FORM PA-35

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

credit/Defe	or which Exemption or which Exem	(1012. 0077	RTNER" STAN		L UNION PARTNER"	INITIA	N.			
TEP 1	PROPERTY OWNER'S LAST NAME			FIRST NAME Ronald			INITIAL L			
AME ND	Campbell II PROPERTY OWNER'S LAST NAME			FIRST NAME		INITIA	AL			
DRESS										
	MAILING ADDRESS									
	11 Quaker L	ane			STATE	ZIP C	ODE			
	Seabrook				NH	03874				
	PROPERTY ADDRESS FOR WHICH EXEMPTION/CREDIT/DEFERRAL IS CLAIMED									
	11 Quaker Lane			BLOCK # 1	00	LOT# 13				
TEP 2 KEMP-	CITY/TOWN TAX MAP # 10				'TAX CREDIT		d/Denied Date			
ONS/	750 []									
X RED-	✓ Veterans' Ta	x Credit \$50 minimum (to \$5	500) Sability \$700 mi	nimum to \$2000	Amount \$					
S/	Service Connected Total & Permanent Disability \$700 minimum to \$2000 Amount \$									
EFER- AL	Surviving Spouse/CU Partner of Veteran Who Was Amount \$									
	Other Inform	Iadon		VETERAN!	S' EXEMPTION	Granted De	nied Date			
	Total Exem	ention (a)	Veteran		viving Spouse/CU Partner		T			
	lotal Exem			ABLED EXEMP	PTION (OPTIONAL) INCOM	E AND ASSE	LIMITS			
	Income Limits	Disabled Exemption		Exemption		Elderly Exemption Per Age Category				
	Single	\$	\$		65 - 74 years of age	\$				
		\$	s		75 - 79 years of age	\$ \$				
	Married	D.			80 + years of age	s				
	Asset Limits		10		- Journal and	*				
	Single	\$	\$							
	Married	\$	\$			2 1 1 2				
			OTHER EX			Granted Den	ied <u>Date</u>			
	Elderly Ex	•				H -				
	Disabled E	•					-			
	Improvements to Assist the Deaf Improvements to Assist Persons with Disabilities									
	Blind Exen									
	Deaf Exem	nption					]			
	Solar Ener	gy Systems Exemption		Amount \$			]			
		ing Energy Systems Exempt					ļ <del></del>			
	Wind-Pow	ered Energy Systems Exemp	otion	Amount \$						
	Elderly & Disa	bled Tax Deferral	Δ		Granted	Denied				
		d Disabled Tax Deferral		Amount \$		-				
	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)									
TEP 3	ist ronowing t	ne date of Notice of Tax und		nicipal Commer						
OM- IENTS/ OTES			Widi	nopal commo						
TEP 4	Selectmen/Assessor(s) Printed Name		ime	Signatu	re of Selectmen/Assessor(s	) in ink	Date			
GNA-	Theresa Kyle, Chairman									
IRES	Srinivasan Ravikumar									
	Harold Eaton									
	Haroid Eaton									
	-									
PPEAL	If an application	n for a property tax exemption	on or tay credit	is denied an	applicant may appeal in writ	ting on or befor	e September			
ROCE- URE	following the da	I for a property tax exemplic title of notice of tax under RS e: If you were denied an exe aling to the BTLA may be ob- by calling (603) 271-2578. Be	A 72:1-d to the emption from y tained from the	New Hampshi our 2013 prope NH BTLA, 107	ire Board of Tax and Land A rty taxes, you have until Ser 7 Pleasant Street, Concord. I	ppeals (BTLA) stember 1, 201	or to the Super 4. to anneal.			



FORM PA-29

## NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION PERMANENT APPLICATION FOR PROPERTY TAX CREDITS/EXEMPTIONS DUE DATE APRIL 15 PRECEDING THE SETTING OF THE TAX RATE.

