

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
**ASSESSING OFFICIALS' RESPONSE TO EXEMPTIONS/
 TAX CREDITS/DEFERRAL APPLICATION**

NOTE: "CU PARTNER" STANDS FOR "CIVIL UNION PARTNER"

Property for which Exemption/Tax Credit/Deferral is claimed:

STEP 1 NAME AND ADDRESS	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL			
	Durette		Barry	J			
	PROPERTY OWNER'S LAST NAME		FIRST NAME	INITIAL			
	MAILING ADDRESS						
	111 Rte 286 Lot 65						
CITY/TOWN		STATE	ZIP CODE				
Seabrook		NH	03874				
PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED							
65 Cynthia Circle							
STEP 2 EXEMPTIONS/ TAX CREDITS/ DEFERRAL	CITY/TOWN TAX MAP # 15		BLOCK # 102	LOT # 65			
	VETERANS' TAX CREDIT						
	<i>Granted/Denied Date</i>						
	<input checked="" type="checkbox"/>	Veterans' Tax Credit \$50 minimum (to \$500)	Amount \$	750	<input checked="" type="checkbox"/>		
	<input checked="" type="checkbox"/>	Service Connected Total & Permanent Disability \$700 minimum to \$2000	Amount \$	4,000	<input checked="" type="checkbox"/>		
	<input type="checkbox"/>	Surviving Spouse/CU Partner of Veteran Who Was Killed or Who Died on Active Duty \$700 minimum (to \$2000)	Amount \$		<input type="checkbox"/>		
	<input type="checkbox"/>	Review Discharge Papers (ei: Form DD214), Form # _____			<input type="checkbox"/>		
	<input type="checkbox"/>	Other Information _____			<input type="checkbox"/>		
	VETERANS' EXEMPTION						
	<i>Granted Denied Date</i>						
<input type="checkbox"/>	Total Exemption	<input type="checkbox"/>	(a) Veteran	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>		<input type="checkbox"/>	(b) Surviving Spouse/CU Partner	<input type="checkbox"/>	<input type="checkbox"/>		
APPLICABLE ELDERLY AND DISABLED EXEMPTION (OPTIONAL) INCOME AND ASSET LIMITS							
Income Limits		Disabled Exemption	Elderly Exemption	Elderly Exemption Per Age Category			
Single	\$	\$	\$	65 - 74 years of age	\$		
Married	\$	\$	\$	75 - 79 years of age	\$		
Asset Limits				80 + years of age	\$		
Single	\$	\$	\$				
Married	\$	\$	\$				
OTHER EXEMPTIONS							
				<i>Granted Denied Date</i>			
<input type="checkbox"/>	Elderly Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Disabled Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Improvements to Assist the Deaf	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Improvements to Assist Persons with Disabilities	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Blind Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Deaf Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Solar Energy Systems Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Woodheating Energy Systems Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/>	Wind-Powered Energy Systems Exemption	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	
Elderly & Disabled Tax Deferral				<i>Granted Denied</i>			
<input type="checkbox"/>	Elderly and Disabled Tax Deferral	Amount \$	_____	<input type="checkbox"/>	<input type="checkbox"/>		
For Deferrals: This page must be returned to the property owner after approval or denial on or before July 1st following the date of Notice of Tax under RSA 72:1-d by first class mail. (RSA 72:34,IV)							
STEP 3 COMMENTS/ NOTES	Municipal Comments/Notes						
STEP 4 SIGNATURES	Selectmen/Assessor(s) Printed Name		Signature of Selectmen/Assessor(s) in ink		Date		
	, Chairman						
	, Vice-Chairman						
	, Clerk						
APPEAL PROCEDURE	If an application for a property tax exemption or tax credit is denied, an applicant may appeal in writing on or before September 1st following the date of notice of tax under RSA 72:1-d to the New Hampshire Board of Tax and Land Appeals (BTLA) or to the Superior Court. Example: If you were denied an exemption from your 2013 property taxes, you have until September 1, 2014, to appeal. Forms for appealing to the BTLA may be obtained from the NH BTLA, 107 Pleasant Street, Concord, NH 03301, their web site at www.nh.gov/btla or by calling (603) 271-2578. Be sure to specify EXEMPTION APPEAL .						

