

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

DD FORM 1 JUL 79 214		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, first, middle) FILIPPE, DAVID GARY JR		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 540 94 9739				
4a. GRADE, RATE OR RANK PV2	4b. PAY GRADE E2	5. DATE OF BIRTH 630615	6. PLACE OF ENTRY INTO ACTIVE DUTY Portland OR					
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co B 1st Bn True AHS HSC HS			8. STATION WHERE SEPARATED Fort Sam Houston TX					
9. COMMAND TO WHICH TRANSFERRED NA			10. SGLI COVERAGE AMOUNT \$ 35,000 <input type="checkbox"/> NONE					
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) None			12. RECORD OF SERVICE					
			a. Date Entered AD This Period			YEAR (s)	MON (s)	DAY (s)
			b. Separation Date This Period			82	06	29
			c. Net Active Service This Period			83	04	01
			d. Total Prior Active Service			00	09	03
			e. Total Prior Inactive Service			00	00	00
			f. Foreign Service			00	10	16
			g. Sea Service			00	00	00
			h. Effective Date of Pay Grade			00	00	00
			i. Reserve Oblig. Term. Date			82	12	29
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Expert Qualification Badge (Rifle M-16)								
14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed) Medical Specialist Course, 6 wks, (Oct 82)								
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input type="checkbox"/> YES <input type="checkbox"/> NO		16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID None				
18. REMARKS Dental care was provided within 90 days prior to separation. NOTHING FOLLOWS								
19. MAILING ADDRESS AFTER SEPARATION 5145 Barry Ave Klamath Falls (Klamath) OR 97601			20. MEMBER REQUESTS COPY 6 BE SENT TO OR DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO					
21. SIGNATURE OF MEMBER BEING SEPARATED David S Felipe		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN JOHN CANO, GS-7, Chief, Transfer Point						

MEMBER - 1

27201

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DD FORM 214 1 JUL 79		PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.		CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY				
1. NAME (Last, first, middle) YILIPPE, DAVID GARY JR		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. 540 94 9739				
4a. GRADE, RATE OR RANK PV2	4b. PAY GRADE E2	5. DATE OF BIRTH 630615	6. PLACE OF ENTRY INTO ACTIVE DUTY Portland OR					
7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co 3 1st Bn Trng ARE HEC HS			8. STATION WHERE SEPARATED Fort Sam Houston TX					
9. COMMAND TO WHICH TRANSFERRED NA			10. SGU COVERAGE AMOUNT \$ 35 000 <input type="checkbox"/> NONE					
11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) None			12. RECORD OF SERVICE					
			a. Date Entered AD This Period			YEAR (s)	MON (s)	DAY (s)
			b. Separation Date This Period			82	06	29
			c. Net Active Service This Period			00	09	03
			d. Total Prior Active Service			00	00	00
			e. Total Prior Inactive Service			00	10	16
			f. Foreign Service			00	00	00
			g. Sea Service			00	00	00
			h. Effective Date of Pay Grade			82	12	29
i. Reserve Oblig. Term. Date			88	00	00			
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) Expert Qualification Badge (Rifle M-16)								
14. MILITARY EDUCATION (Course title, number weeks, and month and year completed) Medical Specialist Course, 6 wks, (Oct 82)								
15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		16. HIGH SCHOOL GRADUATE OR EQUIVALENT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		17. DAYS ACCRUED LEAVE PAID None				
18. REMARKS Dental care was provided within 90 days prior to separation. NOTHING FOLLOWS								
19. MAILING ADDRESS AFTER SEPARATION 3145 Barry Ave Klamath Falls (Klamath) OR 97601				20. MEMBER REQUESTS COPY 6 BE SENT TO OR DIR. OF VET AFFAIRS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				
21. SIGNATURE OF MEMBER BEING SEPARATED <i>David S. Yilippe</i>		22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL AUTHORIZED TO SIGN JOHN S. SMO, GS-7, Chief, Transfer Point						

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION Discharge		24. CHARACTER OF SERVICE (Includes upgrades) Honorable	
25. SEPARATION AUTHORITY AR 635-200, chap 13		26. SEPARATION CODE JLJ (JKJ)	27. REENLISTMENT CODE RE-3
28. NARRATIVE REASON FOR SEPARATION Unsatisfactory performance			
29. DATES OF TIME LOST DURING THIS PERIOD None		30. MEMBER REQUESTS COPY 4 D.F. INITIALS	

MEMBER-4

State of Oregon, County of Klamath
Recorded 7/08/99, at 10:34 a. m.
In Vol. M99 Page 27200
Linda Smith,
County Clerk Fee\$ **K2**