

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) LEWIS, LAYLA LYNN		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 350 68 6662		
4.a GRADE, RATE OR RANK PV1	4.b PAY GRADE E1	5. DATE OF BIRTH (YYYYMMDD) 19800326		6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00		
7.a PLACE OF ENTRY INTO ACTIVE DUTY DES PLAINES, IL			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 5428 WEST 24TH AVE GARY, IN 46406			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO C 787TH MP BN T TC			8.b STATION WHERE SEPARATED FORT LEONARD WOOD, MO 65473-8935			
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00		
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			
			a. Date entered AD This Period	Year(s)	Month(s)	Day(s)
			b. Separation Date This Period	2005	03	09
			c. Net Active Service This Period	2005	07	18
			d. Total Prior Active Service	0000	04	10
			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	2005	03	09

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

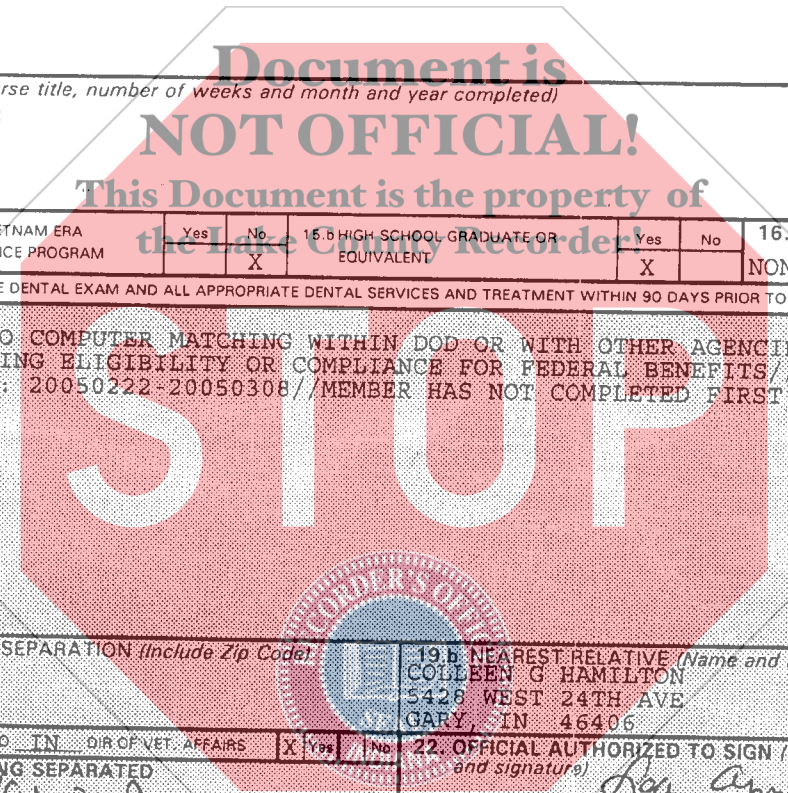
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes	No	16. DAYS ACCRUED LEAVE PAID	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	NONE	

17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION NA Yes No

18. REMARKS
DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 20050222-20050308//MEMBER HAS NOT COMPLETED FIRST FULL TERM OF SERVICE
//NOTHING FOLLOWS

19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5428 WEST 24TH AVE GARY, IN 46406		19.b NEAREST RELATIVE (Name and address (Include Zip Code)) COLLEEN G HAMILTON 5428 WEST 24TH AVE GARY, IN 46406	
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20. MEMBER REQUESTS COPY 8 BE SENT TO <input type="checkbox"/> IN <input type="checkbox"/> DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) LBA ANN STARMER, GS7, AG, HR SPECIALIST	
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Layla Lewis</i>			



2008 06 70 28
 STATE OF INDIANA
 FILED FOR RECORD
 LANE COUNTY
 MICHAEL A BROWN
 RECORDER
 2008 SEP 25 AM 11:17

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 5-17		26. SEPARATION CODE JFV	27. REENTRY CODE 3
28. NARRATIVE REASON FOR SEPARATION PHYSICAL CONDITION, NOT A DISABILITY			
29. DATES OF TIME LOST DURING THIS PERIOD NONE			30. MEMBER REQUESTS COPY 4 Initials

NC AB

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/RA) LEWIS LAYLA LYNN

as recorded as **2008-067028**

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

was Recorder at the time of filing of said document

Dated this **25TH** day of **September**, 2008

Beverly Bridgeman
Deputy Recorder

Michael A. Brown

Michael A. Brown, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002