

APN# _____

Recording Requested by/Mail to:

Name: Laurie A. Gray

Address: 1303 Kingbooy Trade

City/State/Zip: Herdmanville NV, 89460

Mail Tax Statements to:

Name: same

Address: _____

City/State/Zip: _____



00137697202109700100020025

KAREN ELLISON, RECORDER

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)

Laurie A. Gray

Signature

LAURIE A. GRAY

Printed Name

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

RE-3

LEGEND: Insert N/A to the items below which are not applicable

PERSONAL DATA	1. LAST NAME - FIRST NAME - MIDDLE NAME MERKEL CHARLES RONALD		2. SERVICE NUMBER US 56 333 169		3a. GRADE, RATE OR RANK RCT (P) E-1		b. DATE OF RANK (Day, Month, Year) 30 Nov 60			
	4. DEPARTMENT, COMPONENT AND BRANCH OR CLASS ARMY AUS INF			5. PLACE OF BIRTH (City and State or Country) Gas City Indiana			6. DATE OF BIRTH	DAY 15	MONTH Jul	YEAR 37
	7a. RACE Caucasian	b. SEX Male	c. COLOR HAIR Brown	d. COLOR EYES Green	e. HEIGHT 6'1"	f. WEIGHT 155	8. U. S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		9. MARITAL STATUS Single	
	10a. HIGHEST CIVILIAN EDUCATION LEVEL ATTAINED 11 years			b. MAJOR COURSE OR FIELD General						
TRANSFER OR DISCHARGE DATA	11a. TYPE OF TRANSFER OR DISCHARGE Discharged			b. STATION OR INSTALLATION AT WHICH EFFECTED Transfer Point Fort Ord California						
	c. REASON AND AUTHORITY AR 635-209 & Comment #1 CG USATC Inf & Ft Ord Calif dtd 17 Feb 61 SPN 46A						d. EFFECTIVE DATE	DAY 1	MONTH Mar	YEAR 61
	12. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co D 3d BG 1stBde Fort Ord California			13a. CHARACTER OF SERVICE UNDER HONORABLE CONDITIONS			b. TYPE OF CERTIFICATE ISSUED DD Form 257A			
SELECTIVE SERVICE DATA	14. SELECTIVE SERVICE NUMBER 4 135 37 343		15. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY AND STATE LB #135 Santa Ana (Orange) California				16. DATE INDUCTED			
	DAY 30	MONTH Nov	YEAR 60							
	17. DISTRICT OR AREA COMMAND TO WHICH RESERVIST TRANSFERRED NA									
SERVICE DATA	18. TERMINAL DATE OF RESERVE OBLIGATION			19. CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION			b. TERM OF SERVICE (Years)	c. DATE OF ENTRY		
	DAY NA	MONTH	YEAR	a. SOURCE OF ENTRY <input type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER NA			NA	DAY NA	MONTH NA	YEAR
	20. PRIOR REGULAR ENLISTMENTS None			21. GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SERVICE Recruit-E1		22. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Los Angeles California				
	23. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County and State) 11631 Placentia Avenue Orange (Orange) California					24. STATEMENT OF SERVICE		YEARS	MONTHS	DAYS
	25a. SPECIALTY NUMBER AND TITLE 006.00 Trainee		b. RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER None			e. CREDITABLE FOR BASIC PAY PURPOSES	(1) NET SERVICE THIS PERIOD	0	3	2
						(2) OTHER SERVICE	0	0	0	
						(3) TOTAL (Line (1) + line (2))	0	3	2	
						b. TOTAL ACTIVE SERVICE	0	3	2	
						c. FOREIGN AND/OR SEA SERVICE	0	0	0	
	26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Expert (Rifle)									
27. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None										
28. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRADUATE COURSES SUCCESSFULLY COMPLETED							29. OTHER SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED			
a. SCHOOL OR COURSE		b. DATES (From - To)		c. MAJOR COURSES						
None		NA		NA			Basic Training			
VA DATA	30a. GOVERNMENT LIFE INSURANCE IN FORCE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				b. AMOUNT OF ALLOTMENT NA		c. MONTH ALLOTMENT DISCONTINUED NA			
	31a. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) None						b. VA CLAIM NUMBER C- NA			
AUTHENTICATION	32. REMARKS Blood Group- 0 SSAN [REDACTED]-2383 Excess Leave of 6 days from 29Dec60 thru 3Jan61 Par 9 AR 601-210 applies									
	33. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County and State) Same as Item #23					34. SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Charles R Merkel</i>				
	35a. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER PAUL S KENT 1ST LT AGC ASST AG					b. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Paul S Kent</i>				