



00098294201909351970030036

KAREN ELLISON, RECORDER

APN# \_\_\_\_\_

Recording Requested by/Mail to:

Name: Robert Mathiowetz

Address: 1346 Victoria Drive

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Military Discharge

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]  
Signature

Mathiowetz, Robert  
Printed Name

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY**

This Report Contains Information Subject to the Privacy Act of 1974, As Amended.

<b>1. NAME (Last, First, Middle)</b> MATHIOWETZ, ROBERT PHILIP		<b>2. DEPARTMENT, COMPONENT AND BRANCH</b> USMC-11		<b>3. SOCIAL SECURITY NUMBER</b> [REDACTED] 5607	
<b>4a. GRADE, RATE OR RANK</b> SGT		<b>b. PAY GRADE</b> ES	<b>5. DATE OF BIRTH (YYYYMMDD)</b> 19900303	<b>6. RESERVE OBLIGATION TERMINATION DATE (YYYYMMDD)</b> 00000000	
<b>7a. PLACE OF ENTRY INTO ACTIVE DUTY</b> MINNEAPOLIS, MINNESOTA 55111			<b>b. HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known)</b> 33936 COUNTY ROAD 4, GOODHUE, MN 55027		
<b>8a. LAST DUTY ASSIGNMENT AND MAJOR COMMAND</b> MTN WARFARE TRNG CNTR TRNG COM BRIDGEPORT CA			<b>b. STATION WHERE SEPARATED</b> MTN WARFARE TRNG CNTR TRNG COM BRIDGEPORT CA (33610)		
<b>9. COMMAND TO WHICH TRANSFERRED</b> N/A				<b>10. SGLI COVERAGE</b> <input type="checkbox"/> NONE AMOUNT: \$ 400,000	
<b>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.)</b> 0351, INFANTRY ASSAULT MARINE, 09 YEARS, 01 MONTH 0317, SCOUT SNIPER, 05 YEARS, 04 MONTHS		<b>12. RECORD OF SERVICE</b>		<b>YEAR(S)</b>	<b>MONTH(S)</b>
		a. DATE ENTERED AD THIS PERIOD		2008	09
		b. SEPARATION DATE THIS PERIOD		2018	04
		c. NET ACTIVE SERVICE THIS PERIOD		09	06
		d. TOTAL PRIOR ACTIVE SERVICE		00	00
		e. TOTAL PRIOR INACTIVE SERVICE		00	00
		f. FOREIGN SERVICE		00	09
		g. SEA SERVICE		01	04
		h. INITIAL ENTRY TRAINING		00	06
		i. EFFECTIVE DATE OF PAY GRADE		2014	06
<b>13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)</b> NAVY AND MARINE CORPS COMMENDATION MEDAL, NAVY UNIT COMMENDATION, NAVY MERITORIOUS UNIT COMMENDATION, MARINE CORPS GOOD CONDUCT MEDAL (2), NATIONAL DEFENSE SERVICE MEDAL, GLOBAL WAR ON TERRORISM EXPEDITIONARY MEDAL (CLASSIFIED), GLOBAL WAR ON TERRORISM SERVICE MEDAL, HUMANITARIAN SERVICE MEDAL, SEA SERVICE DEPLOYMENT RIBBON (3). CERTIFICATE OF. SEE REMARKS.		<b>14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)</b> COLD WEATHER MEDICINE COURSE (WAC), 03/2017 HORSEMANSHIP AND ANIMAL PACKING (MMM), 11/2016 ANIMAL PACKING (MN6), 09/2016 SUMMER MOUNTAIN LEADERS (M7A), 05/2016 BASIC INSTRUCTOR COURSE (BIC) (XRG), 11/2015 WINTER MOUNTAIN LEADERS (M7B), 02/2015 SEE REMARKS			
