

MP

GENERAL WARRANTY DEED

113

A

300

Date: October 10, 1996

Grantors: ELMER H. BRUNSTING and NELVA E. BRUNSTING

Grantors' Mailing Address: 13630 Pinerock  
Houston, Texas 77079  
Harris County, Texas

Grantees: ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the  
successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated  
October 10, 1996, as amended.

Grantees' Mailing Address: 13630 Pinerock  
Houston, Texas 77079  
Harris County, Texas

Consideration:

The sum of TEN (\$10.00) AND NO/100 DOLLARS, and other valid, valuable, adequate  
and sufficient consideration, cash, paid to the Grantors, the receipt of which is hereby  
acknowledged.

Property (including any improvements):

All of Grantors' undivided interests in and to that certain tract and parcel of real property,  
together with all improvements located and situated thereon, being more particularly  
described in Exhibit "A" attached hereto and incorporated herein for all purposes.

Reservations from and Exceptions to Conveyance and Warranty:

This deed is subject to all easements, restrictions, conditions, covenants, reservations, and  
other instruments of record.

Grantors, for the consideration and subject to the reservations from and exceptions to  
conveyance and warranty, grant, sell, and convey to Grantees the property, together with all  
and singular the rights and appurtenances thereto in any wise belonging, to have and hold  
it to Grantees, Grantees' successors or assigns forever. Grantors bind Grantors and  
Grantors' heirs, executors, administrators, and successors to warrant and forever defend all  
and singular the property to Grantees and Grantees' successors and assigns against every

person whomsoever lawfully claiming or to claim the same or any part thereof, except as to the reservations from and exceptions to conveyance and warranty.

Grantors hereby reserve the rights afforded to the Grantors under the homestead exemption laws pursuant to Chapter 41 of the Texas Property Code and §11.13 of the Texas Tax Code.

When the context requires, singular nouns and pronouns include the plural.

Grantees assume all ad valorem taxes due on the property for the current year.

WITNESS OUR HANDS on October 10, 1996.


*Elmer H. Brunsting*  
ELMER H. BRUNSTING

*Nelva E. Brunsting*  
NELVA E. BRUNSTING

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on October 10, 1996 by ELMER H. BRUNSTING and NELVA E. BRUNSTING.

*Shannon E. Sweeney*  
Notary Public, State of Texas

 SHANNON E. SWEENEY  
NOTARY PUBLIC, STATE OF TEXAS  
MY COMMISSION EXPIRES  
FEB. 25, 1998

AFTER RECORDING RETURN TO:  
ELMER H. BRUNSTING or NELVA E. BRUNSTING  
13630 Pinerock  
Houston, Texas 77079

FILE FOR RECORD  
8:00 AM

JUN 25 2001

*Dorothy B. Kaufman*  
County Clerk, Harris County, Texas

EXHIBIT "A"

All that certain tract or parcel of land lying and being situated in Harris County, Texas, and described as follows, to-wit:

Lot Thirty-One (31) in Block Four (4) of WILCHESTER WEST, a subdivision in the City of Houston, in Harris County, Texas, according to the map thereof recorded in Volume 132, Page 40 of the Map Records of Harris County, Texas, reference being made to said map or plat for all purposes.

D

ANY PROVISION HEREIN WHICH RESTRICTS THE SALE, RENTAL OR USE OF THE DESCRIBED REAL PROPERTY BECAUSE OF COLOR OR RACE IS INVALID AND UNENFORCEABLE UNDER FEDERAL LAW  
THE STATE OF TEXAS  
COUNTY OF HARRIS  
I hereby certify that this instrument was FILED in File Number Sequence on the date and at the time stated hereon by me and was duly RECORDED in the Official Public Records of Real Property of Harris County, Texas on

JUN 25 2001



*Dorothy B. Kaufman*  
COUNTY CLERK  
HARRIS COUNTY, TEXAS

V&F 000209

## **INFORMATION CONCERNING THE MEDICAL POWER OF ATTORNEY**

**THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:**

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you

or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

**THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:**

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

Signed on 8-25, 2010, to confirm that I received this disclosure statement prior to execution of my Medical Power of Attorney and that I have read and understand it.

  
NELVA E. BRUNSTING

## **MEDICAL POWER OF ATTORNEY**

### **DESIGNATION OF HEALTH CARE AGENT**

I, **NELVA ERLEEN BRUNSTING**, also known as **NELVA E. BRUNSTING**, appoint **CAROL A. BRUNSTING**, who resides at 5822 Jason, Houston, Texas 77074, and whose phone number is (713) 560-6381 (cell), as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

### **DESIGNATION OF ALTERNATE AGENT**

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent, in the following order, to make health care decisions for me as authorized by this document:

#### **A. First Alternate Agent**

**ANITA KAY BRUNSTING**  
203 Bloomingdale Circle  
Victoria, Texas 77904  
(361) 576-5732 (home) or (361) 550-7132 (cell)

#### **B. Second Alternate Agent**

**AMY RUTH TSCHIRHART**  
2582 Country Ledge  
New Braunsfels, Texas 78132  
(830) 625-8352 (home) or (830) 823-2388 (cell)

The original of this document is kept with my other estate planning documents. A signed copy of this document is on file with my lawyer, **ALBERT E. VACEK, JR.**, 14800 St. Mary's Lane, Suite 230, Houston, Texas 77079, telephone (281) 531-5800 or 1-800-229-3002.

### **DURATION**

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority

I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

### **PRIOR DESIGNATIONS REVOKED**

I revoke any prior medical power of attorney.

### **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

In addition to the other powers granted by this document, I grant to my agent the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 and its regulations ("HIPAA") immediately upon my signing this document.

Pursuant to HIPAA, I specifically authorize my agent as my HIPAA personal representative to request, receive and review any information regarding my physical or mental health, including, without limitation all HIPAA protected health information, medical and hospital records; to execute on my behalf any authorizations, releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information. I further authorize my agent to execute on my behalf any documents necessary or desirable to implement the health care decisions that my agent is authorized to make under this document.

By signing this Medical Power of Attorney, I specifically empower and authorize my physician, hospital or health care provider to release any and all medical records to my agent or my agent's designee. Further, I waive any liability to any physician, hospital or any health care provider who releases any and all of my medical records to my agent and acknowledge that the health information that would otherwise be protected under HIPAA will no longer be protected or private.

### **ACKNOWLEDGMENT OF DISCLOSURE STATEMENT**

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

I sign my name to this Medical Power of Attorney at Houston, Texas on 8-25, 2010.

  
NELVA E. BRUNSTING

**STATEMENT OF FIRST WITNESS**

I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

Merlin Case  
Signature of First Witness

Date: 8/25<sup>th</sup>, 2010

**Merlin Case**  
14800 St. Mary's Ln., Suite 230  
Houston, TX 77079

\_\_\_\_\_  
Address of First Witness

Candace A. Kunz-Freed Date: 08-25, 2010  
Signature of Second Witness

**Candace Kunz-Freed**  
14800 St. Mary's Ln., Suite 230  
Houston, TX 77079

\_\_\_\_\_  
Address of Second Witness





**INFORMATION CONCERNING  
THE MEDICAL POWER OF ATTORNEY**

**THIS IS AN IMPORTANT LEGAL DOCUMENT. BEFORE SIGNING THIS DOCUMENT, YOU SHOULD KNOW THESE IMPORTANT FACTS:**

Except to the extent you state otherwise, this document gives the person you name as your agent the authority to make any and all health care decisions for you in accordance with your wishes, including your religious and moral beliefs, when you are no longer capable of making them yourself. Because "health care" means any treatment, service, or procedure to maintain, diagnose, or treat your physical or mental condition, your agent has the power to make a broad range of health care decisions for you. Your agent may consent, refuse to consent, or withdraw consent to medical treatment and may make decisions about withdrawing or withholding life-sustaining treatment. Your agent may not consent to voluntary inpatient mental health services, convulsive treatment, psychosurgery, or abortion. A physician must comply with your agent's instructions or allow you to be transferred to another physician.

