



Living Trust

**Brunsting Family
Living Trust**

***FUNDING
YOUR
LIVING TRUST***

**Albert E. Vacek, Jr.
Attorney at Law**

**Board Certified
Estate Planning and Probate Law
Texas Board of Legal Specialization**

**11757 Katy Freeway, Suite 840
Houston, Texas 77079
281 (713) 531-5800
1-800-229-3002**

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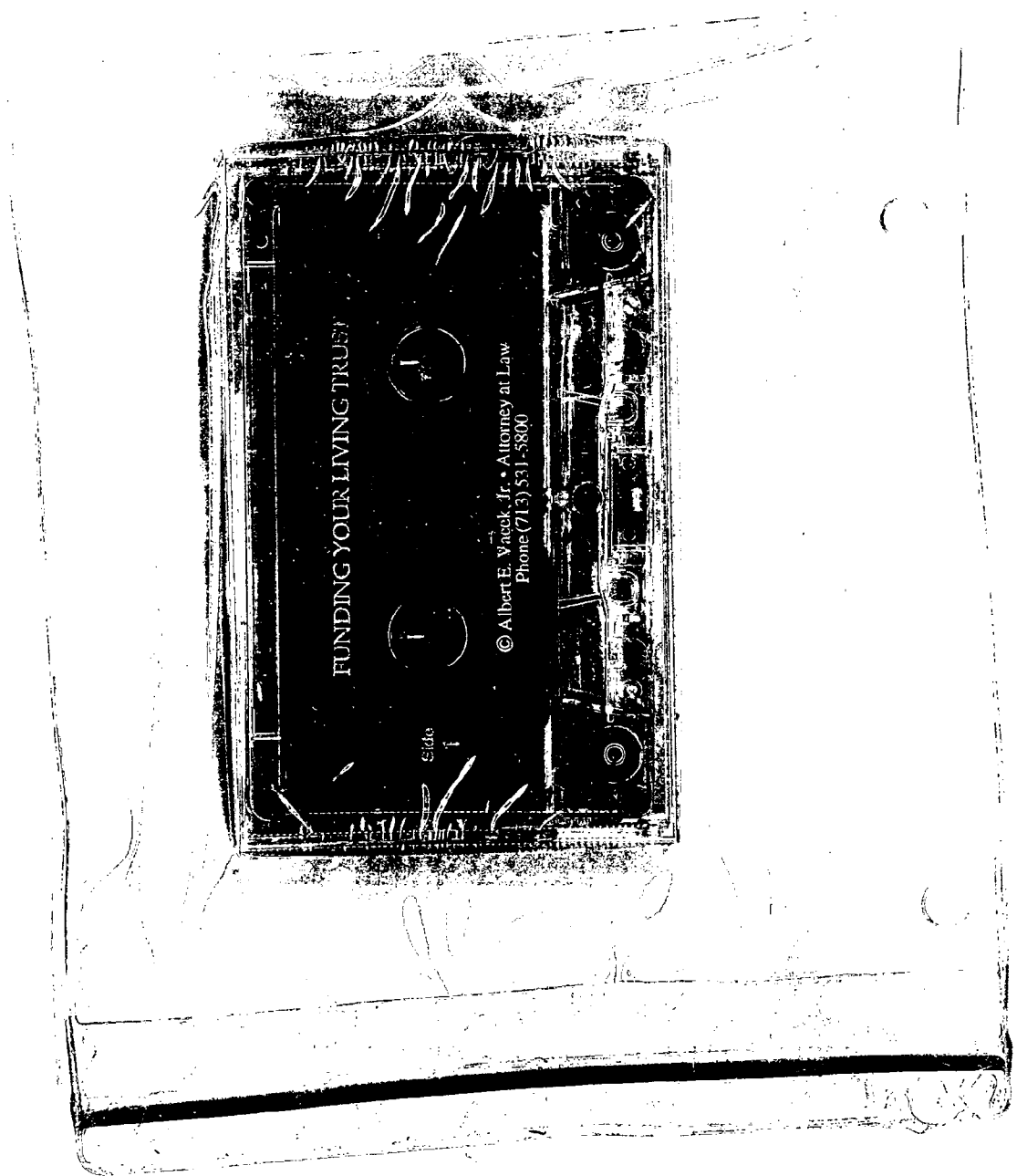
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P1023

BRUNSTING001452



FUNDING YOUR LIVING TRUST

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© ALBERT E. VACEK, JR. • Attorney at Law
Phone: (713) 531-5800

NOTE

Each section contains specific instructions for transferring title of a certain kind of asset to your Living Trust as well as a personalized instruction letter to send to your various asset institutions.

Most sections also contain an Assignment as an "insurance policy" to effect the transfer of title between the time you execute the Assignment and the institution's carrying out your instructions. Each Assignment is signed before a notary public. The original, signed Assignment should be placed behind the appropriate tab in your white funding binder. (Note: Change of beneficiary designations do not require an assignment.)

