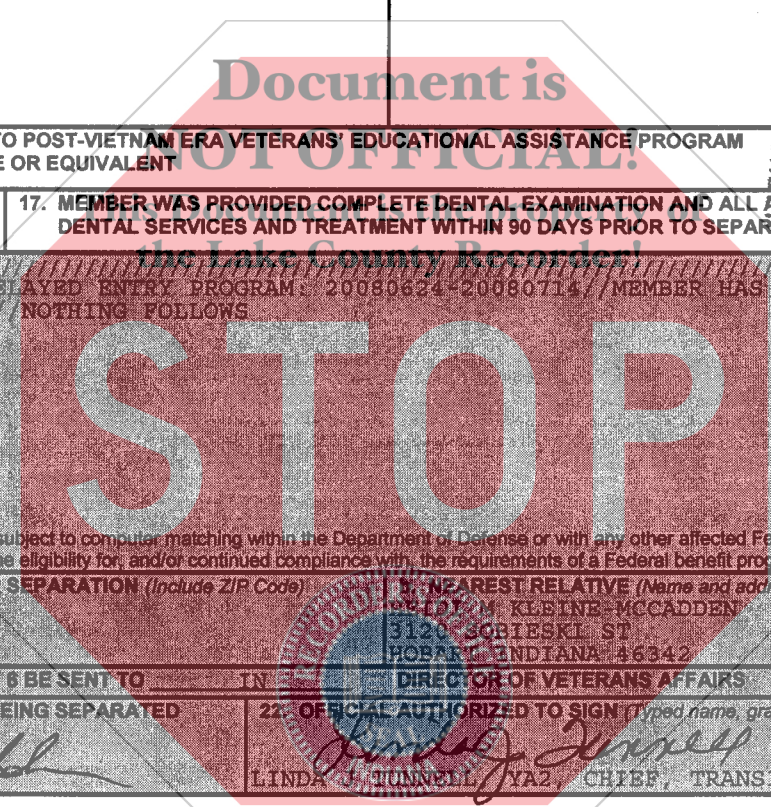


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) MCCADDEN, ERNIE MICHAEL		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NUMBER 322 78 8976			
4a. GRADE, RATE OR RANK PVT	b. PAY GRADE E01	5. DATE OF BIRTH (YYYYMMDD) 19710918	6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD) 00000000				
7a. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO MEPS, ILLINOIS		b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 3120 SOBIESKI ST HOBART INDIANA 46342					
8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND REH HOLD UNIT (95AG) TR TC			b. STATION WHERE SEPARATED FORT SILL, OK 73503-5100				
9. COMMAND TO WHICH TRANSFERRED N/A				10. SGLI COVERAGE <input type="checkbox"/> NONE AMOUNT: \$500,000.00			
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.) NONE//NOTHING FOLLOWS		12. RECORD OF SERVICE			YEAR(S)	MONTH(S)	DAY(S)
		a. DATE ENTERED AD THIS PERIOD			2008	07	15
		b. SEPARATION DATE THIS PERIOD			2008	08	18
		c. NET ACTIVE SERVICE THIS PERIOD			0000	00	04
		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
h. EFFECTIVE DATE OF PAY GRADE			2008	07	15		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE//NOTHING FOLLOWS				14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE//NOTHING FOLLOWS			
15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM							
b. HIGH SCHOOL GRADUATE OR EQUIVALENT							
16. DAYS ACCRUED LEAVE PAID 5.5		17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
18. REMARKS BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20080624-20080714//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS							
19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code) 3120 SOBIESKI ST HOBART INDIANA 46342			b. NEAREST RELATIVE (Name and address - include ZIP Code) WILLY M KLEINE-MCCADDEN 3120 SOBIESKI ST HOBART INDIANA 46342				
20. MEMBER REQUESTS COPY 6 BE SENT TO <input type="checkbox"/> IN <input type="checkbox"/> DIRECTOR OF VETERANS AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Ernie McCadden</i>			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) LINDA J TUNNELL YAZ CHIEF, TRANSITION MGR				

STATE OF INDIANA
 LAKE COUNTY
 FILED FOR RECORD
 2008 SEP 21
 MICHAEL A
 RECORD



SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED
25. SEPARATION AUTHORITY AR 635-200, PARA 5-11	26. SEPARATION CODE JFW	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION FAILED MEDICAL/PHYSICAL/ PROCUREMENT STANDARDS		
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD) NONE		30. MEMBER REQUESTS COPY 4 (Initials) EMM

NC
105

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 ARMY
MCCADDEN ERNIE MICHAEL
.....

as recorded as 2008-066554 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 September, 2008

Torsha Brown

Deputy Recorder

Michael A. Brown

Michael A. Brown, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002