DOUGLAS COUNTY, NV

2018-922348

Total:\$0.00

11/16/2018 01:40 PM

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MICHAEL LAWTON

APN#	
Recording Requested by/Mail to:	0082803201809223480030039
Name: Michael K Lawtor	AREN ELLISON, RECORDER
Name: Michael K Lawtor Ko Address: 181 High School St.	\ \
City/State/Zip: Gardneru: (le, NV 8941)	\\
Mail Tax Statements to:	
Name: Mike Lawton	\
Address: 1181 High School st	
Name: Mike Lawton  Address: // High School st  City/State/Zip: Gardner ville NV. 89410	
00-214	
Title of Document (required)	<del>/</del>
(Only use if applicable)	
The undersigned hereby affirms that the document submittee	~
DOES contain personal information as required by law: (che	ск аррисавіе)
Affidavit of Death – NRS 440.380(1)(A) & NRS 4	10.525(5)
Judgment - NRS 17.150(4)	
<u>⊬</u> Military Discharge – NRS 419,020(2)	
40	
Signature	
Michael K. Lauton	
Printed Name	
This document is being (re-)recorded to correct document #	and is correcting

_		A- Not applicable	REPORT OF S	EPARATION FROM T	THE	PARTMENT		
CHARACTER OF SEPARATION			ARMED FORCES OF THE UNITED STATES		TATES	ARMY		
F	<del>_</del>	IONORABLE LAST NAME—FIRST NAME—MIDDLE NAME		2. SERVICE NUMBER	3. GRADE—RA	TE-RANK AND DATE OF	4. COMPONENT AND BRANCH OR CLASS	
				RA 19 295	196 Cpl (I	2)15 Jul 49	RA AGD	
i i		CHALLECATIONS		6. EF	FECTIVE DATE OF SER	ARATION 7. TYPE OF	SEPARATION	
	3 s	PECIALTY NUMBER OR SYMBOL RELATED CIVILIAN OCCUPA	TION AND D.O.T. NUMBER	DAY	Mav_	52 Disch	arge	
	EFAKATION	0175 Bandsman (O	-c4 · ±c · /	9. PLACE OF SEP		terman Army		
	A L		" DAGGOGG A	5 F2		Francisco		
	1	TS AR 615-360 & Radiogram	City and State)	12. DESCRIPTION	COLOR HAIR	ICOLOR EYES	HEIGHT WEIGHT	
]	<u> </u>	AY MONTH YEAR	ogon	Male Cano	asian Brown		517711 173	
┝	<u> </u>	3 PEGISTERED	14. SELECTIVE SERVICE LO	CAL BOARD NUMBER	(City, County, State)		15. INDUCTED DAY MONTH YEAR	
<u>ا</u>		ES NO SELECTIVE SERVICE NUMBER		NA		\	NA NA	
1	[빙]	NA 6. ENLISTED IN OR TRANSFERRED TO A RESERVE	COMPONENT	COGNIZANT DISTRICT OR	ADEA COMMAND			
193		COMPONENT AND BRANCH OF CLASS		COGNIZANI DISTRICT OR	NA _			
-	S I	7. MEANS OF ENTRY OTHER THAN BY INDUCTION			INCO COOL INCOME.	INTO ACTIVE SERV	OR RANK AT TIME OF ENTRY ICE	
	ļ.	ENLISTED REENLISTED	COMMISSIONE	لے	LLED FROM INACTIVE DUT	Pri	vate	
	ī	9 DATE AND PLACE OF ENTRY INTO ACTIVE SERV	E 20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., County, City and State)					
-	<u></u>	DAY MONTH YEAR PLACE (City and State) 18 May 48 San Franci	sco California	1137 4th A	ve (Alameda	a) Oakland	California (	
	ŀ	STATEMENT OF SERVICE F	OR PAY PURPOSES	A. YEARS	B. MONTHS C. DAYS	NLISTMENT, IF ANY		
إ	-		FOR PAY PURPOSES EXCLUDING T			MONTH	TEAR MINOURI	
otherwise indicated)		22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIC		3	11 14	None	SEA SERVICE	
indi		23. OTHER SERVICE (Act of 16 June 1942 as amended) CO			0	TEARS MOI	THS DAYS	
wise	ı	24 TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES		3	11 14	None_		
