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'98 JUN 30 P3:19

Vol. 198 Page 23145

CAUTION: NOT TO BE USED FOR
IDENTIFICATION PURPOSESTHIS IS AN IMPORTANT RECORD.
SAFEGUARD IT.ANY ALTERATIONS IN SHADED
AREAS RENDER FORM VOID

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) MOORE, EDWARD DEERALD		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNG		3. SOCIAL SECURITY NO. 539 92 1551	
4.a GRADE, RATE OR RANK E2	4.b PAY GRADE E2	5. DATE OF BIRTH (YYYYMMDD) 19720210		6. RESERVE OBLIG. TERM. DATE Year 2005 Month 07 Day 14	
7.a PLACE OF ENTRY INTO ACTIVE DUTY KLAMATH FALLS, OR		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 4039 STURDEVANT AVE KLAMATH FALLS, OR 97603			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND W3VZ C 232 MD BN CTR BDE TR MC		8.b STATION WHERE SEPARATED FORT SAM HOUSTON, TX 78234-5028			
9. COMMAND TO WHICH TRANSFERRED HHC 1ST BN 186TH INF ASHLAND OR 97520				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 200,000.00	
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.) 91B10 MEDICAL SPECIALIST--0 YRS-0 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE		Year(s)	Month(s)
		a. Date entered AD This Period		1998	01
		b. Separation Date This Period		1998	05
		c. Net Active Service This Period		0000	04
		d. Total Prior Active Service		0000	00
		e. Total Prior Inactive Service		0000	06
		f. Foreign Service		0000	00
		g. Sea Service		0000	00
		h. Effective Date of Pay Grade		1998	05
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY SERVICE RIBBON//NOTHING FOLLOWS					
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) MEDICAL SPECIALIST COURSE, 10 WEEKS, JUN 1998//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes No <input type="checkbox"/> <input checked="" type="checkbox"/>	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes No <input checked="" type="checkbox"/> <input type="checkbox"/>
				16. DAYS ACCRUED LEAVE PAID NONE	
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
18. REMARKS DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 4039 STURDEVANT AVE KLAMATH FALLS, OR 97603			19.b NEAREST RELATIVE (Name and address - include Zip Code) DAVID D MOORE 4039 STURDEVANT AVE KLAMATH FALLS, OR 97603		
20. MEMBER REQUESTS COPY BE SENT TO <input type="checkbox"/> OR DIR OF VET. AFFAIRS <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) L S RICEBERG, GS07, ASST CHIEF TRANS SVCS		
21. SIGNATURE OF MEMBER BEING SEPARATED Edward D Moore					

DD Form 214-AUTOMATED, NOV 88

Previous editions are obsolete.

MEMBER - 1

23146

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CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

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MEDICAL SPECIALIST COURSE, 10 WEEKS, JUN 1998//NOTHING FOLLOWS

15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM	Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT	Yes	No	16. DAYS ACCRUED LEAVE PAID
		X		X		NONE

17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION ☐ Yes ☒ No18. REMARKS
DATA HEREIN SUBJECT TO COMPUTER MATCHING WITHIN DOD OR WITH OTHER AGENCIES FOR VERIFICATION PURPOSES AND DETERMINING ELIGIBILITY OR COMPLIANCE FOR FEDERAL BENEFITS//NOTHING FOLLOWS19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code)
4039 STURDEVANT AVE
KLAMATH FALLS, OR 9760319.b NEAREST RELATIVE (Name and address - include Zip Code)
DAVID D. MOORE
4039 STURDEVANT AVE
KLAMATH FALLS, OR 9760320. MEMBER REQUESTS COPY 6 BE SENT TO ☒ OR DIR OF VET. AFFAIRS ☐ ☒ Yes ☐ No21. SIGNATURE OF MEMBER BEING SEPARATED
Edward D. Moore22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)
L S RICEBERG, 3307, ASST CHIEF TRANS SVCS

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)		
23. TYPE OF SEPARATION RELEASE FROM ACTIVE DUTY TRAINING	24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED	
25. SEPARATION AUTHORITY MEPS SELF-TERMINATING ORDERS 139-12	26. SEPARATION CODE NA	27. REENTRY CODE NA
28. NARRATIVE REASON FOR SEPARATION COMPLETION OF PERIOD OF ADT		29. MEMBER REQUESTS COPY 4 <input type="checkbox"/>
29. DATES OF TIME LOST DURING THIS PERIOD NONE		

DD Form 214-AUTOMATED, NOV 88
STATE OF OREGON: COUNTY OF KLAMATH: ss.

Previous editions are obsolete.

MEMBER - 4

Filed for record at request of Edward Derald Moore the 30th day
of June A.D., 19 98 at 3:19 o'clock P.M., and duly recorded in Vol. M98
of Discharges on Page 23145

FEE No Fee

By Bernetha G. Letsch, County Clerk
Kathleen Rose