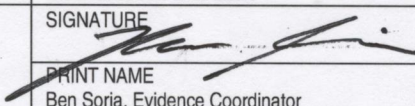
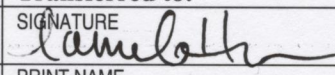


Defense POW/MIA Accounting Agency  
 Laboratory  
 Chain of Custody Form

Unique Mission Identifier N/A  
 CIL 2014-125-I-01 & X-01

<b>Evidence Obtained From:</b> DPAA/LAB 310 Worcester Ave. Bldg 45 JBPHH, HI 96853		<b>Evidence Transferred To:</b> Ms. Tamela Hushen HHC 25th ID (L) ATTN: Casualty/Mortuary Affairs Schofield Barracks, HI 96857	
<b>Obtained By:</b> Mr. Ben Soria		<b>Date Obtained:</b> released 14 July 2015	
<b>Seal Number(s):</b> N/A (if used)		<b>Village/District/Province or Equivalent:</b> POW Camp, Cabanatuan, Island of Luzon	
<b>Associated Incident/Site:</b> WWII-0425-J		<b>Grid Coordinate:</b> N/A (Full MGRS and datum)	
<b>Conflict:</b> WWII	<b>Country:</b> PHILIPPINES		

Item Number	Bag/Container Label and Description Provide Terminus Statement Following Last Entry, e.g., "Nothing Follows." Number all evidence bags / containers
1	Sealed plastic bag labeled "CIL 2014-125-I-01" containing human remains identified as Pvt Arthur Herman KELDER, 36016623, U.S. Army (WWII-0425-J).
2	Sealed plastic bag labeled "CIL 2014-125-X-01" containing human remains identified as Pvt Arthur Herman KELDER, 36016623, U.S. Army (WWII-0425-J).
*****	*****NOTHING FOLLOWS*****

Item(s)	Transferred from:	Transferred to:	Date	Reason for Transfer
1 - 2	SIGNATURE 	SIGNATURE 	14 July 2015	Shipment of remains identified as KELDER for final disposition
	PRINT NAME Ben Soria, Evidence Coordinator	PRINT NAME Ms. Tamela Hushen, CAC/HI		
	SIGNATURE	SIGNATURE		
	PRINT NAME	PRINT NAME		
	SIGNATURE	SIGNATURE		
	PRINT NAME	PRINT NAME		
	SIGNATURE	SIGNATURE		
	PRINT NAME	PRINT NAME		

**EXHIBIT**  
**A**

**DISPOSITION OF REMAINS ELECTION STATEMENT  
NOTIFICATION OF SUBSEQUENTLY IDENTIFIED PARTIAL REMAINS**

DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority:** Title 10 USC, Sections 1481 through 1488

**Principal Purpose:** To record disposition of remains as directed by the Person Authorized to Direct Disposition of the remains (PADD).

**Routine Uses:** By Departments of the Army, Navy, and Air Force to document and authorize actions necessary to return the remains.

**Disclosure:** Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded or accommodated.

NAME OF DECEASED (*Last, First, Middle Initial*)

SERVICE / RANK OF DECEASED

SSN OF DECEASED

**Kelder, Arthur H.**

**Army / Pvt**

TYPED OR PRINTED NAME OF PADD

RELATIONSHIP TO DECEASED

**Douglas A. Kelder**

**Nephew**

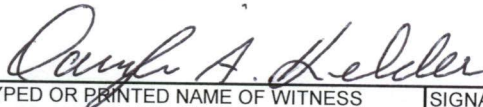
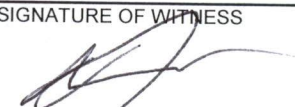
I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above. **I hereby direct and authorize that the additional remains be:** (*select one option below*)

Option 1  _____ <i>Initial</i>	<b>Transferred for interment in a suitable burial container above the original casket to:</b> <i>Funeral Home</i> _____ <i>Name and</i> _____ <i>Address</i> _____
Option 2  _____ <i>Initial</i>	<b>Transferred to the funeral home below for subsequent cremation at Government expense, arranged by the person with legal authority at the final destination:</b> <b>Urn Choice:</b> Metal _____      Wood _____ <i>Funeral Home</i> _____ <i>Name and</i> _____ <i>Address</i> _____
Option 3  _____ <i>Initial</i>	<b>Cremated, placed in a Metal _____ or Wood _____ urn and delivered to:</b> <i>Name and</i> _____ <i>Address</i> _____
Option 4  _____ <i>Initial</i>	<b>Retained at the Servicing Mortuary for appropriate disposition by the parent Service.</b>
Option 5  _____ <i>Initial</i>	<b>Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen.</b>

**In the event that further subsequent remains are identified beyond today (select Notify or Do Not Notify):**

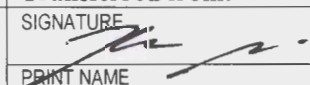
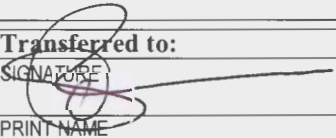
<b>NOTIFY</b>	<b>You may select one or both</b> <u>DAK</u> I would like to be notified and given the choice of accepting <b>individual</b> portions for disposition.  I would like to be notified in the event that further remains are classified as part of a <b>group</b> , so that I can be provided information on any planned ceremony in honor of Service members in the group.
<b>DO NOT NOTIFY</b>	_____ I <b>DO NOT</b> want to be notified. I authorize the parent Service to make appropriate disposition.

