

20129 368271 RESCORLA RICH 180 APR 19 81 APR 18 481529015107

SSAN NAME

INCLUSIVE DATES

A B C D E

- 1. QUAL FOR RETENTION ONLY.
- 2. QUAL FOR RETENTION AND RETIREMENT.
- 3. NOT QUALIFIED.

- 1. ANNUAL STATEMENT
- 2. SEPARATED FROM ARMY RESERVE
- 3. R.A. ENLISTMENT OR APPOINTMENT OR ENTRY ON ACTIVE DUTY.
- 4. TRANSFER TO INACTIVE STATUS LIST OR RETIRED RES.

852TK

POINTS EARNED
 A. INACTIVE DUTY TRAINING
 B. MEMBERSHIP
 C. EXTENSION COURSES
 D. ACTIVE DUTY
 E. TOTAL RETIREMENT POINTS.

DEPARTMENT OF THE ARMY

ANNUAL OR TERMINAL STATEMENT OF RETIREMENT POINTS

201
 IL84

- 1. RECORDS OF THIS HEADQUARTERS SHOW YOU HAVE EARNED BETWEEN ABOVE DATES THE NUMBER OF POINTS INDICATED IN COLUMNS A THROUGH E.
 (IF YOU BELIEVE THIS STATEMENT TO BE INCORRECT DETAILED SUBSTANTIATION SHOULD BE SUBMITTED WITHIN 30 DAYS OF RECEIPT.)
- 2. THIS STATEMENT IS FURNISHED YOU FOR THE REASONS STATED ABOVE.
- 3. YOU ARE QUALIFIED FOR RETENTION IN AN ACTIVE STATUS, FOR RETIREMENT BENEFITS, OR FOR NEITHER, AS INDICATED.
- 4. THE LAW PROVIDES THAT NO MORE THAN 60 POINTS MAY BE CREDITED FOR INACTIVE DUTY TRAINING, INCLUDING MEMBERSHIP AND EXTENSION COURSES, IN A FULL RETIREMENT YEAR. IF PERIOD COVERED IS LESS THAN A YEAR CREDITED POINTS WILL BE A PROPORTIONATE PART OF THE MAXIMUM OF 60.

NAME															SSAN															RETIREMENT YEAR												POINT TOTALS												CAUSE QUAL.	STATE																								
DAY					MONTH					YEAR					DAY			MONTH			YEAR																																																										
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80
688758 BSC																																																																															

RECORDLA RICHARD 0129368271

RRX AA A U

DESCRIPTION OF DATA RETIREMENT POINT TOTAL

ARMY RESERVE RETIREMENT CREDIT CARD

RETIREMENT YEAR BEGINS 2979 APR 19 35

CALENDAR MONTHS

RETIREMENT YEAR ENDS 36 SOAPHIE 42

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
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DA FORM 1379 L 66 L 44

0	0	4	4	4	6	2	4	4	4	4	4
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DA FORM 1380 43 L 44

4	4	4						2	4	4	4
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MEMBERSHIP 45 L 15 46

EXTENSION COURSES 7 48

EXTENDED ACTIVE DUTY

ACTIVE DUTY TRAINING 49 27 51

					13	14					
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TOTAL RETIREMENT POINTS 52 108 54

4	4	4	23	4	19	16	4	6	8	8	8
---	---	---	----	---	----	----	---	---	---	---	---

REASON & QUALIFICATION 55 1 56 2 L

AT

FIRST		SECOND	
FROM	TO	FROM	TO
10 JUN 53	22 JUN 66	74	75

PREPARING D P U

SUBUNIT & PROCESSING CODE 57 58 59 L 62

70 71 74 75 78 80

NAME

SSN

RETIREMENT

DATE

UI

SU

NECC/HP-17936

20129368271 PESCORLA RICH 178 APR 19 79 APR 18 421500014071

SSAN

NAME

INCLUSIVE DATES

A B C D E

- 1. QUAL. FOR RETENTION ONLY 06 AU
- 2. QUAL. FOR RETENTION AND RETIREMENT.
- 3. NOT QUALIFIED.

19 AU

- 1. ANNUAL STATEMENT RRXAA A
- 2. SEPARATION FROM ARMY RESERVE
- 3. R.A. ENLISTMENT OR APPOINTMENT OR ENTRY ON ACTIVE DUTY.
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 B. MEMBERSHIP.
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DEPARTMENT OF THE ARMY

ANNUAL OR TERMINAL STATEMENT OF RETIREMENT POINTS

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NAME

SSAN

RETIREMENT YEAR

POINT TOTALS

CAUSE QUAL.

STATE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

688758 BSC

20 12936827 1 PESCORLA RICH 177 APR 19 78 APR 18 481500014077

NAME INCLUSIVE DATES A B C D E

1. ANNUAL STATEMENT
 2. SEPARATE FROM ARMY RESERVE
 3. EL A. ENCLT OR APPOINTMENT OR ENTRY ON ACTIVE DUTY
 4. TRANSFER TO INACTIVE STATUS LIST OR RETIRED RES.

RRXAA A

POINTS EARNED

MEMBERSHIP
 DUTY TRAINING
 EXTENSION COURSES
 ACTIVE DUTY
 TOTAL RETIREMENT POINTS

DEPARTMENT OF THE ARMY

ANNUAL OR TERMINAL STATEMENT OF RETIREMENT POINTS

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IN A FULL RETIREMENT YEAR. IF PERIOD COVERED IS LESS THAN A YEAR CREDITED POINTS WILL BE A PROPORTIONATE PERCENT OF THE MAXIMUM.

CORRECTED COPY

DATE 28 JUN 1978

NAME		SSN	RETIREMENT YEAR				POINTS TOTALS		
1	2	3	4	5	6	7	8	9	10
1	2	3	4	5	6	7	8	9	10

DA FORM 26 1383 REFLECTS DA FORM 1383, 1 MAY 64

SSAN NAME INCLUSIVE DATES A B C D E

- | | | |
|--|--|--|
| <p>1. QUAL. FOR RETENTION ONLY.</p> <p>2. FOR RETENTION AND RETIREMENT.</p> <p>3. NOT QUALIFIED.</p> | <p>1. ANNUAL STATEMENT</p> <p>2. SEPARATION FROM ARMY RESERVE</p> <p>3. R.A. ENLISTMENT OR APPOINTMENT OR ENTRY ON ACTIVE DUTY.</p> <p>4. TRANSFER TO INACTIVE STATUS LIST OR RETIRED RES.</p> | <p>POINTS EARNED</p> <p>A. INACTIVE DUTY TRAINING.</p> <p>B. MEMBERSHIP</p> <p>C. EXTENSION COURSES.</p> <p>D. ACTIVE DUTY.</p> <p>E. TOTAL RETIREMENT POINTS.</p> |
|--|--|--|

RRXAA A

DEPARTMENT OF THE ARMY

ANNUAL OR TERMINAL STATEMENT OF RETIREMENT POINTS

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1. RECORDS OF THIS HEADQUARTERS SHOW YOU HAVE EARNED BETWEEN ABOVE DATES THE NUMBER OF POINTS INDICATED IN COLUMNS A THROUGH E.
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NAME

SSAN

RETIREMENT YEAR

POINT TOTALS

CAUSE QUAL.