	OWNER AND APPLICANT INFORMATION TOWN OF SELECTION								
STEP 1 OWNER	COLUMN TO THE PARTY OF THE PART								
AND	Ron Campbell YES (NO								
APPLICANT NAME	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME MI PHONE NUMBER								
AND	[CAMPBel] [Conald] [L] 6035019469	70							
ADDRESS	ADDITION AND ADDITION AND ADDITIONAL ADDITIO	ROP							
	APPLICANT'S LAST NAME APPLICANT'S FIRST NAME PHONE NUMBER								
	MAILING ADDRESS								
	APPLICANT'S LAST NAME  APPLICANT'S FIRST NAME  MI PHONE NUMBER  MAILING ADDRESS  I Quaker Cane  CITY/TOWN  STATE ZIPCODE  SCOLOGEK								
	CITY/TOWN STATE ZIPCODE								
	Seabrook NH 03874								
	PROPERTY ADDRESS TAX MAP BLOCK LOT								
	10 100 13								
	IS THIS YOUR PRIMARY RESIDENCE? OYES ONO								
	VETERAN'S INFORMATION								
STEP 2 VETERANS'	1. APPLICANT IS THE: 2. APPLYING FOR:								
TAX CREDITS	Veterans' Tax Credit (RSA 72:28) Standard (\$50) / Optional (\$51 up to \$750)								
AND EXEMPTION	Spouse All Veterans' Tax Credit (RSA 72:28-b) If Adopted by Town Standard (\$50) / Optional (\$51 up to \$750)								
EXLINE HON									
	(1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1								
	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 Dates of Military Service 4. Date of Entry 5. Date of Discharge/Release	PRC							
	Ronald L. Campbell II Enter (MMDDYYYY) 8-30-1988 2-3-1997	PER							
	IF A VETERAN OF ALLIED COUNTRY: (RSA 72:32)	7							
	6. Name of Allied Country Served in 7. Branch of Service	SNAM							
	Navy	N K							
	3. Veteran's Name    Dates of Military Service   4. Date of Entry   5. Date of Discharge/Release   8-30-1988   2-3-1997     FA VETERAN OF ALLIED COUNTRY: (RSA 72:32)     6. Name of Allied Country Served in   7. Branch of Service   Navy   9. Does any other eligible Veteran own interest in this property?   8. Please Check One.								
	YES NO IT YES, provide name US Citizen at time of entry into Service								
	O Alien but resident of NH at time of entry into Service								
	STANDARD EXEMPTIONS								
STEP 3 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)								
EXEMPTIONS	(Enter numbers only MMDDYYYY) 10a. Applicant's Date of Birth 10b. Spouse's Date of Birth	4							
	11. Improvements to Assist Persons with Disabilities (RSA 72:37-a)								
	LOCAL OPTIONAL EXEMPTIONS (If adopted by city/fown)								
	12. Blind Exemption (RSA 72:37) Solar Energy Systems Exemption (RSA 72:62)	-							
	Electric Energy Storage Systems Exemption (RSA 72:85)								
	13. White Resident for One Year preceding April 1 in the year in which the tay credit is claimed (Veterons) Tay Credit)	TAX							
STEP 4 RESIDENCY	in the death of the feet feet proceeding 7 pm 1 in the year in which the tax of earlies claimled (veleralis 1ax credit)								
RESIDENCE	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)	Š							
STEP 5	14. Do you guy 100% interset in this regidence? (XVos. O No. 15 N	101							
OWNERSHIP	14. Do you own 100% interest in this residence? Yes No If NO, what percent (%) do you own?								
STEP 6	JRES and complete.								
SIGNATURES									
	SIGNATINE (IN INV.) OF DEPOPETY CHANGED								
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE								
	SIGNATURE (IN INK) OF PROPERTY OWNER DATE	. 6							
	Doile	14							

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

rame of Municipality: SEABROOK								
Jame of Applicant: Ronald Ice Campbell I								
Address of Applicant's Principal Place of Abode // Quaker   and								
Map and Lot Number of Applicant's Principal Place of Abode:								
Date of Original Application to Municipality: 1-30-2024								
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) 8-30-1988 - 2-3-1997								
Was veteran honorably discharged or separated from service? YESNO								
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: <a href="http://www.nh.gov/revenue/property_tax/Veterans Qualifying Dischg Papers - Web 0804.doc">http://www.nh.gov/revenue/property_tax/Veterans Qualifying Dischg Papers - Web 0804.doc</a> Documentation Reviewed By 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: Application Approved by:								
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) <sup>1</sup>								
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:								

<sup>&</sup>lt;sup>1</sup> Revised September, 2006 veteransworksheetWInst



THIS IS AN IMPORTANT RECORD. SAFEGUARD IT.