Your agent's authority begins when your doctor certifies that you lack the competence to make health care decisions.

Your agent is obligated to follow your instructions when making decisions on your behalf. Unless you state otherwise, your agent has the same authority to make decisions about your health care as you would have had.

It is important that you discuss this document with your physician or other health care provider before you sign it to make sure that you understand the nature and range of decisions that may be made on your behalf. If you do not have a physician, you should talk with someone else who is knowledgeable about these issues and can answer your questions. You do not need a lawyer's assistance to complete this document, but if there is anything in this document that you do not understand, you should ask a lawyer to explain it to you.

The person you appoint as agent should be someone you know and trust. The person must be 18 years of age or older or a person under 18 years of age who has had the disabilities of minority removed. If you appoint your health or residential care provider (e.g., your physician or an employee of a home health agency, hospital, nursing home, or residential care home, other than a relative), that person has to choose between acting as your agent or as your health or residential care provider; the law does not permit a person to do both at the same time.

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions

who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

**THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:**

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

## **MEDICAL POWER OF ATTORNEY**

### **DESIGNATION OF HEALTH CARE AGENT**

I, **NELVA ERLEEN BRUNSTING**, also known as **NELVA E. BRUNSTING**, appoint **CAROL ANN BRUNSTING**, who resides at 5822 Jason, Houston, Texas 77074, and whose cell phone number is (713) 560-6381, as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

### **DESIGNATION OF ALTERNATE AGENT**

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

#### **A. First Alternate Agent**

**CARL H. BRUNSTING**  
5629 Flack Drive  
Houston, Texas 77081  
(713) 778-0137 or (713) 522-2778

#### **B. Second Alternate Agent**

**CANDACE LOUISE CURTIS**  
1215 Ulfinian Way  
Martinez, CA 94553  
(925)229-3849

The original of this document is kept with my other estate planning documents. A signed copy of this document is on file with my lawyer, **ALBERT E. VACEK, JR.**, 11511 Katy Freeway, Suite 520, Houston, Texas 77079, telephone (281) 531-5800 or 1-800-229-3002.

## **DURATION**

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

## **PRIOR DESIGNATIONS REVOKED**

I revoke any prior medical power of attorney.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

In addition to the other powers granted by this document, I grant to my agent the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 and its regulations ("HIPAA") immediately upon my signing this document.

Pursuant to HIPAA, I specifically authorize my agent as my HIPAA personal representative to request, receive and review any information regarding my physical or mental health, including, without limitation all HIPAA protected health information, medical and hospital records; to execute on my behalf any authorizations, releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information. I further authorize my agent to execute on my behalf any documents necessary or desirable to implement the health care decisions that my agent is authorized to make under this document.

By signing this Medical Power of Attorney, I specifically empower and authorize my physician, hospital or health care provider to release any and all medical records to my agent or my agent's designee. Further, I waive any liability to any physician, hospital or any health care provider who releases any and all of my medical records to my agent and acknowledge that the health information that would otherwise be protected under HIPAA will no longer be protected or private.

**ACKNOWLEDGMENT OF DISCLOSURE STATEMENT**

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

I sign my name to this Medical Power of Attorney at Houston, Texas on November 8, 2007.

  
NELVA E. BRUNSTING

**STATEMENT OF FIRST WITNESS**

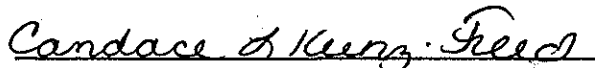
I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

  
Signature of First Witness

Date: November 8, 2007

**Tonya E. Lyrock**  
11511 Katy Freeway, Suite 520  
Houston, Texas 77079

Address of First Witness

  
Signature of Second Witness

Date: November 8, 2007

**Candace L. Kunz-Freed**  
11511 Katy Freeway, Suite 520  
Houston, Texas 77079

Address of Second Witness

You should inform the person you appoint that you want the person to be your health care agent. You should discuss this document with your agent and your physician and give each a signed copy. You should indicate on the document itself the people and institutions who have signed copies. Your agent is not liable for health care decisions made in good faith on your behalf.

Even after you have signed this document, you have the right to make health care decisions for yourself as long as you are able to do so and treatment cannot be given to you or stopped over your objection. You have the right to revoke the authority granted to your agent by informing your agent or your health or residential care provider orally or in writing or by your execution of a subsequent medical power of attorney. Unless you state otherwise, your appointment of a spouse dissolves on divorce.

This document may not be changed or modified. If you want to make changes in the document, you must make an entirely new one.

You may wish to designate an alternate agent in the event that your agent is unwilling, unable, or ineligible to act as your agent. Any alternate agent you designate has the same authority to make health care decisions for you.

**THIS POWER OF ATTORNEY IS NOT VALID UNLESS IT IS SIGNED IN THE PRESENCE OF TWO COMPETENT ADULT WITNESSES. THE FOLLOWING PERSONS MAY NOT ACT AS ONE OF THE WITNESSES:**

- (1) the person you have designated as your agent;
- (2) a person related to you by blood or marriage;
- (3) a person entitled to any part of your estate after your death under a will or codicil executed by you or by operation of law;
- (4) your attending physician;
- (5) an employee of your attending physician;
- (6) an employee of a health care facility in which you are a patient if the employee is providing direct patient care to you or is an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility; or
- (7) a person who, at the time this power of attorney is executed, has a claim against any part of your estate after your death.

## MEDICAL POWER OF ATTORNEY

### DESIGNATION OF HEALTH CARE AGENT

I, **NELVA ERLEEN BRUNSTING**, also known as **NELVA E. BRUNSTING**, appoint **ELMER HENRY BRUNSTING**, also known as **ELMER H. BRUNSTING**, who resides at 13630 Pinerock, Houston, Texas 77079, and whose phone number is (713) 464-4391, as my agent to make any and all health care decisions for me, except to the extent I state otherwise in this document. This medical power of attorney takes effect if I become unable to make my own health care decisions and this fact is certified in writing by my physician.

### DESIGNATION OF ALTERNATE AGENT

(You are not required to designate an alternate agent but you may do so. An alternate agent may make the same health care decisions as the designated agent if the designated agent is unable or unwilling to act as your agent. If the agent designated is your spouse, the designation is automatically revoked by law if your marriage is dissolved.)

If the person designated as my agent is unable or unwilling to make health care decisions for me, I designate the following persons to serve as my agent to make health care decisions for me as authorized by this document, who serve in the following order:

#### A. First Alternate Agent

**CAROL A. BRUNSTING**  
5822 Jason  
Houston, Texas 77074  
(713) 981-5260 or (281) 514-7491

#### B. Second Alternate Agent

**CARL H. BRUNSTING**  
5629 Flack Drive  
Houston, Texas 77081  
(713) 778-0137 or (713) 522-2778

The original of this document is kept with my other estate planning documents. A signed copy of this document is on file with my lawyer, **ALBERT E. VACEK, JR.**, 11511 Katy Freeway, Suite 520, Houston, Texas 77079, telephone (281) 531-5800 or 1-800-229-3002.



