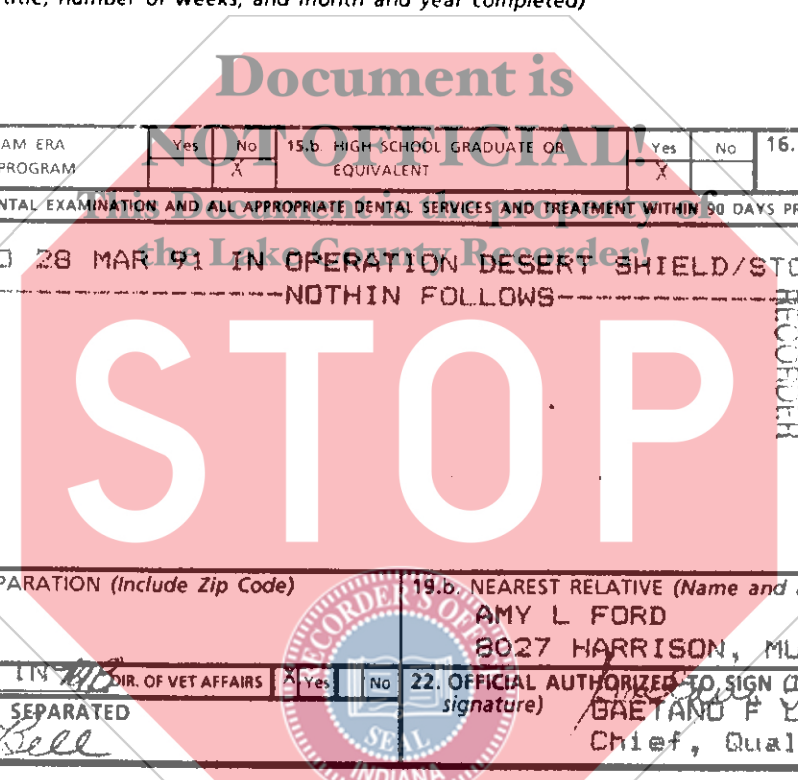


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) BELL NANCY LOUISE		2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE--USAFR		3. SOCIAL SECURITY NO. 308 44 2824		
4.a. GRADE, RATE OR RANK CAPT		4.b. PAY GRADE 03		5. DATE OF BIRTH (YYMMDD) 1943 JUL 08		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY MUNSTER IN		6. RESERVE OBLIG. TERM. DATE Year: 998 Month: JUN Day: 02				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 928MS (AFRES)		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 8027 HARRISON MUNSTER IN 46321				
9. COMMAND TO WHICH TRANSFERRED USAFR				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 50		
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.) 9756, CLINICAL NURSE, 2 MONTHS.		12. RECORD OF SERVICE				
		a. Date Entered AD This Period		Year(s)	Month(s)	Day(s)
		b. Separation Date This Period		1991	JAN	25
		c. Net Active Service This Period		00	02	04
		d. Total Prior Active Service		UNKNOWN		
		e. Total Prior Inactive Service		UNKNOWN		
		f. Foreign Service		00	01	18
		g. Sea Service		00	00	00
		h. Effective Date of Pay Grade		1990	JUN	07
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE SERVICE MEDAL, AF TRAINING RIBBON.						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE						
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		16. DAYS ACCRUED LEAVE PAID		
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		5.5		
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
18. REMARKS SERVED 25 JAN 91 TO 28 MAR 91 IN OPERATION DESERT SHIELD/STORM, 11 AUG - 8 PM 1:33 NOTHING FOLLOWS						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 8027 HARRISON MUNSTER IN 46321			19.b. NEAREST RELATIVE (Name and address - include Zip Code) AMY L FORD 8027 HARRISON, MUNSTER IN 46321			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS		22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) GAETANO P LISUZZO, MSPT, USAFR Chief, Quality Force				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>Nancy Louise Bell</i>						
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE				
25. SEPARATION AUTHORITY AFR 36-12		26. SEPARATION CODE T50		27. REENTRY CODE NOT APPLIC		
28. NARRATIVE REASON FOR SEPARATION ANGUS/USAFR MEMBER RELEASED DUE TO DEMOBILIZATION						
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 718 Initials		



042505

RECORDED

11 AUG - 8 PM 1:33

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

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

MILITARY DISCHARGE NANCY LOUISE BELL

**Document is
NOT OFFICIAL!**

**This Document is the property of
the Lake County Recorder!**

as recorded as **2011-042505**

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 **August**, 2011


Deputy Recorder


Michelle R. Fajman, Recorder of Deeds
Lake County Indiana



Form # 0023 Revised 5/2002