ANY ALTERATIONS IN SHADED AREAS RENDER FORM VOID

1. NAME (Lest, First, Modide) Aa. GRADE, RATE OR RANK Ab. PAY GRADE E. 6 S. DATE OF BIRTH (YYMADD) S. DEVENTMENT, COMPONENT AND BRANCH Aa. GRADE, RATE OR RANK E. 6 S. DATE OF BIRTH (YYMADD) SACKES (ARCHADALS) S. DATE OF BIRTH (YYMADD) S. DATE OF BIRTH (YYMADD) SACKES (ARCHADALS) S. DATE OF BIRTH (YYMADD) SACKES (ARCHADALS) S. DATE OF BIRTH (YYMADD) SACKES (ARCHADALS) S. DATE OF BIRTH (YYMADD) S. DATE OF B	CERTIFICATE OF RELEASE OR DISCHARGE FROM ACTIVE DUTY 915837										
EM1  S. PLACE OF ENTRY INTO ACTIVE DUTY  CLEVELAND, OH  T.D. PLACE OF ENTRY INTO ACTIVE DUTY  CLEVELAND, OH  T.D. MODE OF RECORD AT TIME OF ENTRY (City and state, or complete address if known) 20,4 FOREST AVE  PERMISERY I LLE., OH 43,450  B.S. LAST DUTY ASSIGNMENT AND MAJOR COMMAND  NPTU BALLSTON SPA NY  S. COMMAND TO WHICH TRANSFERRED  NA  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  PERSUPPDET SCOTIA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  NONE  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  I.D. SELL COVERAGE  None  Amount: \$ 200, 0,00  DESCRIPTION SPA NY  I.D. SELL COVERAGE  I.D. SELL	1. NAME (Last, First, Middle) CAMPBELL, RONALD LEE II NAVY	MENT, COMPONENT AND BRANCH	3. SOCIA	L SECURITY NO.							
7.8. PLACE OF SETTIN NO ACTIVE DUTY   1.5. MOME OF RECORD AT TIME OF ENTIFY (City and rate, or complete address it known) 20.4 FOREST AVE	241.4		6. RESERVE OBLIG	TERM. DATE							
B.S. LAST DUTY ASSIGNMENT AND MAJOR COMMAND NPTU BALLSTON SPA NY  S. COMMAND TO WHICH TRANSFERED NA  11. FRIMARY SPECIALTY (LIST number; fills and years and months in periods of one or more years).  12. RECORD OF SERVICE  12. RECORD OF SERVICE  12. RECORD OF SERVICE  13. DATE Entered AD This Period  13. Date Entered AD This Period  14. Separation Date This Period  15. Suparation Date This Period  16. Date Entered AD This Period  17. Separation Date This Period  18. Date Entered AD This Peri	7.a. PLACE OF ENTRY INTO ACTIVE DUTY CLEVELAND, OH	7.b. HOME OF RECORD AT TIME O	E ENTRY (City and a	ate, or complete							
SCAMMAND TO WHICH TRANSFERRED   None   No.   SCAMMAND TO WHICH TRANSFERRED   No.   No.   No.   SCAMMAND TO WHICH TRANSFERRED   No.   No.   No.   No.   SCAMMAND TO WHICH TRANSFERRED   No.   N		PEMBERVILLE, OH 43	SASO								
NA  I FERMARY SPECIALTY (List number, title and years and months in specialty, but additional specialty numbers and titles involving periods of one or more years.)  EM = 3364 - SUBMARTINE NUCLEAR PROPULSION PLANT SUPERVISOR. PLECTRICAL  ( 05 YRS 0.5 MOS)  X	NPTU BALLSTON SPA NY		NY								
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Specially, List additional specially numbers and cities involving periods of one or more years. ALL CASE AS SEASON STATES AS 64 SUBMARTINE NUCLEAR PROPULSION (0.5 YRS 0.5 MOS) (0.5 YRS 0.5 WOS) (0.5 YRS 0.5	11. PRIMARY SPECIALTY (List number title and years and months in	112 DECORD OF CERTIFICA	-								
EM-3364-SUBMARTINE NUCLEAR PROPULSION PLANT SUPERVISOR-ELECTRICAL  ( 05 YRS 03 MOS)  X	Specialty. List additional specialty numbers and titles involving		Year(s) Mont	th(s) Day(s)							
PLANT SUPERVISOR-ELECTRICAL  ( 05 YRS 03 MOS)  X X X X X X X	periods of one or more years.)		JA 88	JG 30							
