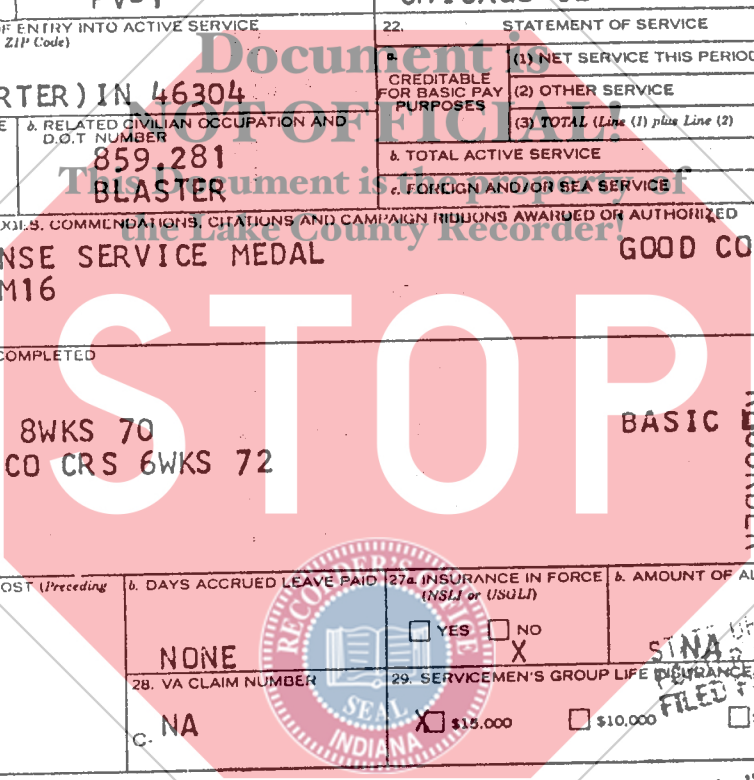


PERSONAL DATA	1. LAST NAME FIRST NAME, MIDDLE NAME <b>MILLER KEVIN JOSEPH</b>		2. SERVICE NUMBER <b>NA</b>		3. SOCIAL SECURITY NUMBER <b>310 54 7485</b>		
	4. DEPARTMENT, COMPONENT AND TITLE OR CLASS <b>ARMY-RA-EN</b>			5a. GRADE, RATE OR RANK <b>SP4</b>	6. PAY GRADE <b>E-4</b>	7. DATE OF RANK <b>17 FEB 1971</b>	8. DATE OF RANK <b>17 FEB 1971</b>
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>PARK FALLS WI</b>			9. DATE OF BIRTH <b>6 AUG 1952</b>	
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>NA</b>		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY COUNTY STATE AND ZIP CODE <b>LB #NA</b>			11. DATE INDUCTED <b>NA</b>	
	11a. TYPE OF TRANSFER OR DISCHARGE <b>TRF TO USAR</b>		11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>FORT DIX NEW JERSEY</b>				
TRANSFER OR DISCHARGE DATA	12. CAUSE OF DISCHARGE AND AUTHORITY <b>AR 35-200 PARA 5-14 EARLY SEP OF OS RTNEE SPN 411</b>				13. EFFECTIVE DATE <b>19 JUL 1973</b>	14. TYPE OF CERTIFICATE ISSUED <b>NONE</b>	
	12a. DUTY ASSIGNMENT AND MAJOR COMMAND <b>CO C 78 ENGR BN USAREUR 7A</b>			13a. CHARACTER OF SERVICE <b>HONORABLE</b>		14. REENLISTMENT CODE <b>RE-1B</b>	
	14. DISTRICT AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR CON GP (REINF) RCPAC ST LOUIS MO</b>					15. REENLISTMENT CODE <b>RE-1B</b>	
	16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>27 JUL 1976</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY <input checked="" type="checkbox"/> UNLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER			18. TERM OF SERVICE (Years) <b>3</b>	19. DATE OF ENTRY <b>28 JUL 1970</b>
18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PV-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>CHICAGO IL</b>			
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>RR 2 BOX 227 CHESTERTON (PORTER) IN 46304</b>		22. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
	23a. SPECIALTY NUMBER & TITLE <b>12B20 7FEB71 SEE 30</b>		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>859.281 BLASTER</b>		24. NET SERVICE THIS PERIOD <b>11 0 22</b>		
					25. OTHER SERVICE <b>0 0 0</b>		
					26. TOTAL (Line (1) plus Line (2)) <b>11 0 22</b>		
					27. TOTAL ACTIVE SERVICE <b>11 6 11</b>		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE MEDAL SHARPSHOOTER M16 GOOD CONDUCT MEDAL</b>							
25. EDUCATION AND TRAINING COMPLETED <b>PIONEER 12A10 8WKS 70 COMBAT ENGR NCO CRS 6WKS 72 BASIC</b>							
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS TIME LOST (Preceding Two Years) <b>NA</b>		26b. DAYS ACCRUED LEAVE PAID <b>NONE</b>		27a. INSURANCE IN FORCE (NSLI or USLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		27b. AMOUNT OF ALLOTMENT <b>NA</b>
	28. VA CLAIM NUMBER <b>NA</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$15,000 <input type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		30. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
REMARKS	30. REMARKS <b>CIV ED: 12 YRS BLOOD GP: O POS 23A COMBAT ENGR ES NONE 22C USAREUR</b>				31. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Kevin Miller</i>		
					32. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>G E Carter</i>		
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>RR 2 BOX 227 CHESTERTON (PORTER) IN 46304</b>				33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>G E CARTER CW3 USA ASST CHIEF ENL BRANCH</b>		
					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>G E Carter</i>		



STATE OF INDIANA  
VALPARAISO COUNTY  
FILED FOR RECORD  
MICH. RSH  
2013 JUL 18 PM 2:30  
C. HERBERT LINK  
RECORDER

OFFICE OF RECORDER OF PORTER CO.  
VALPARAISO, IND. 12-16-94

I hereby certify that this photograph is a true copy of the original record which is in my custody in this office

*Linda Michaels* Recorder

DL  
LM

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

UNITED STATES DISCHARGE

~~KEVIN JOSEPH MILLER~~

**NOT OFFICIAL!**

This Document is the property of  
the Lake County Recorder!

as recorded as 2013-052793 JULY 18, 2013

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 18TH day of July, 2013

  
Deputy Recorder





Michael B. Brown, Recorder of Deeds  
Lake County Indiana

Form # 0023 Revised 5/2002