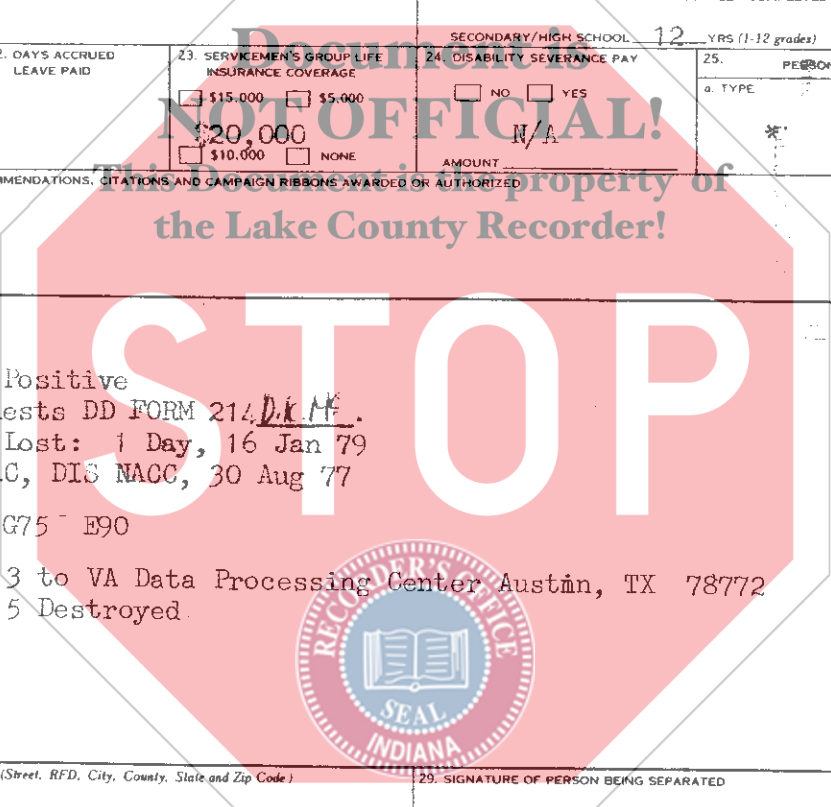


1. LAST NAME-FIRST NAME-MIDDLE NAME MCNEIL, DARRIEL RAY			2. SEX M	3. SOCIAL SECURITY NUMBER 313 68 7871			4. DATE OF BIRTH 1958 SEP 24	YEAR 1958	MONTH SEP	DAY 24	
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF				6a. GRADE, RATE OR RANK A1G		6. PAY GRADE E-3	7. DATE OF RANK 1978 DEC 06	YEAR 1978	MONTH DEC	DAY 06	
8a. SELECTIVE SERVICE NUMBER N/A		8. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE N/A			c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and Zip Code) 772 Porter St. Gary, IN 46406						
9a. TYPE OF SEPARATION DISCHARGE					b. STATION OR INSTALLATION AT WHICH EFFECTED Eglin AFB, FL 32542						
c. AUTHORITY AND REASON AFR 39-10 (SBD JEM)							d. EFFECTIVE DATE 1979 FEB 12	YEAR 1979	MONTH FEB	DAY 12	
e. CHARACTER OF SERVICE "HONORABLE"						f. TYPE OF CERTIFICATE ISSUED DD FORM 256AF		10. REENLISTMENT CODE 2P			
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3201 ABG (AFSC)					12. COMMAND TO WHICH TRANSFERRED N/A						
13. TERMINAL DATE OF RESERVE/MSS OBLIGATION YEAR MONTH DAY N/A			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and Zip Code) Chicago, IL 60605				15. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR MONTH DAY 1977 OCT 05				
16a. PRIMARY SPECIALTY NUMBER AND TITLE 62230 Food Service Spec			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A		18. RECORD OF SERVICE			YEARS	MONTHS	DAYS	
17a. SECONDARY SPECIALTY NUMBER AND TITLE N/A			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A		(a) NET ACTIVE SERVICE THIS PERIOD			03	04	08	
					(b) PRIOR ACTIVE SERVICE			00	00	00	
					(c) TOTAL ACTIVE SERVICE (a+b)			03	04	08	
					(d) PRIOR INACTIVE SERVICE			00	02	09	
					(e) TOTAL SERVICE FOR PAY (c+d)			03	06	17	
					(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD			00	00	00	
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input type="checkbox"/> NO					20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE _____ YRS						
21. TIME LOST (Preceding Two Yrs) *		22. DAYS ACCRUED LEAVE PAID		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input type="checkbox"/> NO <input type="checkbox"/> YES N/A		25. PERSONNEL SECURITY INVESTIGATION a. TYPE *			
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED					27. REMARKS AFSC: 62210 Blood Group: O Positive *Individual requests DD FORM 214, D.K.M. *Item 21: Time Lost: 1 Day, 16 Jan 79 *Item 25: EMTNAC, DIS NACC, 30 Aug 77 AQE: M35 A60 G75 E90 DD Form 214 Copy 3 to VA Data Processing Center Austin, TX 78772 DD Form 214 Copy 5 Destroyed.						
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and Zip Code) 772 Porter St. Gary, Lake, IN 46406					29. SIGNATURE OF PERSON BEING SEPARATED <i>[Signature]</i>						
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER C. L. MCILWAIN, MSGT, USAF NGOIC SEPARATIONS					31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>						



N/C
CA

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 DARRELL RAY MCNEIL

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

as recorded as 2011-053933

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 September, 2011



Deputy Recorder



Michelle R. Fajman, Recorder of Deeds
Lake County Indiana



Michelle R. Fajman, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002