We recommend that you hand-carry the instruction letter and enclosures to local institutions. You would take your Certificate and Affidavit of Trust (signed copies are located in the maroon binder) with you. If you take two copies of your instruction letter, you could have the representative with whom you are dealing sign and date one copy for you to keep in your white funding binder. We suggest you keep a copy of every instruction letter or form you prepare.

Often, sending the instruction letter triggers the institution to send their own form to you. You might choose to call first, and ask if the letter from you would be sufficient, or whether there is a required form to complete, and have them put it in the mail. Always enclose a copy of the Certificate of Trust as proof of your trust. (If they require more, use the Affidavit of Trust.)

Calling first regarding accounts where securities are involved is especially helpful to determine whether or not a medallion guarantee is required for your signatures. These institutions typically have a 1-800 number for convenience.

Please call our office if you have any questions.

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BRUNSTING001456

**Assignment of Annuity Proceeds
(Trust Contingent)**

Instructions

- PURPOSE:** To change your contingent **annuity beneficiary** to your Living Trust.
- STEP ONE:** Send the instruction letter requesting the change of contingent beneficiary and a copy of the Certificate of Trust to the annuity plan administrator.
- STEP TWO:** If additional information is needed to complete the change, you will be notified directly. If you haven't heard anything within four weeks, follow up with another letter.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996

Re: Change of Contingent Beneficiary Designations - Annuities
Account Number: _____
Social Security Number: 481-30-4685

To Whom It May Concern:

For estate planning reasons, I have established a Revocable Living Trust and would like to change the **contingent beneficiary designations** on the above-referenced account with your company.

My primary beneficiary designation shall remain my spouse.

I hereby revocably change my contingent beneficiary designations so that any proceeds payable to my contingent beneficiary as a result of my death shall be paid to:

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

The attached copy of an executed Certificate of Trust verifying the essential terms of the trust document is provided for your records.

Please note that no new tax ID number is required for this Grantor trust. I am required to use my social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

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BRUNSTING001458

If you need additional information in order to make this change of contingent beneficiary designation, please contact me right away at the above address or by telephone at (713) 464-4391. I am relying on you to complete this change of beneficiary.

Thank you for your immediate attention to this matter.

Sincerely,

NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1030

BRUNSTING001459



Franklin Templeton
INVESTOR SERVICES, INC.

777 Mariners Island Blvd.
P.O. Box 7777
San Mateo, CA 94403-7777

ELMER H BRUNSTING &
NELVA E BRUNSTING TTEES
BRUNSTING FAM LIV TR
DTD 10/10/96
13630 PINE ROCK
HOUSTON TX 77079-5914

Account No.: 90214983238
FRANKLIN INCOME SERIES CLASS I

Taxpayer Identification: 282-32-8905

Please take a moment to verify the information listed above. IF NO CHANGES ARE REQUIRED TO THE ABOVE INFORMATION, YOU NEED NOT TAKE FURTHER ACTION.

If changes are necessary, simply complete the form below and return it in the postage-paid envelope provided. The form must be signed by all authorized signers for the account. If your account is registered with an institutional trustee/custodian and you require a change, the form must be signed by an authorized officer of the account's trustee/custodian.* If your account is registered with an individual trustee, that person must sign the form to authorize the change.

Additionally, please note that an account registered under the Uniform Gifts to Minors Act (UGMA) or Uniform Transfers to Minors Act (UTMA) should reflect the taxpayer identification number of the minor.

If you have any questions, please call our Shareholder Services Department, toll free, at 1-800/632-2301 (TDD: 1-800/851-0637).

Sincerely,

Franklin Templeton Investor Services, Inc.

*Custodial/trust accounts list the taxpayer identification number (TIN) which is supplied by the account's custodian or trustee. Please be aware that the TIN listed on your account may be that of the custodian.

SUBSTITUTE FORM W-9

Fund/Account Number: 0109 90214983238

- SOCIAL SECURITY NUMBER or
 EMPLOYER IDENTIFICATION NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS CHANGE/CORRECTION

NAME (to correct spelling only**)

Circle One - Joint Owner, Custodian, Trustee (to correct spelling only**)

STREET

CITY STATE ZIP

- As required by the IRS, I certify under penalties of perjury that the number shown above is my correct Taxpayer Identification Number.
- As required by the IRS, I certify under penalties of perjury that I am not subject to backup withholding either because no notification has been received from the IRS or because the IRS has notified me that I am no longer subject to backup withholding.

NOTE: Strike out item 2 above if you have been notified that you are subject to backup withholding by the IRS and you have not received a notice from the IRS advising you that withholding has been terminated.

SIGNATURE

JOINT OWNERS (if any)

DATE

**Be sure to return any outstanding certificates. If you want to change the name(s) of the owner(s), call a Shareholder Services representative, toll free, at 1-800/632-2301, for instructions and signature guarantee requirements.