STATE

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80

BRIEFING CERTIFICATE

1 Oct 81
DATE

I HAVE RECEIVED AN EXPLANATION OF AND UNDERSTAND REGULATIONS AND DIRECTIVES:
DoD 5200.1, DEPARTMENT OF DEFENSE INFORMATION SECURITY PROGRAM REGULATION (DODISPR);
AR 380-5 (ARMY SUPPLEMENT TO DODISPR); AR 381-12, SUBVERSION AND ESPIONAGE
DIRECTED AGAINST THE US ARMY AND DELIBERATE SECURITY VIOLATIONS (SAEDA); TITLE
18, UNITED STATES CODE (USC) SECTIONS 793 AND 794 CONCERNING THE ESPIONAGE LAWS;
AR 380-13, ACQUISITION AND STORAGE OF INFORMATION CONCERNING NON-AFFILIATED
PERSONS AND ORGANIZATIONS; OPERATIONS SECURITY (OPSEC); COMMUNICATIONS SECURITY
(COMSEC); AND THE 1st Brigade, 85th Div SECURITY SOP.

Richard C Rescorla
PRINTED NAME

Richard C. Rescorla
SIGNATURE

128-36-8271
SSAN

MAT IN1
RANK

Gaylord R Stebbins
SIGNATURE OF WITNESS

GAYLORD STEBBINS E7
PRINTED NAME AND RANK OF WITNESS

COMPUTATION SHEET
 BASIC DATE (mandatory removal from active status
 under ROPA for max authorized years service)

NAME _____	DATE ACCEPTED INITIAL APPTMT _____
SN _____	DOB _____
GRADE _____	AGE AT ACCEPTANCE _____
DATE OF PROMOTION (to Col, BG or MG) _____	DT ATTAINS AGE 60 _____

584 65 49
~~65-04-19~~
 39-05-27
 26-10-22

Lieutenant Colonel and lower

25 years of age at acceptance of initial appointment

1. Date of birth	yr mo day
2. Add 53 years	39-05-27
3. Basic date (total minus 1 day)	53
4. Mandatory Removal Date (30 days after Basic Date)	92-05-26

Under 25 years of age at acceptance of initial appointment

	yr mo day
1. Date of acpt of initial apptmt (Use appt date if acpt not shown)	_____
2. Add 28 years commissioned service	_____
3. Tentative basic date (total minus 1 day)	_____
4. Subtract constructive service granted at initial appointment or, if none shown, subtract * years for MC, * years for DC, VC, JAGC, or Chaplain	_____
5. Basic date	_____
6. Mandatory Removal Date (30 days after Basic Date)	_____

Generals and Colonels

25 years of age or over at acceptance of initial appointment

	yr mo day
1. Date of birth	_____
2. If:	
(1) Maj Gen add 60 years	_____
(2) Brig Gen or Col add 55 years	_____
3. Tentative basic date (total minus 1 day)	_____
4. Mandatory Removal Date is 30 days after basic date	_____
5. Date of promotion _____ plus 5 years (anniversary)	_____
6. Basic Removal Date (later of 3 or 5)	_____
7. Mandatory Removal Date (later of 4 or 5)	_____

Under 25 years of age at acceptance of initial appointment

	yr mo day
1. Date of acpt of initial apptmt (use apptmt date if acpt not shown)	_____
2. Projected date of completion of 30 or 35 yrs of commissioned service	_____
(1) Major General add 35 years	_____
(2) Brigadier General or Colonel add 30 years	_____
3. Tentative basic date (minus 1 day)	_____
4. Subtract constructive service granted at initial appointment or, if none shown, subtract * yrs for MC or * yrs for DC, VC, JAGC, or Chaplain	_____
5. Mandatory Removal Date based on completion of 30 or 35 yrs (30 days after basic date)	_____
6. Date of promotion _____ plus 5 years (anniversary)	_____
7. Basic Removal Date (later of 4 or 6)	_____
8. Mandatory Removal Date (later of 5 or 6)	_____

*See data item 67, Army Reserve Coding Manual, RCPAC.

See explanatory remarks on reverse.

NOTES:

- 1. If commissioned officer attains age 60 prior to above Mandatory Removal Date, officer must be removed for Maximum age. An adjusted MRD will be made showing date age 60 is attained.
- 2. If there is a break in commissioned service and the amount of such break, when added to age at acceptance totals 25-0-0 or more, compute Basic Removal Date as though officer was 25 years of age or over at acceptance of initial appointment.
- 3. Refer to Data Item 67, U. S. Army Reserve Coding Manual, RCPAC, for information concerning constructive service credited to commissioned officers and computation of MRD pertaining to warrant officers.
- 4. Refer to Paragraph 3-5b, AR 140-10 for information concerning exceptions for retention of reservists past MRD.

13-01-19

1. LAST NAME - FIRST NAME - MI RESCORLA, RICHARD C.		SOUNDEX CODE		MILITARY PAY VOUCHER			52. CLASS B AGENT VOU NO.	53. VOUCHER NUMBER 1127	
SOCIAL SECURITY NO. 129-36-8271				2. <input type="checkbox"/> FINAL - REENL <input type="checkbox"/> INITIAL <input type="checkbox"/> FINAL - SEP <input type="checkbox"/> PARTIAL <input type="checkbox"/> CASUAL <input type="checkbox"/> ADVANCE <input type="checkbox"/> REENL BONUS		8. FICA WAGES 102.11 510.55		54. PAID BY 7T. Sheridan, Ill. 60037 DSSN. 6385	
3. DATE EAD OR ENLISTED 630705	4. TERMS OF ENL (Months)	5. NO. OF TAX EXEMPTIONS M-0	6. PAY PERIOD 16Jan83	7. VOU SER. NO.	9. TAXABLE INCOME 102.11 510.55				
10. ORGANIZATION AND ADDRESS (Include ZIP Code) RHD, 2/337/1/85Div(Tng) (W852TA Ø) 4454 W Cernak Rd, Chgo, IL, 60623				ENTITLEMENTS		CODE	AMOUNT		
11. REMARKS B Mbr due pay for 1 day active duty performed under authority of orders 002-8512-01 HQ 85Div(Tng) dtd 10Jan83 Dpt home sta: 16Jan83 0600hrs Arr tng sta: 16Jan83 0700hrs Dpt tng sta: 16Jan 83 1630hrs Evt to inact see sta: 17Jan83 Mode of travel: POV DA 3298 recertified W/Dpn Wife DD Fm 1351-2 will not be submitted W/Dpn HOR: 723 East Avenue Park Ridge, Illinois 60068				12. <input type="checkbox"/> AMOUNT UNPAID LAST ACCOUNT	90				
				13. <input checked="" type="checkbox"/> BASIC PAY GRADE	14. YRS.	51	102 11 510 55		
				15. <input checked="" type="checkbox"/> BASIC PAY GRADE	16. YRS.	51			
				17. <input checked="" type="checkbox"/> VIA		37	6 25 31 25		
				18. <input type="checkbox"/> FOREIGN DUTY PAY		64			
				19. <input type="checkbox"/> INCENTIVE/SPECIAL PAY					
				20. <input type="checkbox"/> UNIF & CLO MON ALLOW		60			
				21. <input checked="" type="checkbox"/> SUB ALLOWANCE-OFF		89	3 27 16 36 16 89 50 85		
				22. <input checked="" type="checkbox"/> QUARTERS ALLOWANCE		89			
				23. <input type="checkbox"/> SUB ALLOWANCE-EM					
				24. <input type="checkbox"/> PROFICIENCY PAY		69			
25. <input type="checkbox"/>									
26. TOTAL ENTITLEMENTS				951	128 52 642 61				
42. TOTAL COLLECTIONS				902	24 69 32 69				
43. AMOUNT DUE				903	103 83 15 83				
44. AMOUNT PAID				26	103 83				
45. AMOUNT UNPAID CARRIED FORWARD				27					
51. SIGNATURE OF PAYEE (Or Check No.)				40002677					
46. TO DISBURSING OFFICER: Request payment of above account which I certify is true and just, and correctly reflects all pertinent financial data concerning the service member. Applicable statements on reverse made a part hereof.				42. TOTAL COLLECTIONS		902	ST TAX (IL) <input type="checkbox"/> 25		
47. SIGNATURE OF PERSONNEL OFFICER				43. AMOUNT DUE		903	FICA TAX WITHHELD 28 6 84		
48. TYPED NAME OF PERSONNEL OFFICER				44. AMOUNT PAID		26	INCOME TAX WITHHELD 21 17 85 25 85		
49. DATE				45. AMOUNT UNPAID CARRIED FORWARD		27	TOTAL COLLECTIONS 902 24 69 32 69		
50. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED				51. SIGNATURE OF PAYEE (Or Check No.)		40002677			

