

APN# _____

Recording Requested by/Mail to:

Name: Michael K Lawton
Address: 1181 High School St.
City/State/Zip: Gardnerville, NV 89410



KAREN ELLISON, RECORDER

Mail Tax Statements to:

Name: Mike Lawton
Address: 1181 High School St
City/State/Zip: Gardner ville NV 89410

DD-214

Title of Document (required)

----- (Only use if applicable) -----

The undersigned hereby affirms that the document submitted for recording
DOES contain personal information as required by law: (check applicable)

Affidavit of Death – NRS 440.380(1)(A) & NRS 40.525(5)

Judgment – NRS 17.150(4)

Military Discharge – NRS 419.020(2)

Signature

Michael K. Lawton
Printed Name

This document is being (re-)recorded to correct document # _____, and is correcting

NA - Not applicable

CHARACTER OF SEPARATION		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES				DEPARTMENT	
HONORABLE						ARMY	
1. LAST NAME—FIRST NAME—MIDDLE NAME		2. SERVICE NUMBER		3. GRADE—RATE—RANK AND DATE OF APPOINTMENT		4. COMPONENT AND BRANCH OR CLASS	
LAWTON MORRIS CLIFFORD		RA 19 295 196		Cpl (P) 15 Jul 49		RA AGD	
5. QUALIFICATIONS		6. EFFECTIVE DATE OF SEPARATION		7. TYPE OF SEPARATION			
SPECIALTY NUMBER OR SYMBOL 0175		RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER Bandsman (0-24.12.)		1 May 52		Discharge	
8. REASON AND AUTHORITY FOR SEPARATION		9. PLACE OF SEPARATION					
ETS AR 615-360 & Radiogram DA902842 16 Mar 52		Letterman Army Hospital San Francisco California					
10. DATE OF BIRTH		11. PLACE OF BIRTH (City and State)		12. DESCRIPTION		13. REGISTERED	
DAY MONTH YEAR 23 Mar 29		Medford Oregon		SEX RACE COLOR HAIR COLOR EYES Male Caucasian Brown Hazel		HEIGHT WEIGHT 5'11" 173	
14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State)		15. INDUCTED		16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT			
NA		NA		COGNIZANT DISTRICT OR AREA COMMAND NA			
17. MEANS OF ENTRY OTHER THAN BY INDUCTION		18. GRADE—RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE		19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE			
<input checked="" type="checkbox"/> ENLISTED 3 years <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY		Private		20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)			
18 May 48		San Francisco California		1137 4th Ave (Alameda) Oakland California			
21. NET (NA) SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD		22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD		23. OTHER SERVICE (Act of 16 June 1942 as amended) COMPLETED FOR PAY PURPOSES		24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES	
		3 11 14		0 0 0		3 11 14	
25. ENLISTMENT ALLOWANCE PAID ON EXTENSION OF ENLISTMENT, IF ANY		26. FOREIGN AND/OR SEA SERVICE		27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED			
None		None		Good Conduct Medal			
28. MOST SIGNIFICANT DUTY ASSIGNMENT		29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)		30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED			
3rd Hospital Band		None		None			
31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED		32. KIND OF INSURANCE (amount and premium due each month)		33. MONTH ALLOTMENT DISCONTINUED		34. MONTH NEXT PREMIUM DUE	
None		None		NA		NA	
35. TOTAL PAYMENT UPON SEPARATION		36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT		37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER			
\$131.48		\$0.60		B H JOHNSTON LT COLONEL FC 215-121			
38. REMARKS (Continue on reverse)		39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN		40. V.A. BENEFITS PREVIOUSLY APPLIED FOR (Specify type)			
Blood Group "A" No days lost under Sec 6(a) Appendix 2b MCM 1951 Held in service 344 days for convenience of government		WILLIUS W CRUMP NAME, GRADE AND TITLE (Typed) WILLIUS W CRUMP CWO USA Chief Separation Section		None			
41. DATES OF LAST CIVILIAN EMPLOYMENT: FROM TO		42. MAIN CIVILIAN OCCUPATION		43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER			
1944 1948		Musician Instrumental		Jimmy D Bacca Oakland California			
44. UNITED STATES CITIZEN		45. MARITAL STATUS		46. NON-SERVICE EDUCATION (Years successfully completed)		47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., County, City and State)	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		Single		8 4 0 None		See #20	
48. SIGNATURE OF PERSON BEING SEPARATED		MORRIS C. LAWTON					

ALL ENTRIES APPLY TO CURRENT PERIOD OF SERVICE (unless otherwise indicated)

REVENUE DEPARTMENT
STATE OF TEXAS

M.O.P. ACT OF 1952
PAID
Voucher Number
2415
Dist. of _____
Sec'y. _____
Sgt. _____

STATE OF TEXAS
REVENUE DEPARTMENT
VOUCHER NO. 2415
DATE _____
AMOUNT _____
TO THE _____
FOR _____
BY _____
CHECK NO. _____
DATE OF CHECK _____
REMARKS _____

APPROVED AND FORWARDED:

COMMISSIONER OF REVENUE

RECEIVED BY:

DATE _____