

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) EXUM, ARTHESTUS NMN		2. DEPARTMENT, COMPONENT AND BRANCH NAVY USN		3. SOCIAL SECURITY NO. 307 174 8154	
4.a. GRADE, RATE OR RANK MM1-ESW	4.b. PAY GRADE E6	5. DATE OF BIRTH (YYMMDD) 58DEC05		6. RESERVE OBLIG. TERM. DATE DATE: 07/99	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO, IL		7.b. HOME OF RECORD IN THE STATE OF INDIANA, COUNTY OF GARY, IN			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NTC GREAT LAKES, IL		8.b. STATION WHERE SEPARATED PERSUPDET NTC GREAT LAKES IL			
9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149				10. SGLI COVERAGE None <input type="checkbox"/> Amount: \$ 200,000	
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.) 4533-AUTOMATIC COMBUSTION CONTROL CONSOLE OPERATOR (GEN REGULATOR)- 11YRS 9502-INSTRUCTOR-13YRS		12. RECORD OF SERVICE			
		a. Date Entered AD This Period	Year(s)	Month(s)	Day(s)
		b. Separation Date This Period	88	DEC	01
		c. Net Active Service This Period	98	NOV	05
		d. Total Prior Active Service	09	11	05
		e. Total Prior Inactive Service	08	07	29
		f. Foreign Service	00	02	10
		g. Sea Service	00	11	23
h. Effective Date of Pay Grade		04	03	00	
i. Effective Date of Pay Grade		88	JUN	16	
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NAVY ACHIEVEMENT MEDAL-3/GOOD CONDUCT MEDAL-2/NAVY E RIBBON/SEA SERVICE DEPLOYMENT RIBBON-4/NAVY UNIT COMMENDATION/NAVY PISTOL SHARPSHOOTER RIBBON-2 NAVY EXPEDITIONARY MEDAL/ARMED FORCES EXPEDITIONARY MEDAL/					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) 3M ADMIN OPS, 1WK, 92JUN/NAVLEAD, 1WK, 90APR/ALCOHOL & DRUG ABUSE MGMT, 1WK, 96SEP SECURITY POLICE OFFICER, 7WKS, 95NOV//					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
			XX	Yes	
				No	
				XX	
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 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
18. REMARKS THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCIES FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. EFFECTIVE DATE OF PERMANENT TRANSFER TO FLEET RESERVE: 98NOV06 BLOCK 13 CONTINUED: ARMED FORCES RESERVE MEDAL/COAST GUARD SPECIAL OPS MEDAL NAVAL RESERVE SEA SERVICE RIBBON/HUMANITARIAN SERVICE MEDAL/JOINT MERITORIOUS UNIT AWARD/NATIONAL DEFENSE SERVICE MEDAL//					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 310 W 59TH AVE MERRIVILLE, IN 46410		19.b. NEAREST RELATIVE (Name and address - include Zip Code) TONCELLA EXUM 310 W 59TH AVE MERRIVILLE, IN 46410			
20. MEMBER REQUESTS COPY BE SENT TO DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) SARPY PN1 USN BY DIR OTC			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>					

P.O. Box 14854 Merr. To. 46411

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) **EXUM, ARTHESTUS HMN** 2. DEPARTMENT, COMPONENT AND BRANCH **NAVY USN** 3. SOCIAL SECURITY NO. **307 174 8154**

4.a. GRADE, RATE OR RANK **MM1CSUP** 4.b. PAY GRADE **E6** 5. DATE OF BIRTH (YYMMDD) **58DEC05** 6. RESERVE OR INC. TERM. DATE **DATE: 4/7/99BOOK-NIC PAGE 116**

7.a. PLACE OF ENTRY INTO ACTIVE DUTY **CHICAGO, IL** 7.b. HOME OF RECORD (Last name, first name, address if known) **GARY, IN**
FILED IN THE STATE OF INDIANA, COUNTY OF [unclear]
 BY RECORDER MORRIS W. CARTER
 Time: 12:37:08 PM

8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **HTC GREAT LAKES, IL** 8.b. STATION WHERE SEPARATED **PERSUPDET HTC GREAT LAKES IL**

9. COMMAND TO WHICH TRANSFERRED **NAVAL RESERVE PERSONNEL CENTER, NEW ORLEANS, LA 70149** 10. SGLI COVERAGE None
 Amount: \$ **200,000**

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.) 4533-AUTOMATIC COMBUSTION CONTROL CONSOLE OPERATOR(GEN REGULATOR)-11YRS 7502-INSTRUCTOR-13YRS	12. RECORD OF SERVICE		
	a. Date Entered AD This Period	Year(s)	Month(s)
	b. Separation Date This Period	88	DEC 01
	c. Net Active Service This Period	98	NOV 05
	d. Total Prior Active Service	09	11 05
	e. Total Prior Inactive Service	08	07 29
	f. Foreign Service	00	02 10
	g. Sea Service	00	11 23
h. Effective Date of Pay Grade	04	03 00	
	88	JUN 16	

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
NAVY ACHIEVEMENT MEDAL-3/GOOD CONDUCT MEDAL-2/NAVY E RIBBON/SEA SERVICE DEPLOYMENT RIBBON-4/NAVY UNIT COMMENDATION/NAVY PISTOL SHARPSHOOTER RIBBON-2 NAVY EXPEDITIONARY MEDAL/ARMED FORCES EXPEDITIONARY MEDAL/

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)
3M ADMIN OPS, 1UK, 92JUN/NAVLEAD, 1UK, 90APR/ALCOHOL & DRUG ABUSE MGMT, 1UK, 96SEP SECURITY POLICE OFFICER, 7WKS, 95NOV//

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
THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCIES FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. EFFECTIVE DATE OF PERMANENT TRANSFER TO FLEET RESERVE: 78NOV06
BLOCK 13 CONTINUED: ARMED FORCES RESERVE MEDAL/COAST GUARD SPECIAL OPS MEDAL NAVAL RESERVE SEA SERVICE RIBBON/HUMANITARIAN SERVICE MEDAL/JOINT MERITORIOUS UNIT AWARD/NATIONAL DEFENSE SERVICE MEDAL//

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) **310 W 59TH AVE MERRIVILLE, IN 46410** 19.b. NEAREST RELATIVE (Name and address - include Zip Code) **TONCELLA EXUM 310 W 59TH AVE MERRIVILLE, IN 46410**

20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS Yes No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) **J W GARRY PMS USN DT DIR OTC**

21. SIGNATURE OF MEMBER BEING SEPARATED *[Signature]*

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION **TEMPORARY PHYSICAL DISABILITY** 24. CHARACTER OF SERVICE (Include upgrades) **HONORABLE**
 25. SEPARATION AUTHORITY **MTL PERSMAN 3855180** 26. SEPARATION CODE **SEK** 27. REENTRY CODE **RE-2P**
 28. NARRATIVE REASON FOR SEPARATION **DISABILITY, TEMPORARY**
 29. DATES OF TIME LOST DURING THIS PERIOD **NI: NONE** 30. MEMBER REQUESTS COPY 4 Initial