PROPERTY OWNER'S NAME

PROPERTY OWNER'S NAME

TAX MAP/BLOCK/LOT

RECEIVED

DEC 14 2023

STEP 1 OWNER AND APPLICANT NAME AND ADDRESS

OWNER AND APPLICANT INFORMATION

OWNER: Barry + Anita Durette

APPLICANT'S LAST NAME: Durette APPLICANT'S FIRST NAME: Barry MI: J. PHONE NUMBER: _____

APPLICANT'S LAST NAME: _____ APPLICANT'S FIRST NAME: _____ MI: _____ PHONE NUMBER: _____

MAILING ADDRESS: 111 Rte 286 Lot 65

CITY/TOWN: Scabrook STATE: NH ZIP CODE: 03874

PROPERTY ADDRESS: 65 Cynthia Circle TAX MAP: 15 BLOCK: 102 LOT: 65

IS THIS YOUR PRIMARY RESIDENCE? YES NO

STEP 2 VETERANS' TAX CREDITS AND EXEMPTION

VETERAN'S INFORMATION

1. APPLICANT IS THE: Veteran Spouse Surviving Spouse

2. APPLYING FOR:

- Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)
- All Veterans' Tax Credit (RSA 72:28-b) *If Adopted by Town* Standard (\$50) / Optional (\$51 up to \$750)
- Tax Credit for Service-Connected Total Disability (RSA 72:35) Standard (\$700) / Optional (\$701 up to \$4,000)
- Tax Credit for Surviving Spouse (RSA 72:29-a "...of any person who was killed or died while on active duty...")
- Tax Credit for Combat Service (RSA 72:28-c) *If Adopted by Town* (\$50 up to \$500)
- Certain Disabled Veterans (Exemption) (RSA 72:36-a)

3. Veteran's Name: Barry J. Durette Dates of Military Service Enter (MMDDYYYY): _____ 4. Date of Entry: 6-29-73 5. Date of Discharge/Release: 8-8-1981

IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)

6. Name of Allied Country Served in: Vietnam 7. Branch of Service: US Marines

9. Does any other eligible Veteran own interest in this property? YES NO If YES, provide name: _____

8. Please Check One. US Citizen at time of entry into Service Alien but resident of NH at time of entry into Service

STEP 3 EXEMPTIONS

STANDARD EXEMPTIONS

10. Elderly Exemption (Must be 65 years of age on or before April 1 of year for which exemption is claimed) (RSA 72:39-a)
(Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth: _____ 10b. Spouse's Date of Birth: _____

11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)

LOCAL OPTIONAL EXEMPTIONS (If adopted by city/town)

12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62)
 Deaf Exemption (RSA 72:38-b) Wind-Powered Energy Systems Exemption (RSA 72:66)
 Disabled Exemption (RSA 72:37-b) Woodheating Energy Systems Exemption (RSA 72:70)
 Electric Energy Storage Systems Exemption (RSA 72:85)

STEP 4 RESIDENCY

13. NH Resident for One Year preceding April 1 in the year in which the tax credit is claimed (Veterans' Tax Credit)
 NH Resident for Five Consecutive Years (Deaf) or At least Five Years (Disabled) preceding April 1 in the year the exemption is claimed
 NH Resident for Three Consecutive Years preceding April 1 in the year the exemption is claimed (Elderly Exemption)

STEP 5 OWNERSHIP

14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own? _____

STEP 6 SIGNATURES

Under penalties of perjury, I declare that I have examined this document and to the best of my belief the information herein is true, correct and complete.

Barry Durette SIGNATURE (IN INK) OF PROPERTY OWNER DATE: 18 Dec 23

SIGNATURE (IN INK) OF PROPERTY OWNER DATE: _____

PROPERTY OWNER NAME

PROPERTY OWNER NAME

TAX MAP | BLOCK | LOT

VC
+ Dis
VC

VETERANS' CREDIT QUALIFICATIONS WORKSHEET
In Satisfaction of RSA 21-J:11-a Assessment Review Report
Conducted Every Five Years

Name of Municipality: SEABROOK

Name of Applicant: Barry J. Durette

Address of Applicant's Principal Place of Abode: 65 Cynthia Circle

Map and Lot Number of Applicant's Principal Place of Abode: 15-102-65

Date of Original Application to Municipality: 12-18-23

Regular Veterans' Tax Credit (RSA 72:28)

Date Range of Active Duty From DD214 or other qualifying discharge papers;
(90 days must be within this range) 5-29-73 - 8-8-1981

Was veteran honorably discharged or separated from service? YES NO

If applicable, list any qualifying medals earned: _____

For a list of qualifying medals go to: http://www.nh.gov/revenue/property_tax/veterans_medals_list.doc

For a list of qualifying discharge papers go to:
http://www.nh.gov/revenue/property_tax/Veterans_Qualifying_Dischg_Papers_Web_0804.doc

Documentation Reviewed By: *Garmond Camille* Application Approved by: BOS.