<b>15a. COMMISSIONED THROUGH SERVICE ACADEMY</b>			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<b>b. COMMISSIONED THROUGH ROTC SCHOLARSHIP (10 USC Sec. 2107b)</b>			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<b>c. ENLISTED UNDER LOAN REPAYMENT PROGRAM (10 USC Chap. 109) (If yes, years of commitment: )</b>			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<b>16. DAYS ACCRUED LEAVE PAID</b> 60.0		<b>17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION</b>			
			<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
<b>18. REMARKS</b> SERIAL # 5846636-0 /EDIPI: 1370204248. ITEM NO. 13 CONT. COMMENDATION (INDIVIDUAL AWARD) (5), MERITORIOUS MAST (4), EXPERT RIFLE QUALIFICATION BADGE (3), EXPERT PISTOL QUALIFICATION BADGE (2). ITEM NO. 14 CONT. MOUNTAIN SCOUT SNIPER (UNC), 09/2014. SCOUT SNIPER (81Z), 12/2012. MOUNTAIN SURVIVAL COURSE (MSC), 07/2011. MOUNTAIN COMMUNICATIONS (CXJ), 06/2011. INFANTRY ASSAULT MARINE (035), 03/2009. SOTG SNIPER (29Z), 10/2014. GOOD CONDUCT MEDAL PERIOD COMMENCES 20150626. NON-CREDITABLE DELAYED ENTRY PROGRAM TIME 20080619 TO 20080907. MEMBER PARTICIPATED IN WES1-0, USSPELIU, 20100518-20101217. MEMBER PARTICIPATED IN WES132, USSBOXER, 20130823-20140424. MEMBER PARTICIPATED IN , 20100520-20101217. MEMBER PARTICIPATED IN OPERATION NEW DAWN , 20130823-20140422. E-MAIL ADDRESS AFTER SEPARATION: . CONTINUED ON CONTINUATION SHEET. The information contained here in is subject to computer matching within the Department of Defense or with any other affected Federal or non-Federal agency for verification purposes and to determine eligibility for, and/or continued compliance with, the requirements of a Federal benefit program.					
<b>19a. MAILING ADDRESS AFTER SEPARATION (Include ZIP Code)</b> 1346 VICTORIA DRIVE, GARDNERVILLE, NV 89460			<b>b. NEAREST RELATIVE (Name and address - include Zip Code)</b> MELISSA M. MATHIOWETZ (SPOUSE) 1346 VICTORIA DRIVE, GARDNERVILLE, NV 89460		
<b>20. MEMBER REQUESTS COPY 6 BE SENT TO (Specify state/locality)</b> MN		<b>OFFICE OF VETERANS AFFAIRS</b>		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>a. MEMBER REQUESTS COPY 3 BE SENT TO THE CENTRAL OFFICE OF THE DEPARTMENT OF VETERANS AFFAIRS (WASHINGTON, DC)</b>				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
<b>21a. MEMBER SIGNATURE</b> R. P. MATHIOWETZ		<b>b. DATE (YYYYMMDD)</b> 20180321	<b>22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)</b> AMY A. VAN HEEL, 1STLT, ADJUTANT, BY DIRECTION		<b>b. DATE (YYYYMMDD)</b> 20180321

**SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)**

<b>23. TYPE OF SEPARATION</b> DISCHARGED		<b>24. CHARACTER OF SERVICE (Include upgrades)</b> HONORABLE	
<b>25. SEPARATION AUTHORITY</b> MARCORSEPMAN 1005		<b>26. SEPARATION CODE</b> KBKI	<b>27. REENTRY CODE</b> RE-1A
<b>28. NARRATIVE REASON FOR SEPARATION</b> COMPLETION OF REQUIRED ACTIVE SERVICE			
<b>29. DATES OF TIME LOST DURING THIS PERIOD (YYYYMMDD)</b> NONE			<b>30. MEMBER REQUESTS COPY 4 (Initials)</b> RPM

Reuben Ruy  
CERTIFIED A TRUE COPY  
REUBEN RUY, GS-11, ADMIN

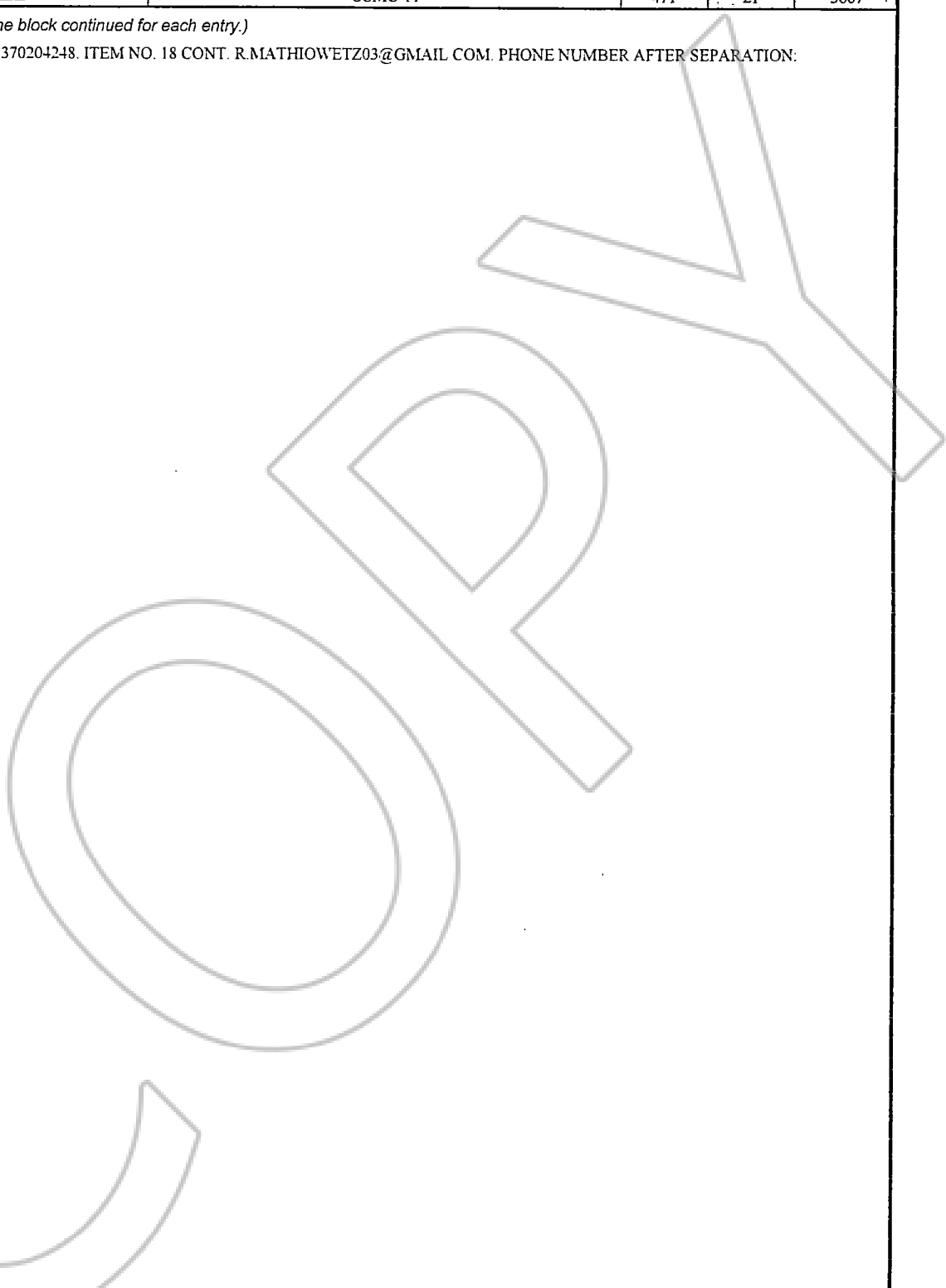
CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY (Continuation Sheet)

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1. NAME (Last, First, Middle) MATHIOWETZ, ROBERT PHILIP	2. DEPARTMENT, COMPONENT AND BRANCH USMC-11	3. SOCIAL SECURITY NUMBER 471   21   5607
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(Specify the item number of the block continued for each entry.)

SERIAL # 5846636-0 /EDIPI 1370204248. ITEM NO. 18 CONT. R.MATHIOWETZ03@GMAIL.COM. PHONE NUMBER AFTER SEPARATION: 612-940-0422



21a. MEMBER SIGNATURE

*[Signature]*  
R. P. MATHIOWETZ

b. DATE (YYYYMMDD)

20180321

22a. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title, signature)

*[Signature]*  
AMY A. VAN HEEL, 1STLT, ADJUTANT, BY DIRECTION

b. DATE (YYYYMMDD)

20180321

*Reuben Bui*  
CERTIFIED A TRUE COPY  
*REUBEN BUI, GS-11 ADMIN*