

26473

THIS IS AN IMPORTANT RECORD
SAFEGUARD IT.

800-2204 PAGE 1121

PERSONAL DATA	1 LAST NAME - FIRST NAME - MIDDLE NAME PAREDES LEONARD DAVID	2 SERVICE NUMBER AF19783571	3 SOCIAL SECURITY NUMBER 6331
PERSONAL DATA	4 DEPARTMENT, COMPONENT AND BRANCH OR CLASS AIR FORCE Reg AF	5A GRADE, RATE OR RANK A1C	5B PAY GRADE E4
PERSONAL DATA	6 DATE OF RANK 1 Jun 66	7 U.S. CITIZEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	8 PLACE OF BIRTH (City and State or Country) Santa Barbara, California
PERSONAL DATA	9 DATE OF BIRTH 17 Oct 45	10A SELECTIVE SERVICE NUMBER NA	10B SELECTIVE SERVICE LOCAL BOARD NUMBER, CITY, COUNTY, STATE AND ZIP CODE NA
PERSONAL DATA	10C DATE INDUCTED NA	11 TYPE OF TRANSFER OR DISCHARGE Release from active duty	12 STATION OR INSTALLATION AT WHICH EFFECTED Chanute AFB, Rantoul, Illinois
TRANSFER OR DISCHARGE DATA	13 REASON AND AUTHORITY (SDN 203) Expiration of Term of Service Sec A Chap 3, AFM 39-10 & AFM 35-5	14 EFFECTIVE DATE 25 Aug 67	15 TYPE OF CERTIFICATE ISSUED NA
TRANSFER OR DISCHARGE DATA	16 LAST DUTY ASSIGNMENT AND MAJOR COMMAND 3345th AB Gp (ATC)	17 CHARACTER OF SERVICE HONORABLE	18 REENLISTMENT CODE RE 12
TRANSFER OR DISCHARGE DATA	19 DISTRICT, AREA COMMAND OR COMPS TO WHICH RESERVIST TRANSFERRED Hq CONAC IRS	20 TERM OF RESERVE/UNIT'S OBLIGATION 25 Aug 69	21 SOURCE OF ENTRY <input checked="" type="checkbox"/> ENLISTED (First Enlistment) <input type="checkbox"/> ENLISTED (Prior Service) <input type="checkbox"/> REENLISTED <input type="checkbox"/> OTHER
TRANSFER OR DISCHARGE DATA	22 CURRENT ACTIVE SERVICE OTHER THAN BY INDUCTION AFQT 8B 31 III	23 TERM OF SERVICE (Years) 4	24 DATE OF ENTRY 26 Aug 63
TRANSFER OR DISCHARGE DATA	25 PRIOR REGULAR ENLISTMENTS NONE	26 GRADE, RATE OR RANK AT TIME OF ENTRY INTO CURRENT ACTIVE SVC AB	27 PLACE OF ENTRY INTO CURRENT ACTIVE SERVICE (City and State) Los Angeles, California
TRANSFER OR DISCHARGE DATA	28 HOME OF RECORD AT TIME OF ENTRY INTO ACTIVE SERVICE (Street, RFD, City, County, State and ZIP Code) (93100) 1541 W Valerio St, Santa Barbara, (Santa Barbara) Cal	29 STATEMENT OF SERVICE	30 CREDITABLE FOR BASIC PAY PURPOSES
TRANSFER OR DISCHARGE DATA	31 SPECIALTY NUMBER & TITLE 81150 Security Policeman	32 RELATED CIVILIAN OCCUPATION AND D.O.T. NUMBER NONE	33 NET SERVICE THIS PERIOD 04 00 00
TRANSFER OR DISCHARGE DATA	34 OTHER SERVICE 00 00 00	35 TOTAL (Line 1) plus Line (2) 04 00 00	36 TOTAL ACTIVE SERVICE 04 00 00
TRANSFER OR DISCHARGE DATA	37 FOREIGN AND/OR SEA SERVICE 01 00 02	38 DECORATIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN RIBBONS AWARDED OR AUTHORIZED SAENR SOG-87, 325th Cos Gp, 1964 VSM AFGCM SOG-574, Hq 7AF 18Jul66 NDSM AFGCM (2Aug63-25Aug66) SPG-98, Hq CTTC, 1966	39 EDUCATION AND TRAINING COMPLETED Compl-1964/Air Policeman Crse
VA AND EMP SERVICE DATA	40 NON-PAY PERIODS/TIME LOST (Preceding Two Years) No time lost	41 DAYS ACCRUED LEAVE PAID 12	42 INSURANCE IN FORCE (NSLI or USGLI) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
VA AND EMP SERVICE DATA	43 VA CLAIM NUMBER C- NONE	44 AMOUNT OF ALLOTMENT NA	45 MONTH ALLOTMENT DISCONTINUED NA
VA AND EMP SERVICE DATA	46 SERVICE MEN'S GROUP LIFE INSURANCE COVERAGE <input checked="" type="checkbox"/> \$10,000 <input type="checkbox"/> \$5,000 <input type="checkbox"/> NONE	47 REMARKS Blood Group A. ODSO, 4Jul66 National Agency Check Completed, 19Sep63, 4th Dist OSI High School-Graduated G-45, A-55, M-35, E-45, AQE 62, Aug 63	48 PERMANENT ADDRESS FOR MAILING PURPOSES AFTER TRANSFER OR DISCHARGE (Street, RFD, City, County, State and ZIP Code) Same as Item 21.
VA AND EMP SERVICE DATA	49 TYPED NAME, GRADE AND TITLE OF AUTHORIZING OFFICER CHARLES R. JEWETT, MSGT, USAF	50 SIGNATURE OF PERSON BEING TRANSFERRED OR DISCHARGED <i>Leonard W. Paredes</i>	51 SIGNATURE OF OFFICER AUTHORIZED TO SIGN <i>Charles R. Jewett</i>

DD FORM 214

PREVIOUS EDITIONS OF THIS FORM ARE OBSOLETE.

ARMED FORCES OF THE UNITED STATES
REPORT OF TRANSFER OR DISCHARGE

1



26473

RECORDED AT REQUEST OF

LEONARD D. PAREDES

800-2204 PAGE 1121

SEP 14 3 17 PM '67

OFFICIAL RECORDS
SANTA BARBARA CO., CALIF.
RITA VAN BUSKIRK, RECORDER

NO FEE

COUNTY CLERK, SANTA BARBARA COUNTY, CALIFORNIA
DATE: _____ BY DEPUTY: _____

This is a true certified copy of the original document on file or of record in my office. It bears the seal and signature, imprinted in purple ink of the County Clerk, Recorder and Assessor.

Joseph E. Holland



COUNTY CLERK, RECORDER AND ASSESSOR, SANTA BARBARA CALIFORNIA
DATE: 01.10.3.2003 BY DEPUTY: *[Signature]*