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BRUNSTING001460

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

4/11/ _____, 1998

FRANKLIN-TEMPLETON
P.O. BOX 7777
SAN MATEO CA 94403-7777

Re: Change of Contingent Beneficiary Designations - Annuities
Account Number: 90212686086
Social Security Number: 282-32-8905

To Whom It May Concern:

For estate planning reasons, I have established a Revocable Living Trust and would like to change the **contingent beneficiary designations** on the above-referenced account with your company.

My primary beneficiary designation shall remain my spouse.

I hereby revocably change my contingent beneficiary designations so that any proceeds payable to my contingent beneficiary as a result of my death shall be paid to:

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

The attached copy of an executed Certificate of Trust verifying the essential terms of the trust document is provided for your records.

Please note that no new tax ID number is required for this Grantor trust. I am required to use my social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

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BRUNSTING001461

If you need additional information in order to make this change of contingent beneficiary designation, please contact me right away at the above address or by telephone at (713) 464-4391. I am relying on you to complete this change of beneficiary.

Thank you for your immediate attention to this matter.

Sincerely,

Elmer H. Brunsting
ELMER H. BRUNSTING

Neha E. Brunsting

Enclosure (Certificate of Trust)

P1033

BRUNSTING001462

METLIFE CUSTOMER SERVICE CENTER
PHS BENEFICIARY & ASSIGN UNIT
PO BOX 21758
TULSA OK 74121-1758



DECEMBER 6, 1996

POLICY NUMBER: 021282000A
NAME OF INSURED:
ELMER H BRUNSTING

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

DEAR POLICYHOLDER,

WE PROCESSED THE CHANGE OF BENEFICIARY REQUESTED ON THIS POLICY. OUR RECORDS ON THIS DATE SHOW THE FOLLOWING:

PRIMARY BENEFICIARIES	RELATION	
ELMER H & NELVA E BRUNSTING, TRUSTEES OF THE BRUNSTING FAMILY TRUST DATED 10-10-96	TRUST	

CONTINGENT BENEFICIARIES	BIRTH DATE	RELATION
NELVA E BRUNSTING	10 08 1926	WIFE

IF YOU HAVE ANY QUESTIONS ABOUT THIS INFORMATION OR ABOUT YOUR LIFE INSURANCE PROGRAM IN GENERAL, PLEASE CONTACT YOUR LOCAL METLIFE REPRESENTATIVE OR CALL 1-800-MET 5000 (1-800-638-5000).

PLEASE KEEP THIS LETTER WITH THE POLICY, AS IT IS NOT OUR CURRENT PRACTICE TO ENDORSE THE ACTUAL CHANGE ON THE POLICY. YOU WILL BE HEARING FROM US SEPARATELY IF YOU REQUESTED ACTION ON OTHER POLICIES.

THANK YOU FOR ALLOWING METLIFE TO HANDLE YOUR INSURANCE NEEDS.

GLENDIA DENTON
BENEFICIARY AND ASSIGNMENT UNIT

P1034

BRUNSTING001463



NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

RE: CONTRACT # M9232883

Dear Ms. Brunsting,

This is in reply to the inquiry to our office concerning the above mentioned contract. Our records show the following arrangement to be in effect:

OWNER: THE BRUNSTING FAMILY LIVING TRUST DTD 10-10-96,
ELMER & NELVA BRUNSTING, TRUSTEES

Our records were noted as above, unfortunately, the confirmation letter you received had a spelling error. I apologize for any inconvenience this may have caused.

It is MetLife's intention to always provide the highest level of service. We strive to exceed our customer's expectations in all areas of our company and appreciate this being brought to our attention.

If we can be of further service, please let us know.

Sincerely,

Janice Hoskinson

Janice Hoskinson
Beneficiary & Assignment
Tulsa Customer Service Center

November 11, 1997

P1035

BRUNSTING001464

Metropolitan Life Insurance Company
MetLife Customer Service Center-Tulsa
12902 East 51st Street, PO Box 500, Tulsa, OK 74102-0500
Tel 1 800 MET-5000 (1 800 638-5000)



ELMER H & NELVA E BRUNSTING TRUSTEES
13630 PINEROCK
HOUSTON TX 77079

RE ANNUITY CONTRACT # M9232883
ANNUITANT NELVA BRUNSTING

Dear Mr. & Mrs. Brunsting

The change of ownership requested on the above mentioned policy has been recorded.
We now show the following designation to be in effect:

**OWNER: THE BRUNSTING FAMILY LIVING TRUST DATED 10/10/96
ELMER H & NELVA E BRUNSTING TRUSTEES**

Please keep a copy of this letter with your contract as verification that the changes have been completed.

If we can be of any further assistance to you, please let us know. Our toll-free number is 1-800-638-4986.

