

MEMBER - 4

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) WALTON, DONALD WILLIAM		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 571 13 1815		
4.a. GRADE, RATE OR RANK CPL	4.b. PAY GRADE E4	5. DATE OF BIRTH (YYMMDD) 690212		6. RESERVE OBLIG. TERM. DATE Year 94 Month 07 Day 27		
7.a. PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND, OR		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) SHADY COVE, OR				
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO D, 3D BN, 77TH AR, USAREUR E5		8.b. STATION WHERE SEPARATED FORT DIX, NEW JERSEY 03640-7230				
9. COMMAND TO WHICH TRANSFERRED USAR CTRLGP (REINF) ARPERCEN, 9700 PAGE BLVD, ST LOUIS, MO 63132				10. SGLI COVERAGE Amount: \$ 58,000.00 None <input type="checkbox"/>		
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.) 19K100000 M1 ABRAMS ARMOR CRNN--2 YRS-10 MOS//NOTHING FOLLOWS		12. RECORD OF SERVICE				
		a. Date Entered AD This Period		07	06	26
		b. Separation Date This Period		98	08	08
		c. Net Active Service This Period		03	01	13
		d. Total Prior Active Service		00	00	00
		e. Total Prior Inactive Service		00	00	00
		f. Foreign Service		02	07	14
		g. Sea Service		00	00	00
h. Effective Date of Pay Grade		08	10	10		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//ARMY ACHIEVEMENT MEDAL 2ND OLC//OVERSEAS SERVICE RIBBON//NCO PROFESSIONAL DEVELOPMENT RIBBON//EXPERT MARKSMANSHIP BADGE PISTOL, 45 CAL//SHARPSHOOTER MARKSMANSHIP BADGE GRENADE//NOTHING FOLLOWS						
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) PRIMARY LEADERSHIP DEV CR, 4 WEEKS, FEB 90//GERMAN HEADSTART, 1 WEEKS, NOV 87//NOTHING FOLLOWS						
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
16. DAYS ACCRUED LEAVE PAID NONE						
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION						
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
18. REMARKS SUBJECT TO ACTIVE DUTY RECALL AND/OR ANNUAL SCREENING//BLOCK 6, PERIOD OF DEP: 060728-070625//EXTENSION OF SERVICE WAS AT THE REQUEST AND FOR THE CONVENIENCE OF THE GOVERNMENT//DD FORM 214 ISSUED ON 900808//NOTHING FOLLOWS						
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 5310 HWY 140 W KLAMATH FALLS, OR 97601			19.b. NEAREST RELATIVE (Name and address - include Zip Code) MARTI BROWN "ADDRESS SAME AS BLOCK 19a"			
20. MEMBER REQUESTS COPY 6 BE SENT TO <input checked="" type="checkbox"/> DIR. OF VET AFFAIRS <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) VIRGINIA H. CHERRY, SGM, USA, TPC SGM			
21. SIGNATURE OF MEMBER BEING SEPARATED <i>[Signature]</i>						

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)			
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE	
25. SEPARATION AUTHORITY AR 635-200 PARA 16-B		26. SEPARATION CODE LCC	
27. REENTRY CODE 2B		28. NARRATIVE REASON FOR SEPARATION CONVENIENCE OF THE GOVERNMENT, 1990 EARLY TRANSITION PROGRAM	
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 1000 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 _____ the 15th day
of June A.D., 19 92 at 11:31 o'clock A M., and duly recorded in Vol. M92,
of _____ Discharges _____ on Page 12997By Evelyn Biehn County Clerk

FEE none