

MF

Assessor's Parcel Number: _____

Recording Requested By:

Name: Joseph Sullivan

✓ Address: Please call 706 593 7114

City/State/Zip _____

Real Property Transfer Tax: _____

REQUESTED BY
Joseph Sullivan
IN OFFICIAL RECORDS OF
DOUGLAS CO., NEVADA

2004 MAR 15 PM 1:10

WERNER CHRISTEN
RECORDER

\$ 0 PAID BL DEPUTY

Certificate of military discharge (DD214)
(Title of Document)

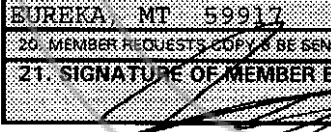
This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or legibly hand printed.

C:\bc docs\Cover page for recording

0607200
BK 0304 PG 06605

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, First, Middle) SULLIVAN, JOSEPH JESSIE		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. [REDACTED] 1339		
4.a GRADE, RATE, OR RANK SPC	4.b PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19831101		6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00		
7.a PLACE OF ENTRY INTO ACTIVE DUTY BUTTE, MT			7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 3909 WEST KOOTENAI RD REXFORD, MT 59930			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND CO H, 71ST TRANS BN TC			8.b STATION WHERE SEPARATED FT EUSTIS, VA 23604			
9. COMMAND TO WHICH TRANSFERRED NA				10. SGLI COVERAGE <input type="checkbox"/> None Amount: \$ 250,000.00		
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.) 63D10 H8 SP FA SYS MECHANIC--2 YRS-7 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE				
		a. Date entered AD This Period		Year(s)	Month(s)	Day(s)
		b. Separation Date This Period		2001	01	18
		c. Net Active Service This Period		2004	03	12
		d. Total Prior Active Service		0003	01	25
		e. Total Prior Inactive Service		0000	00	00
		f. Foreign Service		0000	00	00
		g. Sea Service		0001	01	00
		h. Effective Date of Pay Grade		0000	00	00
		2002	11	01		
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY COMMENDATION MEDAL//ARMY ACHIEVEMENT MEDAL//ARMY GOOD CONDUCT MEDAL//NATIONAL DEFENSE SERVICE MEDAL//ARMY SERVICE RIBBON//NOTHING FOLLOWS						
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) SELF-PROPELLED FIELD ARTILLERY SYS MECH CRS, 8 WEEKS, 2001//TRACK VEHICLE RECOVERY SPECIALIST CRS, 2 WEEKS, 2001//NOTHING FOLLOWS						
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes	No	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		
			X	Yes		
				No		
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						
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
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//IMMEDIATE REENLISTMENTS THIS PERIOD-- 20030118-20080117//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//MEMBER IS ENTITLED TO NONE INVOLUNTARY SEPARATION PAY//PERIOD OF DELAYED ENTRY PROGRAM: 001120-010117//SOLDIER IS ELIGIBLE FOR TRANSITIONAL HEALTH CARE UNDER 10 USC, SECTION 1145 UNTIL 12 MAY 04//SERVICE IN KUWAIT AND IRAQ FROM MAY 02 TO JUN 03//MECHANICS BADGE//NOTHING FOLLOWS						
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) PO BOX 1857 BUREKA, MT 59917			19.b NEAREST RELATIVE (Name and address - include Zip Code) PERCILLA AND SABRINA PALLO 1742 LAVENDER CT MINDER, NV 89423			
20. MEMBER REQUESTS COPY 4 BE SENT TO: MT [REDACTED] AFFAIRS			22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) G. M. WRIGHT, TRANSITION LEAD			
21. SIGNATURE OF MEMBER BEING SEPARATED 						
SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)						
23. TYPE OF SEPARATION DISCHARGE		24. CHARACTER OF SERVICE (Include upgrades) HONORABLE				
25. SEPARATION AUTHORITY AR 635-200, PARA 5-13		26. SEPARATION CODE JFX		27. REENTRY CODE 3		
28. NARRATIVE REASON FOR SEPARATION PERSONALITY DISORDER						
29. DATES OF TIME LOST DURING THIS PERIOD NONE				30. MEMBER REQUESTS COPY 4 [Signature] Initials		

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 BK0304PG06606
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