Sincerely,

Mel Nero

Mel Nero
Beneficiary & Assignment
Tulsa Customer Service Center

March 3, 1997

P1036

BRUNSTING001465



ASSIGNMENT OF POLICY TO TRUST

Policy No. M 923 2883 Insured NELVA E. BRUNSTING

Note: Use this form only for a complete transfer of ownership to a Trust. This change revokes any previous owner and beneficiary designations. The Trust named below as owner will also be the beneficiary unless a different beneficiary designation is made by the Trustee(s).

Check One Box (if applicable) As a gift; For value received;

We, Nelva E. Brunsting, Owner(s) of the above policy, hereby assign ownership of the policy with all rights, powers, interests, privileges, benefits, options, sums of money and all proceeds under the policy to:

Name(s) of Trustee(s): ELMER H BRUNSTING OR NELVA E. BRUNSTING

and successor(s) in trust, as Trustee(s) under the following trust agreement:

Title of Trust agreement: BRUNSTING FAMILY LIVING TRUST

Date Trust was executed: 10/10/96

Name(s) of Grantor(s)/Settlor(s) of Trust: _____

Name(s) of all parties who signed the Trust: _____

Address of Trust: (for billing purposes) 13630 PINE ROCK
HOUSTON TX 77079

MetLife shall not be responsible for the application or disposition of the proceeds of the policy by the Trustee(s), and receipt by the Trustee(s) shall discharge MetLife of all liability under the policy.

This assignment is subject to any existing indebtedness to MetLife under the policy.

This assignment shall be binding on MetLife only after it has been recorded and filed in the MetLife Home Office or Customer Service Center. Once recorded, the assignment will be effective as of the date signed below. MetLife means the Metropolitan Life Insurance Company or any of its affiliates.

(Print name below signature line.)

Ray K... [Signature]
WITNESS:

Nelva E. Brunsting
SIGNATURE OF OWNER: 2/21/97
DATE

WITNESS:

SIGNATURE OF OWNER: _____ DATE

13630 PINE ROCK HOUSTON TX 77079
Owner's Address

Owner's Telephone No. _____



TRUSTEE AUTHORIZATION FORM

Policy No. M 923 2883 Insured NELVA E BRUNSTING

I. GENERAL INFORMATION

1) Title of Trust: BRUNSTING FAMILY LIVING TRUST

2) Date Trust was executed: 10/10/96

3) Name(s) of Trustee(s): 1 ELMER H BRUNSTING

2 NELVA E BRUNSTING

3 _____

4) Name(s) of Grantor(s)/ Settlor(s) who established the Trust:

1 _____

2 _____

5) Attorney who prepared the Trust:

Attorney's name: ALBERT VACEK

Name of Firm: ALBERT VACEK

Address: 11757 KATY FWY # 840 HOUSTON TX 77079

Telephone No: 281 531 5800

II. CERTIFICATION OF TRUSTEE(S)

The Trustee(s) named in the above section, do hereby certify the following:

1. The named Trust is presently in effect.
2. The named Trust is the owner of the above life insurance policy.
3. We are duly qualified to act under the terms of the Trust provisions and/or applicable law. We have the power to exercise all rights associated with ownership of life insurance policies including but not limited to purchasing life insurance, surrendering the policy, withdrawing available policy values, borrowing against policy values or otherwise encumbering the policy, assigning the policy and making designations of beneficiaries.



Policy No. M 923 2883 Insured NEVA E. BRUNSTING

- 4. Unless MetLife is notified otherwise, at any time there is more than one Trustee, we authorize MetLife to accept orders and other instructions relative to the Trust from the Trustees jointly, or in MetLife's discretion, from any one of us individually.
- 5. We understand and agree that MetLife may rely upon this certification in processing any insurance transactions which we, as owners of the above policy, may request, now and in the future. We agree jointly and severally to indemnify MetLife and its agents, and to hold them harmless from and against all liability as a result of claims, demands or judgements arising out of their reliance on this certification.
- 6. We agree to inform MetLife in writing of any trust amendments, change of Trustee(s), or other facts and events that would affect or alter this certification.
- 7. We understand and agree that MetLife has no knowlegde of and makes no representations as to the validity or sufficiency of the trust which owns the above policy, nor the legal or tax ramifications of the trust ownership of the policy. We understand and agree that MetLife has no liability to the Trust, its Grantors, and/or its Beneficiaries if their estate planning and/or tax goals, if any, are not achieved.

(Print name below signature line.)

[Signature]
WITNESS:

[Signature] 2/21/97
SIGNATURE OF TRUSTEE 1: DATE

[Signature]
WITNESS:

[Signature] 2/21/97
SIGNATURE OF TRUSTEE 2: DATE

WITNESS:

SIGNATURE OF TRUSTEE 3: DATE

III. CERTIFICATION OF INSURED(S)

I/We, NEVA E. BRUNSTING, the Insured(s) under the above life insurance policy, do hereby certify that to the best of my knowledge and belief, all the information provided on this form regarding the life insurance policy insuring my life is accurate and true.