Į.	DATA	27. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITA	TIONS AND CAMPAIGN RIBBONS A	VARDED OR AUTHORIZED	) ]		~	
m			1		//			
(unless	SER VICE	Good Conduct Medal			_/_/	ces (Place and Jain of	bnown)	
	SER	28. MOST SIGNIFICANT DUTY ASSIGNMENT	29. WOUNDS	RECEIVED AS A RESULT OF	ACTION WITH ENEMY FOR	LES (Flace and date, if	Anvun)	
SERVICE				. /				
8	2	3rd Hospital Band 0 34	None	DATES		31. SERVICE TR	AINING COURSES SUCCESSFULLY	
CURRENT PERIOD	;	30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING CO	OURSES AND-OR	(From-To)	MAJOR COURSE	COMPLETED		
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IRE		/ /		1				
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	)	ب المتعلق المتعادم التي التي المتعادم التي التي المتعادم ا		/ /	\ \ \	7		
APP				/ /				
NTERIES APPLY	,	.04	ATA	\ \	NA	None		
ENT		None	NA NOT BAID WHEN DIE OF WITHIN T	HIRTY ONE DAYS THEREAS	TER. INSURANCE WILL LAPS	E. MAKE CHECKS OR MON	IEY ORDERS PAYABLE TO THE TREAS-	
ALL.	9	GOVERNMENT INSURANCE INFORMATION: IF PREMIUM IS URER OF THE UNITED STATES. FOR WARD PAYMENTS FOR I PAYMENTS FOR U.S.C.I. TO COLLECTIONS DIVISION, VETE MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY	N.S.L.I. TO THE COLLECTIONS UNIT, RANS ADMINISTRATION, WASHING	VA BRANCH OFFICE HAVINGON 25, D.C. WHEN MAKIN	G JURISDICTION OF AREA I G INSURANCE PAYMENTS	N WHICH YOU MAINTAIN BE SURE TO GIVE FULL NA	ME AND PERMANENT ADDRESS FOR	
ļ	: AND	MAILING PURPOSES, SERVICE SERIAL NUMBER AND POLICY	NUMBER(S) IF KNOWN.	33. MONTH ALL	OTMENT DISCONTINUED	34. MONTH N	EXT PREMIUM DUE	
- 1	NCE DAT	32. KIND OF INSURANCE (amount and premium due N. S. L. I.		NA		NA		
Λ	URA AY	None IVONE	OR MILEAGE ALLOWANCE INCLUD	ED 37. DISBURSING	G OFFICER'S NAME AND SY	MBOL NUMBER		
	SE	\$131.48	\$0.60	в н јо	HNSTON LT C	COLONEL FC	215-121	
1	4	39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN 38. REMARKS (Continue on reverse)						
١	NO	Blood Group "A"	( )	35036 3 OC3				
	ATI	No days lost under Sec 6	(a)Appendix 2b	MUM TAPT	7/	illus Will-	nemp	
	TIC	Held in service 344 days for convenience of government				ed) — / — — — — — — — — — — — — — — — — —		
	AUTHENTICATION					MITTING A CHOMIC OND OPE		
	AUT	J	7		Chi	lef Separat	ion Section	
	_	40. V.A. BENEFITS PREVIOUSLY APPPLIED FOR (S	pecify type)			CLAIM NUM		
Ŋ		COMPENSATION, PENSION, INSURANCE BENEFITS, E.I.C.	/			1 7	A	
1	١,	AL BATES OF LAST CIVILIAN EMPLOYMENT: 42.	MAIN CIVILIAN OCCUPATION		D ADDRESS OF LAST CIVILI		famois	
	ľ	FROM TOLL TO TOLS MAIL	eician Inst.mum	ental Jimmy	r D Bacca Oa	akland Cali	ı ornıa	
	DAT	44. UNITED STATES CITIZEN 45. MARITA	L STATUS 46. NON-SERVICE EL	DUCATION ( rears succes	SSILITY COMPLETELY	IAJOR COURSE OR FIELD		
	NAL	X YES NO	MAR SCHOOL LEG			ve 1 * **		
	PERSONAL	Sin	gle 8 4 C			Vocational	n	
	띰	47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER	SEPARATION (St., R.F.D., County	y, City and State)	48. SIGNATURE OF	PERSON BEING SEPARATE	11 10	
		See #20			mor	us 6. x	lau long	
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