MEMBER - 4

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY							
1. NAME (Last, First, Middle)  LUCAS, MICHAEL ANDRE  ARMY/RA	TMENT, COMPONENT AND BRANCH	3. SOCIAL SECURITY NO. 316   88   2661					
4.a GRADE, RATE, OR RANK 4.b PAY GRADE PV1 E1	5. DATE OF BIRTH (YYYYMMDD) 19830109	6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00					
7.a PLACE OF ENTRY INTO ACTIVE DUTY	111	ENTRY (City and state, or complete					
INDIANAPOLIS, IN 8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND	WARSAW, IN 46580						
W1L4 CO F (PROVISIONAL) 2ND 81 TC	FORT KNOX, KY 40121-50	00					
9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE None						
NA		Amount: \$ 250,000.00					
11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving	12. RECORD OF SERVICE a. Date entered AD This Period	Year(s) Month(s) Day(s)					
periods of one or more years.) NONE/NOTHING FOLLOWS	b. Separation Date This Period	2003   03   06     2003   05   12					
	c. Net Active Service This Period	0000 02 07					
	d. Total Prior Active Service	0000 00 00					
	e. Total Prior Inactive Service	0000 00 00					
	f. Foreign Service	0000 00 00					
	g. Sea Service	0000 00 00					
12 DECORATIONS MEDALS PARGES OFFATIONS AND CAMPAIGN	h. Effective Date of Pay Grade	2003 <b>( )</b> 03 06					
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN NONE//NOTHING FOLLOWS	RIBBONS AWARDED OR AUTHORIZED						
NONE, NOTHING POLICES		0 3					
14. MILITARY EDUCATION (Course title, number of weeks and month							
NONE//NOTHING FOLLOWS	and year completed)	75					
Docun	ient is	55					
NOTOR	DICIAI	0					
AULUF	NOT OFFICIAL!						
	H SCHOOL GRADUATE OR Yes No	16. DAYS ACCRUED LEAVE PAID					
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL	1 1 1 A	6					
18. REMARKS		[5,17]					
DATA HEREIN SUBJECT TO COMPUTER MATCHING WITH	IN DOD OR WITH OTHER AGE	NCIES FOR VERIFICATION					
PURPOSES AND DETERMINING ELIGIBILITY OR COMPL DELAYED ENTRY PROGRAM: 20020325-20030305//MEM	LANCE FOR FEDERAL BENEFI BER HAS NOT COMPLETED FI	TS//BLOCK 6, PERIOD OF					
//NOTHING FOLLOWS		O Firm					
	-						
	and the second of the second o	14 is 20					
		_ ಸ್ವ					
		- m25					
		USE:					
CATA	2000 2000 2000	U~					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19 b NEADEST BELATIVE (Name	C7					
7545 BEECH AVENUE	KYMN K STANDEY	and address - include Zip Code)					
HAMMOND, IN 46324	WARSAW, IN 46580						
20. MEMBER REQUESTS CORY 6 SE SENT TO TIN OR OF VET AFFAIRS X YES	NE 22 (0) SE HARMANA (1) (0) 1/2 30 A (0) E	GN (Typed name, grade, title					
21. SIGNATURE OF MEMBER BEING SEPARATED	and signature)	)					
Memer Zurz	THOMAS W. HERTZ / JR.	GS07, CHIEF, TRANS CTR					
CDEDIAL ADDITIONAL SPONS	ATION (F-						
23. TYPE OF SEPARATION	ATION (For use by authorized agencies 24. CHARACTER OF SERVICE (Inclu						
DISCHARGE	UNCHARACTERIZED	upgrades)					
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE					
AR 635-200, PARA 5-11	JFW	3					
28. NARRATIVE REASON FOR SEPARATION		NIT.					
FAILED MEDICAL/PHYSICAL PROCUREMENT STANDARDS							
29. DATES OF TIME LOST DURING THIS PERIOD		30. MEMBER REQUESTS COPY 4					
NONE DD Form 214-AUTOMATED, NOV 88 Previous ed.	itions are obsolete.	Initials					
211 NOTOWATED, NOV 00 Trevious eur	נוטווט פוב טטטטובוב.	MEMBER - 4					