(Print name below signature line.)

[Signature]
WITNESS:

[Signature] 2/21/97
SIGNATURE OF INSURED 1: DATE

WITNESS:

SIGNATURE OF INSURED 2: DATE
P1039

B

P1040

BRUNSTING001469

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10-13, 1996

Bank of America, Texas
Town & Country Branch
Houston, TX

Re: Change of Title on Bank Account(s) - Checking/Savings
Account Number(s): Checking 85190-01143
CD # 85195-06481
CD # 85195-06477
Social Security No: 282-22-8905

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the account(s) described above from our names to the name of our Living Trust as follows:

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

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document. Please send us new signature cards made out in the name of the trust for us to execute.

The signature cards on the account should specify that only one signature (either ELMER H. BRUNSTING or NELVA E. BRUNSTING) is required. This is consistent with the trust agreement as evidenced by the attached Certificate of Trust. **Please advise us before making the transfer if there will be any penalty or loss of interest.**

Any checks, if applicable, should be imprinted with the same name or names as previously printed and without reference to the trust.

Please be advised that these instructions should not be followed if the subject account is an IRA.

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BRUNSTING001470

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING


NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1042

BRUNSTING001471

Assignment of Bank Accounts

Instructions

PURPOSE: To transfer title on **bank accounts** from your names as individuals into the name of your Living Trust. You will need to execute new signature cards to be kept on file at the financial institution.

Make sure that your total assets, including CD's, do not exceed \$100,000.00 in any one banking institution.

LOCAL FINANCIAL INSTITUTION

STEP ONE: Take your Living Trust Portfolio to the financial institution and talk to the person at the New Accounts desk.

STEP TWO: Ask to have the title on your account changed to the name of your Living Trust. Point out that the trust permits either one of you to transact business on behalf of the trust. Therefore, the signature cards should only require one signature for bank transactions. If the bank permits it, ask to keep the same account numbers on the accounts. Also, request that your checks remain printed as they are (not in the name of your Living Trust). If the bank requires the name of your trust on the checks, that will not cause you any difficulties in most cases.

STEP THREE: Produce a copy of your Certificate of Trust to show the proper name for the account, to show that you are the Trustees and that you have authority to open this type of account in the name of your Living Trust.

STEP FOUR: Sign the new signature cards. (You should not have to use the word "Trustee" as part of your signature.)

OUT OF TOWN FINANCIAL INSTITUTION

STEP ONE: If your **bank account** is held at a financial institution out of town, send the instruction letter and a copy of the Certificate of Trust. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio binder. Be ready to send a copy if it's requested.)

STEP TWO: When you receive the new signature cards in the mail, made out in the name of your Living Trust, sign them and send them back to the institution. (You should not have to use the "Trustee" as part of your signature.)



P1045

BRUNSTING001474

Assignment of Bonds

Instructions

PURPOSE: To transfer title of individual bond certificates in your possession to the name of your Living Trust.

FIRST WAY: OPEN A BROKERAGE ACCOUNT (the easiest way)

If you want to avoid the expense, effort, and possibility of loss by the postal service, call a local stock broker and inquire about opening up a brokerage account for your portfolio. Under this arrangement the brokerage firm holds onto the actual bond certificates and collects the interest on your behalf. Your ownership, transactions, and income are all reported to you on periodic statements, including a year end summary to be used in preparing your income tax returns. The brokerage account should be registered in the name of your Living Trust. There is very little risk under these accounts because they are generally insured for at least \$500,000 in the event of a brokerage firm failure.

SECOND WAY: HAVE A BROKER CHANGE TITLE ON BONDS FOR YOU

If you want to keep the bonds yourself, without opening an account, some brokerage firms will charge you a flat fee of \$15.00 to \$30.00 per bond to transfer them into the name of your trust for you.

THIRD WAY: SEND THE CERTIFICATES TO THE TRANSFER AGENT YOURSELF (the most complicated way)

NOTE: It is possible that the Transfer Agent will not issue new certificates because by 1998 almost all companies will be making these entries and transfers electronically. Call your Transfer Agent's 1-800 number to determine if you will receive newly-issued certificates. If new certificates will not be issued, we recommend you use the first way outlined above to transfer title of your bonds to your Living Trust.

STEP ONE:

Fill out the Irrevocable Bond Power form for each entity for which you have a bond certificate. You must write in the following information:

1. Your social security number
2. The total number of bond certificates
3. Name of the company or entity issuing the bonds
4. Certificate numbers of the bonds
5. Name of Bond Transfer Agent
6. Date

Do not sign the form until your signature can be guaranteed with a "Medallion Guarantee". Securities law requires that the signatures on any request involving the transfer of ownership of stocks and bonds must be guaranteed (not notarized). Your signature can be guaranteed with a "Medallion guarantee" at the offices of many major brokerage firms or certain commercial banks or trust companies. Call your local bank or brokerage firm to ask if they provide this service. You must have a "Medallion guarantee." A regular guaranteed signature will not always suffice.