## **DURATION**

I understand that this power of attorney exists indefinitely from the date I execute this document unless I establish a shorter time or revoke the power of attorney. If I am unable to make health care decisions for myself when this power of attorney expires, the authority I have granted my agent continues to exist until the time I become able to make health care decisions for myself.

## **PRIOR DESIGNATIONS REVOKED**

I revoke any prior medical power of attorney.

## **HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

In addition to the other powers granted by this document, I grant to my agent the power and authority to serve as my personal representative for all purposes of the Health Insurance Portability and Accountability Act of 1996 and its regulations ("HIPAA") immediately upon my signing this document.

Pursuant to HIPAA, I specifically authorize my agent as my HIPAA personal representative to request, receive and review any information regarding my physical or mental health, including, without limitation all HIPAA protected health information, medical and hospital records; to execute on my behalf any authorizations, releases or other documents that may be required in order to obtain this information; and to consent to the disclosure of this information. I further authorize my agent to execute on my behalf any documents necessary or desirable to implement the health care decisions that my agent is authorized to make under this document.

By signing this Medical Power of Attorney, I specifically empower and authorize my physician, hospital or health care provider to release any and all medical records to my agent or my agent's designee. Further, I waive any liability to any physician, hospital or any health care provider who releases any and all of my medical records to my agent and acknowledge that the health information that would otherwise be protected under HIPAA will no longer be protected or private.

**ACKNOWLEDGMENT OF DISCLOSURE STATEMENT**

I have been provided with a disclosure statement explaining the effect of this document. I have read and understand that information contained in the disclosure statement.

I sign my name to this Medical Power of Attorney at Houston, Texas on January 12, 2005.

  
NELVA E. BRUNSTING

**STATEMENT OF FIRST WITNESS**

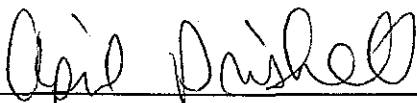
I am not the person appointed as agent by this document. I am not related to the principal by blood or marriage. I would not be entitled to any portion of the principal's estate on the principal's death. I am not the attending physician of the principal or an employee of the attending physician. I have no claim against any portion of the principal's estate on the principal's death. Furthermore, if I am an employee of a health care facility in which the principal is a patient, I am not involved in providing direct patient care to the principal and am not an officer, director, partner, or business office employee of the health care facility or of any parent organization of the health care facility.

  
Signature of First Witness

Date: January 12, 2005

**Krysti Brull**  
11511 Katy Freeway, Suite 520  
Houston, Texas 77079

Address of First Witness

  
Signature of Second Witness

Date: January 12, 2005

**April Driskell**  
11511 Katy Freeway, Suite 520  
Houston, Texas 77079  
Address of Second Witness



**AUTHORIZATION FOR RELEASE OF  
PROTECTED HEALTH INFORMATION**

(Valid Authorization Under 45 CFR Chapter 164  
and the Laws of the State of Texas)

**Statement of Intent**

It is my understanding that Congress passed a law entitled the Health Insurance Portability and Accountability Act ("HIPAA") that limits use, disclosure or release of my individually identifiable health information (or, sometimes herein, "protected medical information"). This Authorization is being signed because it is crucial that my health care providers readily use, release or disclose my protected medical information to, or as directed by, that person or those persons designated in this Authorization in order to allow me the advantage of being able to discuss with, and obtain advice from, others or to facilitate decisions regarding my health care when I otherwise may not be able to discuss these matters with health care providers without regard to whether any health care provider has certified in writing that I am "incompetent" for purposes of the laws of the State of Texas.

**Appointment of Authorized Persons**

I, **NELVA ERLEEN BRUNSTING**, also known as **NELVA E. BRUNSTING**, an individual, hereby appoint the following persons, or any of them, as Authorized Persons for health care disclosure under the Standards for Privacy of Individually Identifiable Health Care Information (45 CFR Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and [State Health Care Information Act]:

**ELMER HENRY BRUNSTING**, also known as **ELMER H. BRUNSTING**  
**CANDACE LOUISE CURTIS**  
**CAROL ANN BRUNSTING**  
**CARL HENRY BRUNSTING**  
**AMY RUTH TSCHIRHART**  
**ANITA KAY RILEY**

**Grant of Authority**

Therefore, as authorized by 45 CFR Sec(s). 164.502(a)(1)(i) and (iv), 164.502(a)(2)(i), 164.524 and 164.528, a covered entity (being a health care provider as defined by HIPAA) is permitted to use, release and disclose my individually identifiable health information pursuant to and in compliance with this valid Authorization.

I hereby authorize:

a. All covered persons and entities as defined in HIPAA, including but not limited to a doctor (including but not limited to a physician, podiatrist, chiropractor, or osteopath), psychiatrist, psychologist, dentist, therapist, nurse, hospitals, clinics, pharmacy, laboratory, ambulance service, assisted living facility, residential care facility, bed and board facility, nursing home, medical insurance company or any other health care provider or affiliate,

b. to use, release and disclose the following information at the request of an Authorized Person:

Any and all individually identifiable health care information, reports and/or records concerning my medical history, condition, diagnosis, testing prognosis, treatment, billing information and identity of health care providers, whether past, present or future and any other information which is in any way related to my health care. Additionally, this disclosure shall include the ability to ask questions and discuss this protected medical information with the person or entity who has possession of the protected medical information even if I am fully competent to ask questions and discuss this matter at the time. It is my intention to give a full authorization for access to, disclosure and release of ANY protected medical information by or to the persons named in this Authorization as if each person were me;

c. to, or as requested by, an Authorized Person.

#### **Termination**

This Authorization is not affected by, and shall not terminate by reason of, my subsequent disability or incapacity. This Authorization shall terminate on the first to occur of: (1) 1 year following my death or (2) upon my written revocation expressly referring to this Authorization and the date it is actually received by the covered entity. Proof of receipt of my written revocation may be by certified mail, registered mail, facsimile, or any other receipt evidencing actual receipt by the covered entity. Such revocation shall be effective upon the actual receipt of the notice by the covered entity except to the extent that the covered entity has taken action in reliance on it.

#### **Re-disclosure**

By signing this Authorization, I acknowledge that the information used, disclosed or released pursuant to this Authorization may be subject to re-disclosure by an Authorized Person

whose names are written in paragraph 1 of this Authorization and the information once disclosed will no longer be protected by the rules created in HIPAA. No covered entity shall require an Authorized Person to indemnify the covered entity or agree to perform any act in order for the covered entity to comply with this Authorization.

### **Instructions to the Authorized Persons**

An Authorized Person shall have the right to bring a legal action in any applicable forum against any covered entity that refuses to recognize and accept this Authorization for the purposes that I have expressed. Additionally, an Authorized Person is authorized to sign any documents that the Authorized Person deems appropriate to obtain use, disclosure or release of the protected medical information.

### **Effect of Duplicate Originals or Copies**

If this Authorization has been executed in multiple counterparts, each counterpart original will have equal force and effect. An Authorized Person may make photocopies of this Authorization and each photocopy will have the same force and effect as the original.

### **My Waiver and Release**


With regard to information disclosed pursuant to this Authorization, I waive any right of privacy that I may have under the authority of the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (HIPAA), any amendment or successor to that Act, or any similar state or federal act, rule or regulation. In addition, I hereby release any covered entity that acts in reliance on this Authorization from any liability that may accrue from the use or disclosure of my protected medical information in reliance upon this Authorization and for any actions taken by an Authorized Person.

### **Severability**

I intend that this authorization conform to United States and Texas law. In the event that any provision of this document is invalid, the remaining provisions shall nonetheless remain in full force and effect.

