

22072

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PCS MDC: NZEO

THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.

1. LAST NAME-FIRST NAME-MIDDLE NAME <b>FIEGI ROCKNE LANE</b>		2. SERVICE NUMBER <b>US 56 938 329</b>		3. SOCIAL SECURITY NUMBER <b>543 64 5047</b>	
4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>ARMY-AUS-MED</b>		5a. GRADE, RATE OR RANK <b>SP4</b>	5b. PAY GRADE <b>E-4</b>	6. DATE OF RANK <b>16</b>	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
8. PLACE OF BIRTH (City and State or Country) <b>Klamath Falls Oregon</b>		9. DATE OF BIRTH <b>2 Jul 49</b>	10a. SELECTIVE SERVICE NUMBER <b>35 18 49 205</b>		
10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LOCAL BOARD NUMBER: 18 Klamath Falls Oregon</b>		11a. TYPE OF TRANSFER OR DISCHARGE <b>TRANSFERRED TO USAR (SEE ITEM 16)</b>			
11b. REASON AND AUTHORITY <b>CHAP 6 AR 635-200 SPN: 226 DEPENDENCY</b>		12. STATION OR INSTALLATION AT WHICH EFFECTED <b>FORT CAMPBELL KENTUCKY</b>			
12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>HOSP CO USAH THIRD US ARMY</b>		13a. CHARACTER OF SERVICE <b>HONORABLE</b>	13b. EFFECTIVE DATE <b>28 May 70</b>	14. TYPE OF CERTIFICATE ISSUED <b>NONE</b>	
14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>USAR CONTROL GROUP (REINFORCEMENT) USAAC ST LOUIS MISSOURI</b>		15. REENLISTMENT CODE <b>RE-3</b>			
16. TERMINAL DATE OF RESERVE/UMTS OBLIGATION <b>8 Apr 75</b>		17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED b. TERM OF SERVICE (Years) <b>NA</b>		18. PRIOR REGULAR ENLISTMENTS <b>NONE</b>	
19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>PRIVATE E-1</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>Portland Oregon</b>			
21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>Route #2 Box 771 Klamath Falls Oregon 97601</b>		22. STATEMENT OF SERVICE a. CREDITABLE FOR BASIC PAY PURPOSES (1) NET SERVICE THIS PERIOD (2) OTHER SERVICE (3) TOTAL (Line (1) plus Line (2)) b. TOTAL ACTIVE SERVICE c. FOREIGN AND/OR SEA SERVICE			
23a. SPECIALTY NUMBER & TITLE <b>91B20 Med Spec</b>		23b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER <b>079.368 Med Asst</b>			
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NATIONAL DEFENSE SERVICE MEDAL</b>					
25. EDUCATION AND TRAINING COMPLETED <b>USAMEDTC FT SAM HOUSTON TEXAS 29 May - 8 Aug 69 Med Corpsman</b>					
26a. NON PAY PERIODS TIME LOST (Preceding Two Years) <b>NONE</b>		26b. DAYS ACCRUED LEAVE PAID <b>1</b>		27a. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
28. VA CLAIM NUMBER <b>NONE</b>		29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE		30. AMOUNT OF ALLOTMENT <b>NA</b>	
31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>See item 921</b>					
32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>[Signature]</i>					
33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>CLARK W. NYE, 1LT, Armor, Acting Asst AG</b>					
34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>[Signature]</i>					

DD FORM 214  
1 JUL 66PREVIOUS EDITIONS OF THIS FORM  
ARE OBSOLETE EFFECTIVE 1 JAN 67.

☆ GPO: 1969-351-112

ARMED FORCES OF THE UNITED STATES  
REPORT OF TRANSFER OR DISCHARGE

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STATE OF OREGON; COUNTY OF KLAMATH;ss  
I hereby certify that the within instrument was received and filed for  
record on the 4th day of April A.D., 1983 at 4:14 o'clock p M  
and duly recorded in Vol M83, of Deeds on page 5003

FEE \$ No Fee

EVELYN BIEHN COUNTY CLERK  
by [Signature] Deputy