ALLOTMENTS IN EFFECT FOR YOUR DEPENDENTS?
YOU MUST REPORT ERRORS TO YOUR COMMANDER!
BUY U.S. SAVINGS BONDS

EC

DA FORM 2139 OCT 63

Form Approved by Comptroller General, U.S., 10 Jul 1958

PAYEE 4

1. LAST NAME - FIRST NAME - MI		SOUNDEX CODE	MILITARY PAY VOUCHER		52. CLASS B AGENT VOU NO.	53. VOUCHER NUMBER	
RESCORLA, RICHARD C.			<input type="checkbox"/> FINAL - REENL <input type="checkbox"/> INITIAL <input type="checkbox"/> FINAL - SEP <input type="checkbox"/> PARTIAL <input type="checkbox"/> CASUAL <input type="checkbox"/> ADVANCE <input type="checkbox"/> REENL. BONUS			16-797 EMD BY	
SOCIAL SECURITY NO. 129-36-8271					8. FICA WAGES	306.33	
3. DATE EAD OR ENLISTED	4. TERMS OF ENL (Months)	5. NO. OF TAX EXEMPTIONS	6. PAY PERIOD	7. VOU SER. NO.	9. TAXABLE INCOME		
		M-0	3-10Apr83		306.33		
10. ORGANIZATION AND ADDRESS (Include ZIP Code)			ENTITLEMENTS		CODE	AMOUNT	
HHD, 2/337/1/85 Div (Tng): WVXJTB 3; 4454 W. Cermak Rd, Chgo, IL 60623			12. <input type="checkbox"/> AMOUNT UNPAID LAST ACCOUNT		90		
11. REMARKS			13. <input type="checkbox"/> BASIC PAY GRADE		51	306.33	
Mbr due pay for 3 days active duty performed under authority of orders 051-8525-03, 85th Div (Tng) dtd 26Mar83			14. YRS.		51		
Dpt home sta: 0600hrs, 8Apr83 Arr tng sta: 0800hrs, 8Apr83 Dpt tng sta: 1700hrs, 10Apr83 Rvt to inact. sta: 11 Apr 83			15. <input type="checkbox"/> BASIC PAY GRADE		51		
SM Completed: 19yrs svc 5 Jul 82 Mode of travel: POV			16. YRS.		51		
DA Fm 3298 recertified: 920111 Wife: Betsy PEBD: 630705			17. <input type="checkbox"/>				
DD Fm 1351-2 to follow if needed			18. <input type="checkbox"/> FOREIGN DUTY PAY		66	18.75	
Mail check to: 723 East Avenue Park Ridge, Illinois 60068			19. <input type="checkbox"/> INCENTIVE/SPECIAL PAY				
			20. <input type="checkbox"/> UNIF & CLC MON ACCT		60		
			21. <input type="checkbox"/> SUB ALLOWANCE-OFF				
			22. <input type="checkbox"/> QUARTERS ALLOWANCE		89	9.82	
			23. <input type="checkbox"/> SUB ALLOWANCE-EM				
			24. <input type="checkbox"/> PROFICIENCY PAY		69		
			25. <input type="checkbox"/>				
			26. <input type="checkbox"/>				
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1. LAST NAME - FIRST NAME - MI RESCORLA, RICHARD C.		SOUNDEX CODE		MILITARY PAY VOUCHER			52. CLASS B AGENT YOU NO.	53. VOUCHER NUMBER 117487
SOCIAL SECURITY NO. 129-36-8271		2. <input type="checkbox"/> FINAL - REENL <input type="checkbox"/> INITIAL <input type="checkbox"/> FINAL - SEP <input type="checkbox"/> PARTIAL <input type="checkbox"/> CASUAL <input type="checkbox"/> ADVANCE <input type="checkbox"/> REENL. BONUS		3. DATE EAD OR ENLISTED			8. FICA WAGES 102.11	54. PAID BY 77 Sherman St 6037
3. DATE EAD OR ENLISTED	4. TERMS OF ENL. (Months)	5. NO. OF TAX EXEMPTIONS M-0	6. PAY PERIOD 15May83	7. YOU SER. NO.	9. TAXABLE INCOME 102.11	10. ORGANIZATION AND ADDRESS (Include ZIP Code) PHD, 2/337/1/85Div(Tng) (WVXJTB #) 4454 W. Ceriak Rd, Chgo, IL 60623		
11. REMARKS 1 day due pay for 1 day active duty performed under authority of orders 100-8504-05, 85th Division (Training) dtd 23May83 Dpt home sta: 0600hrs 23May83 Arr tng sta: 0800hrs 23May83 Dpt tng sta: 1700hrs 23May83 Rvt to inact sta: 24May83 SM Completed: 19yrs svc 5 Jul 82 Mode of travel: POV DA Fm 3298 recertified: 620117 Wife: Betsy PEBD: 630705 DD Fm 1351-2 not be submitted Mail check to: 723 East Avenue Park Ridge, Illinois 60068			ENTITLEMENTS		CODE	AMOUNT		
12. <input type="checkbox"/> AMOUNT UNPAID LAST ACCOUNT			90				COLLECTIONS	
13. <input checked="" type="checkbox"/> BASIC PAY GRADE 0-5			14. YRS. 19		51		102.11	
15. <input type="checkbox"/> BASIC PAY GRADE			16. YRS.		51		27. CLASS E	
17. <input checked="" type="checkbox"/> VHA 137			18. FOREIGN DUTY PAY		66		28. CLASS E	
19. <input type="checkbox"/> INCENTIVE/SPECIAL PAY			20. UNIF & CLO. MON. ACC.		60		29. CLASS E	
21. <input checked="" type="checkbox"/> SUB ALLOWANCE-OFF RAS			22. <input checked="" type="checkbox"/> QUARTERS ALLOWANCE W/Dip		69		30. CLASS B (Savings Bond)	
23. <input type="checkbox"/> SUB ALLOWANCE-EM			24. <input type="checkbox"/> PROFICIENCY PAY		69		31. CLASS O	
25. <input type="checkbox"/> MILEAGE (18)			26. TOTAL ENTITLEMENTS		951		32. TOTAL ALLOTMENTS	
26. TOTAL ENTITLEMENTS			951		131.80		CODE 19	
42. TOTAL COLLECTIONS			902		23.00		35. ST TAX (IL) <input type="checkbox"/> 25	
43. AMOUNT DUE			903		108.80		36. FICA TAX WITHHELD 29	
44. AMOUNT PAID			28		104.40		37. INCOME TAX WITHHELD 21	
45. AMOUNT UNPAID CARRIED FORWARD			27				40. TOTAL COLLECTIONS	
50. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			51. SIGNATURE OF PAYEE (Check No.) 10022828				41. TOTAL COLLECTIONS	

DA FORM 1 OCT 63 2139

Form Approved by Comptroller General, U.S., 10 Jul 1958

DURING THE PERIOD OF THIS VOUCHER, THE PAYEE MUST REPORT ALL OTHER INCOME TO THE COMMANDER.

