

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>RAINWATER THOMAS BRENT</b>		2. SERVICE NUMBER <b>RA 16 893 091</b>		3. SOCIAL SECURITY NUMBER <b>311 46 4884</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY RA AMEDS</b>		5a. GRADE, RATE OR RANK <b>SP4 (T) See 30</b>	b. PAY GRADE <b>E-4</b>	6. DATE OF RANK <b>17</b>	MONTH <b>Mar</b>	YEAR <b>69</b>
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>Rensselaer, Indiana</b>		9. DATE OF BIRTH <b>4</b>	MONTH <b>Jun</b>	YEAR <b>47</b>
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>12 43 47 319</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB #43 Chicago, Illinois</b>			c. DATE INDUCTED <b>NA</b>	
	11a. TYPE OF TRANSFER OR DISCHARGE <b>Transferred to USAR (See 16)</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Riley, Kansas</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>AR 635-200 SPN 201 Expiration of Term of Service</b>			d. EFFECTIVE DATE <b>5</b>	DAY <b>Dec</b>	YEAR <b>69</b>	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>Dent Det USAG Fort Riley, Kansas 5th US ARMY</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>GO USAR CON GP (REINF) USAAC ST LOUIS MISSOURI 63132</b>			15. REENLISTMENT CODE <b>RE-3B</b>			
	16. TERMINAL DATE OF RESERVE/UMT&S OBLIGATION <b>15 Aug 72</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER		b. TERM OF SERVICE (Years) <b>3</b>	c. DATE OF ENTRY <b>16 Aug 66</b>	
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>( PV (P) E-1</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>RR #2 Box 147AA Cedar Lake (Lake) Indiana 46303</b>		23a. SPECIALTY NUMBER & TITLE <b>71B20 Clerk Typist</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>209.388 Clerk Typist</b>		22. STATEMENT OF SERVICE	
				a. CREDITABLE FOR BASIC PAY PURPOSES		YEARS MONTHS DAYS	
				(1) NET SERVICE THIS PERIOD		<b>3 0 13</b>	
				(2) OTHER SERVICE		<b>0 0 0</b>	
				(3) TOTAL (Line (1) plus Line (2))		<b>3 0 13</b>	
				b. TOTAL ACTIVE SERVICE		<b>3 0 13</b>	
				c. FOREIGN AND/OR SEA SERVICE		<b>1 0 8</b>	
				USARV			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE MEDAL TWO OVERSEAS SERVICE BARS VIETNAM SERVICE MEDAL VIETNAM CAMPAIGN MEDAL</b>							
25. EDUCATION AND TRAINING COMPLETED <b>CODE OF CONDUCT USATCA - 4 WEEKS - 1966 - CLERK</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>SEE ITEM #30</b>		b. DAYS ACCRUED LEAVE PAID <b>0</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>C. NONE</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>12 Years - Academic BLOOD GROUP - "A" Item #5 - PFC (P) E-3 Aptd 29 Jan 69 Retained in service 13 days for the convenience of the government 99 days lost under Title 10, United States Code, Section 972; from 29 Dec 66 thru 1 Jan 67; from 23 Sep 68 thru 21 Oct 68; from 22 Oct 68 thru 26 Dec 68.</b>						
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>RR #2 Box 458A Cedar Lake (Lake) Indiana 46303</b>			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Thomas B. Rainwater</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>VERNE G KUHN CHIEF, TRANSFER ACTIVITIES BRANCH</b>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Verne G. Kuhn</i>			

MISSOURI RECORDS  
 STATE OF INDIANA  
 LAKE COUNTY  
 FILED FOR RECORD  
 11 OCT 29 PM 2:18

063214

NC  
AD

*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

**UNITED STATES DISCHARGE (ARMY) FOR RAINWATER, THOMAS  
BRENT**

as recorded as **2010-063214**

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

was Recorder at the time of filing of said document

Dated this **29TH** day of **October**, 2010

*Beverly Bridgeman*

Deputy Recorder

*Michelle R. Fajman*

Michelle R. Fajman, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002