

Assessor's Parcel Number: \_\_\_\_\_

Recording Requested By:

Name: ✓ Michael Hendon

Address: 1399 JOBS PEAK

City/State/Zip GARONERVILLE NV 89460

R.P.T.T.: \_\_\_\_\_

REQUESTED BY  
Michael Hendon  
IN OFFICIAL RECORDS OF  
DOUGLAS CO., NEVADA

2004 SEP 29 PM 2:30

WERNER CHRISTEN  
RECORDER

\$ 8 PAID KJ DEPUTY

Military Discharge.  
(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

0625369

BK0904PG12137

**THIS IS AN IMPORTANT RECORD  
SAFEGUARD IT.**

PERSONAL DATA	1. LAST NAME-FIRST NAME-MIDDLE NAME <b>HENDON MICHEALE JOSEPH</b>			2. SERVICE NUMBER <b>AF19876619</b>			3. SOCIAL SECURITY NUMBER <b>██████████ 6692</b>				
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS <b>AIR FORCE REGAF</b>			5a. GRADE, RATE OR RANK <b>SGT</b>		5b. PAY GRADE <b>E4</b>	6. DATE OF RANK <b>1 OCT 69</b>				
	7. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. PLACE OF BIRTH (City and State or Country) <b>LOS ANGELES CALIF</b>			9. DATE OF BIRTH <b>28 MAY 43</b>					
SELECTIVE SERVICE DATA	10a. SELECTIVE SERVICE NUMBER <b>4 83 43 1621</b>			10b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE <b>LB#83 NO HOLLYWOOD (LOS ANGELES) CALIF 91603</b>			11. DATE INDUCTED <b>NA</b>				
	11a. TYPE OF TRANSFER OR DISCHARGE <b>RELEASE FROM ACTIVE DUTY</b>				11b. STATION OR INSTALLATION AT WHICH EFFECTED <b>MCQUIRE AFB NJ</b>						
TRANSFER OR DISCHARGE DATA	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND <b>7100 SEC POL SQ (USAF)</b>						13a. CHARACTER OF SERVICE <b>HONORABLE</b>		13b. TYPE OF CERTIFICATE ISSUED <b>NA</b>		
	14. DISTRICT, AREA COMMAND OR CORPS TO WHICH RESERVIST TRANSFERRED <b>AFRES</b>						15. REENLISTMENT CODE <b>RE-1</b>				
	16. TERMINAL DATE OF RESERVE/ UMT&S OBLIGATION <b>24 JAN 72</b>			17. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION a. SOURCE OF ENTRY: <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER <b>AFQT 7C (33 III)</b>			17b. TERM OF SERVICE (Years) <b>4</b>	17c. DATE OF ENTRY <b>25 JAN 66</b>			
	18. PRIOR REGULAR ENLISTMENTS <b>NA</b>		19. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC <b>AB</b>		20. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) <b>LOS ANGELES CALIF</b>						
SERVICE DATA	21. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) <b>15038 HAINES ST VAN NUYS (LOS ANGELES) CALIF 91408</b>			22. STATEMENT OF SERVICE			YEARS	MONTHS	DAYS		
	23a. SPECIALTY NUMBER & TITLE <b>SEC POL 81150</b>			23b. RELATED CIVILIAN OCCUPATION AND O.O.T. NUMBER <b>NA</b>			a. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	03	11	26
							(2) OTHER SERVICE	00	00	00	
							(3) TOTAL (Line (1) plus Line (2))	03	11	26	
							b. TOTAL ACTIVE SERVICE	03	11	26	
						c. FOREIGN AND/OR SEA SERVICE	01	11	19		
24. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED <b>NDSM AFM 900-3 AFCCM (24JAN69) AFM 900-3</b>											
25. EDUCATION AND TRAINING COMPLETED <b>AIR POLICY CRSE ABR 77130 1966 SEC POL SUPVR CRSE 81150 LCI 1969</b>											
VA AND EMP. SERVICE DATA	26a. NON-PAY PERIODS/TIME LOST (Preceding Two Years) <b>NO TIME LOST</b>			26b. DAYS ACCRUED LEAVE PAID <b>27</b>		27. INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		28. AMOUNT OF ALLOTMENT <b>NA</b>	29. MONTH ALLOTMENT DISCONTINUED <b>NA</b>		
	28. VA CLAIM NUMBER <b>NA</b>			29. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE							
REMARKS	30. REMARKS <b>HIGH SCHOOL GRADUATE BLOOD GROUP O POS NAC CC PL 13FEB67 FILED FT HULABIRD MD AGE M-40 A-30 E-40 E-20 ODED 19JAN70 I HAVE BEEN COUNSELLED AS TO CONDITIONS FOR MY REENTRY INTO THE AF AND UNDERSTAND THAT EVERY FORMER AF MEMBER MUST MEET THE ENLIST STAND IN EFF AT THE TIME OF HIS APPLICATION.</b>										
AUTHENTICATION	31. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) <b>10206 ORANGE AVE SOUTH GATE (LOS ANGELES) CALIF 90280</b>					32. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Joseph Micheale Hendon</i>					
	33. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER <b>CHARLES R KOZEL CMSGT USAF 0625369</b>					34. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Charles R Kozel</i>					