C. Net Active Service This Period 0.8 0.5 0.4  X X X X X X  Y C. Total Prior Inactive Service 0.2 0.8 2.7  X X X X X X  S. Entering Service 0.0 0.0 0.0 0.0  X X X X X X  1. Foreign Service 0.0 0.0 0.0 0.0  Y C. Not Prior Inactive Service 0.0 0.0 0.0 0.0  Y C. Not Prior Inactive Service 0.0 0.0 0.0 0.0  X X X X X  1. Foreign Service 0.0 0.0 0.0 0.0  S. Sea Service 0.0 0.0 0.0 0.0  S. Sea Service 0.0 0.0 0.0 0.0  I. Effective Date of Pay Grade 9.1 DEC 1.6  13. DECORATIONS, MEDALS, BADGES, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED (All periods of service)  NATIONAL DEFENSE SERVICE MEDAL; NAVY ACHIEVEMENT MEDAL; THIRD NAVY GOOD CONDUCT FOR THE PERIOD ENDING 96DEC. X  X X X X X X X X X X X X X X X X X X	EM-3364-SUBMARINE NUCLEAR PROPULSION										
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14. MILITARY EDUCATION (Course title, number of weeks, and month and year completed)  SUBMARINE REPAIR PARTS PETTY OFFICER, 1 WK, 88DEC; CONT/DIST, 2 WKS, 90DEC; SUB POWER GEN EQ, 1 WK, 92FEB. X X X X X X X X X X X X X X X X X X X	X X X X	X X									
SUBMARINE REPAIR PARTS PETTY OFFICER, 1 WK, 88DEC; CONT/DIST, 2 WKS, 90DEC; SUB POWER GEN EQ, 1 WK, 92FEB. X X X X X X X X X X X X X X X X X X X	14 MILITARY EDUCATION (Course title number of weeks and month			^							
15.a. MEMBER CONTRIBUTED TO POST-VIETNAM ERA  VESTIGNAM SISTINGE PROGRAM  VESTIGNAM SI	17										
15 MEMBER CONTRIBUTED TO POST-VIETNAM ERA  VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION  17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION  18. REMARKS  "THE INFORMATION CONTANIED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY  FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM. "  X X X X X X X X X X X X X X X X X X	SIIR POWED GEN EO 1 MV ODEED	T MK' SSDEC: COMIND	IST, 2 WKS,	90DEC;							
15.b. MEMBER CONTRIBUTED TO POST-VIETNAM ERA VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION 18. REMARKS 17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION 18. REMARKS 19. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION WELL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION WELL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION WELL APPROPRIATE CONTINUED TO COMPUTER MATCHING WITHIN THE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION WELL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION WITHIN THE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTER MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTER MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO SEPARATION ON THE PAID TO COMPUTE MATCHING WITHIN 190 DAYS PRIOR TO COMPUTE	No. of the same of	X	X	X							
VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  XX  EQUIVALENT  XX  17. MEMBER WAS PROVIDED COMPLETE DENTAL EXAMINATION AND ALL APPROPRIATE DENTAL SERVICES AND TREATMENT WITHIN 90 DAYS PRIOR TO SEPARATION  18. REMARKS  18. REMARKS  18. REMARKS  19. REMARKS			X	X							
18. REMARKS  "THE INFORMATION CONTANIED HEREIN IS SUBJECT TO COMPUTER MATCHING WITHIN THE DEPARTMENT OF DEFENSE OR WITH OTHER AFFECTED FEDERAL OR NON-FEDERAL AGENCY FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH, THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM."  X X X X X X X X X X X X X X X X X X X	VETERANS' EDUCATIONAL ASSISTANCE PROGRAM  XX  EQUIVALENT  XX										
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FOR VERIFICATION PURPOSES AND TO DETERMINE ELIGIBILITY FOR, AND/OR CONTINUED COMPLIANCE WITH. THE REQUIREMENTS OF A FEDERAL BENEFIT PROGRAM."  X X X X X X X X X X X X X X X X X X X	18. REMARKS			X							
