

1. LAST NAME-FIRST NAME-MIDDLE N. CURTIS, James Franklin			2. SERVICE NU 2034374			3. SOCIAL SECURITY NUMBER [REDACTED]		
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS JSMC				5a. GRADE, RATE OR RANK Sgt	5b. PAY GRADE E-5	6. DATE OF RANK DAY MONTH YEAR 01 Dec 44		
7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) Martin, Kentucky			9. DATE OF BIRTH DAY MONTH YEAR 29 Oct 44			
10a. SELECTIVE SERVICE NUMBER N/A		10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE Not Available			11. DATE INDUCTED DAY MONTH YEAR N/A			
11a. TYPE OF TRANSFER OR DISCHARGE Transfer to the Marine Corps Reserve.				11b. STATION OR INSTALLATION AT WHICH EFFECTED MCB Camp Lejeune, North Carolina 28542				
12. REASON AND AUTHORITY 21G - Convenience of the Government. Par 13261.1a MCFM and MCO 1910.23 and 1910.24, and CMCMsg211215Z of Jun 1967				13. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED None		
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 2dANGLICO, ForTrps, FMFLant, CamLej 28542				13a. CHARACTER OF SERVICE HONORABLE		14. TYPE OF CERTIFICATE ISSUED None		
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED Services Center, 1500 E. Bannister Road, Kansas City, Missouri 64131				15. REENLISTMENT CODE RE 71				
16. TERMINAL DATE OF RESERVE/ UMT'S OBLIGATION DAY MONTH YEAR 15 Jul 69			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"/> OTHER <input type="checkbox"/> REENLISTED			b. TERM OF SERVICE (Years) 4		
18. PRIOR REGULAR ENLISTMENTS None			19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC Private E-1			c. DATE OF ENTRY DAY MONTH YEAR 16 Dec 63		
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) Rt#1 Box 1, Martin, Floyd Co, KY 41649			20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) South Charleston, West Virginia			22. STATEMENT OF SERVICE		
23a. SPECIALTY NUMBER & TITLE 2531 Field Radio Operator			b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Radio Operator (gov Ser) 0-61.30			c. DATE OF ENTRY		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Rifle Sharpshooter's Badge, Pistol Expert's Badge, Armed Forces Expeditionary Medal, Navy and Marine Corps Parachutists Badge, National Defense Medal, Good Conduct Medal, (First Award)			25. EDUCATION AND TRAINING COMPLETED High School 4 Years, Field Radio Operators Course, 1964, ForTrps, ComScol, Camp The Marine NCO, 1964, MCI. Operations against Guerrilla Forces, 1964, MCI. Military Functions in Civil Disturbances and Disasters, 1965, MCI. NBC Defense School, FMFLant, 1965, Monitoring and Decontamination. Map and Ariel Photo Reading, 1966, MCI Wash DC. Basic Airborne Course, 1966, Fort Benning, Georgia.			26. NON-PAY PERIODS/TIME LOST (Preceding Two Years) None		
26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) None			26b. DAYS ACCRUED LEAVE PAID 15 Days		27a. INSURANCE IN FORCE (NSLI or USGLI) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
28. VA CLAIM NUMBER N/A			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		27b. AMOUNT OF ALLOTMENT \$ N/A			
30. REMARKS Good Conduct Medal Period commences 16Jul66 (2dAwd)			31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) RT#1 Box #6, Martin, Kentucky 41649					
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER K. R. FRYKENBERG, WO-1, USMC			32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>James F. Curtis</i>					
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>K. R. Frykenberg</i>			34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN					

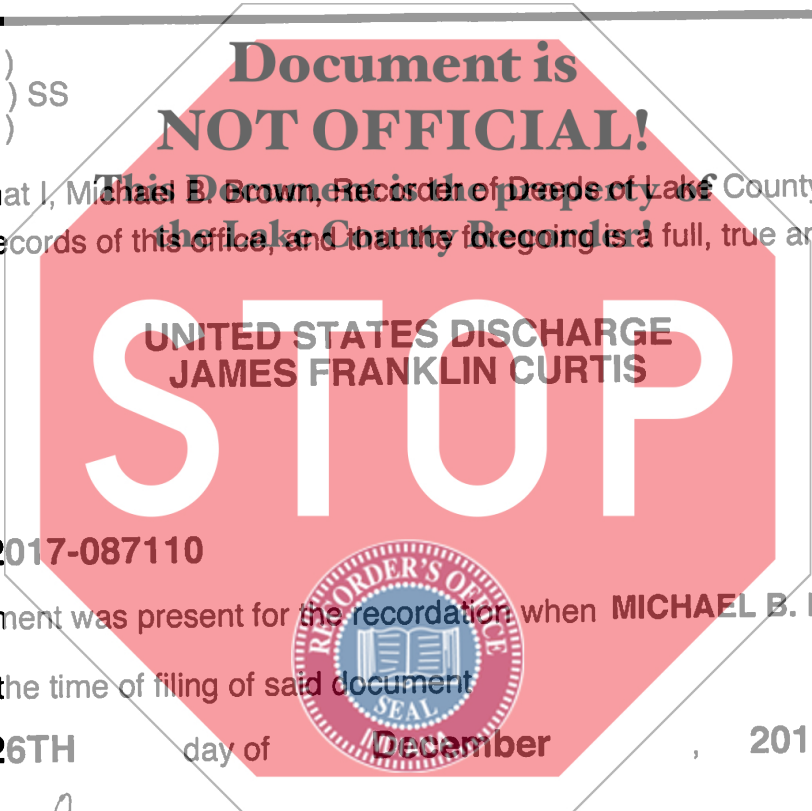


Michael B. Brown
Recorder of Deeds
Lake County Indiana
2293 North Main Street
Crown Point, IN 46307
219-755-3730

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



as recorded as **2017-087110**
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 **26TH** day of **December**, **2017**

Dorothy Nest
Deputy Recorder

Michael B. Brown
Michael B. Brown, Recorder of Deeds
Lake County Indiana

Form # 0023 Revised 5/2002