[CERTIFICAT	E OF RELEAS	SE OR E	DISCHARGE FROM AC	TIVE D	UTY			
		MENT, COMPONENT AND BRANCH 3. SOCIAL SECURITY			URITY NO.			
CARSON, HOSTEN				254 53	_			
4-a GRADE, RATE OR RANK	4.b. PAY GRADE		5. DATE OF BIRTH (YYMMDD)	6. RESERVE OBLIG, TERM. DATE				
PV2	E2		700911		Month 03			
7.a PLACE OF ENTRY INTO ACTIVE DUTY			7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)					
ATLANTA, GA			CHICAGO, IL					
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND			8.b. STATION WHERE SEPARATED					
CO A 91ST ENGR BN FORSCOM FC			FORT HOOD, TEXAS					
3. COMMAND TO WHICH TRANSFERRED USAR CONTROL GROUP			(ANNUAL TRAINING)	10. SGLI COVERAGE None				
ARPERCEN, 9700 PAGE BLVD, ST. LOUIS, MO 63132 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.) 12B10 COMBAT ENGINEER—2 YRS—4 MOS// NOTHING FOLLOWS			2	Amoun	t:\$ 200,	000.00		
			12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)		
			a. Date Entered AD This Period	90	10	09		
			b. Separation Date This Period	93	05	10		
			c. Net Active Service This Period	02	07	0.2		
			d. Total Prior Active Service	0.0	00	00		
			e. Total Prior Inactive Service	00	00	00		
			f. Foreign Service	00	11	09		
			g. Sea Service	00	00	00		
13. DECORATIONS, MEDALS, BADGES			h. Effective Date of Pay Grade	91	10	01		
NATIONAL DEFENSE SERVIC ASSAULT BADGE// EXPERT 14 MILITARY EDUCATION (COURSE IN INC.)	BADGE GRENADE/	/ Marksm	AN BADGE RIFLE// NOTHING	FOLLOWS				
	NOT		FICIAL!					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM FRA YES NO 15.b HIGH SCHOOL GRADUATE OR YES CNO 16. DAYS ACCRUED LEAVE PAID VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 15.b HIGH SCHOOL GRADUATE OR YES CNO 16. DAYS ACCRUED LEAVE PAID X 32								
17. MEMBER WAS PROVIDED COMPLETE DENTAL	L EXAMINATION AND ALL A	PPROPRIATE DE	WAL SERVICES AND TREATMENT WITHIN 90 DA	YS PRIOR TO-SE	PARATION Y	es X No		
18. REMARKS SUBJECT TO ACTIVE DUTY 901008// DATA HEREIN SUI VERIFICATION PURPOSES AI NOTHING FOLLOWS	BJECT TO COMPU	TER MATC	HING WITHIN DOD OR WITH	OTHER AG	ENCIES FO) R		
19.a. MAILING ADDRESS AFTER SEPAR	RATION (Include Zip C	ode)	19.b. NEAREST RELATIVE (Name	and address -	include Zip (Code)		
6739 S. WINCHESTER		me	MARION DIXON	/	•	-		
CHICAGO, IL 60636			6720 S. PAULINA, CHI	CAGO, IL	60636			
	IL DIR. OF VET AFFAIR	RS X Yes	10 22. OFFICIAL AUTHORIZED TO S	GN (Typed n	ame, grade, i	title and		
21. SIGNATURE OF MEMBER BEING SE	EPARATED	THE SAME	signatule) s					
Hastin Can	and the same	V., ND	H. NIGH, SPO. NCOIC,	ENL PRO	CESSING S	ECT		

DD Form 214, NOV 88

Previous editions are obsolete.