It is safer to mail the Irrevocable Bond Power in a separate envelope to reduce the risk of fraudulent transfer if the document should get into the wrong hands.

STEP TWO:

On the instruction letter, fill in the name and address of the bond Transfer Agent for the issuing company or entity and sign it. The name and address of the Transfer Agent will usually be identified either on the actual bond certificate or on papers accompanying your interest checks.

STEP THREE:

Assemble the following package of documents to send to the Transfer Agent of the bond issuer:

1. The instruction letter requesting that the certificates be changed to the trust name.
2. The one page Certificate of Trust to show that you are the Trustee and that you have authority to hold bonds in the trust name. (Some Transfer Agents may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio. Be ready to send a copy if it's requested.)

3. The W-9 IRS form, signed and completed. This will provide the necessary tax information for the transfer.
4. The original bond certificates.

STEP FOUR: Mail this package to the Transfer Agent by registered, insured mail to reduce the consequences of lost certificates.

STEP FIVE: If the Transfer Agent needs additional information to complete the transfer, he/she will notify you directly. If you haven't heard from the Transfer Agent within six weeks, follow up with another letter.



P1049

BRUNSTING001478

Assignment of Brokerage Accounts

Instructions

PURPOSE: To transfer title of **brokerage "Street Name" accounts** from your names as individuals to the name of your Living Trust. These are accounts at a brokerage firm that hold your publicly traded stocks and bonds. The brokerage firm holds the actual certificates in its "street name" so it is easier for you to trade. By changing the name on the account, you automatically change the beneficial ownership of all the securities in that account.

LOCAL BROKERAGE OFFICE

STEP ONE: Take your Estate Planning Portfolio to the brokerage firm and talk with your broker.

STEP TWO: Ask to have title to your account changed to the name of your Living Trust. Point out that the trust permits either one of you to transact business on behalf of the trust. Therefore, any transactions in the account should only require one signature. If the institution permits it, ask to keep the same account numbers on the accounts.

STEP THREE: Produce a copy of the one page Certificate of Trust to show the proper name for the account, to show that you are the Trustees and that you have authority to open up this type of account in the trust name. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio binder.)

STEP FOUR: Fill out and sign the attached W-9 IRS form, Payer's Request for Taxpayer Identification number and any other forms the brokerage firm may need to make the transfer.

STEP FIVE: Your broker will provide you with an Irrevocable Stock or Bond Power form and assist you in filling it out and getting a "Medallion guarantee" for your signature.

OUT OF TOWN BROKERAGE OFFICE

If your **brokerage account** is held by a firm whose offices are out of town, take the following steps:

STEP ONE: Call you broker's 1-800 number to get specific instructions.

STEP TWO: Have your signatures guaranteed with a "Medallion guarantee" on the Irrevocable Stock or Bond form. Securities law requires that the signatures on any request involving the transfer of ownership of stocks and bonds must be guaranteed (not notarized). Your signatures can be guaranteed at the offices of many major brokerage firms or at certain commercial banks or trust companies. Call your local bank or brokerage firm to ask if they provide this service. It is best to have a "Medallion" guarantee instead of a regular guaranteed signature.

STEP THREE: Send the following package of documents to the brokerage firm:

1. The instruction letter requesting that the accounts be changed to the trust name.
2. A copy of the one page Certificate of Trust to show the proper name for the account, to show that you are the Trustees and that you have authority to open up this type of account in the trust name. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio binder. Be ready to send a copy if it's requested.)
3. The W-9 IRS form, signed and completed, to provide the necessary tax information for the new account.
4. The Irrevocable Stock or Bond Power form with your signature "Medallion guaranteed".

STEP FOUR: If they need additional information to complete the transfer, they will notify you directly. If the next month's brokerage statement is in the name of your trust, you'll know your request has been honored. If not, follow up with the company.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10-13, 1996

Bank of America, Texas
Town + Country Branch
Houston, TX

Re: Change of Title on Brokerage Account
Account Number: See following page
Social Security Number: 282-32-8905

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the brokerage account described above from our names to the name of our Living Trust as follows:

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

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document along with a W-9 IRS form and a signed "Medallion guaranteed" Irrevocable Stock or Bond Power.

The title information on the account should specify that only one signature (either ELMER H. BRUNSTING or NELVA E. BRUNSTING) is required. This is consistent with the trust agreement as evidenced by the attached Certificate of Trust.

