| CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES | THIS-IS AN IN | OPORTANT RECORD. | 33 ANY A | ALȚERATION EAS RENDER | S IN SHADE S FORM VO |
|---|--------------------------------------|---|--|------------------------------|-------------------------|
| CERTIFICA | te of release or | DISCHARGE FROM A | CTIVE D | UTY | |
| 1. NAME (Last, First, Middle) KKOWN, SKRUNA PORKEN | | RTMENT, COMPONENT AND BRANCH | | SOCIAL SE | CURITY 1.5 |
| 4.a GRADE, RATE OR RANK | 4.b. PAY GRADE | NAVY - USN 5. DATE OF BIRTH (YYMMDD) | | | 0553 |
| EMPN E-3 | | 69JUN24 | 6. RESERVE OBLIG. TERM. DATE Year 98 Morth 01 Day 07 | | |
| 7.a. PLACE OF ENTRY INTO ACTIVE | DUTY | 7.6. HOME OF RECORD AT TIME | OF ENTRY (Cit | y and state | or complet |
| FT JACKSON, SC | | WOODBINE, CAMD | . BOX 93 EN, GA 31 | | |
| B.a. LAST DUTY ASSIGNMENT AND USS YOSKHITE (AD-19) | FPO AA 34083-2510 | 8.b STATION WHERE SEPARATED USS YOSEMITE (AD-19) | AT MAYPO | RT, FL | 484 |
| 9. COMMAND TO WHICH TRANSFE HAVAL RESERVE PERSONN | EL CENTER, NEW ORLEAN | S, LA 70149 | 10. SGLI COVERAGE None Amount: \$ 100,000.00 | | |
| 1. PRIMARY SPECIALTY (List numb specialty, List additional specialty | er, title and years and months in | 12. RECORD OF SERVICE | Year(s) | Month(s) | Day(s) |
| Beriods 0000 or more KCIRICI | ANTS MATE | a Date Entered AD This Period | 90 | FKB | 14 |
| X | I JANE | b Separation Date This Period | 93 | JUL | 02 |
| X | T X | c. Net Active Service This Period | 03 | 04 | 19 |
| X | | d. Total Prior Active Service | 00 | - 00 | 00 |
| | _x | e. Total Prior Inactive Service f. Foreign Service | 00 | 00 | 00 |
| X _ | X | g Sea Service | 00 | 00 | 00 |
| X | X | h. Effective Date of Pay Grade BBONS AWARDED OR AUTHORIZED ASIA SERVICE HEDAL W/BRO | 92 | DEC | 03 |
| X X | | X | | x x | |
| MUTARY EDUCATION (Course to ELECTRICIAN S MATE CIL | SS A SCHOOL, 21 VE | AS, EOV90; IS x | | N | X |
| X | NOTO | DDIOI A | | 0 | X |
| X | NUIU | FFICIAL | | 0 | X |
| A. MEMBER CONTRIBUTED TO POST-VIETNAM VETERANS' EDUCATIONAL ASSISTANCE PRO | A THE LOUGHTEUR | M SCHOOL GRASS:413 OF THE PARTY NO. | | CCRUED LEA 15. 6 | X PAID |
| MEMBER WAS PROVIDED COMPLETE DENTA | L EXAMINATION AND ALL APPROPRIATE | SENTAL SERVICES AND TREATMENT WITHIN 90 (| AVE BRIDE TO CO | 7711 | X 10- |
| NONE X X | . x | X X X | | 0x 22 x 22 x | |
| | X X X | X X X X | | | X X X |
| X | Y | DER'S | 3 | 2 | 7 (4) |
| 1304 GA AVE P. O. BOX WOODBINE, GA 31569 | 93 | 19.6. NEAREST RELATIVE (Name MRS WILLIE MAE TAYLO P. 0. FOX 93 WOODBI | R /1304-G | AN | odel. |
| MEMBER REQUESTS COPY 6 BE SENT TO GISIGNATURE OF MEMBER BEING SENTENCE | | DI E NICHOLS, PHCS. | Mrn. | ne, grade, ti | leand E |
| SPE | CAL ADDITIONAL INFORMATION | (For use by authorized agencies only |) <u>*</u> | - ö- ĕ | |
| ND TRANSFERRED TO NAVA | FROM ACTIVE DUTY L RESERVE | 24. CHARACTER OF SERVICE (Include HONORABLE | upgrades) | | NI |
| SEPARATION AUTHORITY ILPERSMAN 3620100 AND | BUPERS WASH DC MSG 290006Z JUN 93 | 26. SEPARATION CODE MCC | 27. REENTRY | CODE | 0.7 |
| NARRATIVE REASON FOR SEPARAT ENERAL DEMOBILIZATION | TION | | | | - (/ N |
| DATES OF TIME LOST DURING THE | S PERIOD IN ATTEM COM | ENCEDE | | | |
| L: NONE | IN U | | 30. MEMPER | REQUESTS C | 30. |
| Form 214, NOV 88 S/N 010 | 2-LF-006-5500 Previous editions | are obsolete | ا اعجـ | <u> </u> | _ Initials |
| | | | | SE | RVICE |

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)

Form # 0023 Revised 5/2002

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 SERENA NOREEN BROWN

as recorded as 2009-062022 SEPTEMBER 9, 2009

was Recorder at the time of filing of said document

Dated this 9TH day of September ,2009

Michael A. Brown, Recorder of Deeds

Lake County Indiana

Lake County Recorder- Michael A. Brown -2293 North Main Street- Crown Point, Indiana 46307 219-755-3730