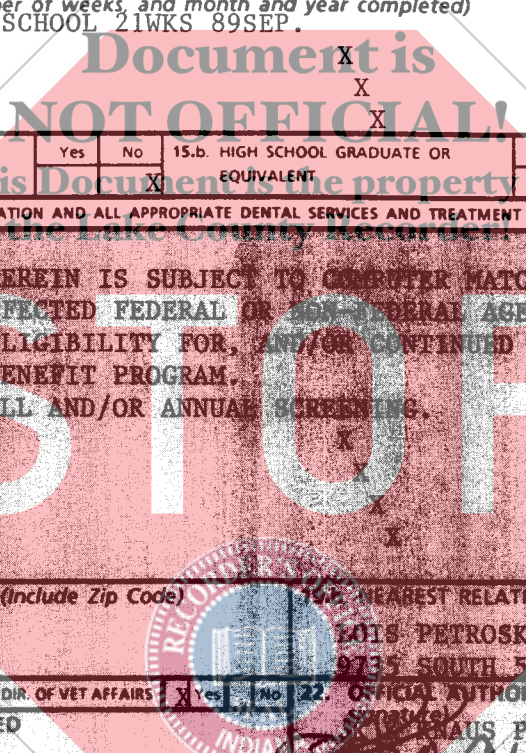


CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| | | | | | |
|---|--|---|--|---|---|
| 1. NAME (Last, First, Middle) JOHN | | 2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN | | 3. SOCIAL SECURITY NO. 359 60 8188 | |
| 4.a. PAY GRADE EM3 | | 5. DATE OF BIRTH (YYMMDD) E4 | | 6. RESERVE OBLIG. TERM. DATE Year 98 Month 06 Day 22 | |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO IL MEPS | | | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if foreign) CHICAGO IL 60608 | | |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NAS NORTH ISLAND SAN DIEGO CA | | | 8.b. STATION WHERE SEPARATED PERSUPP DET NORTH ISLAND SAN DIEGO CA | | |
| 9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149 | | | | 10. SGLI COVERAGE None Amount: \$ 100,000 | |
| 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.) EM - 0000 X X X X X | | 12. RECORD OF SERVICE | | Year(s) | Month(s) |
| | | a. Date Entered AD This Period | | | |
| | | b. Separation Date This Period | | | |
| | | c. Net Active Service This Period | | | |
| | | d. Total Prior Active Service | | | |
| | | e. Total Prior Inactive Service | | | |
| | | f. Foreign Service | | | |
| | | g. Sea Service | | | |
| | | h. Effective Date of Pay Grade | | | |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE MEDAL, NAVY UNIT COMMENDATION, SOUTHWEST ASIA SERVICE MEDAL WITH 2 BRONZE STAR, SEA SERVICE DEPLOYMENT RIBBON, KUWAIT LIBERATION MEDAL, NAVY "E" RIBBON (2), FIRST GOOD CONDUCT FOR PERIOD ENDING 93JAN02. | | | | | |
| 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) ELECTRICIAN MATE CLASS "A" SCHOOL 21WKS 89SEP. X X X | | | | | |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes | No | 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT | |
| | | | | Yes | No |
| | | | | 16. DAYS ACCRUED LEAVE PAID 30.0 | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION | | | | | |
| 18. INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE AND WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION AND DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING. X X | | | | | |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 9735 SOUTH 55TH AVE OAKLAWN IL 60453 | | | 19.b. NEAREST RELATIVE (Name and address - Include Zip Code) LOIS PETROSKI (MOTHER) 9735 SOUTH 55TH AVE OAKLAWN IL 60453 | | |
| 20. MEMBER REQUESTS COPY BE SENT TO TT. DIR OF VET AFFAIRS | | | Yes | No | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) STANISLAUS PNI USN MILPERS BYDINOIC |
| 21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i> | | | | | |