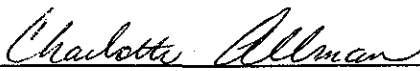
I understand that I have the right to receive a copy of this authorization. I also understand that I have the right to revoke this authorization and that any revocation of this authorization must be in writing.

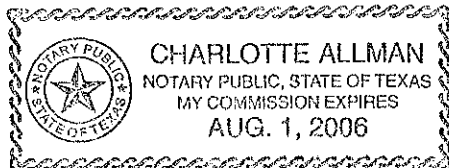
Dated: January 12, 2005.

  
NELVA E. BRUNSTING  
SSN: 481-30-4685  
DOB: October 8, 1926

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on January 12, 2005, by NELVA E. BRUNSTING.

  
Notary Public, State of Texas



**RESIGNATION OF ORIGINAL TRUSTEE**

Pursuant to Article IV of the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended (the "Trust"), I, NELVA E. BRUNSTING, an original Trustee of the Trust may resign as Trustee.

On April 1, 2009, two subtrusts were created under the BRUNSTING FAMILY LIVING TRUST and are known as the NELVA E. BRUNSTING SURVIVOR'S TRUST and the ELMER H. BRUNSTING DECEDENT'S TRUST.

I hereby resign as Trustee of these said Trusts in accordance with the provisions contained in Article IV of the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

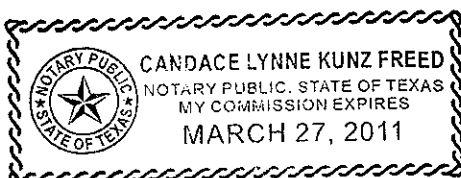
My resignation is effective immediately and I hereby appoint ANITA KAY BRUNSTING as the Trustee of the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended, as well as the subtrusts known as the NELVA E. BRUNSTING SURVIVOR'S TRUST and the ELMER H. BRUNSTING DECEDENT'S TRUST.

Nelva E. Brunsting  
NELVA E. BRUNSTING

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on December 21, 2010 at 1:35 pm p.m., by NELVA E. BRUNSTING.

Candace Lynne Kunz Freed  
Notary Public, State of Texas





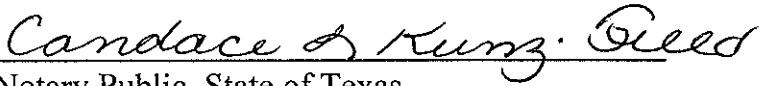
**ACCEPTANCE BY SUCCESSOR TRUSTEE**

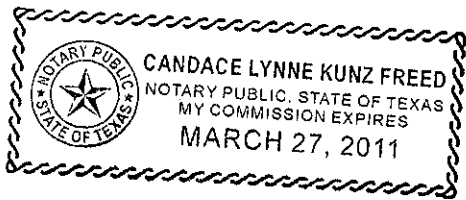
I, ANITA KAY BRUNSTING, hereby acknowledge my acceptance this day of the office and duties of Successor Trustee of the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended, the NELVA E. BRUNSTING SURVIVOR'S TRUST and the ELMER H. BRUNSTING DECEDENT'S TRUST, after the resignation of the original Trustee, NELVA E. BRUNSTING.

  
ANITA KAY BRUNSTING

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on December 21, 2010 at 1:36pm p.m., by ANITA KAY BRUNSTING.

  
Notary Public, State of Texas



CERTIFICATE OF TRUST  
FOR THE  
ELMER H. BRUNSTING **DECEDENT'S TRUST**

The undersigned successor Trustee hereby certifies the following:

1. This Certificate of Trust refers to a joint revocable living trust agreement executed by ELMER HENRY BRUNSTING, also known as ELMER H. BRUNSTING, and NELVA ERLEEN BRUNSTING, also known as NELVA E. BRUNSTING, Founders and original Trustees. The full legal name of the subject trust was:

ELMER H. BRUNSTING or NELVA E. BRUNSTING,  
Trustees, or the successor Trustees, under the BRUNSTING  
FAMILY LIVING TRUST dated October 10, 1996, as  
amended.

2. ELMER H. BRUNSTING died on April 1, 2009, without having changed his appointment of successor Trustee. Therefore, pursuant to Article IV, Section B, of the BRUNSTING FAMILY LIVING TRUST, the remaining original Trustee continues to serve alone.

3. The full legal name of the said trust was:

NELVA E. BRUNSTING, Trustee, or the successor Trustees,  
under the BRUNSTING FAMILY LIVING TRUST dated  
October 10, 1996, as amended.

4. The BRUNSTING FAMILY LIVING TRUST authorized the creation of the subsequent irrevocable trust known as the **ELMER H. BRUNSTING DECEDENT'S TRUST**.

5. NELVA E. BRUNSTING resigned as Trustee on December 21, 2010, after having changed her successor Trustee by that certain Appointment of Successor Trustee dated December 21, 2010. Therefore, the first successor Trustee, ANITA KAY BRUNSTING, shall serve as Trustee.

For purposes of asset allocation, transfer of property into the decedent's trust, holding title to assets, and conducting business for and on behalf of the trust, the full legal name of the decedent's trust shall now be known as:

ANITA KAY BRUNSTING, Trustee, of the ELMER H.  
BRUNSTING DECEDENT'S TRUST dated April 1, 2009, as

established under the BRUNSTING FAMILY LIVING TRUST  
dated October 10, 1996, as amended.

The tax identification number of the ELMER H. BRUNSTING DECEDENT'S  
TRUST is 27-6453100.

6. If ANITA KAY BRUNSTING fails or ceases to serve as Trustee by reason of death, disability or for any reason, then the following individuals will serve as Trustees in the following order:

First, AMY RUTH TSCHIRHART  
Second, THE FROST NATIONAL BANK

7. Upon the death or disability of NELVA E. BRUNSTING, then the following individuals will serve as Successor Co-Trustees:

ANITA KAY BRUNSTING and AMY RUTH TSCHIRHART

If a successor Co-Trustee is unable or unwilling to serve for any reason, the remaining Co-Trustee shall serve alone. However, if neither Co-Trustee is able or willing to serve, then THE FROST NATIONAL BANK shall serve as successor Trustee.

8. The Trustee under the trust agreement is authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in the trust name. All powers of the Trustee are fully set forth in Article XII of the trust agreement.
9. The trust has not been revoked and there have been no amendments limiting the powers of the Trustee over trust property.
10. No person or entity paying money to or delivering property to any Trustee shall be required to see to its application. All persons relying on this document regarding the Trustee and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance.

A copy of this Certificate of Trust shall be just as valid as the original.

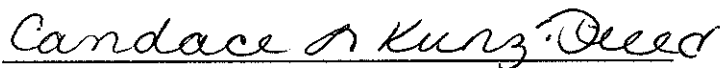
The undersigned certifies that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Harris, in the State of Texas, on December 21, 2010.

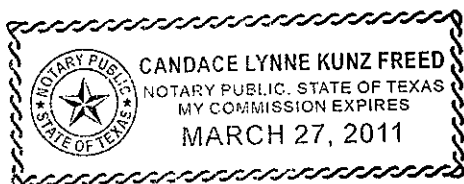
  
ANITA KAY BRUNSTING,  
Successor Trustee

STATE OF TEXAS  
COUNTY OF HARRIS

The foregoing Certificate of Trust was acknowledged before me on December 21, 2010 at 1:45 p.m., by ANITA KAY BRUNSTING, as successor Trustee.

Witness my hand and official seal.