Service Connected Total and Permanent Disability (RSA 72:35)

The municipality has seen a copy of the letter provided by the United States Department of Veterans' Affairs certifying that the applicant is rated totally and permanently disabled from service connection and has approved or denied this application accordingly.

Documentation Reviewed By: *Garmond Camille* Application Approved by: BOS.

Surviving Spouse of Veteran Who was Killed or Who Died While on Active Duty (RSA 72:29-a) or, Certain Disabled Veterans (RSA 72:36-a)¹

For 72:29-a: The municipality has seen a copy of the DD214 discharge papers or a copy of the DD Form 1300, Report of Casualty, or other qualifying discharge papers of the veteran's spouse and has determined that the veteran, in this case, died or was killed while on active duty in the armed forces of the United States of America in the wars, conflicts or armed conflicts, or combat zones set forth in RSA 72:28 and has approved or denied this application accordingly.

For 72:36-a: The municipality has seen a letter from the VA certifying that the veteran did receive assistance from the VA in acquiring his residential real estate.

Documentation Reviewed By: _____ Application Approved By: _____

¹ Revised September, 2006
veteransworksheets\Inst

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

1. LAST NAME - FIRST NAME - MIDDLE NAME DURETTE, Barry James			2. SEX M	3. SOCIAL SECURITY NUMBER 028 448 5043		4. DATE OF BIRTH 55 11 03	YEAR 55	MONTH 11	DAY 03
5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC-11			6a. GRADE, RATE OR RANK Sgt		b. PAY GRADE E-5	7. DATE OF RANK 76 03 01	YEAR 76	MONTH 03	DAY 01
8a. SELECTIVE SERVICE NUMBER UNKNOWN		b. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE UNKNOWN			c. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 97 Thorndike St Cambridge MA 02141				
9a. TYPE OF SEPARATION Release from active duty					b. STATION OR INSTALLATION AT WHICH EFFECTED MARINE MRTC NAS SOWEY PL. 0219C				
c. AUTHORITY AND REASON						d. EFFECTIVE DATE 79 05 18	YEAR 79	MONTH 05	DAY 18
e. CHARACTER OF SERVICE Honorable					f. TYPE OF CERTIFICATE ISSUED JD-256MC		10. REENLISTMENT CODE		
11. LAST DUTY ASSIGNMENT AND MAJOR COMMAND MARINE MRTC NAS SOWEY MA 0219C					12. COMMAND TO WHICH TRANSFERRED MCRFA., Kansas City MO 64131.				
13. TERMINAL DATE OF RESERVE/RES OBLIGATION 79 05 28			14. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) CoA, 8th Engr Bn, FWP Lant CamLej NC 28542			15. DATE ENTERED ACTIVE DUTY THIS PERIOD 75 06 19			
16a. PRIMARY SPECIALTY NUMBER AND TITLE 0151. Admin. Clerk		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A		18. RECORD OF SERVICE			YEARS	MONTHS	DAYS
17a. SECONDARY SPECIALTY NUMBER AND TITLE N/A		b. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A		(a) NET ACTIVE SERVICE THIS PERIOD 04			00	00	00
				(b) PRIOR ACTIVE SERVICE 02			00	00	00
				(c) TOTAL ACTIVE SERVICE (a + b) 06			00	00	00
				(d) PRIOR INACTIVE SERVICE 00			00	00	00
				(e) TOTAL SERVICE FOR PAY (c + d) 06			00	00	00
				(f) FOREIGN AND/OR SEA SERVICE THIS PERIOD 00			00	00	00
19. INDOCHINA OR KOREA SERVICE SINCE AUGUST 5, 1964 <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					20. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL 12 YRS (1-12 grades) COLLEGE 00 YRS				
21. TIME LOST (Preceding Two Yrs) NONE		22. DAYS ACCRUED LEAVE PAID 59.5		23. SERVICEMEN'S GROUP LIFE INSURANCE COVERAGE <input type="checkbox"/> \$15,000 <input type="checkbox"/> \$5,000 <input checked="" type="checkbox"/> \$20,000 <input type="checkbox"/> NONE		24. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT N/A		25. PERSONNEL SECURITY INVESTIGATION a. TYPE SECRET b. DATE COMPLETED 73.6.25	
26. DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED NATIONAL DEFENCE MEDAL MUC GOOD CONDUCT MEDAL 2D AWARD MERITORIOUS M.L.S.T									
27. REMARKS NBC DEFENCE FOR THE MARINE; MCI WASH DC, COMPL June 1974 BASIC COMBAT ENGINEER; MCI WASH DC, COMPL Aug 1974 SERVICE RECORD BOOKS; TRF CGMD ADMIN PROCEED SCH CAMLEJ NC, COMPL July 1974 MANPOWER MANAGEMENT SYSTEM; TRF CGMD ADMIN PROCEED SCH CAMLEJ NC, COMPL Jan 1975 MARINE NCO; MCI WASH DC, COMPL Feb 1975 SPELLING; MCI WASH DC, COMPL MAY 1976 INDIVIDUAL PERSONNEL RECORDS; MCI WASH DC, COMPL SEPT 1976 NAVAL CORP COURSE; PER-DMINSCL; MECDEC QUANT VA COMPL DEC 1976 Marine Request his copy of DD Form 214 MC									
28. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) 6st Gerard Terr North Cambridge MA 0214					29. SIGNATURE OF PERSON BEING SEPARATED <i>Barry Durette</i>				
30. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER					31. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>R. Hogan</i>				

