CERTIFICATE OF RELEASE OR		1 1 1	,	
HARVEY TERRENCE: LAMAR AIR	ME (Last: First, Middle) VEY TERRENCE LAMAR 2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE—REG AF		3. SOCIAL SECURITY NO. 308 78. 2450	
4.a. GRADE, RATE OR RANK 4.b. PAY GRADE		6. RESERVE OBLIG. TER		
AMN E-2	1971 AUG 26	Year NA Month	Day	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY	7.b. HOME OF RECORD AT TIME O			
INDIANAPOLIS, IN	FORT WAYNE, IN			
B.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8.b. STATION WHERE SEPARATED			
366 MS (ACC)	MOUNTAIN HOME AFB,	TDAHO		
9. COMMAND TO WHICH TRANSFERRED	HOUNTAIN HOME AFB,	10. SGLI COVERAGE Non		
NOT APPLICABLE		Amount: \$ 100		
11. PRIMARY SPECIALTY (List number, title and years and months in	12. RECORD OF SERVICE	Year(s) Month(s)	Day(s	
specialty. List additional specialty numbers and titles involving periods of one or more years.)	a. Date Entered AD This Period	A1991 / SEP	27	
$\mathcal{O}(\mathcal{O})$	b. Separation Date This Period	1993 NOV	03	
2A031A: AVIONICS TEST STN & CMPNT APR,	c. Net Active Service This Period	02		
F-15/F-111	d. Total Prior Active Service	Service of the servic	Charles de Care	
2 YEARS	e. Total Prior Inactive Service	00 00	V - 11, 321 (2) 11, 37 5	
and the second of the second o	f. Foreign Service	00 00	09	
		00 = 00	** 00°	
	g. Sea Service		00	
3. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN F	h. Effective Date of Pay Grade	199 8Л SEP	14	
4. MILITARY EDUCATION (Course title, number of weeks, and mon BASIC MILITARY TRAINING, 6 WKS, OCT 91 APR AVIONICS TEST STN & CMPNT F-15/F-111, S 5.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA Yes No 15.b. H	ent is EP 92 TALL	18° DAY ACCRUED, LEA	AVE PAID	
VETERANS' EDUCATIONAL ASSISTANCE PROGRAMS DOCULXX TELES		19 - 44=8-2		
7. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE B. REMARKS	DENTAL SERVICES AND TREATMENT WITHIN 90 D		Yes XX N	
MEMBER HAS NOT COMPLETED FEDERAL TERM OF				
SERVED 27 SEP 91 TO 3 NOV 93 IN SUPPORT OF	DERVICE.	20-1		
NOTHING R	OPERALION DESERT SHIELD/\$	TORM * TORM		
NOTHING FO	DELOWS	D :		
		$\equiv 2$		
			加州	
Some from the state of the stat				
9.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)	19.6 NEAREST RELATIVE (Name	and address include Zin	Code)	
1010 EATON ST		Feb. 有能不多特性的问题。 " 本方式	777.14W	
HAMMOND, IN 46320	HAMMOND, IN 46320	IERESA WILEY		
MEMBER REQUESTS CORY 6 BE SENT TO DIR OF VET AFFAIRS TO THE	No. 222 OFFICIAL AUTHORIZED //OS	ICN (TVNoder-man)	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
1) SIGNATURE OF MEMBER BEING SEPARATED	The state of the s	 Definition of the authority of the property of t	uue and	
Towne of Gloves		E LEPPERT, GS-7	7	
D. Form 214 NOV 99		REPARATIONS / RETU	REMENTS	
Previous edi	tions are obsolete.	M	EMBER-	

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)

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

UNITED STATES DISCHARGE UNITED STATES AIR FORCE-REG AF the Lake County Recorder! as recorded as **2013-055362** as this said document was present for the recordation when MICHAEL B. BROWN was Recorder at the time of filing of said document **2013** Dated this

Michael B. Brown, Recorder of Deeds Lake County Indiana

Form # 0023 Revised 5/2002

Lake County Recorder- Michael B. Brown -2293 North Main Street- Crown Point, Indiana 46307 219-755-3730

