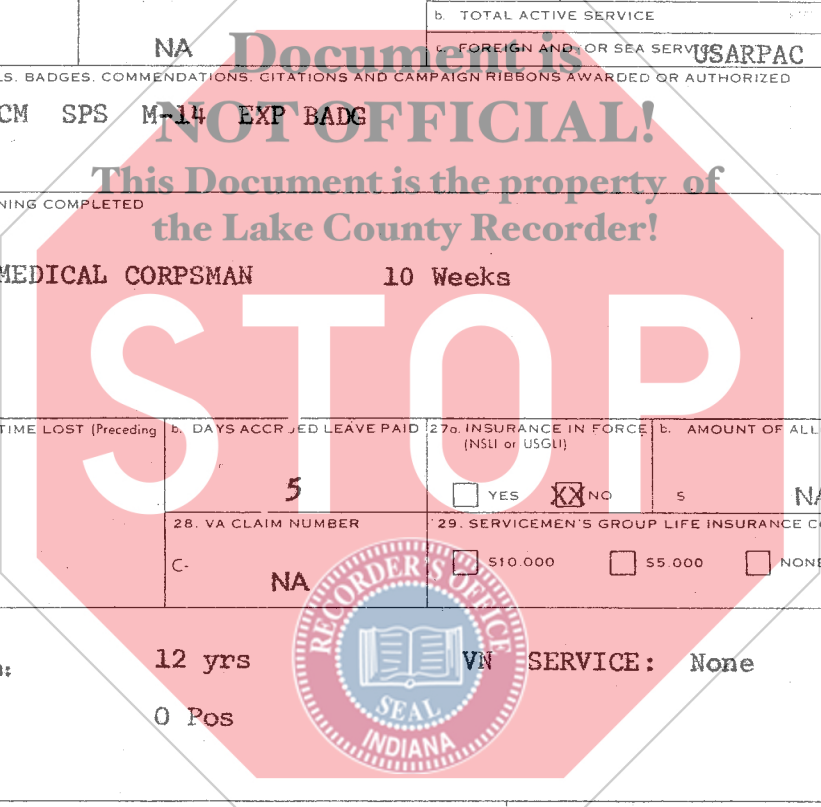


PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME <b>WEST JIMMIE CHARLES</b>		2. SERVICE NUMBER <b>RA 67 145 517</b>		3. SOCIAL SECURITY NUMBER <b>313 54 8486</b>		
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY-RA- AMEDS</b>		5. GRADE, RATE OR RANK <b>SP4</b>	6. PAY GRADE <b>E-4</b>	6. DATE OF RANK <b>21 Nov 69</b>		7. 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>Thompsville AL</b>		9. DATE OF BIRTH <b>31 Aug 48</b>		7. YEAR <b>48</b>
SELECTIVE SERVICE DATA	10. SELECTIVE SERVICE NUMBER <b>12 162 48 0432</b>		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>Local Board No. 162 Gary IN</b>			c. DATE INDUCTED <b>NA</b>	
	11. TYPE OF TRANSFER OR DISCHARGE <b>Transferred to USAR (See Item #16)</b>		b. STATION OR INSTALLATION AT WHICH EFFECTED <b>Fort Lewis WA</b>				
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY <b>Sec VII Chap 5 AR 635-200 SPN 411 (Overseas Returnee)</b>			d. EFFECTIVE DATE <b>27 Jan 71</b>	DAY <b>27</b>		MONTH <b>Jan</b>
	11. TYPE OF TRANSFER OR DISCHARGE <b>Transferred to USAR (See Item #16)</b>		13. 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>USAR CONTROL GROUP (ANNUAL TRAINING) USAAC ST LOUIS MO</b>		15. REENLISTMENT CODE <b>RE- 1</b>				
SERVICE DATA	16. TERMINAL DATE OF RESERVE/UMT & S OBLIGATION <b>3 Feb 75</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION c. 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>2</b>	c. DATE OF ENTRY <b>4 Feb 69</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 IL</b>		
	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>743 Kings Street Gary IN</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
	23. SPECIALTY NUMBER & TITLE <b>91B20 Med Spec</b>		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>NA</b>		c. FOREIGN AND/OR SEA SERVICE <b>USARPAC</b>		
	24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM AFEM GCM SPS M-14 EXP BADG</b>		25. EDUCATION AND TRAINING COMPLETED <b>MTCFSHT MEDICAL CORPSMAN 10 Weeks</b>		26. VA CLAIM NUMBER <b>None</b>		
	26. NON-PAY PERIODS TIME LOST (Preceding Two Years)		b. DAYS ACCRUED LEAVE PAID <b>5</b>		27. 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>None</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		<b>\$15,000</b>		
	30. REMARKS <b>Civilian Education: 12 yrs Blood Group: 0 Pos VN SERVICE: None</b>						
	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>3215 East US 12 Michigan City ID 46360</b>				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Jimmie C. West</i>		
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>J L DOOLEY CPT FA ASST ADJUTANT</b>				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J L Dooley</i>		



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M/C  
YN

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

**U.S. HONORABLE DISCHARGE FOR JIMMIE CHARLES WEST FOR THE U.S. ARMY**  
**NOT OFFICIAL!**  
This Document is the property of the Lake County Recorder!

as recorded as 2011-070571 ON 12/7/2011  
as this said document was present for the recordation when Michelle Fajman  
was Recorder at the time of filing of said document  
Dated this 7TH day of December, 2011

Yvonne Nelson  
Deputy Recorder  
Michelle R. Fajman



Michelle R. Fajman, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002