

APN # N/A

EUREKA COUNTY, NV
LAND-MIL

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Total: \$0.00

BLAINE C. BACON

Recording Requested By:

Name Blaine C. Bacon

Address 171 Bull Street

City/State/Zip Eureka, NV

89516



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KATHERINE J. BOWLING, CLERK RECORDER

NUB Form 22
(Title of Document)

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

NATIONAL GUARD REPORT OF SEPARATION AND RECORD OF SERVICE

The proponent agency is ARNG-HRH. The prescribing directive is NGR 600-200.

PRIVACY ACT STATEMENT

1. **AUTHORITY:** Title 10 USC 12101 and 12103, Title 32 USC 301 and 304, and Executive Order 9397.
2. **PURPOSE:** Official discharge document, which records the National Guard member's (ARNG & ANG) service in the National Guard. The original and one copy will be provided to the Soldier. A copy will be maintained by the MILPO for state records. For organizational use only.
3. **ROUTINE USES:** None.
4. **DISCLOSURE:** Voluntary; However, failure to provide Service Number may result in a delayed or erroneous processing of NGB Form 22A.

Report of separation and record of service in the Army National Guard of Tennessee and as a Reserve of the _____

1. LAST NAME - FIRST NAME - MIDDLE NAME BACON BLAINE CURTIS		2. DEPARTMENT, COMPONENT AND BRANCH ARMY/ARNGUS/TNARNG		3. SOCIAL SECURITY NUMBER [REDACTED]	
4. DATE OF ENLISTMENT/APPOINTMENT 2017-01-25	5a. RANK SPC	5b. PAY GRADE E4	6. DATE OF RANK 2017-01-25	7. DATE OF BIRTH 1995-06-02	
8a. STATION OR INSTALLATION AT WHICH AFFECTED X6VAA HEADQUARTERS AND HEADQUARTERS, JOHNSON CITY, TN 37615-3065				8b. EFFECTIVE DATE 2020-09-08	
9. COMMAND TO WHICH TRANSFERRED N/A		10. RECORD OF SERVICE		YEARS	MONTHS
		(a) Net service this period		3	7
		(b) Prior reserve component service		0	0
		(c) Prior active federal service		3	7
		(d) Total service for pay		7	3
11. TERMINAL DATE OF RESERVE/MILITARY SERVICE OBLIGATION 2023-01-25		(e) Total service for retired pay		7	0
12. MILITARY EDUCATION (Course title, number of weeks, month and year completed) INTELLIGENCE ANALYST CRS 18WKS 2014//CRITICAL THINKING CRS 1WK 2016//BASIC LEADER CRS 3WKS JUN 2019//BSOC/CPOF OPERATOR CRS 1WK AUG 2018//AIRBORNE CRS 3WKS JUL 2014//NOTHING FOLLOWS		13. PRIMARY SPECIALTY NUMBER, TITLE AND DATE AWARDED (Additional specialty numbers and titles) P: 35FIO INTELLIGENCE ANALYST 140613//NOTHING FOLLOWS			
		14. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED Secondary/High School 12 YRS (Gr 1-12) College 2 YRS			
15. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED THIS PERIOD. (State awards may be included) ARMY-SVC-RBN//NTL-DEF-SVC-MDL//GCMDL-ARMY//AAM//ARCOM//AR-COMP-ACHVMNT-MDL//GWOTSM//PRCHT-BAD//ICM-CS//NCO-PROF-DEV-RBN//ARCON//NOTHING FOLLOWS		16. SERVICEMAN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO AMT 400000			
17. PERSONNEL SECURITY INVESTIGATION a. Type _____ b. Investigation 19130819		18. REMARKS DISCHARGE CERTIFICATE, COPY 1 NGB FORM 22, AND DISCHARGE ORDER WERE MAILED TO INDIVIDUAL AT THE LAST KNOWN ADDRESS LISTED IN BLOCK 19 BELOW// PERIOD OF ACTIVE FEDERAL SERVICE (NONE) COVERED BY THIS NGB 22: 000000 THRU 000000 INCLUSIVE//NOTHING FOLLOWS			
19. MAILING ADDRESS AFTER SEPARATION (Street, City, County, State and Zip Code) P.O. BOX 91, EUREKA, NV, 89316			20. SIGNATURE OF PERSON BEING SEPARATED Soldier Not Available To Sign		
21. NAME, GRADE AND TITLE OF AUTHORIZING OFFICER SFC MICHAEL P. AVELLA, G1 OFF-BOARDING SUPERVISOR		22a. SIGNATURE OF AUTHORIZED TO SIGN AVELLA.MICHAEL. PETER.1015077189 <small>Digitally signed by AVELLA.MICHAEL.PETER.1015077189 Date: 2021.03.04 13:04:50 -06'00'</small>		22b. DATE 2021-03-04	
23. AUTHORITY AND REASON NGR 600-200, 6-35b(3) Discharge for enlistment in another component of the U.S. Armed Forces					
24. CHARACTER OF SERVICE Honorable		25. TYPE OF CERTIFICATE USED NGB Form 55A		26. REENLISTMENT ELIGIBILITY RE-1	
<input type="checkbox"/> REQUEST <input type="checkbox"/> DECLINE COPIES OF MY NGB FORM 22 <input checked="" type="checkbox"/> SOLDIER NOT AVAILABLE FOR SIGNATURE INITIALS _____ MPA _____					