CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

THIS IS AN IMPORTANT RECORD. SAFEGUARD IT

7636

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

DD FORM 1 JUL 79 214 - CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

1. NAME (Last, first, middle)	2. DEPARTMENT, COMPONENT AND BRANCH	SOCIAL SECURITY NO.
SELFRIDGE, MARVIN LEE	NAVY - USN	542 90 6810

4a. GRADE, RATE OR RANK	4b. PAY GRADE	5. DATE OF BIRTH	6. PLACE OF ENTRY INTO ACTIVE DUTY
MSSN	E3	64SEP04	OAKLAND, CA

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	8. STATION WHERE SEPARATED
USS RANGER CV 61	PSD NAVSTA SAN DIEGO CA

9. COMMAND TO WHICH TRANSFERRED	10. SGLI COVERAGE
NAVRESPERSECEN NEW ORLEANS, LA 70149	AMOUNT $ 50,000 ☐ NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY *(Additional specialty numbers and titles involving periods of one or more years)*

MS - 0000

12. RECORD OF SERVICE	YEAR(S)	MON(S)	DAY(S)
a. Date Entered AD This Period	87	MAR	13
b. Separation Date This Period	88	MAY	13
c. Net Active Service This Period	01	02	01
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	07
f. Foreign Service	00	00	00
g. Sea Service	00	01	03
h. Effective Date of Pay Grade	88	JAN	16
i. Reserve Oblig. Term. Date	NA	NA	NA

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED *(All periods of service)*

NONE

14. MILITARY EDUCATION *(Course Title, number weeks, and month and year completed)*

NS CLASS "A" SCOL, 70WKS, JUL87.

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM	16. HIGH SCHOOL GRADUATE OR EQUIVALENT	17. DAYS ACCRUED LEAVE PAID
☐ YES ☒ NO	☒ YES ☐ NO	23

18. REMARKS

A COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL TREATMENT WAS PROVIDED WITHIN THREE MONTHS PRIOR TO RELEASE FROM ACTIVE DUTY.

EFFECTIVE DATE OF TEMPORARY DISABILITY RETIREMENT: 14 MAY 1988

MSSN SELFRIDGE HAS EXECUTED A CLAIM FOR COMPENSATION, HOSPITALIZATION OR PENSION TO BE FILED WITH THE VETERANS ADMINISTRATION.

19. MAILING ADDRESS AFTER SEPARATION	20. MEMBER REQUESTS COPY 6 BE SENT TO OR DIR. OF VET AFFAIRS
P.O. BOX 201 SOUTHBEACH (LINCOLN) OR 97366	☒ YES ☐ NO

21. SIGNATURE OF MEMBER BEING SEPARATED	22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN
	D M WOODS/CS2 PYDTROIC

SPECIAL ADDITIONAL INFORMATION *(For use by authorized agencies only)*

23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE *(Includes upgrades)*	
TEMPORARY DISABILITY RETIRED LIST	HONORABLE	
25. SEPARATION AUTHORITY	26. SEPARATION CODE	27. REENLISTMENT CODE
MILPERSMAN 3860380/ CHNAVPERS WASH DC 260144Z APR 88	SFK	RE-3P

28. NARRATIVE REASON FOR SEPARATION

PLACED ON TEMPORARY DISABILITY RETIRED LIST

29. DATES OF TIME LOST DURING THIS PERIOD	30. MEMBER REQUESTS COPY 4
TL: NONE	INITIALS

S/N 4

072118

No.

HONORABLE DISCHARGE

FROM THE

UNITED STATES ARMED SERVICE

*Marvin Le Selfridge

Pick up

STATE OF OREGON } ss.
Multnomah County }

I, a Deputy for the Recorder of Conveyances, in and for said County, do hereby certify that the within instrument of writing was received for record and recorded in the record of said County

1988 SEP 19 PM 12:45

RECORDING SECTION
MULTNOMAH CO. OREGON

In Book BOOK 2138 On Page PAGE 1701

witness my hand and seal of office affixed.

Recorder of Conveyances

M. Wolfram

Deputy

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Marvin Lee Selfridge the 25th day of April A.D., 19 90 at 9:54 o'clock AM., and duly recorded in Vol. M90, of Discharges on Page 7635.

Evelyn Biehn County Clerk

By Darlene Mullendore

FEE none