THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.

ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

CAUTION: NOT TO BE USED FOR IDENTIFICATION PURPOSES

12043

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

Field	Entry
1. NAME (Last, First, Middle)	H[illegible] LESTER HAROLD II
2. DEPARTMENT, COMPONENT AND BRANCH	ARMY/RA
3. SOCIAL SECURITY NO.	478 [illegible] 6889
4.a. GRADE, RATE OR RANK	SPC
4.b. PAY GRADE	E-[illegible]
5. DATE OF BIRTH (YYMMDD)	680717
6. RESERVE OBLIG. TERM. DATE	Year NA Month Day
7.a. PLACE OF ENTRY INTO ACTIVE DUTY	Des Moines, IA
7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)	Burt, IA
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND	HHC 3d Bn 7th Inf FORSCOM FC
8.b. STATION WHERE SEPARATED	Fort Stewart, GA
9. COMMAND TO WHICH TRANSFERRED	NA
10. SGLI COVERAGE	Amount: $ 50,000 None

11. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.)

11C, Indirect Fire Infantryman, 3 years and 8 months//NOTHING FOLLOWS

12. RECORD OF SERVICE	Year(s)	Month(s)	Day(s)
a. Date Entered AD This Period	[illegible]	[illegible]	01
b. Separation Date This Period	90	06	01
c. Net Active Service This Period	03	11	01
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	01	11	23
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	89	10	01

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

Army Service Ribbon//Overseas Service Ribbon//Army Good Conduct Medal (1st Award)//Expert Badge (Rifle and Pistol)//Sharpshooter Badge (Grenade)//Army Achievement Medal//Army Lapel Button//NOTHING FOLLOWS

14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)

NA

15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM — Yes X No

15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT — Yes X No

16. DAYS ACCRUED LEAVE PAID — 12.0

17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION — Yes X No

18. REMARKS

Severance Pay: $ 8,008.80//NOTHING FOLLOWS

19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code)

[illegible]

19.b. NEAREST RELATIVE (Name and address - include Zip Code)

L[illegible] Hubbard Sr., [illegible] Street [illegible]

20. MEMBER REQUESTS COPY 6 BE SENT TO [illegible] — Yes

21. SIGNATURE OF MEMBER BEING SEPARATED

22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)

WILLIAM C. BELCHER, Chief, TP

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

Field	Entry
23. TYPE OF SEPARATION	Discharge
24. CHARACTER OF SERVICE (Include upgrades)	Honorable
25. SEPARATION AUTHORITY	Paragraph 4-24e(3), AR 635-40
26. SEPARATION CODE	JFL
27. REENTRY CODE	RE-3
28. NARRATIVE REASON FOR SEPARATION	Physical Disability with Severance Pay
29. DATES OF TIME LOST DURING THIS PERIOD	
30. MEMBER REQUESTS COPY 4	Initials

DD Form 214, NOV 88 — Previous editions are obsolete. — MEMBER - 4

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of Lester Harold Hubbard II the 19th day of June A.D., 19 90 at 11:49 o'clock A.M., and duly recorded in Vol. M90 of Discharges on Page 12042.

Evelyn Biehn, County Clerk

By Pauline Mulendore

FEE none