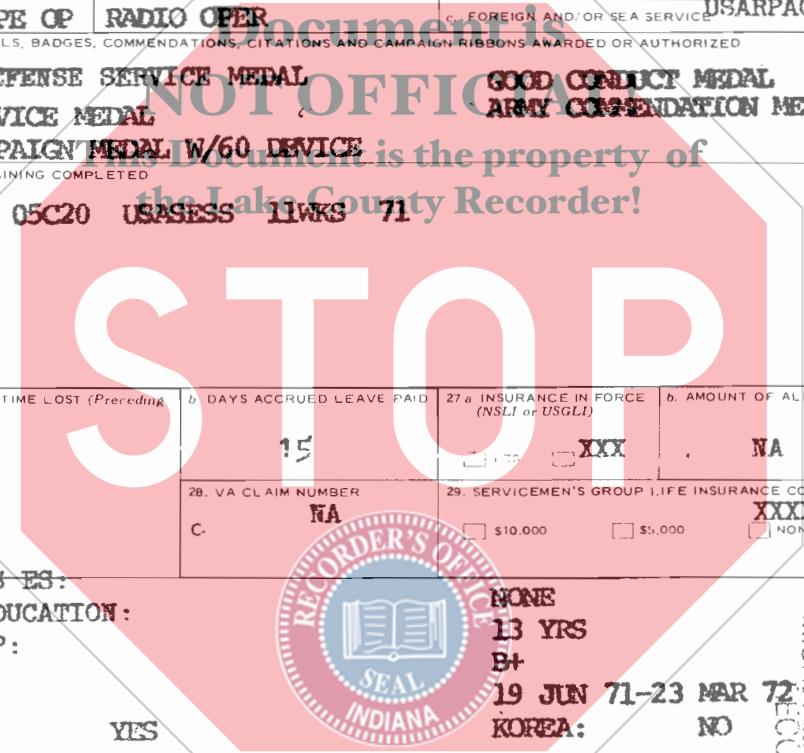


PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME FORD GLENN			2. SERVICE NUMBER NA			3. SOCIAL SECURITY NUMBER 421 64 8605					
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS UNSAGD			5a. GRADE, RATE OR RANK SP4		b. PAY GRADE E-4	6. DATE OF RANK 10 JUL 71		YEAR			
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) BIRMINGHAM AL				9. DATE OF BIRTH 31 DEC 49		YEAR			
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 1 68 49 576			b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 1B #68 BIRMINGHAM AL 35211			c. DATE INDUCTED 16 SEP 70					
	11a. TYPE OF TRANSFER OR DISCHARGE TRFD TO USAR SEE ITEM #16			b. STATION OR INSTALLATION AT WHICH EFFECTED USARMY PERSONNEL CENTER OAKLAND, CA								
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY SEC VII CH5 AR635-200 SPN 411 EARLY SEPARATION OF OVERSEA RETURNEE DA MSG 121008Z OCT 71			d. EFFECTIVE DATE 26 MAR 72		DAY		MONTH	YEAR			
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND G TRP 2/11TH ACR USARV			13a. CHARACTER OF SERVICE HONORABLE			b. TYPE OF CERTIFICATE ISSUED NONE					
	14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED USAR CONTROL GRP: ANNUAL:USAR COMP PERS&ADMIN CTR ST. LOUIS, MO						15. REENLISTMENT CODE RE- 1B					
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION 15 SEP 76			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 type="checkbox"/> OTHER			b. TERM OF SERVICE (Years) NA		c. DATE OF ENTRY NA			
18. PRIOR REGULAR ENLISTMENTS NONE			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC PV1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) MONTGOMERY AL							
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1101 10TH AVE SOUTH BIRMINGHAM AL 35205			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS				
23a. SPECIALTY NUMBER & TITLE 05C20/26 MAY 71 RADIO TELETYPE OP			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 193.282 RADIO OPER			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	1	6	11		
						(2) OTHER SERVICE	0	0	0			
						(3) TOTAL (Line (1) plus Line (2))	1	6	11			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENSE SERVICE MEDAL VIETNAM SERVICE MEDAL VIETNAM CAMPAIGN MEDAL W/60 DEVICE			c. FOREIGN AND/OR SEA SERVICE USARPAC			b. TOTAL ACTIVE SERVICE	1	6	11			
						0	6	5				
25. EDUCATION AND TRAINING COMPLETED RAD TT OP 05C20 USASESS 11WRS 71			26. a. NON-PAY PERIODS TIME LOST (Preceding Two Years)						b. DAYS ACCRUED LEAVE PAID 15	27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	b. AMOUNT OF ALLOTMENT NA	c. MONTH ALLOTMENT DISCONTINUED NA
28. VA CLAIM NUMBER NA			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> NONE XXXXX15,000									
30. REMARKS PMOS ES: CIVILIAN EDUCATION: BLOOD GROUP: RVT: INDOCHINA: YES			NONE 13 YRS B+ 19 JUN 71-23 MAR 72 KOREA: NO									
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) 133 5TH AVE S.W. BIRMINGHAM AL 35211			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Glenn Ford</i>									
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER D J BAYER 2LT WAC ASST ADJ			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>									



2010 012484
 WOD 03-L

2010 MAR - 8
 FILED FOR RECORD
 STATE OF INDIANA
 COUNTY OF LAKE
 RECORDER'S OFFICE
 COONAL6

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N.C.
R.R.

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 **2010-012484 MARCH 8, 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 8TH day of March, 2010



Deputy Recorder





RM

Michelle R. Fajman, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002