

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **STIMS MICHAEL** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/DA** 3. SOCIAL SECURITY NO. **308 82 7103**

4.a. GRADE, RATE OR RANK **SPC** 4.b. PAY GRADE **EA** 5. DATE OF BIRTH (YYMMDD) **651103** 6. RESERVE OBLIG. TERM. DATE
 Year **36** Month **09** Day **23**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **DES PLAINES, IL.** 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) **ADDRESS UNKNOWN BLOCK 19A**

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **TOP A 5/LTH OAV BRADOC TC** 8.b. STATION WHERE SEPARATED **WORTH KNOX, KENTUCKY 40121-5000**

9. COMMAND TO WHICH TRANSFERRED **USAR (IN) (2) (ANL, TXG) ADDRESS 9700 PACO BLVD, ST LOUIS, MO 63132** 10. SGLI COVERAGE
 Amount: \$ **100,000.00** None

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.) 1 YEAR IN WATER COURSE - 2 YRS - 0 MOS / NOTHING FOLLOWS	12. RECORD OF SERVICE			
	Year(s)	Month(s)	Day(s)	
	a. Date Entered AD This Period	90	07	03
	b. Separation Date This Period	92	11	05
	c. Net Active Service This Period	02	04	03
	d. Total Prior Active Service	00	00	00
	e. Total Prior Inactive Service	00	00	00
	f. Foreign Service	00	00	00
	g. Sea Service	00	00	00
h. Effective Date of Pay Grade	92	09	03	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
NATIONAL DEFENSE SERVICE METAL//ARMY SERVICE RIBBON//ADDITIONAL QUALIFICATION BADGE, M-16 RIFLE//AMERICAN QUALIFICATION BADGE, M-16 RIFLE//

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
NOTHING FOLLOWS

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes No 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No 16. DAYS ACCRUED LEAVE PAID **NONE**

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes No

18. REMARKS
SUBJECT TO ACTIVE DUTY RECALL, AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DEP: 990524-000702-//THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH ANY OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM.//NOTHING FOLLOWS//

Indiana Department of Veterans Affairs
By: J. Heigler Date **1-3-95**
 CERTIFIED COPY 169 91

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
572 S. VERNILION PL #302 GARY, IN 46403

19.b. NEAREST RELATIVE (Name and address - include Zip Code)
DIANE L. BLUM, 638 ELKHART ST, GARY, IN 46403

20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIR. OF VET AFFAIRS Yes No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
NORMA M. WHITE, SFC, USA, ACTING CHIEF, TC

21. SIGNATURE OF MEMBER BEING SEPARATED

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION
RELEASE FROM ACTIVE DUTY

24. CHARACTER OF SERVICE (Include upgrades)
SEPARABLE

28. NARRATIVE REASON FOR SEPARATION
EXPIRATION TERM OF SERVICE

29. DATES OF TIME LOST DURING THIS PERIOD
NONE

30. MEMBER REQUESTS COPY 4
 Initials **MM**