Please be advised that these instructions should not be followed if the subject account is an IRA.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

P1052

BRUNSTING001481

Assignment of Bank Accounts

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in those Bank Accounts listed below, to ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

Institution

Account Number

Merrill Lynch Consultants

568 03R 71 (Nicholas Applegate)

Merrill Lynch

568 52552

This assignment was executed on the ____ day of _____, 1996.

Elmer H. Brunsting
ELMER H. BRUNSTING

Nelva E. Brunsting
NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas

P1053

BRUNSTING001482



P1054

BRUNSTING001483

IMPORTANT MESSAGE

FOR MARGE

DATE 01/29/99 TIME _____ A.M.
P.M.

WHILE YOU WERE OUT

M _____

OF _____

PHONE NO. _____

TELEPHONED	PLEASE CALL
CALLED TO SEE YOU	WILL CALL AGAIN
WANTS TO SEE YOU	RUSH

RETURNED YOUR CALL

MESSAGE FOLLOWING UP ON MR.
ELMER BRUNSTING'S CD -
the changes have been made in
the system - it now appears
as it does on the following page →

SIGNED Melissa (u)

CASCADE P3-A2334 PRINTED IN U.S.A.



Bank of America

Certificate of Deposit Record

Account Holder(s)

ELMER H BRUNSTING DR
 NELVA E BRUNSTING TR OF THE
 BRUNSTING FAMILY LIVING TRUST

Account Number 85195-06481
 Branch Name TOWN & COUNTRY
 TIN # 282-32-8905

DATES AND TERMS	Issue Date	Initial Maturity Date	Term	Renewal Term	Account Type
	09/27/96	09/27/01	60 MONTHS	<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Investment CD <input type="checkbox"/> Retirement CD

BALANCES	Opening/Renewal Balance	Minimum Balance Requirement	Additions
	\$ 10,000.00	\$ 1,000.00	<input checked="" type="checkbox"/> Not Permitted \$ _____ <input type="checkbox"/> Permitted (18 Mo./Ret.) Minimum Addition

INTEREST	Interest Rate	Annual Percentage Yield (APY)	Interest Computation
	6.00 %	6.183 %	Daily Compounding
Interest to be Paid Beginning <u>December 27, 1996</u> And <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Maturity (Terms of 1 Year or Less) With The Last Distribution on The Final Maturity Date Pay Interest to: <input checked="" type="checkbox"/> Reinvest in this CD <input type="checkbox"/> Check to Account Holder <input type="checkbox"/> Checking Acct. # _____ <input type="checkbox"/> Savings Acct. # _____ <input type="checkbox"/> Money Market Acct. # _____ <input type="checkbox"/> Other _____			

The FACTS About Personal Deposit Account Programs and/or FACTS About Business Deposit Account Programs and/or FACTS About Individual Retirement Accounts Programs booklets you receive contain the terms and conditions of this account.

Annual Percentage Yield assumes principal and interest rate remain in the account until maturity at the same interest rate. If you withdraw all or part of your certificate of deposit before it matures, an early withdrawal penalty will be imposed. A certificate of deposit account is not transferable and is not negotiable. Your account will automatically renew at maturity with the same term and current interest rate and annual percentage yield (APY).





Certificate of Deposit Record

Account Holder(s) **ELMER H BRUNSTING OR
NELVA E BRUNSTING TR OF THE
BRUNSTING FAMILY LIVING TRUST**

Account Number **85195-06481**
Branch Name **TOWN & COUNTRY**
TIN # **282-32-8905**

DATES AND TERMS	Issue Date	Initial Maturity Date	Term	Renewal Term	Account Type
	09/27/96	09/27/01	60 MONTHS	<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Investment CD <input type="checkbox"/> Retirement CD

BALANCES	Opening/Renewal Balance	Minimum Balance Requirement	Additions
	\$ 10,000.00	\$ 1,000.00	<input checked="" type="checkbox"/> Not Permitted \$ _____ Permitted (18 Mo./Ret.) Minimum Addition

INTEREST	Interest Rate	Annual Percentage Yield (APY)	Interest Computation
	6.00 %	6.183 %	Daily Compounding
Interest to be Paid Beginning December 27, 1996 And			
<input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Maturity (Terms of 1 Year or Less)			
With The Last Distribution on The Final Maturity Date			
Pay Interest to: <input checked="" type="checkbox"/> Reinvest in this CD <input type="checkbox"/> Check to Account Holder			
<input type="checkbox"/> Checking Acct. # _____		<input type="checkbox"/> Savings Acct. # _____	
<input type="checkbox"/> Money Market Acct. # _____		<input type="checkbox"/> Other _____	

The FACTS About Personal Deposit Account Programs and/or FACTS About Business Deposit Account Programs and/or FACTS About Individual Retirement Accounts Programs booklets you receive contain the terms and conditions of this account.

Annual Percentage Yield assumes principal and interest rate remain in the account until maturity at the same interest rate. If you withdraw all or part of your certificate of deposit before it matures, an early withdrawal penalty will be imposed. A certificate of deposit account is not transferable and is not negotiable. Your account will automatically renew at maturity with the same term and current interest rate and annual percentage yield (APY).





