DENTIFICATION FOR COLO	·	OAI LOUAIN	211.			KLINDLIN	TOTAL VOI		
•	CERTIFICATE OF R	ELEASE OF	DISCHARGE FRO	M ACTIVĘ DI	JTY				
1. NAME (Last, First, Middle) COBB, HAROLD JEROME	2. DE	-	MPONENT AND BRAN	СН	3. SOCIAL	SECURITY 80	NUMBER 5018		
4a. GRADE, RATE OR RANK				BIRTH (YYYYMMDD) 6. RESERVE (OBLIGATION TERMINATION DATE		
SPC	E04	19770314		^{D)} 00000000					
	LACE OF ENTRY INTO ACTIVE DUTY b. HOME OF			ENTRY (City and	state, or comp	lete address i	f known)		
DES PLAINES, ILLINOIS			SKI STREET AGO INDIANA 46	312-0000					
8a. LAST DUTY ASSIGNMENT	AND MAJOR COMMAND		b. STATION WHERE						
WT CO B (WARRIORS) MC	C		FORT LEWIS, WA	98433-500	0				
9. COMMAND TO WHICH TRAIN N/A	NSFERRED					OVERAGE NT: \$400,	NONI		
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.) 88M10 2B MOTOR TRANSPORT OP - 3 YRS 0 MOS//			12. RECORD OF SERVICE		YEAR(\$)	MONTH(S)	DAY(S)		
			a. DATE ENTERED AD THIS PERIOD		2005	08	25		
			b. SEPARATION DATE THIS PERIOD		100	3 11	23		
NOTHING FOLLOWS			c. NET ACTIVE SERVICE THIS PERIOD		Activities and the season of	0.02	129		
			d. TOTAL PRIOR ACTIVE SERVICE		0003	EDE 0 0 1	00		
			e. TOTAL PRIOR INAC	TIVE SERVICE	0004	99 10.	27		
			f. FOREIGN SERVICE		0000-	11	29		
			g. SEA SERVICE		0000	0.00	00		
			h. EFFECTIVE DATE O		2-4-20-00-00-00-00-00-00-00-00-00-00-00-00-	01	01		
MEDAL (2ND AWARD)//NA MEDAL//GLOBAL WAR ON //ARMY SERVICE RIBBON RIBBON//AIR ASSAULT I	TERRORISM SERVI N//OVERSEAS SERV	CE MEDAL ICE	TRANSPORT OPER FOLLOWS	ATOR CRS,	8 WEEKS,	C 2005//1	OTHING		
15a. MEMBER CONTRIBUTED T b. HIGH SCHOOL GRADUATE		ETERANS' ED	UCATIONAL ASSISTAN	ICE PROGRAM		YES	X NO		
16. DAYS ACCRUED LEAVE		OVER SOLD	e-tha-arrena	atravala w	4.5.5.5	YES YES	NO		
PAID 0	the L	S AND TREATM	MENT WITHIN 90 DAYS	PRIOR TO SEPA	RATION	8 -	X NO		
18. REMARKS ///////// ENLISTMENT BONUS PAI	////////////////////////////// D: \$14000.00, 20	////////////// 050825//SI	//////////////////////////////////////	GNATED IMM	NE WEST		ADEA		
//SERVICE IN IRAQ 20 COMPLETED FIRST FULL	000100-200101041	/ DISABILL	I SEVERANCE PA	1 7- 52886.	L . J 📂 🟒 (VILI)	MERK WHO	377		
AUTHORIZED DISABILITY	Y SEVERANCE PAY	IAW SECTIO	ON 1208 10 USC/	OVERSEAS	ERMOR	BAP (A)	28		
ADDITIONAL SKILL IDE	NTIFIER 2B (AIR .	ASSAULT)//	NOTHING FOLLOW	S Subministration	22	5 3	ブラー:		
					HARINE S		15		
	d Spirites di estre	rein te ken			nest til 🌉 e	చ 📉	Miritani in Jawa		
	And a state of the	History (III) Leans in Comment	r Nobel var de la	7. 2-10 J. II.		All modern and the			
The information contained herein is					au fill her five i		Ale harries		
verification purposes and to determine	ne eligibility for, and/or contin	nued compliance	with, the requirements of a	Federal benefit pr	ogram.		icy ior		
19a. MAILING ADDRESS AFTER	RSEPARATION (Include Z	IP Code)	b. NEAREST RELAT	IVE (Name and ad	ldress – includ	le ZIP Code)			
4716 LARKSPUR	National Committee		LILLIE COBB 4716 LARKSPUR	(B) (1) (A) [X	Pinas A		Market of the Artic		
EAST CHICAGO INDIANA		Track in	EAST CHICAGO I		12				
20. MEMBER REQUESTS COP		N	DIRECTOR OF VETE	and the second		X YES	NO		
21. SIGNATURE OF MENIBER	SEING SEPARATED	22. OFFICIA	L AUTHORIZED TO SIG	N (Typed Mame)	rade, title and	l signature)			