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY								
1. NAME (Løst, First, Middle)  2. DEPARTMENT, COMPONENT AND BRANCH  LUCAS, MICHAEL ANDRE  ARMY/RA			3. SOCIAL SECURITY NO. 316   88   2661					
4.a GRADE, RATE, OR RANK 4.b PAY GRADE	5. DATE OF BIRTH (YYYYMMDD)	6. RESERVE C	BLIG. TERI	M. DATE				
PV1 E1	19830109	Year 0000 M	onth 00	Day 00				
7.a PLACE OF ENTRY INTO ACTIVE DUTY	7.b HOME OF RECORD AT TIME OF address if known) 513 W PERRY ST	ENTRY (City ar	nd state, or	complete				
INDIANAPOLIS, IN	WARSAW, IN 46580							
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b STATION WHERE SEPARATED							
W1L4 CO F (PROVISIONAL) 2ND 81 TC	FORT KNOX, KY 40121-50	00						
9. COMMAND TO WHICH TRANSFERRED		10. SGLI COV	/ERAGE	None				
NA .		Amount:	\$ 250,00	0.00				
11. PRIMARY SPECIALTY (List number, title and years and months in	12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)				
specialty. List additional specialty numbers and titles involving periods of one or more years.)	a. Date entered AD This Period	2003	03	06				
NONE//NOTHING FOLLOWS	b. Separation Date This Period	2003	05	12				
	c. Net Active Service This Period	0000	02	07				
	d. Total Prior Active Service	0000	00	0.0				
	e. Total Prior Inactive Service	0000	00	00				
	f. Foreign Service	0000	0.0	0.0				
	g. Sea Service	0000	00	00				
	h. Effective Date of Pay Grade	2003	03	06				
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN I	RIBBONS AWARDED OR AUTHORIZED	(All periods of	service)					
NONE//NOTHING FOLLOWS								
		$\sim$						
		0						
14. MILITARY EDUCATION (Course title, number of weeks and month a	nd year completed)	ယ						
NONE//NOTHING FOLLOWS  DOCUM	ent is	0						
NOTOFI	FICIAL	75						
	SCHOOL GRADUATE OR Yes No	16. DAYSMAC	CRUED LEA	VE PAID				
T. C.	valene property OX	6 🔘	T T	L I				
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL S	SERVICES AND TREATMENT WITHIN 90 DAYS PRI	OR TO SEPARATION	NA \	es NA No				
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITH	IN DOD OR WITH OTHER AGE	NCTES FOR	VERTETC	מסדיימי				
PURPOSES AND DETERMINING ELIGIBILITY OR COMPL	IANCE FOR FEDERAL BENEFI	TS//BLOCK	6, PERI	OD OF				
DELAYED ENTRY PROGRAM: 20020925-20030305//MEM	BER HAS NOT COMPLETED FI	RST FULL T	ERM OF	SERVICE				
//NOTHING FOLLOWS								
		:3						
		- E	# <sup>11</sup>					
		157 fee	127					
	Disc.		$\mathbb{Z}(\mathbb{Q})$					
	88%		wë:					
19.a MAILING ADDRESS AFTER SEPARATION finclude Zip Codel	19.6 NEAREST RELATIVE (Nam	e and address -	in¢lade, Zip	Code)				
7545 BEECH AVENUE	KYMN R STANLEY 513 W PERRY ST	(5)	_Q~<:``					
HAMMOND, IN 46324	WARSAW, IN 46580	•	Ć'					
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR OF VET_AFFAIRSX Yes	No 22. OFFICIAL AUTHORIZED/TO	SIGN (Typed na	ne, grade.	title				
21. SIGNATURE OF MEMBER BEING SEPARATED	and eignatore)	7~	*					
Mulling Sugar	THOMAS W. HERTZ, AR,	GS07, CHIE	F. TRAN	IS CTR				
	tions are obsolete.			MBER - 1				





## Morris W. Carter

**Recorder of Deeds** Lake County Indiana 2293 North Main Street Crown Point, In 46307 219-755-3730

fax: 219-648-6028

## Certification Letter

State of Indiana) County of Lake )

Form # 0023 Revised 5/2002

This is to certify that I, Morris W. Carter, Recorder of Deeds of Lake County, Indiana am the custodian of the records of this office, and that the foregoing is a full, true and complete copy of a

UNI	FED STA	ATES DISC	HARGE -LUC	CAS, MICH	<b>4EL ANDE</b>		
as recorded as 2	2003-075	5506	ocumen	tis			
as this said docum	ent was pre	esent for the r	ecordation when	Morris V	N. Carter		
was Recorder at the time of filing of said documentt is the property of							
Dated this2	1ST	day of La	ke County R July	ecorder, 2003			
Lothe &	. Pu	isyk					
Deput	/ Recor <mark>de</mark> i	r /	EDICO				
ma	n' W.C	enter					
Morris W. Carte	r, Recorde liana	er of Deeds	WOIANA THE	\$			

Recorder Of Deeds, County Of Lake- MORRIS W. CARTER -2293 North Main Street- Crown Point, Indiana 46307 219-755-3730