

SERVICE DATA 10. DATE OF BIRTH DAY 26 MONTH Nov YEAR 31 11. PLACE OF BIRTH (City and State) New Hamburg N.Y. 12. DESCRIPTION Female Caucasian Br Wn COLOR HAIR Blue COLOR EYES Blue HEIGHT 5'3" WEIGHT 105 13. REGISTERED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> SELECTIVE SERVICE NUMBER None 14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) Not applicable 15. INDUCTED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> COMMENT AND BRANCH OR CLASS Not applicable COGNATE DISTRICT OR AREA COMMAND Not applicable 17. MEANS OF ENTRY OTHER THAN BY INDUCTION <input checked="" type="checkbox"/> ENLISTED 3 Yrs <input type="checkbox"/> REENLISTED <input type="checkbox"/> COMMISSIONED <input type="checkbox"/> CALLED FROM INACTIVE DUTY 18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE Basic Airman 19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE DAY 1 MONTH Dec YEAR 52 PLACE (City and State) Albany N.Y. 20. HOME ADDRESS AT TIME OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City, County and State) Bpx 58, Hutchersonville, Dutchess Co. N.Y. STATEMENT OF SERVICE FOR PAY PURPOSES 21. NET SERVICE COMPLETED FOR PAY PURPOSES EXCLUDING THIS PERIOD A. YEARS B. MONTHS C. DAYS Not applicable 22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD 03 00 00 23. OTHER SERVICE (Act of 16 June 1948 as amended) COMPLETED FOR PAY PURPOSES 00 00 00 24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES 03 00 00 25. FOREIGN SER/ON SEA SERVICE YEARS MONTHS DAYS None None None 26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal 27. MOST SIGNIFICANT DUTY ASSIGNMENT 3510th Waf Squadron, ATC 28. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None 29. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR POST-GRAD. COURSES SUCCESSFULLY COMPLETED Keesler AFB, Mississippi Keesler AFB, Mississippi DATES (From-To) Mar53 Aug53 Aug53 Feb54 MAJOR COURSES Elect Fund Crse AbnElectNavEqp 30. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED None GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when dis. or within 30 days thereafter, if insurance will issue. (B) Term insurance and/or waiver term as (A) above. (C) Term insurance under waiver - premium payment must be resumed within 120 days after expiration. Forward Washington 25 D. C. (See VA Pamphlet 9-3). When paying premiums give full name, address, service number, policy number(s), branch of service, date of separation. Contact nearest VA office for information regarding Government Life Insurance. 31. KIND & AMT. OF INSURANCE & INT'L. PREMIUM None Indemnity 32. ACTIVE SERVICE PRIOR TO 28 APRIL 1951 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/> 33. MONTH ALLOTMENT DISCONTINUED Not applicable 34. MONTH NEXT PREMIUM DUE Not applicable 35. TOTAL PAYMENT UPON SEPARATION Not applicable 36. TRAVEL OR MILEAGE ALLOWANCE INCLUDED IN TOTAL PAYMENT Not applicable 37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER Not applicable 38. REMARKS (Continue on reverse) Blood group: "B" F30D: 7Dec41 No days lost under MCM 1951 TAFS: Same as item#24 MOP \$200.00 UP PL 550 82nd Cong IP #100 00 39. SIGNATURE OF OFFICER AUTHORIZED TO SIGN JERALD H THOMPSON 1ST LT USAF Separation Officer 40. VA BENEFITS PREVIOUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. 41. DATES OF LAST CIVILIAN EMPLOYMENT FROM None TO None 42. MAIN CIVILIAN OCCUPATION None 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER Not applicable 44. WRITTEN STATES CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 45. MARITAL STATUS Single 46. NON-SERVICE EDUCATION (Years successfully completed) None 47. MAJOR COURSE OR FIELD Academic 47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (St., R.F.D., City, County and State) Same as item#20 48. SIGNATURE OF PERSON BEING SEPARATED Shirley J. Hamilton
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DD FORM 13 JAN 50 214 EDITION OF 1 JAN 50 IS OBSOLETE.

INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

No. 64584 Recorded at the request of SHIRLEY BROTHERS at 4:10 P m, this 19th day of JUNE A.D. 1979, in Book 30 page 428 Official Record Lincoln County, Nevada.

Shirley J. Hamilton  
 County Recorder BOOK 30 PAGE 428