1. LAST NAME - FIRST NAME - MI		SOUNDEX CODE	MILITARY PAY VOUCHER		52. CLASS B AGENT YOU NO.	53. VOUCHER NUMBER	
SOUND		SC	2. <input type="checkbox"/> FINAL - REENL <input type="checkbox"/> INITIAL <input type="checkbox"/> FINAL - SEP <input type="checkbox"/> PARTIAL <input type="checkbox"/> CASUAL <input type="checkbox"/> ADVANCE <input type="checkbox"/> REENL. BONUS		B. FICA WAGES	54. PAID BY	
SOCIAL SECURITY NO.		12-30-271	6. PAY PERIOD		3772.83	HQ FT MONY	
3. DATE EAD OR ENLISTED	4. TERMS OF ENL (Months)	5. NO. OF TAX EXEMPTIONS	7. YOU SER. NO.		1772.83	HQ FT MONY. 1 54896	
		2 M	8. PAY PERIOD		1772.83	DSSM 540	
10. ORGANIZATION AND ADDRESS (Include ZIP Code)			ENTITLEMENTS		CODE	AMOUNT	
HQD 2 PR 337 REGT 1 BDE LPH 400 IL 60423			12. <input type="checkbox"/> AMOUNT UNPAID LAST ACCOUNT		90	15 JUL 63	
11. REMARKS			13. <input checked="" type="checkbox"/> BASIC PAY GRADE		14. YRS.	COLLECTIONS	
PRD 05 JUL 63 SAC DEPENDENCY ESTABLISHED AS UNMARRIED TRAVEL - 688 MILES FROM PARK RIDGE IL 7/4. TAX ADJ FOR PRI IN EVEN S 121850106HS 85 OIV TNG 830606			15. <input type="checkbox"/> BASIC PAY GRADE		16. YRS.	ALLOTMENTS	
			17. <input checked="" type="checkbox"/> MILEAGE			27. CLASS E	
			18. <input type="checkbox"/> FOREIGN DUTY PAY		64	28. CLASS E	
			19. <input type="checkbox"/> INCENTIVE/SPECIAL PAY			29. CLASS E	
			20. <input checked="" type="checkbox"/> UNIFORM MON ALLOW		60	30. CLASS B (Savings Bond)	
			21. <input type="checkbox"/> TRAVEL ALLOWANCE-OFF		59	31. CLASS	
			22. <input checked="" type="checkbox"/> QUARTERS ALLOWANCE		89	32. CLASS O	
			23. <input type="checkbox"/> SUB ALLOWANCE-EM			33. CLASS O	
			24. <input type="checkbox"/> PROFICIENCY PAY		69	34. TOTAL ALLOTMENTS	
			25. <input type="checkbox"/>			CODE	
			26. TOTAL ENTITLEMENTS		951	19	
			27. TOTAL COLLECTIONS		902	528.11	
			28. AMOUNT DUE		903	1621.00	
			29. AMOUNT PAID		26	1621.00	
			30. DATE			31. INCOME TAX WITHHELD	
			31. AMOUNT UNPAID CARRIED FORWARD		27	21 409.33	
			32. SIGNATURE OF PAYEE (Or Check No.)			33. TOTAL COLLECTIONS	
			33. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			902 528.11	
			34. SIGNATURE OF PERSONNEL OFFICER			34. FICA TAX WITHHELD	
			35. TYPED NAME OF PERSONNEL OFFICER			29 110.78	
			36. DATE			40. INCOME TAX WITHHELD	
			37. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			38. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			41. TOTAL COLLECTIONS	
			39. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			902 528.11	
			40. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			34. TOTAL ALLOTMENTS	
			41. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			CODE	
			42. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			19	
			43. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			528.11	
			44. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			1621.00	
			45. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			1621.00	
			46. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
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			67. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			68. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			69. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			70. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
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			73. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
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			76. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
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			80. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			81. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			82. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			83. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			84. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			85. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			86. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			87. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			88. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			89. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			90. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			91. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			92. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			93. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			94. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			95. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			96. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
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			99. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	
			100. RECEIPT OF AMOUNT SHOWN AS PAID IS ACKNOWLEDGED			21 409.33	

DA FORM 2139
OCT 63

Form Approved by Comptroller
General, U.S., 10 Jul 1958

PAYEE 4

ARE ALLOTMENTS IN EFFECT FOR YOUR DEPENDENTS?
YOU MUST REPORT CHANGES TO YOUR COMMANDER!
BUY U.S. SAVINGS BONDS!

REPLACES EDITION OF 1 SEPT 61, WHICH WILL BE USED

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
RESERVE CENTER FOR PERSONNEL AND ADMINISTRATION CEN.
ST. LOUIS, MISSOURI 63132

IN REPLY
REFER TO:

SUBJECT: Statement of Retirement Points

29 JUN 83

REASON FOR ISSUANCE: ANNUAL

RESCORLA RICHARD CYRIL
723 EAST AVENUE
PARK RIDGE IL 60068

LTC 129-36-8271

TCC: 032 UIC: VXJT00 (5)
UNIT NO BR DESIGNATION
0337 RGT HHC 2D BN

Official records show that you have earned the following points during the period from

19 APR 82 to 18 APR 83

Points shown below are a recapitulation of retirement credits as received by this Center from outside agencies. If there are errors or omissions, please return this statement with your request for correction. Include copies of pay vouchers, record of attendance, correspondence course completions.

SUBMIT REQUESTS THROUGH UNIT COMMANDER

TYPE	POINTS	DATES	TYPE	POINTS	DATES	
<p>DATA SOURCE: DA FORM 3593 ARMY RESERVE RETIREMENT CREDIT CARD</p> <p>REPORTING UIC: VXJ T O O</p> <p>FURNISHED IN LIEU OF DA FORM 1383</p> <p>PERIOD OF SERVICE QUALIFYING FOR RETIREMENT PURPOSES</p>						
	RES-DUTY POINTS	EXT COURSE POINTS	ACTIVE DUTY POINTS	MEMBERSHIP POINTS	TOTAL POINTS	CREDITABLE FOR RET. PURPOSES
	044	000	022	15	081	

Fifteen points are granted for membership. A minimum of 50 points constitutes a qualifying year for retirement purposes. *Although all points are shown, the law provides that no more than 365 points (366 in a leap year) may be credited. The law also provides that the combined total points that may be credited for Reserve Duty plus Extension Courses plus Membership may not exceed 60. This maximum of 60 is proportionately reduced for periods less than a full year.

