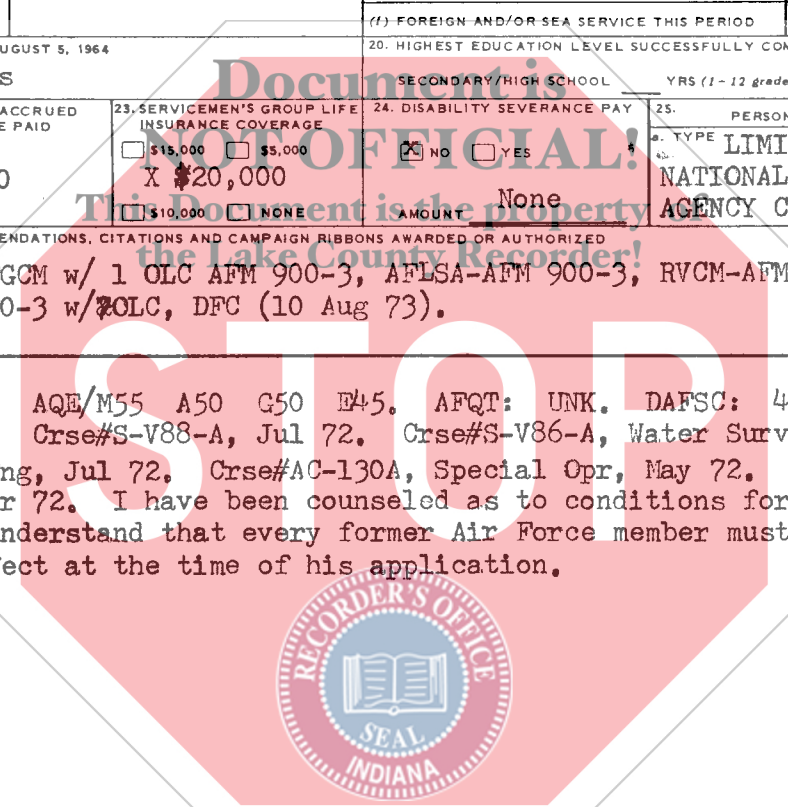


3

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME EBERLE ROBERT ALLEN			2. SEX M	3. SOCIAL SECURITY NUMBER 312 50 1944			4. DATE OF BIRTH YEAR MONTH DAY 1949 Nov 03
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE RegAF				6a. GRADE, RATE OR RANK Sgt		b. PAY GRADE E-7	7. DATE OF RANK YEAR MONTH DAY 1970 Oct 01
8a. SELECTIVE SERVICE NUMBER *See Item #27		8b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE NA			c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) Whiting, IN 46394		
9a. TYPE OF SEPARATION Discharge				9b. STATION OR INSTALLATION AT WHICH EFFECTED Langley AFB, Hampton, VA 23665			
c. AUTHORITY AND REASON						d. EFFECTIVE DATE 1975	YEAR MONTH DAY Jan 31
10. CHARACTER OF SERVICE HONORABLE					11. TYPE OF CERTIFICATE ISSUED DD FM 256 AF		10. REENLISTMENT CODE
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 316 OMS (MAC)				12. COMMAND TO WHICH TRANSFERRED NA			
13. TERMINAL DATE OF RESERVE/MSR OBLIGATION YEAR MONTH DAY NA		14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) Forbes AFB, KS				15. DATE ENTERED ACTIVE DUTY PERIOD YEAR MONTH DAY 1971 Feb 01	
16a. PRIMARY SPECIALTY NUMBER AND TITLE PAFSC: 43151F Acft Maint Spec		16b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 621.281 Acft Mech.		18. RECORD OF SERVICE			
17a. SECONDARY SPECIALTY NUMBER AND TITLE None		17b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER None		(a) NET ACTIVE SERVICE THIS PERIOD			YEARS MONTHS DAYS 04 00 00
				(b) PRIOR ACTIVE SERVICE			02 09 08
				(c) TOTAL ACTIVE SERVICE (a + b)			06 09 08
				(d) PRIOR INACTIVE SERVICE			00 00 00
				(e) TOTAL SERVICE FOR PAY (c + d)			06 09 08
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD			02 00 00
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 839 Days				20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL YRS (1-12 grades) COLLEGE YRS 28			
21. TIME LOST (Preceding Two Yrs) NO TIME LOST		22. DAYS ACCRUED LEAVE PAID 0		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 checked="" type="checkbox"/> NO <input type="checkbox"/> YES None	
25. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NDSM-AFM 900-3, AFGCM w/ 1 OLC AFM 900-3, AFLSA-AFM 900-3, RVCM-AFM 900-3, VSM-AFM 900-3, AM - AFM 900-3 w/ 2 OLC, DFC (10 Aug 73).				25. PERSONNEL SECURITY INVESTIGATION a. TYPE LIMITED NATIONAL AGENCY CK b. DATE COMPLETED 16 May 68			
27. REMARKS Blood Group: AB Pos. AQE/M55 A50 G50 E45. AFQT: UNK. DAFSC: 43151. Jungle Surv Crse#S-V88-A, Jul 72. Crse#S-V88-A, Jul 72. Crse#S-V86-A, Water Surv Tng, May 72. Crse#S-V80-A, Cmbt Crew Tng, Jul 72. Crse#AC-130A, Special Opr, May 72. Crse#4AFF43171F-0, Illuminator Oper, Mar 72. I have been counseled as to conditions for my reentry into the Air Force and I understand that every former Air Force member must meet the enlistment standards in effect at the time of his application.							
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State and ZIP Code) 1252 Davis Ave Whiting, IN 46394				29. SIGNATURE OF PERSON BEING SEPARATED <i>Robert A Eberle</i>			
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER WILLIAM A. OWENS JR., MSGT, USAF, NCOIC, REENL & SEP SECTION				31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>William A. Owens Jr.</i>			



