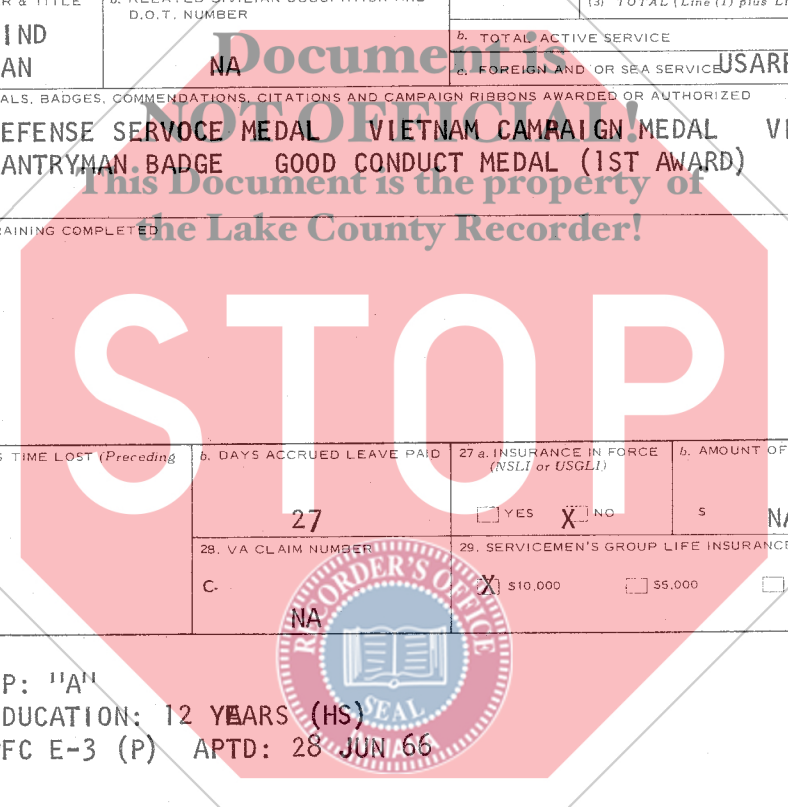


PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>LUNDMARK, RONALD LEE</b>		2. SERVICE NUMBER <b>US 55 862 128</b>		3. SOCIAL SECURITY NUMBER <b>304 48 0210</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY AUS UNASGD</b>		5a. GRADE, RATE OR RANK <b>SP4 (T)</b>	6. PAY GRADE <b>E-4</b>	6. DATE OF RANK DAY: <b>8</b> MONTH: <b>FEB</b> YEAR: <b>67</b>		
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>HAMMOND, INDIANA</b>		9. DATE OF BIRTH DAY: <b>25</b> MONTH: <b>AUG</b> YEAR: <b>46</b>		
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>12 178 46 380</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB # 178 HAMMOND, INDIANA</b>		c. DATE INDUCTED DAY: <b>9</b> MONTH: <b>DEC</b> YEAR: <b>65</b>		
	11a. TYPE OF TRANSFER OR DISCHARGE <b>TRFD TO USAR SEE # 16</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>US ARMY PERSONNEL CENTER OAKLAND, CALIF</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>SEC VII CHAP 5 AR 635-200 SPN 411 OSRET (RAD)</b>				d. EFFECTIVE DATE DAY: <b>22</b> MONTH: <b>SEP</b> YEAR: <b>67</b>		
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>CO B 4/31 196TH INF BDE APO SF 96256</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>		b. TYPE OF CERTIFICATE ISSUED <b>NONE</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>TRFD TO USAR CONTROL GROUP/ ANNUAL/ US ARMY ADMIN CENTER</b>				15. REENLISTMENT CODE <b>RE-1</b>		
	16. TERMINAL DATE OF RESERVE UMT&S OBLIGATION DAY: <b>8</b> MONTH: <b>DEC</b> YEAR: <b>71</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input checked="" type="checkbox"/> OTHER <b>NA</b>		b. TERM OF SERVICE (Years) <b>NA</b>	c. DATE OF ENTRY DAY: <b>NA</b> MONTH: <b>NA</b> YEAR: <b>NA</b>	
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PVT E-1 (P)</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>CHICAGO, ILLINOIS</b>			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>911 177TH PLACE HAMMOND (JUSTIN) INDIANA</b>		22. STATEMENT OF SERVICE					
23a. SPECIALTY NUMBER & TITLE <b>11C20 INF IND FIRE CREWMAN</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		c. CREDITABLE FOR BASIC PAY PURPOSES			
				(1) NET SERVICE THIS PERIOD	YEARS: <b>1</b>	MONTHS: <b>9</b>	DAYS: <b>14</b>
				(2) OTHER SERVICE	<b>0</b>	<b>0</b>	<b>0</b>
				(3) TOTAL (Line (1) plus Line (2))	<b>1</b>	<b>9</b>	<b>14</b>
				d. TOTAL ACTIVE SERVICE	<b>1</b>	<b>9</b>	<b>14</b>
				e. FOREIGN AND/OR SEA SERVICE	<b>0</b>	<b>11</b>	<b>29</b>
				f. FOREIGN AND/OR SEA SERVICE <b>USARPAC</b>			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE MEDAL VIETNAM CAMPAIGN MEDAL VIETNAM SERVICE MEDAL COMBAT INFANTRYMAN BADGE GOOD CONDUCT MEDAL (1ST AWARD) EXPERT RATE (M-14)</b>							
25. EDUCATION AND TRAINING COMPLETED <b>NONE</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NONE</b>		b. DAYS ACCRUED LEAVE PAID <b>27</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		c. MONTH ALLOTMENT DISCONTINUED <b>NA</b>
			28. VA CLAIM NUMBER <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		
REMARKS	30. REMARKS <b>BLOOD GROUP: "A" CIVILIAN EDUCATION: 12 YEARS (HS) ITEM 5A: PFC E-3 (P) APTD: 28 JUN 66</b>						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>7724 COLUMBIA APT # 2 HAMMOND (JUSTIN) INDIANA 46324</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Ronald L. Lundmark</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>E.T. FISCHER, 2LT, AGC, ASST ADJ</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>E.T. Fischer</i>			



610 011328

MICHELE R. FAY  
 RECORDER  
 2010 MAR -2 AM 9:51  
 FILED FOR RECORD  
 STATE OF INDIANA  
 LAKE COUNTY  
 RECORDER'S OFFICE

NC 1  
RM

K-16

*Michelle R. Fajman*

*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, Michelle R. Fajman, 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

**Document is**  
**UNITED STATES DISCHARGE**  
**RONALD LEE LUNDMARK**

as recorded as 2010-011328 MARCH 2, 2010

as this said document was present for the recordation when Michelle Fajman

was Recorder at the time of filing of said document

Dated this 2ND day of March, 2010



Deputy Recorder



Michelle R. Fajman, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002