DISTRIBUTION NO1 UNIT (INDIVIDUAL)
NO2 UNIT (MPRJ)
NO3 OMPF (1R)

LEGEND: TYPE OF RESERVE DUTY A-5 Command, Staff & Administrative Duties A-6 Presentation of Instructions A-7 Preparation of Instruction Material A-8 Recruiting Duty A-9 Training Projects A-A Performance of Medical Duties A-B Attendance at Reserve Training Assemblies and all other Reserve Duty Training B-1 Extension Courses C-4 Active Duty or Active Duty for Training

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER
ST. LOUIS, MISSOURI 63132

IN REPLY
REFER TO:

SUBJECT: Statement of Retirement Points

6 MAY 82

REASON FOR ISSUANCE: ANNUAL

RESCORLA RICHARD CYRIL
723 EAST AVENUE
PARK RIDGE IL 60068

MAJ 129-36-8271

TCC: 061 UIC: 852890 (5)
UNIT NO BR DESIGNATION
0001 BDE HHD 85 DIV

Official records show that you have earned the following points during the period from 19 APR 81 to 18 APR 82

Points shown below are a recapitulation of retirement credits as received by this Center from outside agencies. If there are errors or omissions, please return this statement with your request for correction. Include copies of pay vouchers, record of attendance, correspondence course completions. **SUBMIT REQUESTS THROUGH UNIT COMMANDER**

TYPE	POINTS	DATES	TYPE	POINTS	DATES					
DATA SOURCE: DA FORM 3593 ARMY RESERVE RETIREMENT CREDIT CARD REPORTING UIC: 852 89 0 FURNISHED IN LIEU OF DA FORM 1383 PERIOD OF SERVICE QUALIFYING FOR RETIREMENT PURPOSES										
RES-DUTY	047	EXT COURSE	000	ACTIVE DUTY	020	MEMBERSHIP	15	TOTAL	082	CREDITABLE FOR RET PURPOSES

Fifteen points are granted for membership. A minimum of 50 points constitutes a qualifying year for retirement purposes. *Although all points are shown, the law provides that no more than 365 points (366 in a leap year) may be credited. The law also provides that the combined total points that may be credited for Reserve Duty plus Extension Courses plus Membership may not exceed 60. This maximum of 60 is proportionately reduced for periods less than a full year.

DISTRIBUTION
 NO1 UNIT (INDIVIDUAL)
 NO2 UNIT (MPRJ)
 NO3 OMPF (1R)

LEGEND: TYPE OF RESERVE DUTY A-5 Command, Staff & Administrative Duties A-6 Presentation of Instructions A-7 Preparation of Instruction Material A-8 Recruiting Duty A-9 Training Projects A-A Performance of Medical Duties A-B Attendance at Reserve Training Assemblies and all other Reserve Duty Training B-1 Extension Courses C-4 Active Duty or Active Duty for Training

2

801

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
RESERVE COMPONENTS PERSONNEL AND ADMINISTRATION CENTER
ST. LOUIS, MISSOURI 63132

IN REPLY AGUZ-PMT-CCR
REFER TO:
SUBJECT: Statement of Retirement Points

25 AUG 76

ANNUAL STATEMENT

REASON FOR ISSUANCE:

RESCORLA RICHARD CYRIL
129368271 MAJ USAR
1825 ST JULIAN PL 12-K
COLUMBIA SC 29204 FURNISHED IN LIEU OF DA FORM 1383

19 APR 75 18 APR 76

Official records show that you have earned the following points during the period from 19 APR 75 to 18 APR 76
Points shown below are a recapitulation of retirement credits as received by this Center from outside agencies. If there are errors or omissions, please return this statement with your request for correction. Include copies of pay vouchers, record of attendance, correspondence course completions.

TYPE	POINTS	DATES	TYPE	POINTS	DATES	
A=B	033	19 APR 75 01 FEB 76	C=4	015	19 APR 75 01 FEB 76	
B=1	005	19 APR 75 01 FEB 76				
RES-DUTY POINTS: 033		EXT COURSE 005	ACTIVE DUTY 015	MEMBERSHIP 015	TOTAL 068	CREDITABLE FOR RET. PURPOSES QUALIFIED

For retention in an active status, all members with over 20 qualifying years of service must earn 50 points; officers with less than 20 qualifying years must earn 27 points; enlisted members with less than 20 qualifying years must earn 20 points. Fifteen points are granted for membership and are included in the 50, 27, and 20 point requirement. A minimum of 50 points constitutes a qualifying year for retirement purposes. Not more than 60 points will be credited for Inactive Duty Training including those points awarded for membership and extension courses. If the period covered is less than a year, the maximum IDT points credited will be the proportionate part of 60.

DISTRIBUTION: NR1 RESERVIST A1
NR2 MPRJ
NR3 OMPF

LEGEND: TYPE OF RESERVE DUTY A-5 Command, Staff & Administrative Duties A-6 Presentation of Instructions A-7 Preparation of Instruction Material A-8 Recruiting Duty A-9 Training Projects A-A Performance of Medical Duties A-B Attendance at Reserve Training Assemblies and all other Reserve Duty Training B-1 Extension Courses C-4 Active Duty or Active Duty for Training

1 X
2

Lt Col Richard C. Rescorla
15 Dale Drive
Morristown, New Jersey 07690

To : ATTN : DARP-AIP-AV Richard C. Rescorla
129-36-8271

R. H. Lofts. Chief RAP, US Army Reserve Components Personnel and Administrative
center, 9700 Page Blvd, St Louis, Mo

SUBJECT : Retirement Points Update, TWENTY YEAR LETTER

1. Regarding retirement points for year 830419-840318: enclosed are Pay vouchers covering the months concerned. At that period, I was battalion commander of 2-337, 1st Bde, 85th Div (Tng), attended all 48 drills, plus annual training. Therefore, I should be entitled to the maximum points for this period.
2. I look forward to receiving the twenty year letter of confirmation.
3. I can be contacted by mail : Richard Rescorla, 15 Dale Drive, Morristown, N.J. 07690.
Phone: Home- (201)-898-0545
Work- (212)- 524-2482

Sincerely



Richard C. Rescorla

Enclosures

RAS-C 11 MAR

LTC Richard C. Rescorla
15 Dale Drive
Morristown
New Jersey 07960

AV

To: Commander
United States Army Reserve Personnel Center
9700 Page Bpulevard
ATTN: DARC-RCS-RS
Saint Louis, Missouri 63132

SUBJECT : TWENTY YEAR LETTER

1. I request that your command issue a twenty year letter and send it to the above address.
2. I am enclosing a copy of correspondence generated by my last troop unit, requesting this letter based on my Chronological Statement of Retirement Points.
3. I look forward to hearing from you.

Richard C. Rescorla
Richard C. Rescorla
LTC, IN
129-36-8271

RESCORLA RICHARD CYRIL

129368271

YOUR PSSI IS:

11A INFANTRY OFFICER, GEN
COMMANDS OR ASSISTS THE COMMANDER IN COMMANDING AN INFANTRY
UNIT. SERVES IN POSITIONS REQUIRING GENERAL INFANTRY EXPE-
RIENCE

ANOTHER IDENTIFIED SSI IS:

31C CRIMINAL INVE OFF
COMMANDS AND ADMINISTERS CRIMINAL INVESTIGATION UNITS AND
SUPERVISES THE DEVELOPMENT AND OPERATIONS OF AN ONGOING
CRIMINAL INVESTIGATION PROGRAM

YOUR IDENTIFIED ASI(S) IS:

5P PARACHUTIST
IDENTIFIES PERSONNEL WHO HAVE A CURRENT PARACHUTIST RATING
AND ARE PHYSICALLY QUALIFIED FOR PARACHUTIST DUTY

NOTE: YOU MAY HAVE ADDITIONAL SKILLS WHICH ARE NOT SHOWN
ABOVE. AT A LATER DATE ALL OFFICERS WILL BE GIVEN AN OPPOR-
TUNITY TO FURNISH INFORMATION ON MILITARY QUALIFICATIONS
THAT MAY NOT HAVE BEEN IDENTIFIED DURING THIS INITIAL
CONVERSION.