2013
 02 Feb 26
 1971
 28
 16 May 68

N/C
Ca

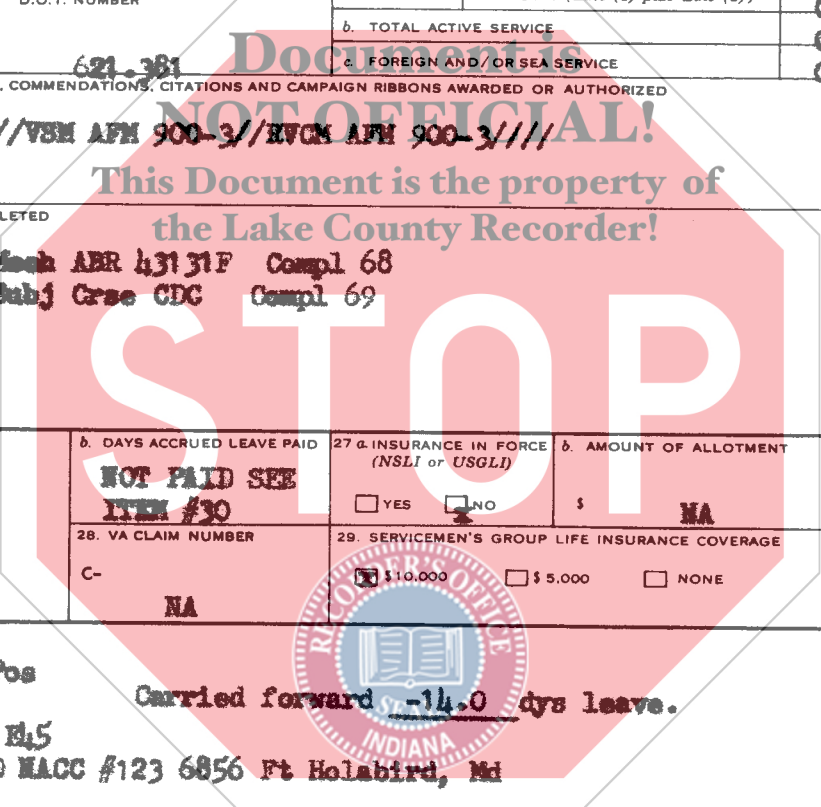
DD FORM 1 NOV 72 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

REPORT OF SEPARATION FROM ACTIVE DUTY

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME EBERLE ROBERT ALLEN		2. SERVICE NUMBER AF68036003		3. SOCIAL SECURITY NUMBER 312 50 1944			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE HqAF		5a. GRADE, RATE OR RANK Sgt	5b. PAY GRADE E4	6. DATE OF RANK 1 Oct 70	DAY 1	MONTH Oct	YEAR 70
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Hammond, IN			9. DATE OF BIRTH 3 Nov 49	DAY 3	MONTH Nov
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER 12 174 49 0564		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE 1B/174, Hammond, Lake, IN			c. DATE INDUCTED NA		
	11a. TYPE OF TRANSFER OR DISCHARGE Discharge		11b. STATION OR INSTALLATION AT WHICH EFFECTED Forbes AFB, Topeka, Kansas					
TRANSFER OR DISCHARGE DATA	c. REASON AND AUTHORITY AFM 39-10, Para 3-5b, SIM 902 P E T S			d. EFFECTIVE DATE 31 Jan 71	DAY 31	MONTH Jan	YEAR 71	
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 38th Tac Alft Sq (TAC)		13a. CHARACTER OF SERVICE HONORABLE		13b. TYPE OF CERTIFICATE ISSUED DD FM 256AF			
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED NA			15. REENLISTMENT CODE NA				
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION NA		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. 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) 4	c. DATE OF ENTRY 24 Apr 68		
18. PRIOR REGULAR ENLISTMENTS None		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Basic Airman E-1		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Chicago, IL				
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) 1252 Davis Avenue Mottville, IL 62301		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS	
	23a. SPECIALTY NUMBER & TITLE 43151F-AerMaint Special		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER 621-381		a. CREDITABLE FOR BASIC PAY PURPOSES			
					(1) NET SERVICE THIS PERIOD 02 09 08			
					(2) OTHER SERVICE 00 00 00			
					(3) TOTAL (Line (1) plus Line (2)) 02 09 08			
				b. TOTAL ACTIVE SERVICE 02 09 08				
				c. FOREIGN AND/OR SEA SERVICE 01 00 00				
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NISM AFM 900-3//VSM AFM 900-3//EVCM AFM 900-3////								
25. EDUCATION AND TRAINING COMPLETED Turbo Prop Aft Mech ABR 43131F Compl 68 Upgrade Tag Gen Subj Crse CDC Compl 69								
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) NO TIME LOST		26b. DAYS ACCRUED LEAVE PAID NOT PAID SEE ITEM #30		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT \$ NA	
			28. VA CLAIM NUMBER NA		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE			
REMARKS	30. REMARKS Blood Group: AB-Pos OQSD: 28Apr70 AQE: M55, A50, 050, E45 LNAC, 16May68, DOD NACC #123 6856 Ft Holabird, Md							
	Carried forward -14.0 dys leave.							
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as item #21				32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Robert A Eberle</i>			
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER R L SCHANI, 2d Lt, USAF Chief, CAG				34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>			



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)
County of Lake) SS

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 ROBERT ALLEN EBERLE

Document is
NOT OFFICIAL!

This Document is the property of
the Lake County Recorder!

as recorded as **2013-023026**

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