**AUTHORIZATION OF PADD AND WITNESS**

SIGNATURE OF PADD		DATE
		<b>05/26/2015</b>
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE
<b>Anthony K. Bullock</b>		<b>05/26/2015</b>

<b>Evidence Obtained From:</b> DPAA/LAB 590 Moffet Street, Building 4077 JBPBH, HI 96853		<b>Evidence Transferred To: Mr. Larry Magaoay</b> HHC 25th ID (L) ATTN: Casualty/Mortuary Affairs Schofield Barracks, HI 96857	
<b>Obtained By:</b> Mr. Ben Soria		<b>Date Obtained:</b> released 19 July 2019	
<b>Seal Number(s):</b> N/A (if used)		<b>Village/District/Province or Equivalent:</b> POW Camp, Cabanatuan, Island of Luzon	
<b>Associated Incident/Site:</b> WWII-0425-J		<b>Grid Coordinate:</b> N/A (Full MGRS and datum)	
<b>Conflict:</b> WWII	<b>Country:</b> PHILIPPINES		

Item Number	Bag/Container Label and Description Provide Terminus Statement Following Last Entry, e.g., "Nothing Follows," Number all evidence bags / containers
1	Sealed plastic bag labeled "CIL 2014-125-I-01.2" containing additional remains identified as Pvt Arthur Herman KELDER, 36016623, U.S. Army (WWII-0425-J).
*****	*****NOTHING FOLLOWS*****

Item(s)	Transferred from:	Transferred to:	Date	Reason for Transfer
1	SIGNATURE 	SIGNATURE 	19 July 2019	Shipment of remains identified as KELDER for final disposition
	PRINT NAME Ben Soria, Evidence Coordinator	PRINT NAME Mr. Larry Magaoay, CAC/HI		
	SIGNATURE	SIGNATURE		
	PRINT NAME	PRINT NAME		
	SIGNATURE	SIGNATURE		
	PRINT NAME	PRINT NAME		
	SIGNATURE	SIGNATURE		
	PRINT NAME	PRINT NAME		

DISPOSITION OF REMAINS ELECTION STATEMENT NOTIFICATION OF SUBSEQUENTLY IDENTIFIED PARTIAL REMAINS		
DATA REQUIRED BY THE PRIVACY ACT OF 1974		
Authority: Title 10 USC, Sections 1481 through 1488 Principal Purpose: To record disposition of remains as directed by the Person Authorized to Direct Disposition of the remains (PADD). Routine Uses: By Departments of the Army, Navy, and Air Force to document and authorize actions necessary to return the remains. Disclosure: Disclosure of requested information is voluntary. Without disclosure your desires may not be recorded or accommodated.		
NAME OF DECEASED (Last, First, Middle Initial)	SERVICE / RANK OF DECEASED	SSN OF DECEASED
KELDER, Artur H.	Pvt	
TYPED OR PRINTED NAME OF PADD		RELATIONSHIP TO DECEASED
Douglas A. Kelder		Nephew
I, the undersigned, understand that partial additional remains have been recovered and individually identified for the decedent listed above. I hereby direct and authorize that the additional remains be: (select one option below)		
Option 1  _____ Initial	<b>Transferred for interment in a suitable burial container above the original casket to:</b> Funeral Home _____ Name and _____ Address _____	
Option 2  _____ Initial	<b>Transferred to the funeral home below for subsequent cremation at Government expense, arranged by the person with legal authority at the final destination:</b> Urn Choice: Metal _____ Wood _____ Funeral Home _____ Name and _____ Address _____	
Option 3  <i>CSK</i> _____ Initial	<b>Cremated, placed in a Metal _____ or Wood _____ urn and delivered to:</b> Name and _____ Douglas A. Kelder Address _____ N1037 Glendenning Road, Shell Lake, WI 54871-7879 "DO NOT CREMATE" <i>CRC CSK</i>	
Option 4  _____ Initial	<b>Retained at the Servicing Mortuary for appropriate disposition by the parent Service.</b>	
Option 5  _____ Initial	<b>Retained by the Armed Forces Medical Examiner System for teaching and research purposes with final disposition as a medical specimen.</b>	
<b>In the event that further subsequent remains are identified beyond today (select Notify or Do Not Notify):</b>		
NOTIFY	You may select one or both _____ I would like to be notified and given the choice of accepting <b>individual</b> portions for disposition.  _____ I would like to be notified in the event that further remains are classified as part of a <b>group</b> , so that I can be provided information on any planned ceremony in honor of Service members in the group.	
DO NOT NOTIFY	_____ I <b>DO NOT</b> want to be notified. I authorize the parent Service to make appropriate disposition.	
AUTHORIZATION OF PADD AND WITNESS		
SIGNATURE OF PADD		DATE
<i>Douglas A. Kelder</i>		20190710
TYPED OR PRINTED NAME OF WITNESS	SIGNATURE OF WITNESS	DATE
CRISTINE R. CALONG	<i>Cristine C</i>	20190710