2 CERTIFICATE OF	F RELEASE OR I	DISCHARGE FROM AC	TIVE DI	JTY	OKIN VOID
1. NAME (Last, First, Middle)	MENT, COMPONENT AND BRANCH				
POLLARO COLIN HERBERT ARMY				5907	
	AY GRADE	5. DATE OF BIRTH (YYMMDD)	6. RESERVE	OBLIG. TERM	7.0
SPC	E-4	640210		Month 👸	
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)			
NEWARK HJ  8.a. LAST DUTY ASSIGNMENT AND MAJOR	3403 FOUNTAINBLEAU DR., HAZEL CREST, IL 60429				
HMC MMC DISCOM		LEGET CARSON, CG 80913-5	in i a		
9. COMMAND TO WHICH TRANSFERRED		LEOUI CARDON. VO SUBILI I	10. SGLI COVERAGE None		
863 EN BN & SPT GET 1 400 E 167TH ST. HARVEY		MI. 60426	Amount: \$ 100,000.00		
11. PRIMARY SPECIALTY (List number, title and years and months in		32. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
specialty. List additional specialty number periods of one or more years.)	rs and titles involving	a. Date Entered AD This Period	85	$O_{10}$	22
"6P10 MATERIEL CONTROL AND 1	HAMBLING	b. Separation Date This Period	93	04	30
SPECIALSIT 7 YEARS 2 MONTHS / NOTHING FOLLOWS		c. Net Active Service This Period	07	06	09
The state of the s	. 25 2 2 2 3 3 4 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	d. Total Prior Active Service	00	000	90
į		e. Total Prior Inactive Service	00	5-00	00
www. 2000 www.		f. Foreign Service	05	-10	13
		g. Sea Service	00	ယစ္စစ	00
13, DECORATION COLLS, BADGES, CITA		h. Effective Date of Pay Grade	AT.	VOM.	21
GERMAN HEADSTART 2 WEEK (NOT (FEB 86 //ITALIAN HEADSTART CPREATIONS OF APTOMATED MARIES. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS EDUCATIONAL ASSISTANCE PROGRAM  17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAM  18. MEMBER WAS PROVIDED COMPLETE DENTAL EXAM  19. MEMBER WAS PROVIDED COMPLETE DENT	THE YES NO 15.b. HIGH INATION AND ALL APPROPRIATE D  THE WATCHING WITH IGIBILITY OR COMPI 51022-581019-88102 ENCE OF THE GOVERN  THE WATCHING WITH THE	APMY RETAIL SUPPLY SYSTEM OF SCHOOL GRADUATE OR YES NO INCIDENT WITHIN 90 DO NOT SHARE AS A STATE OF THE AGE OF SHARE AS A STATE OF SHARE AS A STA	AVSORIOR TO SERVICE J	ACCRUED LEA PARATION I TO PARATION I TO PARATION I TO PARATION	VE PAID Viss No PATION
19.a. MAILING ADDRESS AFTER SEPARATIO	N (Include Zip Code)	19.b. NEAREST RELATIVE (Nam		Visitale Zip	Code)
17631 OAKWOOD AVE		CLAUDETTE POLLARD	4 1 UU:	THUT DR.	
20. MEMBER REQUESTS COPY 6 RE SENT TO	DIR. OF VET AFFAIRS	No 22. OFFICIAL AUTHORIZED TO S	GN (Typed n	ame, grade.	title and
21. SIGNATURE OF MEMBER BEING SEPARA		signature)	1 /	7	
QUINIFE NOT AUAILABLE SO STA	4	DA DAVED AHIDE D	agon Mar	Affle Land	ng or
SPECIAL	ADDITIONAL INFORMATION	(For use by authorized agencies only	y)	<del></del>	
23. TYPE OF SEPARATION		24. CHARACTER OF SERVICE (Include			
25. SEPARATION AUTHORITY		26. SEPARATION CODE	27. REENT	RY CODE	1.1
	. 0		l		No
AR 635-200, CHAP 3, PARA 16- 28. NARRATIVE REASON FOR SEPARATION		KCB .	<u> </u>	7-39	<u> </u>
RABLY RELEASE PROGRAM - SSB	PIÓD		20	D DECUIETTE	CORY
29. DATES OF TIME LOST DURING THIS PER		30. MEMBI	R REQUESTS	COPY 4 Initials	

## Míchelle 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 COLIN HERBERT POLLARD
COLIN HEADEN LOUIS AND LOU
NOTOFFICIALS
This Document is the property of
as recorded as 2011-041399 AUGUST 2, 2011
as this said document was present for the recordation when Michelle Fajman
was Recorder at the time of filing of said document
Dated this day of August ,2011
and many the same of the same
Deputy Recorder
Walletin Dome Lon
Michelle R. Fajman, Recorder of Deeds Lake County Indiana
Form # 0023 Revised 5/2002

Lake County Recorder- Michelle R. Fajman -2293 North Main Street- Crown Point, Indiana 46307 219-755-3730