RECORDED AT THE RECUEST OF Norman Rebaleating 2005 JAN 14 PM 1: 35

EUREKA JOUNT V. NEVADA M.N. REBALEATI. RECORDER FILE NO. FEES

39

Recording Requested by:

Name Norman Rebaleati

Address P.O. Brx 633

City/State/Zip Fure Ka, NV 893/6

Navy Pischarge
(Title of Document)

This page added to provide additional information required by NRS 111.312 Sections 1-2. (Additional recording fee applies)

This cover page must be typed or printed.

CH.	ARACTER OF SEPARATION ONURABLE	REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		1	DEPARTMENT U.S. NAVY	
-	1. LAST NAME — FIRST NAME — MIDDLE NAME		2. SERVICE NUMBER 3. GRAI		E — RATE — RANK AND DATE 4. COMPONENT AND BRANCH OR INTMENT	
SEPARATION DATA	REBALEATI, Joseph Norman		463974	LT 1	T 1 May 52 USNR	
	SPECIALTY NUMBER OR SYMBOL RELATED CIVILIAN OCCUPATION AND D. O. T. NUMBER 1105 Administrative 19 Jun 53 RETEASE					
	8. REASON AND AUTHORITY FOR SEPARATION BUPERS Disp 121515Z of March 53 9. PLACE OF SEPARATION U.S. NAVRECS TA, SAN FRANCISCO, CALIF.					
	10. DATE OF BIRTH 11. PLACE OF BIRTH (City and Scate) DAY MONTH YEAR 4 May 24 Eureke, Nev.		12 DESCRIPTION SEX Male Cauo COLOR HAIR COLOR EYES HEIGHT 72"		HEIGHT WEIGHT 200	
ELECTIVE SVICE DATA	13. REGISTERED YES NO SELECTIVE SERVICE NUMBER X	14. SELECTIVE SERVICE LOCA		ounty, State)		15. INDUCTED DAY MONTH YEAR
	16. ENLISTED IN OR TRANSFERRED TO A RESERVE COMPONENT					
Sign	XES NO COMPONENT AND BRANCH OR CLASS US NR INEC LIVE 17. MEANS OF ENTRY OTHER THAN BY INDUCTION		12th	ND, San	Frans Cal	L11.
SERVICE DATA	ENLISTED REENLISTED COMMISSIONED X CALLED FROM INACTIVE DUTY INTO ACTIVE SERVICE LTJG					CE _
	19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE (St., R.F.D., City. County and State) Out Month 152 Eureka, Nev. 20. Home address at time of entry into active service (st., R.F.D., City. County and State) Box H, Eureka, Nev.					
	STATEMENT OF SERVICE		A. YEARS I	B. MONTHS C. DAYS	♥ V • 25. ENLISTMENT ALLOW LENLISTMENT IF ANY	ANCE PAID ON EXTENSION OF
	avar	ED FOR PAY PURPOSES EXCLUDING T	HIS PERIOD 10	00 23	DAY MONTH	YEAR AMOUNT
	22. NET SERVICE COMPLETED FOR PAY PURPOSES THIS 23. OTHER SERVICE (Act of 16 June 1942 as amer		s 01	05 13	26. FOREIGN AND/OR SE	A SERVICE
	24. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSE		11	06 06	26. FOREIGN AND/OR SE YEARS O1	A SERVICE DAYS DAYS OO
	27. DECORATIONS, MEDALS. BADGES. COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED Korean. United Nations					
	28. MOST SIGNIFICANT DUTY ASSIGNMENT Assit Electronics Officer 29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known)					
SCHARC	Naval Communication Facility Navy 3923. Yokosuka Japan 30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING COURSES AND/OR DATES POST-GRAD. COURSES SUCCESSFULLY COMPLETED 31. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED					
Carrie	30. SERVICE SCHOOLS OR COLLEGES, COLLEGE TRAINING POST-GRAD, COURSES SUCCESSFULLY COMPLETED	COURSES AND/OR	DATES From-To)	MAJOR COURSES	31. SERVICE TR	AINING COURSES SUCCESSFULLY
	NONE	-	/_		_	
2	MOP \$300.00 , \$100.00 MOP PAID 6/17/53					O MOP PAID ON
			\ \	0/1//		
<u>-</u>	V. E. SUTTON ICDR SC USN 5115L GOVERNMENT INSURANCE INFORMATION: (A) Permanent plan premium must continue to be paid when due, or within 31 days thereafter, or insurance mill lapse. (B) Term insurance not under waiver same as (A) above.					
QNV.	(C) Term insurance under waiver — premium payment must be resumed within 120 days after separation. Forward premiums on NSLI to Veterans Administration District Office having jurisdiction over the area shown in Item 47. Forward premiums on USGLI to Veterans Administration, Washington 25, D. C. (See Amphilet 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 concerning Government Life Insurance.					
AUTHENTICATION INSURANCE PAY DAT	32A. KIND & AMT. OF INSURANCE & MTHLY, PREMIUM		APRIL 33. MONTH ALLO	TMENT DISCONTINUED	34. MONTH ME	CT PREMIUM DUE
	35. TOTAL PAYMENT UPON SEPARATION 36. TR TOTAL TOTAL	AVEL OR MILEAGE ALLOWANCE INCLU PAYMENT		OFFICER'S NAME AND S	YMBOL NUMBER CDR (SC) U	JSN 51154
	38. REMARKS (Continue on reverse) 38. SIGNATURE OF OFFICER AUTHORIZED TO SIGN					
	I hereby certify that the information contained in block #26 is correct to					
ENTE	the best of my knowledge and belief.					
Ę	M.J. CONWAY, LT, USNR Separation Officer					
1	40. V. A. BENEFITS PREVISUSLY APPLIED FOR (Specify type) COMPENSATION, PENSION, INSURANCE BENEFITS. ETC. CLAIM NUMBER					
DATA	41. DATES OF LAST CIVILIAN EMPLOYMENT 42. MAIN CIVILIAN OCCUPATION 43. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER					
	10 Manager of multiple Transles I delay to Domon Transles Manager					
PERSONAL DATA	44. UNITED STATES CITIZEN 45. MARTI	GRAM- HIGH COL-	DEGREE(S)		OR COURSE OR FIELD	
ES S		ried08 04 04				engineering
	Box H, Euroka, Ne		, County and State)	Lesep	ERSON BEING SEPARATED	Colorti
L	FORM O 4 (FOUTION OF LIAN	INDUINIAL'S CODY (TO D		JOSEPH '	N. REBALEA!	TI, LT, USNR