

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>RUMMERS THOMAS JOHN</b>		2. SERVICE NUMBER <b>US 55 836 614</b>		3. SOCIAL SECURITY NUMBER <b>307 46 1107</b>																								
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY AUS INF</b>			5a. GRADE, RATE OR RANK <b>SP4 (T) SEE#30</b>	b. PAY GRADE <b>E-4</b>	6. DATE OF RANK <b>10 OCT 66</b>																							
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>EAST CHICAGO IND</b>			9. DATE OF BIRTH <b>11 APR 45</b>																							
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>12 183 45 48</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB# 183 EAST CHICAGO IND</b>			c. DATE INDUCTED <b>12 OCT 65</b>																							
	11a. TYPE OF TRANSFER OR DISCHARGE <b>TRPD TO USAR (SEE 16)</b>				b. STATION OR INSTALLATION AT WHICH EFFECTED <b>PT DIX NJ</b>																								
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AR 635-200 SP4 411 EARLY SEP FR O/S</b>				d. EFFECTIVE DATE <b>17 JUL 67</b>																								
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HHC 2BN 1 INF 196 1LT INF BDE USARPAC</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>TRPD TO USAR CON GP (ANN THG) USAAC ST LOUIS MO</b>					15. REENLISTMENT CODE <b>BE 1</b>																							
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION DAY MONTH YEAR <b>11 OCT 72</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 type="checkbox"/> OTHER <b>NA</b>			b. TERM OF SERVICE (Years) <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</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>CHICAGO ILL</b>																									
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>4747 CAREY ST CHICAGO (COOK) ILL</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS																							
23a. SPECIALTY NUMBER & TITLE <b>11 B 20 1LT WPNB IRTM</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NONE</b>		<table border="1"> <tr> <td rowspan="3">a. CREDITABLE FOR BASIC PAY PURPOSES</td> <td>(1) NET SERVICE THIS PERIOD</td> <td>1</td> <td>9</td> <td>6</td> </tr> <tr> <td>(2) OTHER SERVICE</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>(3) TOTAL (Line (1) plus Line (2))</td> <td>1</td> <td>9</td> <td>6</td> </tr> <tr> <td colspan="2">b. TOTAL ACTIVE SERVICE</td> <td>1</td> <td>9</td> <td>6</td> </tr> <tr> <td colspan="2">c. FOREIGN AND/OR SEA SERVICE USARPAC</td> <td>1</td> <td>0</td> <td>0</td> </tr> </table>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	1	9	6	(2) OTHER SERVICE	0	0	0	(3) TOTAL (Line (1) plus Line (2))	1	9	6	b. TOTAL ACTIVE SERVICE		1	9	6	c. FOREIGN AND/OR SEA SERVICE USARPAC		1	0	0
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24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDM VNSM COMDL CIB VNSM</b>																													
25. EDUCATION AND TRAINING COMPLETED <b>4 YRS HS (DIPL) ATP 21-114 CODE OF CONDUCT CRSE B MIL JUS C B R TRAINING</b>																													
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NA</b>		b. DAYS ACCRUED LEAVE PAID <b>26</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO																								
	28. VA CLAIM NUMBER <b>C NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000		b. AMOUNT OF ALLOTMENT <b>NA</b>																								
REMARKS	30. REMARKS <b>BLOOD TYPE ITEM 5A DATE OF APPOINTMENT PFC E-3 (P) 13 JUN 66 DATE OF RANK 13 JUN 66</b>																												
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>SEE ITEM #21</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <b>NC</b>																									
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>HENRY T WATSON JR 2LT AGC ASST ADJ</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <b>Rm</b>																									

2010 042915

RECORDED  
 FILED FOR RECORD  
 STATE OF INDIANA  
 LAKE COUNTY  
 2ND JUL 26 AM 9:36

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

**UNITED STATES DISCHARGE**  
**THOMAS JOHN SUMMERS**

as recorded as 2010-042915 JULY 26, 2010

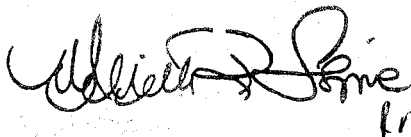
as this said document was present for the recordation when Michelle Fajman

was Recorder at the time of filing of said document

Dated this 26TH day of July, 2010



Deputy Recorder



Michelle R. Fajman, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002