  
Notary Public, State of Texas



CERTIFICATE OF TRUST  
FOR THE  
NELVA E. BRUNSTING SURVIVOR'S TRUST

The undersigned successor Trustee hereby certifies the following:

1. This Certificate of Trust refers to a joint revocable living trust agreement executed by ELMER HENRY BRUNSTING, also known as ELMER H. BRUNSTING, and NELVA ERLEEN BRUNSTING, also known as NELVA E. BRUNSTING, Founders and original Trustees. The full legal name of the subject trust was:

ELMER H. BRUNSTING or NELVA E. BRUNSTING,  
Trustees, or the successor Trustees, under the BRUNSTING  
FAMILY LIVING TRUST dated October 10, 1996, as  
amended.

2. ELMER H. BRUNSTING died on April 1, 2009, without having changed his appointment of successor Trustee. Therefore, pursuant to Article IV, Section B, of the BRUNSTING FAMILY LIVING TRUST, the remaining original Trustee continues to serve alone.

3. The full legal name of the said trust was:

NELVA E. BRUNSTING, Trustee, or the successor Trustees,  
under the BRUNSTING FAMILY LIVING TRUST dated  
October 10, 1996, as amended.

4. The BRUNSTING FAMILY LIVING TRUST authorized the creation of the subsequent revocable trust known as the NELVA E. BRUNSTING SURVIVOR'S TRUST.
5. NELVA E. BRUNSTING resigned as Trustee on December 21, 2010, after having changed her successor Trustee by that certain Appointment of Successor Trustee dated December 21, 2010. Therefore, the first successor Trustee, ANITA KAY BRUNSTING, shall serve as Trustee.

For purposes of asset allocation, transfer of property into the survivor's trust, holding title to assets, and conducting business for and on behalf of the trust, the full legal name of the survivor's trust shall now be known as:

ANITA KAY BRUNSTING, Trustee, of the NELVA E.  
BRUNSTING SURVIVOR'S TRUST dated April 1, 2009, as

established under the BRUNSTING FAMILY LIVING TRUST  
dated October 10, 1996, as amended.

The tax identification number of the NELVA E. BRUNSTING SURVIVOR'S  
TRUST is 481-30-4685.

6. If ANITA KAY BRUNSTING fails or ceases to serve as Trustee by reason of death, disability or for any reason, then the following individuals will serve as Trustees in the following order:

First, AMY RUTH TSCHIRHART  
Second, THE FROST NATIONAL BANK

7. Upon the death or disability of NELVA E. BRUNSTING, then the following individuals will serve as Successor Co-Trustees:

ANITA KAY BRUNSTING and AMY RUTH TSCHIRHART

If a successor Co-Trustee is unable or unwilling to serve for any reason, the remaining Co-Trustee shall serve alone. However, if neither Co-Trustee is able or willing to serve, then THE FROST NATIONAL BANK shall serve as successor Trustee.

8. The Trustee under the trust agreement is authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in the trust name. All powers of the Trustee are fully set forth in Article XII of the trust agreement.
9. The trust has not been revoked and there have been no amendments limiting the powers of the Trustee over trust property.
10. No person or entity paying money to or delivering property to any Trustee shall be required to see to its application. All persons relying on this document regarding the Trustee and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance.

A copy of this Certificate of Trust shall be just as valid as the original.

The undersigned certifies that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Harris, in the State of Texas, on December 21, 2010.

## CERTIFICATE OF TRUST

The undersigned successor Trustee hereby certifies the following:

1. This Certificate of Trust refers to a joint revocable living trust agreement executed by ELMER HENRY BRUNSTING, also known as ELMER H. BRUNSTING, and NELVA ERLEEN BRUNSTING, also known as NELVA E. BRUNSTING, Founders and original Trustees. The full legal name of the subject trust was:

ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

2. ELMER H. BRUNSTING died on April 1, 2009, without having changed his appointment of successor Trustee. Therefore, pursuant to Article IV, Section B, of the BRUNSTING FAMILY LIVING TRUST, the remaining original Trustee continues to serve alone.
3. The full legal name of the said trust was:

NELVA E. BRUNSTING, Trustee, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

4. NELVA E. BRUNSTING resigned as Trustee on December 21, 2010, after having changed her successor Trustee by that certain Appointment of Successor Trustee dated December 21, 2010. the first successor Trustee, ANITA KAY BRUNSTING, shall serve as Trustee.
5. For purposes of asset allocation, transfer of property into the trust, holding title to assets, and conducting business for and on behalf of the trust, the full legal name of the said trust shall now be known as:

ANITA KAY BRUNSTING, Trustee, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

The tax identification number of the BRUNSTING FAMILY LIVING TRUST is 481-30-4685.

6. If ANITA KAY BRUNSTING fails or ceases to serve as Trustee by reason of death, disability or for any reason, then the following individuals will serve as Trustees in the following order:

First, AMY RUTH TSCHIRHART  
Second, THE FROST NATIONAL BANK

7. Upon the death or disability of NELVA E. BRUNSTING, then the following individuals will serve as Successor Co-Trustees:


ANITA KAY BRUNSTING and AMY RUTH TSCHIRHART

If a successor Co-Trustee is unable or unwilling to serve for any reason, the remaining Co-Trustee shall serve alone. However, if neither Co-Trustee is able or willing to serve, then THE FROST NATIONAL BANK shall serve as successor Trustee.

8. The Trustee under the trust agreement is authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in the trust name. All powers of the Trustee are fully set forth in Article XII of the trust agreement.
9. The trust has not been revoked and there have been no amendments limiting the powers of the Trustee over trust property.
10. No person or entity paying money to or delivering property to any Trustee shall be required to see to its application. All persons relying on this document regarding the Trustees and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance.

A copy of this Certificate of Trust shall be just as valid as the original.

The undersigned certifies that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Harris, in the State of Texas, on December 21, 2010.

  
ANITA KAY BRUNSTING,  
Successor Trustee

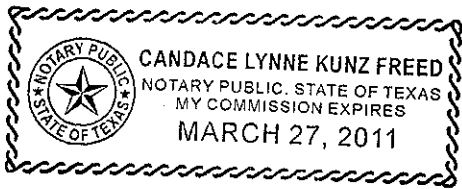


STATE OF TEXAS  
COUNTY OF HARRIS

The foregoing Certificate of Trust was acknowledged before me on December 21, 2010 at 1:46 p.m., by ANITA KAY BRUNSTING, as successor Trustee.

Witness my hand and official seal.

Candace A. Kunz Freed  
Notary Public, State of Texas



Law Firm Copy

APPOINTMENT OF SUCCESSOR TRUSTEES

WHEREAS, NELVA E. BRUNSTING, is a Founder of the Brunsting Family Living Trust dated October 10, 1996, as amended (the "Trust Agreement"); and,

WHEREAS, Pursuant to Article IV, Section B, of the Brunsting Family Living Trust entitled "Our Successor Trustees," an original Trustee will have the right to appoint his or her own successor or successors to serve as Trustees in the event that such original Trustee ceases to serve by reason of death, disability or for any other reason, as well as specify conditions relevant to such appointment; and

WHEREAS, ELMER H. BRUNSTING, died on April 1, 2009. The Brunsting Family Living Trust authorized the creation of subsequent subtrusts known as the NELVA E. BRUNSTING SURVIVOR'S TRUST and the ELMER H. BRUNSTING DECEDENT'S TRUST. The full legal names of the said subtrusts are:

NELVA E. BRUNSTING, Trustee, or the successor Trustees, of the NELVA E. BRUNSTING SURVIVOR'S TRUST dated April 1, 2009, as established under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

NELVA E. BRUNSTING, Trustee, or the successor Trustees, of the ELMER H. BRUNSTING DECEDENT'S TRUST dated April 1, 2009, as established under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

WHEREAS, the said NELVA E. BRUNSTING is desirous of exercising her right as original Trustee to designate, name and appoint her own successors to serve as Trustees in the event that she ceases to serve by reason of death, disability or for any other reason, as well as specify conditions of such appointment;

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS:

NELVA E. BRUNSTING makes the following appointment:

If I, NELVA E. BRUNSTING, resign as Trustee, then the following individuals will serve as successor Trustee in the following order:

- First, ANITA KAY BRUNSTING
- Second, AMY RUTH TSCHIRHART
- Third, THE FROST NATIONAL BANK

If I, NELVA E. BRUNSTING, fail or cease to serve by reason of death or disability, then the following individuals will serve as successor Co-Trustees:

ANITA KAY BRUNSTING and AMY RUTH TSCHIRHART

If a successor Co-Trustee is unable or unwilling to serve for any reason, the remaining Co-Trustee shall serve alone. However, if neither Co-Trustee is able or willing to serve, then THE FROST NATIONAL BANK shall serve as successor Trustee.

