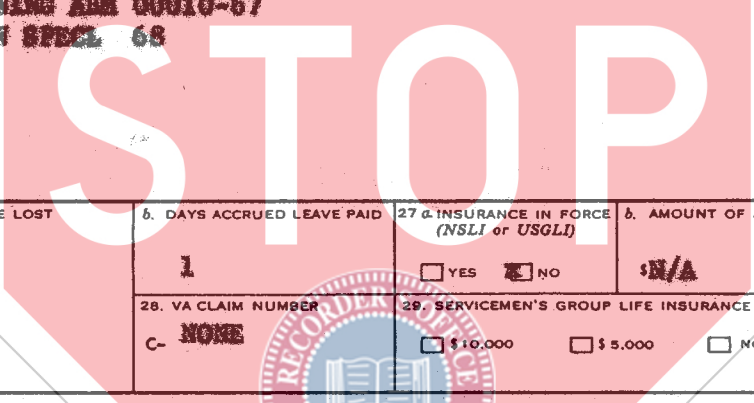


PERSONAL DATA	1 LAST NAME-FIRST NAME-MIDDLE NAME <b>HENDERSON EDWARD LOUIS</b>		2 SERVICE NUMBER <b>AF16906108</b>		3 SOCIAL SECURITY NUMBER <b>307 54 6120</b>			
	4 DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE Reg AF</b>		5a. GRADE, RATE OR RANK <b>SGT</b>	b. PAY GRADE <b>E-4</b>	6. DATE OF RANK	DAY <b>01</b>	MONTH <b>FEB</b>	YEAR <b>70</b>
	7 U S CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8 PLACE OF BIRTH (City and State or Country) <b>EAST CHICAGO, IN</b>		9 DATE OF BIRTH	DAY <b>17</b>	MONTH <b>NOV</b>	YEAR <b>47</b>
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>12 170 47 331</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB 170 GARY, (LAKE), IN</b>			c. DATE INDUCTED <b>N/A</b>		
	11 a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>BAUDETTE AFS, MN</b>			c. REASON AND AUTHORITY <b>SDM: 413 AFM 39-10 SEC 1 CH 3 PARA 3-8J SEE ITEM 30</b>		
TRANSFER OR DISCHARGE DATA	12 LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>692 RADAR SQ (ADC)</b>		13 a. CHARACTER OF SERVICE <b>HONORABLE</b>		d. EFFECTIVE DATE	DAY <b>21</b>	MONTH <b>MAY</b>	YEAR <b>71</b>
	14 DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>UNAF REG</b>		15 REENLISTMENT CODE <b>RE-1</b>			b. TYPE OF CERTIFICATE ISSUED <b>N/A</b>		
	16 TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY <b>22</b> MONTH <b>AUG</b> YEAR <b>73</b>		17 CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <b>APQT: SG 22 IV</b>		b. TERM OF SERVICE (Years) <b>4</b>	c. DATE OF ENTRY DAY <b>23</b> MONTH <b>AUG</b> YEAR <b>67</b>		
	18 PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>CHICAGO, ILL</b>			
SERVICE DATA	21 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>1955 OHIO ST GARY, LAKE CO., IN 46407</b>		22 STATEMENT OF SERVICE			YEARS	MONTHS	DAYS
	23a. SPECIALTY NUMBER & TITLE <b>70230 ADMIN SPEC</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER			a. CREDITABLE FOR BASIC PAY PURPOSES		
						(1) NET SERVICE THIS PERIOD	<b>08</b>	<b>29</b>
						(2) OTHER SERVICE	<b>00</b>	<b>00</b>
						(3) TOTAL (Line (1) plus Line (2))	<b>08</b>	<b>29</b>
						b. TOTAL ACTIVE SERVICE	<b>08</b>	<b>29</b>
					c. FOREIGN AND/OR SEA SERVICE			
					<b>11</b>	<b>20</b>		
24 DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>MEM AM 900-3 AFM 309-5605 1788070 HQ 7TH AF VEN AM 900-3 AFM 1A067-2A070 AM 190-3</b>								
25. EDUCATION AND TRAINING COMPLETED <b>BASIC MIL TRAINING AM 00010-67 ARR 70230 ADMIN SPEC 68</b>								
AND EMP. SERVICE DATA	26 a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO TIME LOST</b>		b. DAYS ACCRUED LEAVE PAID <b>1</b>		27 a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. AMOUNT OF ALLOTMENT <b>N/A</b>	
			28. VA CLAIM NUMBER <b>C- NONE</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		<b>\$15,000</b>	
30 REMARKS <b>BLOOD TYPE AB POS HIGH SCHOOL GRADUATE AGE: G30A50M30E40, INAG 13SEP67 DOD NAC FT HOLABIRD M.D. REF ITEM 11C: USAFMC (DPMKO) RANDOLPH AFB TX, DTG 23SEP70 SUBJ: EARLY RELEASE FROM SCHOOL. I HAVE BEEN COUNSELED AS TO CONDITIONS FOR MY REENTRY INTO THE AIR FORCE AND I UNDERSTAND THAT EVERY FORMER AIR FORCE MEMBER MUST MEET THE ENLISTMENT REENLISTMENT STANDARDS IN EFFECT AT THE TIME OF HIS APPLICATION</b>								
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>SAME AS ITEM 21</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Edward L. Henderson</i>			
	33 TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>CLAUDE P. HOCKERT, SMSGT, USAF CHIEF CSPO-CAC</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Claude P. Hockert</i>			

PRL PROCESSED



This Document is the property of Lake County Recorder!

2007 DEC - 5 PM 12:07  
 MICHAEL A. BR  
 RECORDER  
 STATE OF ILLINOIS  
 LAKE COUNTY  
 FILED FOR RECORD

0075888875

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 )  
                          ) SS  
County of Lake )

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 DISCHARGE/AIR FORCE**  
**EDWARD LOUIS HENDERSON**  
.....

as recorded as 2007-095875

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 6TH day of December, 2007

  
Deputy Recorder



Michael A. Brown, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002