CO C 113TH ENGR BN HAMMOND IN 46323		
10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50000			11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 12B10 COMBAT ENGINEER 00YRS 00MOS//NOTHING FOLLOWS		
12. RECORD OF SERVICE			Year(s) Month(s) Day(s)		
a Date Entered AD This Period			90 12 26		
b Separation Date This Period			91 05 02		
c Net Active Service This Period			00 04 07		
d Total Prior Active Service			00 00 00		
e Total Prior Inactive Service			00 00 29		
f Foreign Service			00 00 00		
g Sea Service			00 00 00		
h Effective Date of Pay Grade			90 11 27		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//SHARPSHOOTER QUALIFICATION BADGE RIFLE M16//MARKSMAN QUALIFICATION BADGE HAND GRENADE//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) COMBAT ENGINEER 13WKS MAY 91//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes No		15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	
		X		X	
16. DAYS ACCRUED LEAVE PAID 11					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18. REMARKS BLOCK 17: NA//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5638 CLAUDE ST HAMMOND IN 46320			19.b NEAREST RELATIVE (Name and address - include Zip Code) JAMES R. ASHE SAME AS 19A		
20. MEMBER REQUESTS COPY 6 BE SENT TO <u>IN</u> DIR. OF VET. AFFAIRS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) GRANT D BATCHELDER GS-7, CH TRANSITION PT.		
21. SIGNATURE OF MEMBER BEING SEPARATED David L. Ashe			[Signature]		



DATE OF INDIA/MA/S.S.H.O.
 LAKE COUNTY
 FILED FOR RECORD
 12 10 47 AM '93
 SAMUEL S. BULLICH
 RECORDER

23. TYPE OF SEPARATION RELIEF FROM ADT		24. CHARACTER OF SERVICE (include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY AR 635-200, CHAP 4		26. SEPARATION CODE L2K	
27. REENTRY CODE NA		28. NARRATIVE REASON FOR SEPARATION COMPLETION OF ADT	
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 Initials D.L.A.	