In order to maintain the integrity of the Trust Agreement and to meet my estate planning desires and goals, my Trustees shall comply with the directive set forth below to assure compliance with the Health Insurance Portability and Accountability Act (HIPAA) of 1996.

**1. Successor Trustee Required to Provide an Authorization For Release of Protected Health Information**

Each successor Trustee (or Co-Trustee) shall be required to execute and deliver to the Co-Trustee (if any) or next successor Trustee an "Authorization for Release of Protected Health Information" pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and any other similarly applicable federal and state laws, authorizing the release of said successor's protected health and medical information to said successor's Co-Trustees (if any) and to all alternate successor Trustees (or Co-Trustees) named under this document or any subsequent documents signed by the Founders, to be used only for the purpose of determining in the future whether said successor has become incapacitated (as defined in the Trust Agreement).

If said successor is already acting in the capacity of Trustee (or Co-Trustee) and fails to so execute and deliver such Authorization within thirty (30) days of actual notice of said requirement, or if an event has occurred which triggers said successor's power to act but said successor has not yet begun to act in said capacity and fails to so execute and deliver such Authorization within thirty (30) days of actual notice of said requirement, then for purposes of the Trust Agreement, said successor shall be deemed incapacitated.

"Actual notice" shall occur when a written notice, signed by the Co-Trustees (if any) or next successor Trustee, informing said successor of the need to timely execute and deliver an authorization as set forth above (and, in the case where said successor has not yet begun to act, informing him or her of the event that has triggered said successor's power to act), is (i) deposited in the United States mail, postage prepaid, addressed to the last address of said successor known to the Co-Trustees or next successor Trustee or (ii) hand delivered to said successor, provided such delivery is witnessed by a third party independent from the Co-Trustees or next successor Trustee within the meaning of Internal Revenue Code Sections 672(c) and 674(c) and said witness signs a statement that he or she has witnessed such delivery.

**2. Obtain the Release of Protected Health Information**

The Trustee is empowered to request, receive and review any information, verbal or written, regarding Founder's physical or mental health, including, but not limited to,

protected health and medical information, and to consent to their release or disclosure. The Founder has signed on this same date or an earlier date an "Authorization For Release of Protected Health Information," in compliance with HIPAA, immediately authorizing the release of any and all health and medical information to the Trustee (or next successor Trustee, even if not yet acting) for the purposes of determining the Founder's incapacity (or for other stated purposes therein).

In the event said authorization cannot be located, is by its own terms no longer in force or is otherwise deemed invalid in whole or in part, the Founder hereby grants the Trustee (or next successor Trustee, even if not yet acting) the power and authority, as Founder's legal representative, to execute a new authorization on Founder's behalf, immediately authorizing the release of any and all health and medical information for the purpose of determining the Founder's incapacity (and for the purpose of carrying out any of the Trustee's powers, rights, duties and obligations under this agreement), naming the Trustee (or next successor Trustee even if not yet acting) as the Founder's "Personal Representative," "Authorized Representative" and "Authorized Recipient."

### **3. Determination of "Incompetence" or "Incapacity"**

For purposes of the Trust Agreement, and notwithstanding any other conflicting provisions contained in the Trust Agreement or any previous amendments thereto, the term "incompetency" and/or "incapacity" shall mean any physical or mental incapacity, whether by reason of accident, illness, advanced age, mental deterioration, alcohol, drug or other substance abuse, or similar cause, which in the sole and absolute discretion of the Trustee makes it impracticable for a person to give prompt, rational and prudent consideration to financial matters and, if said disabled person is a Trustee (including an appointed Trustee who has yet to act), (i) a guardian of said person or estate, or both, of said person has been appointed by a court having jurisdiction over such matters or (ii) two (2) attending physicians of said person, who are licensed to practice and who are not related by blood or marriage to such person, have stated in writing that such incompetency or incapacity exists.

If said disabled person is a Trustee (including an appointed Trustee who has yet to act), upon the court determination of the person's competency or capacity or upon the revocation of the writings of the two (2) attending physicians above or upon written determination of competency or capacity to give prompt, rational and prudent consideration to financial matters by two (2) other attending physicians, who are licensed to practice and who are not related by blood or marriage to such person, subject to written notice being given to the then acting successor Trustee, the original Trustee (including an appointed Trustee who has yet to act) removed for "incompetency" or "incapacity" shall be reinstated as Trustee.

Any third party may accept physicians' writings as proof of competency or capacity or incompetency or incapacity as set forth above without the responsibility of further investigation and shall be held harmless from any loss suffered or liability incurred as the result of good faith reliance upon such writings.

In addition to any "Authorization for Release of Protected Health Information" executed by the Founder, the Founder hereby voluntarily waives any physician-patient privilege or psychiatrist-patient privilege and authorizes physicians and psychiatrists to examine them and disclose their physical or mental condition, or other personal health or medical information, in order to determine their competency or incompetency, or capacity or incapacity, for purposes of this document. Each person who signs this instrument or an acceptance of Trusteeship hereunder does, by so signing, waive all provisions of law relating to disclosure of confidential or protected health and medical information insofar as that disclosure would be pertinent to any inquiry under this paragraph. No Trustee shall be under any duty to institute any inquiry into a person's possible incompetency or incapacity (such as, but not limited to, by drug testing), but if the Trustee does so, the expense of any such inquiry may be paid from the Trust Estate of said person's trust or, if no such trust exists, the Trust Estate of the Trust.

It is the Founder's desire that, to the extent possible, a named successor Trustee be able to act expeditiously, without the necessity of obtaining a court determination of a Founder's incapacity or the incapacity of a preceding appointed successor Trustee (including if that preceding appointed successor Trustee has not yet acted). Therefore, if an Authorization for Release of Protected Health Information executed by a Founder, or an appointed successor Trustee (even if not yet acting), or by a "personal representative" or "authorized representative" on behalf of a Founder or such an appointed successor Trustee, is not honored in whole or in part by a third party such that physicians' writings cannot be obtained as necessitated by this subparagraph, then the Trust Protector named under the Trust Agreement (if any), or if there is no such Trust Protector provided under the Trust Agreement then the next succeeding Trustee (even if not yet acting) who is independent, that is not related to or subordinate to, said Founder or such appointed successor Trustee within the meaning of Internal Revenue Code Section 672(c), may declare in writing said Founder or such appointed successor Trustee to be incapacitated; provided, however, the Trust Protector or next succeeding Trustee making such declaration shall have first made good faith efforts to obtain the physicians' writings described above, and the provisions above relating to reinstatement upon two (2) physicians' written determination of competency or capacity shall continue to apply.