**DEPARTMENT OF DEFENSE
PERSONNEL SECURITY QUESTIONNAIRE (BI/SBI)**

FOR DIS USE ONLY

1. a. LAST NAME—FIRST NAME—MIDDLE NAME RESCORLA RICHARD CYRIL		b. MAIDEN NAME (if any) N/A.	
2. ALIASES NIA		3. SOCIAL SECURITY NUMBER 129-36-8271	
4. DATE OF BIRTH (Year-Month-Day) 39-5-27		5. PLACE OF BIRTH	
a. CITY HAYLE		b. COUNTY CORNWALL	c. STATE
		d. COUNTRY ENGLAND, U.K.	
6. a. CIVILIAN	c. GRADE	d. IF MILITARY:	
<input checked="" type="checkbox"/>	05	<input checked="" type="checkbox"/> ARMY	AIR FORCE
<input type="checkbox"/> b. MILITARY		<input type="checkbox"/> NAVY	MARINE CORPS
<input type="checkbox"/>		<input type="checkbox"/>	

7. IDENTIFYING DATA

a. SEX MALE	b. RACE WHITE (CAUCASOID)	c. HEIGHT 6' 0"	d. WEIGHT 201	e. COLOR OF HAIR BROWN	f. COLOR OF EYES BLUE	
8a. U.S. CITIZEN <input checked="" type="checkbox"/>	c. NATIVE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	d. IF NATURALIZED, CERTIFICATE NO.(S) 5118	e. IF DERIVED, PARENT(S) CERTIFICATE NO.(S)	f. DATE 67-3-8	g. PLACE COLUMBUS GEORGIA	h. COURT U.S. DISTRICT
b. ALIEN <input type="checkbox"/>	i. REGISTRATION NO.	j. CURRENT CITIZENSHIP	k. DATE OF ENTRY	l. PORT OF ENTRY	m. FORM 1-151 NO.	

9. FORMER MILITARY SERVICE

a. FROM	b. TO	c. BRANCH	d. RANK	e. SERVICE NO.(S)	f. TYPE OF DISCHARGE
5 JULY 63	11 APRIL 67	ARMY	LT	05-325-637	HONORABLE
APR 69	PRESENT	USAR/R	LTC	129-36-8271	N/A

10. FAMILY/ASSOCIATES (List father, mother, spouse, and children.) (See DETAILED INSTRUCTIONS for others to be listed.)

a. RELATIONSHIP AND NAME	b. DATE OF BIRTH	c. PLACE OF BIRTH	d. ADDRESS	e. CITIZENSHIP
FATHER NOT KNOWN				
MOTHER (Maiden Name) RESCORLA, ANNE LORRAINE	18-5-9 1918	LELANT, CORNWALL ENGLAND U.K.	ST. MARGARET'S, FOUNDRY HILL, HAYLE, CORNWALL, ENGLAND	U.K.
SPOUSE (Maiden Name) NATHAN, BETSY	50-5-14	FT WORTH, TEXAS	15 DALE DRIVE MORRISTOWN, N.J.	US.
RESCORLA, TREVOR SCOTT	76-1-15	COLUMBIA, S. CAROLINA	SON (ABOVE) 07960	U.S.
RESCORLA, KIMBERLY JEAN	78-7-2	SKOKIE, IL	DAUGHTER (ABOVE ADDRESS)	U.S.

11. RESIDENCES (List in chronological order beginning with the current address. Give the inclusive dates for each period of residence.) (See DETAILED INSTRUCTIONS.)

a. DATES	b. NUMBER AND STREET	c. CITY	d. STATE	e. COUNTRY	f. ZIP CODE
FROM TO					
85-11 Present	15 DALE DRIVE	MORRISTOWN	N.J.	U.S.A.	07960
77-4 85-11	723 EAST AVENUE	PARK RIDGE	IL	U.S.A.	60068

12. DUTY OR EMPLOYMENT ORGANIZATION (List in chronological order beginning with the present, each period of employment, self-employment, part-time employment, and/or unemployment. List inclusive dates for each period. If discharged for cause from any employment, so state. See DETAILED INSTRUCTIONS.)

a. DATES	b. NAME OF EMPLOYER	c. ADDRESS	d. NAME OF IMMEDIATE SUPERVISOR
FROM TO			
85-11 Present	DEAN WITTER REYNOLDS	4TH FLOOR, 5 WORLD TRADE CENTER, N.Y., NEW YORK 10048	AL RAUSCHMAN
79-12 85-12	CONTINENTAL BANK,	231, S. LA SALLE ST. CHICAGO, IL 60063	KARL BARTHELMSS

13. FEDERAL SERVICE, FOREIGN TRAVEL/CONNECTION ("Yes" answers must be explained in Item 18 in accordance with DETAILED INSTRUCTIONS.)		FOR DIS USE ONLY	
Yes	No	RETURN RESULTS TO:	PERSONNEL INVESTIGATIONS CENTER DEFENSE INVESTIGATIVE SERVICE P.O. BOX 454 BALTIMORE, MARYLAND 21203
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		

14.a. MARITAL STATUS		b. NAME(S) OF FORMER SPOUSE(S)		c. DATE(S) OF PRIOR MARRIAGE(S)		d. PLACE		
<input checked="" type="checkbox"/> MARRIED		UNMARRIED		N.A				
LEGALLY SEPARATED		DIVORCED		e. DATE OF DIVORCE		f. COURT		
						g. LOCATION		
15. EDUCATION (List in chronological order, beginning with the last school attended.) (See DETAILED INSTRUCTIONS.)								
a. DATES		b. NAME OF SCHOOL		c. ADDRESS		d. MAJOR	e. DEGREE	
FROM	TO							
71	5-75	OKLAHOMA CITY UNIVERSITY		NORTH BLACKWELDER RD NE, OKLAHOMA CITY OKLA		LAW	JD	
12-70	10-71	UNIVERSITY OF OKLAHOMA		NORMAN, OKLA.		ENGLISH	M.A.	
7-67	12-70	UNIVERSITY OF OKLAHOMA		NORMAN, OKLA.		ENGLISH	B.A.	
8-50	8-55	HUMPHRY DAYV SCHOOL		PENZANCE, CORNWALL, ENGLAND		HIGH SCHOOL	DIPLOMA	
16. CREDIT REFERENCES (Complete this item only if you lived overseas within the past 5 years. List 3 individuals and/or firms who have extended credit to you during that time period.) (See DETAILED INSTRUCTIONS.)								
a. NAME		b. ACCOUNT NUMBER		c. NUMBER AND STREET		d. CITY	e. STATE	f. ZIP CODE
N/A								
17. CHARACTER REFERENCES (List 5 good friends, co-workers, colleagues, classmates, etc.) (See DETAILED INSTRUCTIONS.)								
a. NAME		b. FROM	c. TO	d. NUMBER AND STREET		e. CITY	f. STATE	g. ZIP CODE
HILL, DANIEL JOSEPH		5-63	PRESENT	RED BOX 42B		ST AUGUSTINE	FLA	
GARRETT, JOSEPH		8-79	PRESENT	6506 S UNOX		CHICAGO	IL	60629
MCBEE, FREDERICK G.		5-68	PRESENT	6932 GREENHILL		TAMPA	FLA	33617
MCKEON, JOHN F.		11-85	PRESENT	120 N. RICHMOND AVE.		MASSACHUSETTS	N.Y.	11758
GROSSE, RICHARD		10-79	PRESENT	234 N. DELPHIA		PARK RIDGE	IL	60068
18. REMARKS (Attach additional sheets, if necessary.)								

