

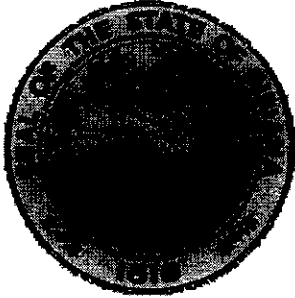
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) AULTMAN, ROBERT WILLIAM		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NUMBER 303 98 4851		
4a. GRADE, RATE OR RANK GSM3	b. PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 1980227	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) N/A			
7a. PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 9703 WEST 190TH PLACE LOWELL, IN 46356				
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND ACU 5 DET HP: SASEBO, JAPAN			b. STATION WHERE SEPARATED PERSUPPDET NAVSTA SAN DIEGO, CA			
9. COMMAND TO WHICH TRANSFERRED N/A			10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$ 400,000			
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.) GS - 4133 LCAC MECHANICAL SYSTEM MAINTENANCE TECHNICIAN (03YRS, 04MOS). XX X X X X X X		12. RECORD OF SERVICE		YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD		02	JAN	16
		b. SEPARATION DATE THIS PERIOD		06	JAN	15
		c. NET ACTIVE SERVICE THIS PERIOD		04	00	00
		d. TOTAL PRIOR ACTIVE SERVICE		00	00	00
		e. TOTAL PRIOR INACTIVE SERVICE		00	00	00
		f. FOREIGN SERVICE		03	02	09
		g. SEA SERVICE		01	02	17
		h. EFFECTIVE DATE OF PAY GRADE		05	JUN	16
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON(2ND), OVERSEAS SERVICE RIBBON(3RD), GLOBAL WAR ON TERRORISM SERVICE MEDAL, GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL, FLAG LETTER OF COMMENDATION, NAVY GOOD CONDUCT MEDAL. XX			14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) COMMON CORE, 3WKS, APR02; GSM "A" SCHOOL, 8WKS, JUL02; MECH CORE, 4WKS, MAY02; EWTGPAC/LCAC/PROP LIFT, 5WKS, SEP02. XX X X			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			b. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
16. DAYS ACCRUED LEAVE PAID 283.5	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 CONTRIBUTED TO THE MONTGOMERY GI BILL ACT OF 1984. SER: 68556-05- X X X X X X X X 3507						
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 9703 WEST 190TH PLACE LOWELL, IN 46356			b. NEAREST RELATIVE (Name and address - include ZIP Code) SUSAN AULTMAN - 9703 WEST 190TH PLACE LOWELL, IN 46356			
20. MEMBER REQUESTS COPY 6 BE SENT TO IN DIRECTOR OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO						
21. SIGNATURE OF MEMBER BEING SEPARATED		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) H. P. HUA, PSI, USN SEPSLPO BYDIROIC				



2006 0149

23. TYPE OF SEPARATION RELEASED FROM ACTIVE DUTY						24. CHARACTER OF SERVICE (Include upgrades) HONORABLE		
25. SEPARATION AUTHORITY MILPERSMAN 1910-170			26. SEPARATION CODE JFT		27. REENTRY CODE RE-4			
28. NARRATIVE REASON FOR SEPARATION PHYSICAL STANDARDS						29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) TL - NONE		
						30. MEMBER REQUESTS COPY 4 (Initials)		



Michael A. Brown

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) SS

This is to certify that I, Michael A. Brown, 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


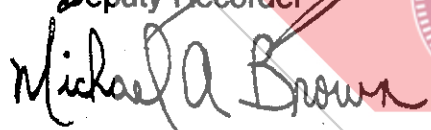
UNITED STATES NAVY DISCHARGE ROBERT WILLIAM AULTMAN

as recorded as **2006-014926**

as this said document was present for the recordation when **Michael A. Brown**

was Recorder at the time of filing of said document

Dated this **24TH** day of **February**, 2006


Deputy Recorder




Michael A. Brown, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002

Prescribed by the
State Board of Accounts
(2005)

County form 170

Declaration

This form is to be signed by the preparer of a document and recorded with each document in accordance with IC 36-2-7.5-5(a).

I, the undersigned preparer of the attached document, in accordance with IC 36-2-7.5, do hereby affirm under the penalties of perjury:

1. I have reviewed the attached document for the purpose of identifying and, to the extent permitted by law, redacting all Social Security number in attached document.
2. I have redacted, to the extent permitted by law, each Social Security number in the attached document.

I, undersigned, affirm under the penalties of perjury, that the foregoing declarations are true.




Signature of Declarant

Robert Aoltman
Printed Name of Declarant