In the event the Trust Agreement does not provide for an Independent Trustee as set forth in the above paragraph, such an Independent Trustee shall be elected by a majority vote of the then current adult income beneficiaries of the trust (or by the legal guardians of all minor or disabled current income beneficiaries) and such Independent Trustee shall not be related to nor subordinate to any of the beneficiaries

participating in the said vote within the meaning of Internal Revenue Code 672(c). In the event that there are only two (2) beneficiaries, one of which is acting as Trustee, the remaining beneficiary may appoint such an Independent Trustee who is neither related to nor subordinate to such beneficiary as those terms are defined in and within the meaning of Internal Revenue Code 672(c).

The Founder has signed on this same date or on an earlier date an "Authorization for Release of Protected Health Information," in compliance with HIPAA, immediately authorizing the release of health and medical information to the Trustee (or next successor Trustee, even if not yet acting), so the Trustee may legally defend against or otherwise resist any contest or attack of any nature upon any provision of the Trust Agreement or amendment to it (or defend against or prosecute any other legal matter within his or her powers set forth in the Trust Agreement). In the event said authorization cannot be located, is by its own terms no longer in force or is otherwise deemed invalid or not accepted in whole or in part, the Founder hereby grants the Trustee (or next successor Trustee, even if not yet acting) the power and authority, as the Founder's legal representative to execute a new authorization on the Founder's behalf, even after Founder's death, immediately authorizing the release of any and all health and medical information for the purpose of determining the Founder's incapacity (and for the purpose of carrying out any of the Trustee's powers, rights, duties and obligations under the Trust Agreement naming the Trustee (or next successor Trustee, even if not yet acting) as the Founder's "Personal Representative," "Authorized Representative" and "Authorized Recipient."

This Appointment of Successor Trustees is effective immediately upon execution of this document by the Founder, with the said successor Trustees to act at such times and in such instances as provided in the said Brunsting Family Living Trust dated October 10, 1996, as amended.

All other provisions contained in the Brunsting Family Living Trust dated October 10, 1996, as amended, are hereby ratified and confirmed and shall remain in full force and effect except to the extent that any such provisions are amended hereby or by previous amendments or appointments still in effect.

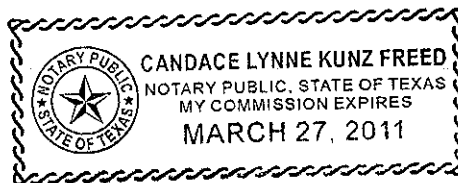
WITNESS MY HAND on December 21, 2010.

  
NELVA E. BRUNSTING,  
Founder and Original Trustee

THE STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on December 21, 2010 at 1:34 pm  
p.m., by NELVA E. BRUNSTING, as Founder and Original Trustee.

Candace A Kunz Freed  
Notary Public, State of Texas



CERTIFICATE OF TRUST  
FOR THE  
NELVA E. BRUNSTING SURVIVOR'S TRUST

The undersigned successor Co-Trustees hereby certify the following:

1. This Certificate of Trust refers to a joint revocable living trust agreement executed by ELMER HENRY BRUNSTING, also known as ELMER H. BRUNSTING, and NELVA ERLEEN BRUNSTING, also known as NELVA E. BRUNSTING, Founders and original Trustees. The full legal name of the subject trust was:

ELMER H. BRUNSTING and NELVA E. BRUNSTING,  
Trustees, or the successor Trustees, under the BRUNSTING  
FAMILY LIVING TRUST dated October 10, 1996, as  
amended.

2. ELMER H. BRUNSTING died on April 1, 2009. Therefore, pursuant to Article IV, Section B, of the Brunsting Family Living Trust Agreement, the remaining original Trustee continued to serve alone.

3. The full legal name of the said trust was:

NELVA E. BRUNSTING, Trustee, or the successor Trustees,  
under the BRUNSTING FAMILY LIVING TRUST dated  
October 10, 1996, as amended.

4. The BRUNSTING FAMILY LIVING TRUST authorized the creation of the subsequent revocable trust known as the NELVA E. BRUNSTING SURVIVOR'S TRUST.

5. NELVA E. BRUNSTING died on November 11, 2011. Therefore, pursuant to Article IV, Section B of the Brunsting Family Living Trust Agreement and that certain Appointment of Successor Trustees dated December 21, 2010, ANITA KAY BRUNSTING and AMY RUTH BRUNSTING, or the survivor of them, shall serve as successor Co-Trustees.

For purposes of asset allocation, transfer of property into the Survivor's Trust, holding title to assets, and conducting business for and on behalf of the trust, the full legal name of the Survivor's Trust, which is now **irrevocable**, shall now be known as:

ANITA KAY BRUNSTING and AMY RUTH BRUNSTING,  
Co-Trustees, of the NELVA E. BRUNSTING SURVIVOR'S  
TRUST dated April 1, 2009, as established under the  
BRUNSTING FAMILY LIVING TRUST dated October 10,  
1996, as amended.





The tax identification number of the NELVA E. BRUNSTING SURVIVOR'S TRUST is 45-6602570.

An acceptable abbreviation for account titling is as follows:

ANITA KAY BRUNSTING and AMY RUTH BRUNSTING,  
Co-Tees of the NELVA E. BRUNSTING SURVIVOR'S TR dtd  
4/1/09, as est UTD 10/10/96.

6. If one of the successor Co-Trustees should fail or cease to serve by reason of death, disability or for any other reason, then the remaining successor Co-Trustee shall serve alone. If both of the successor Co-Trustees should fail or cease to serve by reason of death, disability or for any other reason, then THE FROST NATIONAL BANK shall serve as Trustee.
7. The Trustee under the trust agreement is authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in the trust name. All powers of the Trustee are fully set forth in Article XII of the trust agreement.
8. The trust has not been revoked and there have been no amendments limiting the powers of the Trustee over trust property.
9. No person or entity paying money to or delivering property to any Trustee shall be required to see to its application. All persons relying on this document regarding the Trustee and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance.

A copy of this Certificate of Trust shall be just as valid as the original.

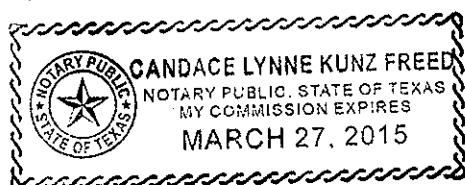
The undersigned certify that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Harris, in the State of Texas, on November 22, 2011.

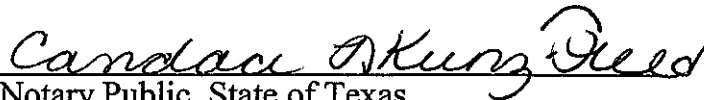
  
\_\_\_\_\_  
AMY RUTH BRUNSTING,  
Successor Co-Trustee

  
\_\_\_\_\_  
ANITA KAY BRUNSTING,  
Successor Co-Trustee

STATE OF TEXAS  
COUNTY OF HARRIS

The foregoing Certificate of Trust was acknowledged before me on November 22, 2011, by ANITA KAY BRUNSTING and AMY RUTH BRUNSTING, as successor Co-Trustees.



  
\_\_\_\_\_  
Notary Public, State of Texas

V&F 000247

CERTIFICATE OF TRUST  
FOR THE  
ELMER H. BRUNSTING DECEDENT'S TRUST

The undersigned successor Co-Trustees hereby certify the following:

1. This Certificate of Trust refers to a joint revocable living trust agreement executed by ELMER HENRY BRUNSTING, also known as ELMER H. BRUNSTING, and NELVA ERLEEN BRUNSTING, also known as NELVA E. BRUNSTING, Founders and original Trustees. The full legal name of the subject trust was:

ELMER H. BRUNSTING and NELVA E. BRUNSTING,  
Trustees, or the successor Trustees, under the BRUNSTING  
FAMILY LIVING TRUST dated October 10, 1996, as  
amended.

