

Vol. m98 Page 20375

ANY ALTERATIONS IN SHADES
AREAS RENDER FORM VOID

| | | | | | |
|---|--|---|--|--|--|
| 1. NAME (Last, First, Middle) W. RON LEO EDWARD | | 2. DEPARTMENT, COMPONENT, AND COMPONENT AND ORIGIN AIR FORCE - REG AF | | 3. SOCIAL SECURITY NUMBER 544 190 3121 | |
| 4. GRADE, RATE OR RANK SR | | 5. PAY GRADE EA | | 6. DATE OF BIRTH (YYMMDD) 071213 | |
| 7. PLACE OF ENTRY INTO ACTIVE DUTY Portland, OR | | 8. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) Wheel Cafe Highway 97 Box 170 Chemult, OR 97731 | | 9. RESERVE OBLIG. TERM. DATE Year 2000 Month Dec Day 14 | |
| 10. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 341 SPS (AFSPC) | | 11. STATION WHERE SEPARATED MALMSTROM AFB MT | | 12. COMMAND TO WHICH TRANSFERRED USAFR | |
| 13. PRIMARY SPECIALTY (List number, title and years and months in specialty. List additional specialty numbers and titles involving periods of one or more years.) 3P052 - Security Journeyman, 3 years, 10 months | | 14. RECORD OF SERVICE | | 15. SGLI COVERAGE Amount: \$ 200,000 | |
| | | a. Date Entered AD This Period | | Year(s) Month(s) Day(s) | |
| | | b. Separation Date This Period | | 1993 Apr 21 | |
| | | c. Net Active Service This Period | | 1993 Apr 20 | |
| | | d. Total Prior Active Service | | 04 00 00 | |
| | | e. Total Prior Inactive Service | | 00 00 00 | |
| | | f. Foreign Service | | 00 00 00 | |
| | | g. Sea Service | | 00 00 00 | |
| | | h. Effective Date of Pay Grade | | 1995 Apr 21 | |
| 16. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Training Ribbon, Air Force Outstanding Unit Award with 1 device, Air Force Good Conduct Medal, Air Force Longevity Service Award Ribbon, National Defense Service Medal, Air Force Achievement Medal. | | | | | |
| 17. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Basic Military Training School, 6 weeks, May 93. | | | | | |
| 18. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM | | Yes No X | | 19. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes No X | |
| 20. DAYS ACCRUED LEAVE PAID 14.0 | | | | 21. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION Yes X No | |
| 22. REMARKS Member has completed first full term of service. Subject to recall to active duty and/or annual screening. Served 21 Apr 93 to 30 Nov 95 in support of Operation Desert Shield/Storm. NOTHING FOLLOWS. | | | | | |
| 23. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) P.O. Box 170 Chemult, OR 97731 | | | | 24. NEAREST RELATIVE (Name and address - include Zip Code) Karen A. Wilson P.O. Box 170 Chemult, OR 97731 | |
| 25. MEMBER REQUESTS COPY SENT TO DEPT. OF VET. AFFAIRS X Yes No | | | | 26. OFFICIAL AUTHORIZED TO SIGN (Type name, grade, title and signature) KEVIN W. DAVIS NOOR, REPRESENTATIVE | |
| 27. SIGNATURE OF MEMBER BEING SEPARATED [Signature] | | | | | |

MEMBER-1

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

| | | | | | |
|---|--|---|--|--|--|
| 1. NAME (Last, First, Middle) WILSON, JACK EDWARD JR. | | 2. DEPARTMENT, COMPONENT AND BRANCH AIR FORCE - REG AF | | 3. SOCIAL SECURITY NO. 544 06 5751 | |
| 4. GRADE, RATE OR RANK SMA | | 5. DATE OF BIRTH (YYMMDD) 671213 | | 6. RESERVE OBLIG. TERM. DATE Year 2000 Month Dec Day 14 | |
| 7a. PLACE OF ENTRY INTO ACTIVE DUTY Portland, OR | | 7b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) Wheel Cafe Highway 97 Box 170 Chenault, OR 97731 | | | |
| 8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND 341 SPS (AFSPC) | | 8b. STATION WHERE SEPARATED MALMSTROM AFB MT | | | |
| 9. COMMAND TO WHICH TRANSFERRED USAFR | | 10. SGLI COVERAGE Amount: \$ 200,000 | | <input type="checkbox"/> 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.) 3P052 - Security Journeyman, 3 years, 10 months | | 12. RECORD OF SERVICE | | | |
| | | a. Date Entered AD This Period 1993 Apr 21 | | | |
| | | b. Separation Date This Period 1997 Apr 21 | | | |
| | | c. Net Active Service This Period 04 00 00 | | | |
| | | d. Total Prior Active Service 00 00 00 | | | |
| | | e. Total Prior Inactive Service 00 04 06 | | | |
| | | f. Foreign Service 00 00 00 | | | |
| | | g. Sea Service 00 00 00 | | | |
| 13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Air Force Training Ribbon, Air Force Outstanding Unit Award with 1 device, Air Force Good Conduct Medal, Air Force Longevity Service Award Ribbon, National Defense Service Medal, Air Force Achievement Medal. | | 14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) Basic Military Training School, 6 weeks, May 93. | | | |
| 15a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 15b. HIGH SCHOOL GRADUATE OR EQUIVALENT Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | 16. DAYS ACCRUED LEAVE PAID 14.0 | |
| 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 Member has completed first full term of service. Subject to recall to active duty and/or annual screening. Served 21 Apr 93 to 30 Nov 94 in support of Operation Desert Shield/Storm. NOTHING FOLLOWS | | | | | |
| Data herein are subject to computer matching within DoD or with other agencies for verification purposes and determining eligibility or compliance for Federal benefits. | | | | | |
| 19a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) P.O. Box 170 Chenault, OR 97731 | | 19b. NEAREST RELATIVE (Name and address - include Zip Code) Karen A. Wilson P.O. Box 170 Chenault, OR 97731 | | | |
| 20. MEMBER REQUESTS COPY 2 BE SENT TO (DD FORM 1315-2) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | 21. SIGNATURE OF MEMBER BEING SEPARATED KEVIN V. [Signature] NCOIC, [Signature] | | | |

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|--|--|------------------------------|--|---|--|
| 25. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY | | | | 26. CHARACTER OF SERVICE (Include upgrades) HONORABLE | |
| 25a. SEPARATION AUTHORITY AFI 36-3208 | | 25b. SEPARATION CODE MBIC | | 25c. REENTRY CODE 1J | |
| 27. NARRATIVE REASON FOR SEPARATION COMPLETION OF REQUIRED ACTIVE SERVICE | | | | | |
| 28. DATES OF TIME 1991 DURING THIS PERIOD | | | | 29. MEMBER REQUESTS COPY 2 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

DD Form 214, NOV 83, EG

Previous editions are obsolete.
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MEMBER-4

STATE OF OREGON: COUNTY OF KLAMATH: ss.

Filed for record at request of JACK EDWARD WILSON the 15TH day
of JUNE A.D., 19 98 at 2:56 o'clock P. M., and duly recorded in Vol. M98
of DISCHARGES on Page 20375

FEE NONE

Bernetha G. Letsch, County Clerk
By [Signature]