

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

56024

1. NAME (Last, First, Middle) OFF, MICHAEL THOMAS		2. DEPARTMENT, COMPONENT AND BRANCH NAVY-USN		3. SOCIAL SECURITY NO. 541 09 2507	
4.a. GRADE, RATE OR RANK PR	4.b. PAY GRADE E1	5. DATE OF BIRTH (YYMMDD) 09JUN20		6. RESERVE OBLIG. TERM. DATE Year NA Month Day	
7.a. PLACE OF ENTRY INTO ACTIVE DUTY PORTLAND ME		7.b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) PLACATE FALLS ME			
8.a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND BTC CLAKES TL		8.b. STATION WHERE SEPARATED BTC CLAKES TL			
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE Amount: \$ 200,000 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.) NONE X X X X X X X X X		12. RECORD OF SERVICE a. Date Entered AD This Period b. Separation Date This Period c. Net Active Service This Period d. Total Prior Active Service e. Total Prior Inactive Service f. Foreign Service g. Sea Service h. Effective Date of Pay Grade			
		Year(s) Month(s) Day(s) 99 FEB 23 99 MAR 26 00 01 04 00 00 00 00 00 00 00 00 00 00 00 00 99 FEB 23			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) NONE X X X X X X X X X X X X					
14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed) NONE X X X X X X X X					
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b. HIGH SCHOOL GRADUATE OR EQUIVALENT	
				Yes No	
16. DAYS ACCRUED LEAVE PAID 3.0					
17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
Yes No					
18. REMARKS THE INFORMATION CONTAINED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. X					
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3952 CLINTON AVE PLACATE FALLS ME 07607		19.b. NEAREST RELATIVE (Name and address - include Zip Code) ANONA M ORE 4831 DARWIN PL PLACATE FALLS ME 07607			
20. MEMBER REQUESTS COPY 6 BE SENT TO DIR. OF VET AFFAIRS		Yes	No	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) J. L. GUNTER, DRUG (C) 100 DYE OUTRAGE PER ROT	
21. SIGNATURE OF MEMBER BEING SEPARATED Michael Thomas (C)					

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION DISCHARGED		24. CHARACTER OF SERVICE (Include upgrades) UNCHARACTERIZED (ENTRY LEVEL SEPARATION)	
25. SEPARATION AUTHORITY MILPERSMAN 3620280		26. SEPARATION CODE JPG	
27. REENTRY CODE RE 4		28. NARRATIVE REASON FOR SEPARATION ERRONEOUS ENTRY (OTHER)	
29. DATES OF TIME LOST DURING THIS PERIOD NONE		30. MEMBER REQUESTS COPY 4 MTO Initials	

21122

State of Oregon, County of Klamath
Recorded 5/27/99, at 1:27 p.m.

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Linda Smith, County Clerk

Fee \$ 0

Linda Smith