STATE OF INDIANA
 COUNTY OF LAKE
 REC'D FOR RECORD
 10/10/01
 3:30 PM
 ORDER

N/C
G

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| | | | | | |
|--|-----------------------------|--|--|--|-----------|
| 1. NAME (Last-First-Middle) WELLS, JOHN | | 2. DEPARTMENT, COMPONENT AND BRANCH NAVY - USN | | 3. SOCIAL SECURITY NO. 359 60 0188 | |
| 4.a. GRADE, RATE OR RANK E4 | 4.b. PAY GRADE E4 | 5. DATE OF BIRTH (YYMMDD) E4 | 6. RESERVE OBLIG. TERM. DATE Year: 96 Month: 04 Day: 22 | | |
| 7.a. PLACE OF ENTRY INTO ACTIVE DUTY CHICAGO IL MEPS | | 7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if SOUTH) CHICAGO IL 60608 | | | |
| 8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND HAS NORTH ISLAND SAN DIEGO CA | | 8.b. STATION WHERE SEPARATED PERSUPP DET NORTH ISLAND SAN DIEGO CA | | | |
| 9. COMMAND TO WHICH TRANSFERRED NAVAL RESERVE PERSONNEL CENTER NEW ORLEANS LA 70149 | | | 10. SGLI COVERAGE Amount: \$ 100,000 None | | |
| 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.) EM - 0000 X X X X X X | | 12. RECORD OF SERVICE | | | |
| | | a. Date Entered AD This Period | Year(s) | Month(s) | Day(s) |
| | | b. Separation Date This Period | 94 | 06 | 27 |
| | | c. Net Active Service This Period | 05 | 09 | 25 |
| | | d. Total Prior Active Service | 00 | 00 | 00 |
| | | e. Total Prior Inactive Service | 00 | 00 | 00 |
| | | f. Foreign Service | 00 | 00 | 00 |
| | | g. Sea Service | 02 | 10 | 24 |
| | | h. Effective Date of Pay Grade | 91 | 07 | 16 |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NATIONAL DEFENSE MEDAL, NAVY UNIT COMMENDATION, SOUTHWEST ASIA SERVICE MEDAL WITH 2 BRONZE STAR, SEA SERVICE DEPLOYMENT RIBBON, KUWAIT LIBERATION MEDAL, NAVY "E" RIBBON (2), FIRST GOOD CONDUCT FOR PERIOD ENDING 93JAN02. | | | | | |
| 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) ELECTRICIAN RATE CLASS "A" SCHOOL 21WKS 09587 X X X | | | | | |
| 15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes | No | 15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT | |
| | | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | 16. DAYS ACCRUED LEAVE PAID 30.0 | |
| 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| 18. REENTRY CODE RE-R1 | | | | | |
| 19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 9735 SOUTH 55TH AVE OAKLAHN IL 60453 | | | 19.b. NEAREST RELATIVE (Name and address - include Zip Code) JOAN PETROSKI (MOTHER) 9735 SOUTH 55TH AVE OAKLAHN IL 60453 | | |
| 20. MEMBER REQUESTS COPY 3 BE SENT TO <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | 21. SIGNATURE OF MEMBER BEING SEPARATED <i>Eric J. Wells</i> | | | |
| | | 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and station) WALTERS PH1 USN MILPERS HYDROIC | | | |



| | | |
|---|-----------------------------------|---|
| SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only) | | |
| 23. TYPE OF SEPARATION RELEASED FROM ACTIVE DUTY AND TRANSFERRED TO NAVAL RESERVE | | 24. CHARACTER OF SERVICE (Include upgrades) SEPARABLE |
| 25. SEPARATION AUTHORITY MELPERMAN 3620150 | 26. SEPARATION CODE 00K | 27. REENTRY CODE RE-R1 |
| 28. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE | | |
| 29. DATES OF TIME LOST DURING THIS PERIOD TL: NONE | | 30. MEMBER REQUESTS COPY 4 <i>EMR</i> Initials |

Michael B. Brown

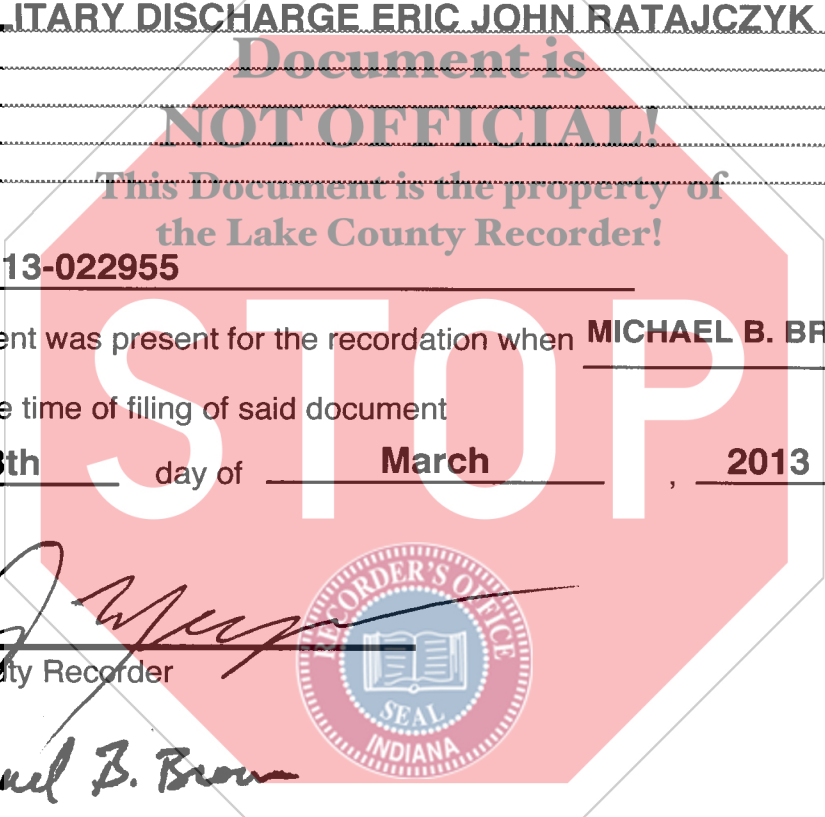
Recorder of Deeds
Lake County Indiana
2293 North Main Street
Crown Point, In 46307
219-755-3730
fax: 219-648-6028

Certification Letter

State of Indiana)
) SS
County of Lake)

This is to certify that I, Michael B. Brown, 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 ERIC JOHN RATAJCZYK



as recorded as **2013-022955**

as this said document was present for the recordation when **MICHAEL B. BROWN**

was Recorder at the time of filing of said document

Dated this **28th** day of **March**, **2013**


Deputy Recorder



Michael B. Brown, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002