

APN# _____

Recording Requested by/Mail to:

Name: William Roland Bowe

Address: 1271 Woodside Drive

City/State/Zip: Gardnerville, NV 89460

Mail Tax Statements to:

Name: _____

Address: _____

City/State/Zip: _____



00102974201909391690020021

KAREN ELLISON, RECORDER

DD Form 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


Printed Name

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

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

Filed for Record this 10th Day of Dec., 2001
 Mike Libbey, Betty Libbey, D.C. Co. BL 19
 DAVISS page: 826

1. NAME (Last, First, Middle) BOWE, WILLIAM ROLAND		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/RA		3. SOCIAL SECURITY NO. [REDACTED] 4575	
4.a GRADE, RATE OR RANK SPC	4.b PAY GRADE E4	5. DATE OF BIRTH (YYYYMMDD) 19750406		6. RESERVE OBLIG. TERM. DATE Year 0000 Month 00 Day 00	
7.a PLACE OF ENTRY INTO ACTIVE DUTY BECKLEY, WV		7.b HOME OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 732 BARBOR ST BARBORSVILLE, WV 25504			
8.a LAST DUTY ASSIGNMENT AND MAJOR COMMAND 030504INCO D AT/ARMO FC		8.b STATION WHERE SEPARATED FORT BRAGG, NC 28310-5000			
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.) 11HIP 00 HV ANTI ARM WPN INFTY--3 YRS-4 MOS //NOTHING FOLLOWS		12. RECORD OF SERVICE			
		a. Date entered AD This Period	1997	11	13
		b. Separation Date This Period	2001	07	26
		c. Net Active Service This Period	0003	08	14
		d. Total Prior Active Service	0000	00	00
		e. Total Prior Inactive Service	0000	00	00
		f. Foreign Service	0000	00	00
		g. Sea Service	0000	00	00
13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service) ARMY LAPEL BUTTON//ARMY SERVICE RIBBON//EXPERT MARKSMANSHIP QUALIFICATION BADGE WITH RIFLE BAR//PARACHUTIST BADGE//NOTHING FOLLOWS		16. DAYS ACCRUED LEAVE PAID NONE			
14. MILITARY EDUCATION (Course title, number of weeks and month and year completed) NONE//NOTHING FOLLOWS					
15.a MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERAN'S EDUCATIONAL ASSISTANCE PROGRAM		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	15.b HIGH SCHOOL GRADUATE OR EQUIVALENT		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
17. MEMBER WAS PROVIDED A COMPLETE DENTAL EXAM AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION					
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-- 19971113-20000216//BLOCK 6, PERIOD OF DELAYED ENTRY PROGRAM: 19971009-19971113//DISABILITY SEVERANCE PAY-- \$12484.80//MEMBER HAS COMPLETED FIRST FULL TERM OF SERVICE//NOTHING FOLLOWS					
19.a MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 6041 GREGORY AVE FAYETTEVILLE, NC 28311			19.b NEAREST RELATIVE (Name and address - include Zip Code) SHANE MURPHY 6041 GREGORY AVE FAYETTEVILLE, NC 28311		
20. MEMBER REQUESTS COPY 6 BE SENT TO NC DIR OF VET AFFAIRS		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) James O. Cromwell JAMES O. CROMWELL, SFC, USA, NCOIC, TRANS SVC		
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 635-40, PARA 4-24B(3)		26. SEPARATION CODE JFL		27. REENTRY CODE 3	
28. NARRATIVE REASON FOR SEPARATION DISABILITY SEVERANCE PAY					
29. DATES OF TIME LOST DURING THIS PERIOD NONE					30. MEMBER REQUESTS COPY 4  Initials