DD FORM 214 MC NOV 72

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE. THIS IS AN IMPORTANT RECORD SAFEGUARD IT. S/N 0102-002-0001

REPORT OF SEPARATION FROM ACTIVE DUTY (1900)

INDIV -

1. LAST NAME - FIRST NAME - MIDDLE NAME DURETTE, Barry James		2. SLX M		3. SOCIAL SECURITY NUMBER 0281 44 5049			4. DATE OF BIRTH YEAR: 55 MONTH: 11 DAY: 03	5. DEPARTMENT, COMPONENT AND BRANCH OR CLASS USMC	6. GRADE, RATE OR RANK Corporal		7. DATE OF RANK YEAR: 75 MONTH: 04 DAY: 02
8. SELECTIVE SERVICE NUMBER UNKNOWN		9. SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, STATE AND ZIP CODE UNKNOWN				10. HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, State and ZIP Code) 97 Thorndike St., Cambridge, MA					
11. TYPE OF SEPARATION DISCHARGE						12. STATION OR INSTALLATION AT WHICH EFFECTED Co A, 8th Engr Bn, For Trps, FMFLant, CamLej, NC					
13. AUTHORITY AND REASON						14. EFFECTIVE DATE YEAR: 75 MONTH: 06 DAY: 19	15. REENLISTMENT CODE DD 256 MC				
16. CHARACTER OF SERVICE HONORABLE						17. TYPE OF CERTIFICATE ISSUED DD 256 MC					
18. LAST DUTY ASSIGNMENT AND MAJOR COMMAND Co A, 8th Engr Bn, For Trps, FMFLant, CamLej, NC						19. COMMAND TO WHICH TRANSFERRED MCDEC, MCB, QUANTICO, VA					
20. TERMINAL DATE OF RESERVE/MSA OBLIGATION		21. PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City, State and ZIP Code) AFFES, Boston, MA				22. DATE ENTERED ACTIVE DUTY THIS PERIOD YEAR: 73 MONTH: 05 DAY: 29					
23. PRIMARY SPECIALTY NUMBER AND TITLE 1371 Combat Engineer		24. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A				25. RECORD OF SERVICE					
26. SECONDARY SPECIALTY NUMBER AND TITLE N/A		27. RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER N/A				28. NET ACTIVE SERVICE THIS PERIOD 07 00 21					
29. HIGHEST EDUCATION LEVEL SUCCESSFULLY COMPLETED (In Years) SECONDARY/HIGH SCHOOL: 10 YRS (12 grades) COLLEGE: 00 YRS						29. PRIOR ACTIVE SERVICE 00 00 00					
30. DISABILITY SEVERANCE PAY <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES AMOUNT: N/A						30. TOTAL ACTIVE SERVICE (a + b) 02 00 21					
31. PERSONNEL SECURITY INVESTIGATION a. TYPE: N/A b. DATE COMPLETED:						31. PRIOR INACTIVE SERVICE 00 00 00					
32. MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED National Defense Service Medal						32. TOTAL SERVICE FOR PAY (c + d) 02 00 21					
33. REMARKS Reenlisted in the United States Marine Corps						33. FOREIGN AND/OR SEA SERVICE THIS PERIOD 00 00 00					
34. MAILING ADDRESS AFTER SEPARATION (Street, RFD, City, County, State, ZIP) Same as 8C						34. SIGNATURE OF PERSON BEING SEPARATED <i>Barry James Durette</i>					
35. TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER ASHLEY, 1STLT, COMMANDING OFFICER						35. SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>J. Ashley</i>					