MEMBER - 1

END OF REC DOCUME

CARSON, HOSTEN 4.a. GRADE, RATE OR RANK 4.b. PAY GRADE PV2 7.a. PLACE OF ENTRY INTO ACTIVE DUTY ATLANTA, CA				
7.a. PLACE OF ENTRY INTO ACTIVE DUTY				
- I	5. DATE OF BIRTH (YYMMOD) 707211	6. RESERVE OBLIG. LERON.		
ATLANTA, CA	to avenue / ···	Vest 10	(denneh	
The second secon	J b 'IOME OF RECORD AT TIME (OF ENTRY (Chy	and state,	or comple
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMERCE	CHICAGO, IL			
FORTCOM I	FORT HOOD, TEXAS		· 145 %	The Property of
9. COMMAND TO WHICH TRANSFERDED THE TOURS	TANK TOTAL			
The state of the s	52129	10. SGLI CO Amount:	VERAGE	None
11. PRIMARY SPECIALTY (List number, title and years and months specially. List additional specialty numbers and titles involving periods of one or years ware.	in 12 RECORD OF SERVICE	Year(s)	Month(s)	
periods of one or those years. 128 10 COMBAT SHETNEER-2 YRS-4 MOS// NOTE	a. Date Entered AD This Period	90	10	Day(s)
POLLOWS	The separation of the 1102 house	33	05	1;
	d. Fotal Prior Active Service	92	177	9,
	e. Total Prior Inactive Service	00	03	31,
	i. Foreign Service	-00-	17	JJ
· ·	g. Sea Service	93	90	30
13. DECORATIONS, MEDALS RANGES GVATIONS	h. Effective Date of Pay Grade	91	10	31
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN NATIONAL DESENSE SERVICE MEDAL// ARMY SERVAGEAULT BADGE// EXPERT BADGE GRENADE// MAR	RIBSONS AWARDED OR AUTHORIZED (A	periods of se	rvice)	
	E DENTAL SERVICES AND TREATMENT WITHER SO DAY L ECREENING!// BLOCK S, PERI	od of dee other agen deral beni	ATION Yes PO0328 CIES FO FITS// R*0001** D CHARCE	Z No
(20730			232738#H SUBTTL *CASH* (0.0 7 .0 .C
	97/19/93		0 C-40	9:4
Ja. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5739 S. WINCHESTER LHICAGO, IL 60635	19.b. NEAREST/RELATIVE (Name and MARTON/ DIXON		ude Zip Coo	le)
MEMBER REQUESTS COPY 6 BE SENT TO ID DIE OF VETAFFAIRS TYES	5720 6. PAULIFIA, CHIC	AGO IX	60636	
	186 22. OFFICIAL BUTHORIEER TO SIGN	(<i>lyp</i> ed name,	grade, title	and
SIGNATURE OF MEMBER BEING SEPARATED	H. MICH. TEC. MCOIC.	ENL PROCE	SSING SE	
SIGNATURE OF MEMBER BEING SEPARATED				cr l
SPECIAL ADDITIONAL IMPORTANCE				CT.
SPECIAL ADDITIONAL INFORMATION TYPE OF SEPARATION	N (For use by authorized agencies only)			©P ■
SPECIAL ADDITIONAL INFORMATION TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY	N (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Include u	ogrades)		CTP
SPECIAL ADDITIONAL INFORMATION TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY SEPARATION AUTHORITY	N (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Indude up HONORABLE		DE	CT
SPECIAL ADDITIONAL INFORMATION RELEASE FROM ACTIVE DUTY SEPARATION AUTHORITY AR 635-200, PARA 16-5b	N (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Indude up HONORABLE	L REENTRY CO		Cr •
SPECIAL ADDITIONAL INFORMATION TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY SEPARATION AUTHORITY AR 635-200, PARA 16-5b NARRATIVE REASON FOR SEPARATION	N (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Include up HONORABLE 26. SEPARATION CODE	L REENTRY CO	DE 3	CT •
SPECIAL ADDITIONAL INFORMATION TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY SEPARATION AUTHORITY AR 635-200, PARA 16-5b NARRATIVE REASON FOR SEPARATION LOCALLY IMPOSED BAR TO RESILISTMENT	N (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Include up HONORABLE 26. SEPARATION CODE	L REENTRY CO		CT
SIGNATURE OF MEMBER BEING SEPARATED	N (For use by authorized agencies only) 24. CHARACTER OF SERVICE (Include up HONORABLE 26. SEPARATION CODE KGF	L REENTRY CO	3	

Michelle R. Fajman

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, 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

as recorded as 2010-011403 ocument is the property of as this said document was present for the recordation when Michelle Fajman was Recorder at the time of filing of said document Dated this 2 day of March 2010 Deputy Recorder

Michelle R. Fajman, Recorder of Deeds Lake County Indiana

Form # 0023 Revised 5/2002