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X X X X X X X X X X X X X X X X X X X		JAN 2 O WIZA		X							
X X X X X X X X X X X X X X X X X X X		,		X							
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3165 LIMERICK ROAD CLYDE, SANDUSKY OH 43410  20. MEMBER REQUESTS COPY 6 BE SENT TO OH DIR. OF VET AFFAIRS X YES NO 21. SIGNATURE OF MEMBER BEING SEPARATED  21. SIGNATURE OF MEMBER BEING SEPARATED  22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) 23. TYPE OF SEPARATION 24. CHARACTER OF SERVICE (Include upgrades) DIS CHARGED  25. SEPARATION AUTHORITY 26. SEPARATION CODE  27. REENTRY CODE											
19.a. MAILING ADDRESS AFTER SEPARATION (Include Zip Code) 3165 LIMERICK ROAD CLYDE, SANDUSKY OH 43410 ROAD CLYDE,	X X X	Assessor's OfficeX	X	V							
RON CAMPBELL (FATHER) 3165 LIMERICK ROAD CLYDE, SANDUSKY OH 43410  ROAD CLYDE, OH 43410		19.b. NEAREST RELATIVE (Name	and address - include	Zip Code)							
CLYDE. SANDUSKY OH 43410  ROAD CLYDE. OH 43410  ROAD CLYDE. OH 43410  ROAD CLYDE. OH 43410  ROAD CLYDE. OH 43410  22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature)  W B ZEINER PNI (SW/AW) USN CSD DIVOFF BYDIR  DO Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete.  MEMBER 1  23. TYPE OF SEPARATION  DISCHARGED  24. CHARACTER OF SERVICE (Include upgrades)  HONORABLE  25. SEPARATION AUTHORITY  MY DEPORMAN ACCOUNTY CODE											
20. MEMBER REQUESTS COPY 6 BE SENT TO OH DIR. OF VET AFFAIRS X Yes No 22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) W B ZEINER PNI(SW)AW) USN CSD DIVOFF BYDIR  21. SIGNATURE OF MEMBER BEING SEPARATED  W B ZEINER PNI(SW)AW) USN CSD DIVOFF BYDIR  22. OFFICIAL AUTHORIZED TO SIGN (Typed name, grade, title and signature) W B ZEINER PNI(SW)AW) USN CSD DIVOFF BYDIR  23. TYPE OF SEPARATION  DISCHARGED  24. CHARACTER OF SERVICE (Include upgrades)  HONORABLE  25. SEPARATION AUTHORITY  MY LEFT CMAN LEFT CODE	LIVER (LYLLEK) 2702 FIMEBICK										
signature of Member Being Separated  W B ZEINER PNI(SW)AW) USN CSD DIVOFF BYDIR  DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete.  MEMBER 1  23. TYPE OF SEPARATION DISCHARGED  AND SEPARATION AUTHORITY MY LEFE COMAIN F6 2015 0		No. 22. OFFICIAL AUTHORIZED TO ST	IGN (Turned as	and Alid							
W B ZEINER PNI (SW)AW) USN CSD DIVOFF BYDIR  DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous editions are obsolete.  MEMBER 1  23. TYPE OF SEPARATION DISCHARGED  CONTROL OF SERVICE (Include upgrades) HONORABLE  25. SEPARATION AUTHORITY MILDED CMAN F6 2015 0  26. SEPARATION CODE  27. REENTRY CODE		signature)	ion (Typed name, gr	ade, title and							
23. TYPE OF SEPARATION  DISCHARGED  24. CHARACTER OF SERVICE (Include upgrades)  HONORABLE  25. SEPARATION AUTHORITY  MIL BERCMAN 7630150  26. SEPARATION CODE  27. REENTRY CODE	W B ZEINER PNI(SW)AW) USN CSD DIVOFF BYDIR										
DISCHARGED  HONORABLE  25. SEPARATION AUTHORITY  MILDED COMMUNITY 26. SEPARATION CODE  27. REENTRY CODE	DD Form 214, NOV 88 S/N 0102-LF-006-5500 Previous edition	ns are obsolete.	λ	MEMBER 1							
25. SEPARATION AUTHORITY  MT   DEDCMAN   7620150   27. REENTRY CODE	23. TYPE OF SEPARATION	24. CHARACTER OF SERVICE (Include	upgrades)								
MTI DEDCMAN RECOLEC											
	MILPERSMAN 3620150		1	ī							

28. NARRATIVE REASON FOR SEPARATION