2. ELMER H. BRUNSTING died on April 1, 2009. Therefore, pursuant to Article IV, Section B, of the Brunsting Family Living Trust Agreement, the remaining original Trustee continued to serve alone.

3. The full legal name of the said trust was:

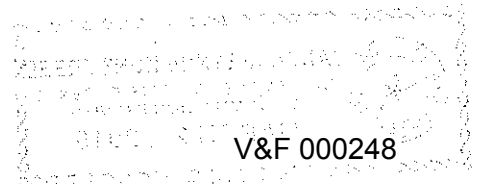
NELVA E. BRUNSTING, Trustee, or the successor Trustees,  
under the BRUNSTING FAMILY LIVING TRUST dated  
October 10, 1996, as amended.

4. The BRUNSTING FAMILY LIVING TRUST authorized the creation of the subsequent irrevocable trust known as the ELMER H. BRUNSTING DECEDENT'S TRUST.

5. NELVA E. BRUNSTING died on November 11, 2011. Therefore, pursuant to Article IV, Section B of the Brunsting Family Living Trust Agreement and that certain Appointment of Successor Trustees dated December 21, 2010, ANITA KAY BRUNSTING and AMY RUTH BRUNSTING, or the survivor of them, shall serve as successor Co-Trustees.

For purposes of asset allocation, transfer of property into the Decedent's Trust, holding title to assets, and conducting business for and on behalf of the trust, the full legal name of the Decedent's Trust shall now be known as:

ANITA KAY BRUNSTING and AMY RUTH BRUNSTING,  
Co-Trustees, of the ELMER H. BRUNSTING DECEDENT'S  
TRUST dated April 1, 2009, as established under the  
BRUNSTING FAMILY LIVING TRUST dated October 10,  
1996, as amended.



The tax identification number of the ELMER H. BRUNSTING DECEDENT'S TRUST is 27-6453100.

An acceptable abbreviation for account titling is as follows:

ANITA KAY BRUNSTING and AMY RUTH BRUNSTING,  
Co-Tees of the ELMER H. BRUNSTING DECEDENT'S TR  
dtd 4/1/09, as est UTD 10/10/96.

6. If one of the successor Co-Trustees should fail or cease to serve by reason of death, disability or for any other reason, then the remaining successor Co-Trustee shall serve alone. If both of the successor Co-Trustees should fail or cease to serve by reason of death, disability or for any other reason, then THE FROST NATIONAL BANK shall serve as Trustee.
7. The Trustee under the trust agreement is authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in the trust name. All powers of the Trustee are fully set forth in Article XII of the trust agreement.
8. The trust has not been revoked and there have been no amendments limiting the powers of the Trustee over trust property.
9. No person or entity paying money to or delivering property to any Trustee shall be required to see to its application. All persons relying on this document regarding the Trustee and their powers over trust property shall be held harmless for any resulting loss or liability from such reliance.

A copy of this Certificate of Trust shall be just as valid as the original.

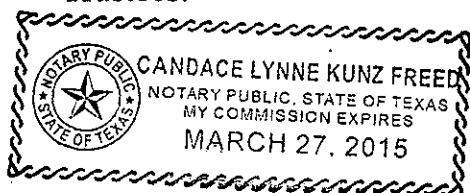
The undersigned certify that the statements in this Certificate of Trust are true and correct and that it was executed in the County of Harris, in the State of Texas, on November 22, 2011.

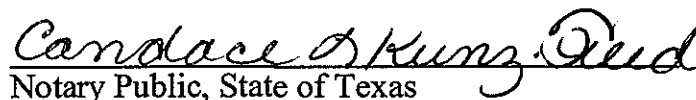
  
\_\_\_\_\_  
AMY RUTH BRUNSTING,  
Successor Co-Trustee

  
\_\_\_\_\_  
ANITA KAY BRUNSTING,  
Successor Co-Trustee

STATE OF TEXAS  
COUNTY OF HARRIS

The foregoing Certificate of Trust was acknowledged before me on November 22, 2011, by ANITA KAY BRUNSTING and AMY RUTH BRUNSTING, as successor Co-Trustees.



  
\_\_\_\_\_  
Notary Public, State of Texas

V&F 000249

## DELEGATION OF AUTHORITY OF TRUSTEE

Pursuant to Article IV, Section I, of the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended, I, AMY RUTH BRUNSTING, the undersigned Co-Trustee of the BRUNSTING FAMILY LIVING TRUST; the ELMER H. BRUNSTING DECEDENT'S TRUST dated April 1, 2009, as established under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended; and the NELVA E. BRUNSTING SURVIVOR'S TRUST dated April 1, 2009, as established under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended; do hereby delegate to ANITA KAY BRUNSTING full authority to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with the Bank of America account (Account No. \_\_\_\_\_) in the name of the NELVA E. BRUNSTING SURVIVOR'S TRUST dated April 1, 2009, as established under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended, pursuant to the terms and conditions set forth in the BRUNSTING FAMILY LIVING TRUST.

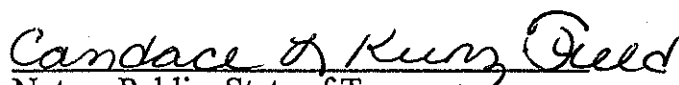
All powers of the Trustee are fully set forth in Article XII of the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, and incorporated herein for all purposes. I empower ANITA KAY BRUNSTING to act on my behalf regarding any and all transactions of any nature pertaining to the above-named account with Bank of America.

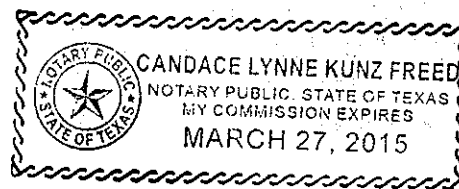
This delegation of authority shall remain in effect until revoked by the undersigned, in writing.

  
\_\_\_\_\_  
AMY RUTH BRUNSTING

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on November 22, 2011, by AMY RUTH BRUNSTING.

  
\_\_\_\_\_  
Notary Public, State of Texas



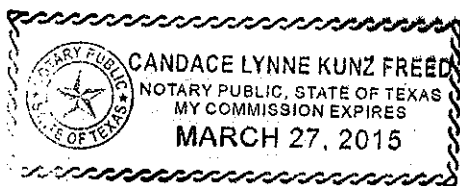
**ACCEPTANCE OF DELEGATION OF TRUSTEE AUTHORITY**

I, ANITA KAY BRUNSTING, hereby acknowledge my acceptance this day of the Delegation of Authority of Trustee of the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended; the ELMER H. BRUNSTING DECEDENT'S TRUST dated April 1, 2009, as established under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended; and the NELVA E. BRUNSTING SURVIVOR'S TRUST dated April 1, 2009, as established under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended; as above referenced, as it relates to the Bank of America account (Account No. \_\_\_\_\_) in the name of the NELVA E. BRUNSTING SURVIVOR'S TRUST.

*Anita Kay Brunsting*  
ANITA KAY BRUNSTING

STATE OF TEXAS  
COUNTY OF HARRIS

This instrument was acknowledged before me on November 22, 2011, by ANITA KAY BRUNSTING.



*Candace Lynne Kunz Freed*  
Notary Public, State of Texas