DD FORM 214- AUTOMATED, FEB 2000

ANITA L DOBSONIA PREVIOUS EDITIONS DESOLETE GENERATED BY TRANSPROC

RESOURCE ASSISTANT

MEMBER - 1

CAUTION:" NOT TO BE USED FOR IDENTIFICATION PURPOSES	THIS IS	THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.			ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID			
CER	TIFICATE OF RE	ELEASE OR	DISCHARGE FROM	N ACTIVE DI	JTY.			
1. NAME (Last, First, Middle) COBB, HAROLD JEROME		•	MPONENT AND BRANC	:H	3. SOCIAL SECURITY NUMBER 315 80 5018			
A STATE OF THE STA	PAY GRADE		BIRTH (YYYYMMDD)	6. RESERVE	BUGATION	TERMINATION	C20100-1000-08-1-1-2-100-1-100	
	$m{4}_{i_1}$, which is	19770314		YYYYMMDD	OOO00000			
7a. PLACE OF ENTRY INTO ACTIVE D	OUTY	b. HOME OF	RECORD AT TIME OF E				known)	
DES PLAINES, ILLINOIS			SKI STREET AGO INDIANA 463	12-0000				
8a. LAST DUTY ASSIGNMENT AND M			b. STATION WHERE S					
WT CO B (WARRIORS) MC			FORT LEWIS, WA	98433-500	0	1. 4		
9. COMMAND TO WHICH TRANSFER N/A			10. SGLI COVERAGE NON AMOUNT: \$400,000.00					
11. PRIMARY SPECIALTY (List number,			12. RECORD OF SERV	/ICE	YEAR(S)	MONTH(S)	DAY(S)	
specialty. List additional specialty numbers and titles involving periods of			a. DATE ENTERED AD T	THIS PERIOD	2005	08	. 25	
one or more years.) 88M10 2B MOTOR TRANSPORT	OP - 3 YRS C	MOS//	b. SEPARATION DATE 1	THIS PERIOD	2008	11	23	
NOTHING FOLLOWS			c. NET ACTIVE SERVICE	E THIS PERIOD	0003	D 02	29	
			d. TOTAL PRIOR ACTIV	E SERVICE		ÖÖ	0.0	
			e. TOTAL PRIOR INACTI	IVE SERVICE	0004	10	27	
			f. FOREIGN SERVICE		0000	1001110	1 29 🐪	
			g. SEA SERVICE		0000	. 00	00	
13. DECORATIONS, MEDALS, BADGE			h. EFFECTIVE DATE OF 14. MILITARY EDUCA		2006		01.	
RIBBON//AIR ASSAULT BADGE 15a. MEMBER CONTRIBUTED TO POS	ST-VIETNAM ERA VI	TO E	MENT 1S JOATIONAL ASSISTANCE	CE PROGRAM		YES	X NO	
b. HIGH SCHOOL GRADUATE OR E 16. DAYS ACCRUED LEAVE 17.	TIL: D	WIDED COMPI	ETE DENTAL EXAMINA	TOU AND ALL	* PPPOPPI	X YES	NO	
			ENT WITHIN 90 DAYS P			700	YES NO	
18. REMARKS ////////////////////////////////////	14000.00, 200 06-20070704// M OF SERVICE/ VERANCE PAY I IER 2B (AIR A	J50825//SE /DISABILIT //IRAO CAM IAW SECTIO ASSAULT)//	RVED IN A DESIGN SEVERANCE PAY ITY SEVERANCE PAY ITY ITY ITY ITY ITY ITY ITY ITY ITY IT	NATED IMMI \$28861 BRONZE SERV OVERSEAS S	NENT DA	BERTAN BERTAN 1980 DI BAR 12)/ PROWN	OF INDIANA E COUNTY ER RECORD	
verification purposes and to determine eligit						-rederar agen	cy for	
19a. MAILING ADDRESS AFTER SEPA	ARATION (Include ZIF	² Code)	b. NEAREST RELATIV	/E (Name and ad	dress – include	e ZIP Code)	A STATE OF THE STA	
4716 LARKSPUR EAST CHICAGO INDIANA 4631	12.		LILLIE COBB 4716 LARKSPUR EAST CHICAGO IN	NDIANA 463	12			
20. MEMBER REQUESTS COPY 6 BE		IN L	DIRECTOR OF VETER	Control of the Contro	gar et etter	ΥES	NO.	
21. SIGNATURE OF MEMBER BRING	SEPARATED	22. OFFICIAL ANITA L. D.	LAUTHORIZED TO SIGN	(Typed name, g	rade, title and		NT	
	SPECIAL ADDITION	JAI INFORMAT	TION (For use by authorized	d agencies only)	· · · · · · · · · · · · · · · · · · ·			
23. TYPE OF SEPARATION	OF EGIAL ADDITION	TAL INI OKMAT	24. CHARACTER OF		de upgrades)			

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include upgrades) HONORABLE					
DISCHARGE						
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENTRY CODE				
AR 635-40, CHAP 4	JFO	3				
28. NARRATIVE REASON FOR SEPARATION						
DISABILITY, SEVERANCE PAY, NON-COMBAT RELATED						
29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)		30. MEMBER REQUESTS COPY 4				
NONE		(Initials) HJC				

Míchael 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)

					nty, Indiana am the and complete copy of a
	U		TES DISCHAR		
as recorded as 2	2008-08		nent is the pro County Reco		
as this said docur	nent wa	s present for th	ne recordation whe	Michael A. Bro	wn
was Recorder at t	the time	of filing of said	document		
Dated this 2	24TH	day of	November	,2008	
Doroho		Brou	STORY OF THE PARTY		
De	puty Re	corder	SEAL MOIANAMAN		

Michael A. Brown, Recorder of Deeds Lake County Indiana

Form # 0023 Revised 5/2002