13B. FOREIGN TRAVEL During the past five years I traveled TO EUROPE FOR BUSINESS purposes, visiting Paris, London, and Zurich (January 1981, and September 1984) and South America (Puerto Rico, Chile - Santiago, and Buenos Aires (June 1981). The purpose of these visits was work-related: As assistant Director and later Director of Security of Continental Illinois National Bank, Chicago, I conducted Security surveys and investigations of Bank Employees. I have also visited my Mother, who resides in Hayle, Cornwall, England on three occasions - October 1983, July 1985, and November 1985.

13C. Foreign Connections I have no current Foreign connections. I was Born in England and Served in the British Army (Field Security Sergeant, Intelligence Corps, serving in Cyprus 1957-60). From '61-'63 I was Inspector of Police in Northern Rhodesia (Zambia). In 1963, I immigrated to the U.S. The above Foreign Service was stated when I joined the Army at Fort Dix in July 1963. I have no property interest overseas. However, as an only child, my Mother's house will descend to me, on her death.

CERTIFICATE OF CLEARANCE AND/OR SECURITY DETERMINATION

For use of this form, see AR 604-5, AR 604-10, AR 601-270, and AR 690-1; the proponent agency is
Office of Assistant Chief of Staff for Intelligence.

PART I - BASIC INFORMATION

FROM: (Originating Headquarters) (Include ZIP Code)		DOSSIER NUMBER
USA CENTRAL PERSONNEL SECURITY CLEARANCE FACILITY (CCF) FORT GEORGE G. MEADE, MARYLAND 20755-5250		NOT USED
LAST NAME - FIRST NAME - MIDDLE NAME	MILITARY OR CIVILIAN GRADE	SOCIAL SECURITY ACCOUNT NUMBER
RESORLA RICHARD CYRIL	USAR	129-36-8271
DATE OF BIRTH (Day, Month, Year)	PLACE OF BIRTH (City, County, State, Country)	CIVILIAN JOB TITLE (If any)
27 MAY 39	UNITED KINGDOM	NOT USED

PART II - SECURITY CLEARANCE

DATE INVESTIGATION COMPLETED (Day, Month, Year)	TYPE OF INVESTIGATION CONDUCTED	AGENCY OR COMMAND WHICH CONDUCTED INVESTIGATION
21 AUG 86	BACKGROUND INVESTIGATION	NOT USED
HIGHEST CLASSIFICATION OF INFORMATION TO WHICH ACCESS IS AUTHORIZED (Top Secret, Secret, Confidential) ***** ***TOP SECRET*** *****	DATE INTERIM CLEARANCE GRANTED (Day, Month, Year)	DATE FINAL CLEARANCE GRANTED (Day, Month, Year)
	NOT USED	20 SEP 86

PART III - REMARKS

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CLEARANCE CERTIFICATES
DESTROY ALL PREVIOUS COPIES

PRP/SURETY CONSIDERED

COMMANDER
US ARMY RESERVE
PERSONNEL CENTER
ATTN: DARP-SPI
9700 PAGE BOULEVARD
ST LOUIS, MO 63132-5200

PART IV - PREPARING OFFICIAL

ORGANIZATION	PLACE	DATE
USA CCF - (H46)	FORT MEADE, MD 20755-5250	22 SEP 86
TYPED NAME, GRADE AND SOCIAL SECURITY ACCOUNT NUMBER	SIGNATURE	
CAREY P. JOINER JR, CCL, [REDACTED]	/s/ CAREY P. JOINER, JR., CCL	

DISTRIBUTION

- Military Personnel Records Jacket (DA Form 201) or Civilian Official Personnel Folder
- Official Military Personnel Folder
- U.S. Army Investigative Records Repository
- Other (Specify)

DO NOT REMOVE FROM MPRJ EXCEPT
FOR PERSONNEL SECURITY ACTIONS

CODED

PART V - VALIDATION

DATE VALIDATED	APPLICABLE PARA IN AR 604-5	VALIDATING HEADQUARTERS	SIGNATURE AND TITLE OF VALIDATING AUTHORITY

United States Army Infantry School

Be it known that

CAPTAIN RICHARD C. RESCORLA 129 36 8271

has successfully completed the
Infantry Officer Advanced Course (Nonresident/Resident) (C-23)
at this institution and that in testimony
thereof is awarded this

Diploma

Given at Fort Benning, Georgia, on this the
day of 20 March nineteen hundred and seventy five

Thomas M. Lanphier
Major General, USA
Commandant

Daniel S. Pickard
Colonel of Infantry
Secretary

Paul Muller
Brigadier General, USA
Assistant Commandant

(PLEASE READ INSTRUCTIONS ON THE REVERSE SIDE BEFORE COMPLETING AND SUBMITTING THIS FORM)

SERVICEMEN'S GROUP LIFE INSURANCE ELECTION

IMPORTANT - This form is for use by ACTIVE DUTY AND RESERVE MEMBERS. This form does not apply to and cannot be used for any other Government Life Insurance.

USE THIS FORM FOR

1. REDUCING OR REFUSING INSURANCE

2. STATING TO WHOM AND HOW INSURANCE SHOULD BE PAID

(Do not make erasures, corrections or changes. Complete a new form)

LAST NAME - FIRST NAME - MIDDLE NAME RESCORLA, RICHARD CYRIL		RANK, TITLE OR GRADE LTC	SERVICE OR SOCIAL SECURITY NO. 129-36-8271
BRANCH OF SERVICE (Do not abbreviate) U.S. Army		CURRENT DUTY LOCATION HHD 2/337/1/85th Div (Tng) Chicago, IL 600623	

1. REDUCING OR REFUSING INSURANCE

By law you are automatically insured for \$35,000. If you do not want \$35,000 insurance write below in your own handwriting "I want only \$30,000, \$25,000, \$20,000, \$15,000, \$10,000 or \$5,000 insurance," or "I want no insurance" as you prefer. Reduced or refused insurance can be restored only by written request with proof of good health and compliance with other requirements.



2. BENEFICIARY(IES) AND PAYMENT TO BENEFICIARY(IES) (Read instructions C and D on reverse)

IMPORTANT - You must write in the spaces below:

- (1) The names and other information for persons you want to receive your insurance, or
- (2) "By Law" in your own handwriting if you wish the law to apply (as explained on reverse)

Insurance is paid in a lump sum or 36 equal monthly installments at the option of the beneficiary(ies). If you insert "36" under "Payments to Beneficiary," payment will be made only in 36 equal monthly installments.

I DESIGNATE THE FOLLOWING BENEFICIARIES TO RECEIVE PAYMENT OF MY INSURANCE PROCEEDS AS SHOWN BELOW:

COMPLETE NAME AND ADDRESS OF EACH BENEFICIARY <i>(If married woman, give her own first and middle names and husband's last name)</i>	RELATIONSHIP TO INSURED	SHARES TO BE PAID TO EACH BENEFICIARY <i>(Use fractions such as 1/2, 2/3, 3/4, or "ALL")</i>	PAYMENTS TO BENEFICIARY <i>(Insert "36" if only monthly payments desired. See D on reverse)</i>
PRINCIPAL (First) By Law			
CONTINGENT (Second - If principal beneficiary dies before me or before completion of installment payments to the principal beneficiary.)			