14 MC

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE

THIS IS AN IMPORTANT RECORD SAFEGUARD IT.

S/N 0102-002-0001

REPORT OF SEPARATION FROM ACTIVE DUTY (1900)

INDIV - 1

DD FORM **214**
1 JUL 79

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY

1. NAME (Last, first, middle) **DURETTE, BARRY JAMES** 2. DEPARTMENT, COMPONENT AND BRANCH **ARMY/USAR** 3. SOCIAL SECURITY NO. **028 648 5049**

4a. GRADE, RATE OR RANK **SGT** 4b. PAY GRADE **E5** 5. DATE OF BIRTH **551103** 6. PLACE OF ENTRY INTO ACTIVE DUTY **BOSTON, MA**

7. LAST DUTY ASSIGNMENT AND MAJOR COMMAND **HQ, USA BOSTON DRC, 666 SUMMER ST, BOSTON, MA** 8. STATION WHERE SEPARATED **FORT DEVENS, MA**

9. COMMAND TO WHICH TRANSFERRED **USAR CONTROL GROUP (REINFORCEMENT) RCPAC, ST LOUIS, MO** 10. SGLI COVERAGE AMOUNT \$ **20,000** NONE

11. PRIMARY SPECIALTY NUMBER, TITLE AND YEARS AND MONTHS IN SPECIALTY (Additional specialty numbers and titles involving periods of one or more years) COE20, RECRUITER, 0 YRS AND 3 MOS.	12. RECORD OF SERVICE		
	YEAR (s)	MON (s)	DAY (s)
a. Date Entered AD This Period	79	08	08
b. Separation Date This Period	81	08	08
c. Net Active Service This Period	02	00	01
d. Total Prior Active Service	00	00	00
e. Total Prior Inactive Service	00	00	00
f. Foreign Service	00	00	00
g. Sea Service	00	00	00
h. Effective Date of Pay Grade	76	03	01
i. Reserve Oblig. Term. Date	82	06	18

13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)
NATIONAL DEFENSE SERVICE MEDAL, GOOD CONDUCT MEDAL (2ND AWARD), MERITORIOUS UNIT COMMENDATION, BASIC RECRUITER BADGE w/1 GOLD STAR

14. MILITARY EDUCATION (Course Title, number weeks, and month and year completed)
ARMY RECRUITER COURSE, 4 WEEKS (1979)

15. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM YES NO 16. HIGH SCHOOL GRADUATE OR EQUIVALENT YES NO 17. DAYS ACCRUED LEAVE PAID **37 1/2**

18. REMARKS **NOTHING FOLLOWS**

19. MAILING ADDRESS AFTER SEPARATION **6 ST GERARD TERRACE CAMBRIDGE, MA 02140** 20. MEMBER REQUESTS COPY 6 BE SENT TO **MA** DIR. OF VET AFFAIRS YES NO

21. SIGNATURE OF MEMBER BEING SEPARATED *Barry James Durette* 22. TYPED NAME, GRADE, TITLE AND SIGNATURE OF OFFICIAL **JIMMY L JORDAN, 1 LT, AGC, CHIEF, TRANSFER POINT**

SPECIAL ADDITIONAL INFORMATION (For use by authorized agencies only)

23. TYPE OF SEPARATION RELIEF FROM ADT	24. CHARACTER OF SERVICE (Includes upgrades) HONORABLE	
25. SEPARATION AUTHORITY SELF TERMINATING ORDER T-07-40490, OOE,	26. SEPARATION CODE MCD	27. REENLISTMENT CODE NA
28. NARRATIVE REASON FOR SEPARATION RELIEF FROM ADT		30. MEMBER REQUESTS COPY 4 518 INITIALS
29. DATES OF TIME LOST DURING THIS PERIOD NONE		