

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

<b>1. NAME (Last, First, Middle)</b> HANSFORD JR., REX HILMAN		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> NAVY-USN		<b>3. SOCIAL SECURITY NUMBER</b> 593   60   7237	
<b>4a. GRADE, RATE OR RANK</b> HN	<b>b. PAY GRADE</b> E3	<b>5. DATE OF BIRTH (YYYYMMDD)</b> 19861210		<b>6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)</b> N/A	
<b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b> MONTGOMERY MEPS		<b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b> P.O. BOX 464 ALTHA, FL 32421			
<b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> NHCS GLAKES IL			<b>b. STATION WHERE SEPARATED</b> PERSUPPET, GREAT LAKES, IL		
<b>9. COMMAND TO WHICH TRANSFERRED</b> N/A				<b>10. SGLI COVERAGE</b> <input type="checkbox"/> NONE AMOUNT: \$ 400,000.00	
<b>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.)</b> HM-8701-DENTAL ASSISTANT, 01YR 04MOS.// X		<b>12. RECORD OF SERVICE</b>			
		<b>a. DATE ENTERED AD THIS PERIOD</b>	06	JAN	30
		<b>b. SEPARATION DATE THIS PERIOD</b>	07	DEC	14
		<b>c. NET ACTIVE SERVICE THIS PERIOD</b>	01	10	15
		<b>d. TOTAL PRIOR ACTIVE SERVICE</b>	00	00	00
		<b>e. TOTAL PRIOR INACTIVE SERVICE</b>	00	00	00
		<b>f. FOREIGN SERVICE</b>	00	00	00
		<b>g. SEA SERVICE</b>	00	00	00
		<b>h. EFFECTIVE DATE OF PAY GRADE</b>	07	AUG	16
<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b> NATIONAL DEFENSE SERVICE MEDAL; NAVY PISTOL MARKSMAN RIBBON; GLOBAL WAR ON TERRORISM SERVICE MEDAL.// X X X X X X X X X X X X		<b>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</b> RECRUIT TRAINING, 8WKS, MAR06; NHCS B-300-0010, 3WKS, JUL06; HM CHAIRSIDE, 5WKS, AUG06.// X X X X X X X X X X X X			
<b>15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM</b>				YES	X NO
<b>b. HIGH SCHOOL GRADUATE OR EQUIVALENT</b>				X YES	NO
<b>16. DAYS ACCRUED LEAVE PAID</b> 8.5	<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b>				
<b>18. REMARKS</b> SER# 43106-07-1332-BD. THE RIGHT TO FILE A CLAIM WITH THE DEPARTMENT OF VETERAN AFFAIRS FOR COMPENDATIONS, PENSIONS, OR HOSPITALIZATIONS HAS BEEN EXPLAINED TO REX HANSFORD JR. AND HE HAS SIGNED STATEMENTS THAT HE DOES DESIRE TO SUBMIT A CLAIM AT THIS TIME. DISABILITY SEVERANCE PAY AUTHORIZED AND PAID IIN THE AMOUNT OF \$ 6,136.80.// X 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.					
<b>19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)</b> 962 WEST 59TH CIRCLE MERRIVILLE, IN 46410			<b>b. NEAREST RELATIVE (Name and address - include ZIP Code)</b> REX HANSFORD SR. 27278 HWY 7 INORTH, ALTHA, FL 32421		
<b>20. MEMBER REQUESTS COPY 6 BE SENT TO</b> IN		DIRECTOR OF VETERANS AFFAIRS		X YES	NO
<b>21. SIGNATURE OF MEMBER BEING SEPARATED</b>		<b>22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)</b> KIEFFER, A. D., PS1(SW/AW), LPO, USN, BYDIROIC			

<b>SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)</b>		
<b>23. TYPE OF SEPARATION</b> DISCHARGED		<b>24. CHARACTER OF SERVICE (Include upgrades)</b> HONORABLE
<b>25. SEPARATION AUTHORITY</b> MILPERSMAN 1910-168	<b>26. SEPARATION CODE</b> JFL	<b>27. REENTRY CODE</b> RE-3P
<b>28. NARRATIVE REASON FOR SEPARATION</b> DISABILITY, SEVERANCE PAY		
<b>29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)</b> TL: NONE		<b>30. MEMBER REQUESTS COPY 4 (Initials)</b> R H H

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N/C  
CA

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Michael A. Brown

Recorder of Deeds  
Lake County Indiana  
2293 North Main Street  
Crown Point, In 46307  
219-755-3730  
fax: 219-648-6028

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# Certification Letter

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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


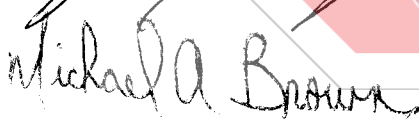

**REX HILMAN HANSEFORD JR. UNITED STATES NAVY DISCHARGE**

as recorded as **2007-100045**

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 **21ST** day of **December**, 2007

  
Deputy Recorder  
  


Michael A. Brown, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002