NOTE: If more than one principal beneficiary is named, the share of any such beneficiary who dies before me shall be distributed equally among the surviving principal beneficiaries. If there is no surviving principal beneficiary the proceeds shall be distributed equally to the surviving contingent beneficiaries. This Designation of Beneficiary shall be void if none of the designated beneficiaries is living at my death. If after completion of this form my insurance is increased, this beneficiary designation shall apply to the full amount in force unless a new designation is made.

I UNDERSTAND that this form cancels any prior beneficiary or payment instructions and that unless I have named the beneficiary(ies) above, my insurance will be paid under the "Provisions of the Law" as explained on the reverse of this form.

I UNDERSTAND that I cannot have combined SGLI and VGLI coverage at the same time for more than \$35,000.

SIGN HERE IN INK

Richard Cyril Rescorla
(Signature of member) (Do not print)

REVIEWED: 840826
DATE COMPLETED 11 Sep 83

WITNESSED AND RECEIVED BY: <i>Christopher Nicolini</i>	RANK, TITLE OR GRADE 0-3	ORGANIZATION 2/337/1/85th (DIV)	DATE RECEIVED 1¹ SEPT 83
---	------------------------------------	---	---

IMPORTANT - READ CAREFULLY

PROVISIONS OF THE LAW FOR PAYMENT OF INSURANCE

If you do not name a beneficiary to receive the proceeds of your insurance, it will be paid under the provisions of the law, to your survivor(s) in the following order:

1. Widow or widower; if none, it is payable to
2. Child or children in equal shares with the share of any deceased child distributed among the descendants of that child; if none, it is payable to
3. Parent(s) in equal shares; if none, it is payable to
4. A duly appointed executor or administrator of the insured's estate, and if none to
5. Other next of kin.

NOTE: If you want a specific person to receive your insurance, then you must name the person in Part 2, otherwise, it will be paid as provided above.

INSTRUCTIONS TO MEMBER

GENERAL

- A. Make certain you complete all the appropriate item(s).
- B. All entries, except the signature and those requested to be in your handwriting, should be typed or printed in ink.
- C. DESIGNATION OF BENEFICIARY

Completing this form will cancel any prior beneficiary or payment instructions. You should name a beneficiary or write "By Law" in Part 2. (See "IMPORTANT" on front.)

There are no restrictions on the beneficiaries you may name. In some family situations such as if you are a step-child or step-parent or were abandoned by a parent or are separated from your wife, etc., you may by naming beneficiaries specifically include or exclude certain persons as you desire.

1. A change of beneficiary may be made by the insured at any time without the knowledge or consent of the beneficiary, and this right cannot be waived or restricted.
2. A Designation of Beneficiary may not be changed by correcting entries on earlier designations. If a change of a prior designation of beneficiary is desired, a new VA Form 29-8286 should be completed to show the name(s) of the new beneficiary(ies) in Part 2.
3. No designation or change of beneficiary will be valid unless it is received in writing over your signature, by your Uniformed Service, before your death.

D. PAYMENTS TO BENEFICIARY

In case of your death the beneficiary can elect to receive the insurance in a single payment of the face value or in 36 equal monthly installments. If you so desire you can limit a beneficiary to receiving the insurance in 36 equal monthly installments by inserting "36" in the space provided on the front of the form.

- E. Make certain all three copies of this form are completed and signed.

DIRECTIONS TO UNIFORMED SERVICES

- Make sure the name(s) of a beneficiary(ies) or the designation "By Law" appears in Part 2.
- The personnel or other responsible activity should explain to the member the need for naming beneficiaries in family situations such as those referred to under C above. Also if a member is designating a beneficiary other than would be normal under his family circumstances, see "Unusual Beneficiary Designations" Servicemen's Group Life Insurance Handbook, VA Handbook 29-75-1.
- This form must be signed and dated, below the signature of the member, by an authorized representative of the Uniformed Service.
- This form, properly executed, is authority to a payroll office to reduce the deductions for insurance purposes or not to make such deductions, if the amount of insurance is changed or canceled.
- Disposition of copies:

Copy 1 - Must be promptly filed in the official personnel file of the member.

Copy 2 - To Member. This copy for informational purposes only.

Copy 3 - FOR THE UNIFORMED SERVICES AND RESERVES USE - DO NOT SEND TO THE OFFICE OF SERVICEMEN'S GROUP LIFE INSURANCE OR TO THE VETERANS ADMINISTRATION.

Lhl

RECORD OF EMERGENCY DATA
DD FORM 93 (12/78)
PREPARED BY GAO, 411 I. AVENUE, N.W.
WASH. DC 20540-0001, GPO: 1983 O-338-250

1. Name (Last, First, Middle)		2. SSN	2b. Initial (To insure valid SSN)	3a. SVC	3b. REPORTING UNIT CODE DUTY STATION
DO NOT FOLD, STAPLE, OR MUTILATE		RESCORLA, RICHARD CYRIL	29-36-8271	A	NA
4. Spouse's Name/Address					
BETSY (NATHAN) 723 East Ave, Park Ridge, IL 60068					
5. Children's Name/Relationship/DOB/Address					
TREVOR S./S/15 Jan 76					
KIMBERLY J./D/10 Apr 78					
6. Father's Name/Address					
STEVEN E. RESCORLA (Deceased)					
7. Mother's Name/Address					
ANNE RESCORLA (Lorraine) No 1 Penpol Hill, Hayle, Cornwall England					
8. Do Not Notify Due To Ill Health					
a. <input type="checkbox"/> b. NOTIFY INSTEAD					
9. Beneficiary(ies) For DG If No Surviving Spouse Or Child/Address/Percentage					
ANNE RESCORLA/Mother/See Item #7					
10. Beneficiary(ies) For Unpaid Pay And Allowances Address/Percentage					
BETSY RESCORLA/Wife/See Item #4					
11. Allotment Designated/Percentage If Missing Subject To Secretarial Determination					
BETSY RESCORLA/Wife/See Item #4					
12. Insurance (SGLI and other Insurance Companies/Policy No's)					
a. SGLI (Optional Service Use) <input checked="" type="checkbox"/> Maximum <input type="checkbox"/> Other (Amount) _____ <input type="checkbox"/> No b. Insurance Companies/Policy Numbers See VA Form 29-8286					
13. CONTINUATION/REMARKS					
14. SIGNATURE OF SERVICE MEMBER (Include Rank/Rate/Grade)			15. SIGNATURE OF WITNESS (Include Rank/Rate/Grade)		16. DATE SIGNED
Richard E. Rescorla			Gerald D. Larson SFC		11 Sept 83

INSTRUCTIONS TO SERVICEMEMBER This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty, and, to designate beneficiaries for certain benefits if you die. IT IS YOUR RESPONSIBILITY to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other dependents listed; for example, as a result of marriage, civil court action, death, or address change. Regarding your designation in item 11, allotment if missing (if used by your Service), please read the following statement carefully, and sign on the line provided:

I fully understand that, if I am captured, missing, or interned, my designation of allotments to dependents from my pay and allowances serves only as a guide to the Secretary of my Service. The Secretary may alter my designated allotment in the best interests of myself, my dependents, or the United States Government.

Richard E. Rescorla

SIGNED