Certificate of Deposit Record

Account Holder(s) **ELMER H BRUNSTING OR
NELVA E BRUNSTING**
 Account Number **85195-06481**
 Branch Name **TOWN & COUNTRY**
 TIN # **282-32-8905**

*Revised 10/15/96
to Trust*

DATES AND TERMS	Issue Date	Initial Maturity Date	Term	Renewal Term	Account Type
	09/27/96	09/27/01	060 MONTHS	<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Investment CD <input type="checkbox"/> Retirement CD

BALANCES	Opening/Renewal Balance	Minimum Balance Requirement	Additions
	\$ 10,000.00	\$ 1,000.00	<input checked="" type="checkbox"/> Not Permitted \$ _____ Permitted (18 Mo./Ret.) Minimum Addition

INTEREST	Interest Rate	Annual Percentage Yield (APY)	Interest Computation
	6.00 %	6.18 %	Daily Compounding
Interest to be Paid Beginning December 27, 1996 And <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Maturity (Terms of 1 Year or Less) With The Last Distribution on The Final Maturity Date Pay Interest to: <input checked="" type="checkbox"/> Reinvest in this CD <input type="checkbox"/> Check to Account Holder <input type="checkbox"/> Checking Acct. # _____ <input type="checkbox"/> Savings Acct. # _____ <input type="checkbox"/> Money Market Acct. # _____ <input type="checkbox"/> Other _____			

The **FACTS About Personal Deposit Account Programs** and/or **FACTS About Business Deposit Account Programs** and/or **FACTS About Individual Retirement Accounts Programs** booklets you receive contain the terms and conditions of this account.

Annual Percentage Yield assumes principal and interest rate remain in the account until maturity at the same interest rate. If you withdraw all or part of your certificate of deposit before it matures, an early withdrawal penalty will be imposed. A certificate of deposit account is not transferable and is not negotiable. Your account will automatically renew at maturity with the same term and current interest rate and annual percentage yield (APY).





Certificate of Deposit Record

Account Holder(s) **ELMER H BRUNSTING OR
NELVA E BRUNSTING TR OF THE
BRUNSTING FAMILY LIVING TRUST**

Account Number **85195-06477**
Branch Name **TOWN & COUNTRY**
TIN # **282-32-8905**

closed?

DATES AND TERMS	Issue Date	Initial Maturity Date	Term	Renewal Term	Account Type
	09/27/96	03/26/97	180 DAYS	<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Investment CD <input type="checkbox"/> Retirement CD

BALANCES	Opening/Renewal Balance	Minimum Balance Requirement	Additions
	\$ 12,000.00	\$ 1,000.00	<input checked="" type="checkbox"/> Not Permitted \$ _____ <input type="checkbox"/> Permitted (18 Mo./Ret.) Minimum Addition

INTEREST	Interest Rate	Annual Percentage Yield (APY)	Interest Computation
	4.75 %	4.864 %	Daily Compounding
Interest to be Paid Beginning December 27, 1996 And <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Maturity (Terms of 1 Year or Less) With The Last Distribution on The Final Maturity Date Pay Interest to: <input checked="" type="checkbox"/> Reinvest in this CD <input type="checkbox"/> Check to Account Holder <input type="checkbox"/> Checking Acct. # _____ <input type="checkbox"/> Savings Acct. # _____ <input type="checkbox"/> Money Market Acct. # _____ <input type="checkbox"/> Other _____			

The FACTS About Personal Deposit Account Programs and/or FACTS About Business Deposit Account Programs and/or FACTS About Individual Retirement Accounts Programs booklets you receive contain the terms and conditions of this account.

Annual Percentage Yield assumes principal and interest rate remain in the account until maturity at the same interest rate. If you withdraw all or part of your certificate of deposit before it matures, an early withdrawal penalty will be imposed. A certificate of deposit account is not transferable and is not negotiable. Your account will automatically renew at maturity with the same term and current interest rate and annual percentage yield (APY).





Bank of America

Certificate of Deposit Record

Account Holder(s)

ELMER H BRUNSTING OR
NELVA E BRUNSTING

Account Number 85195-06477
Branch Name TOWN & COUNTRY
TIN # 282-32-8905

*Revised
10/27/96
to Trust*

DATES AND TERMS	Issue Date	Initial Maturity Date	Term	Renewal Term	Account Type
	09/27/96	03/26/97	180 DAYS	<input checked="" type="checkbox"/> Automatic	<input checked="" type="checkbox"/> Investment CD <input type="checkbox"/> Retirement CD

BALANCES	Opening/Renewal Balance	Minimum Balance Requirement	Additions
	\$ 12,000.00	\$ 1,000.00	<input checked="" type="checkbox"/> Not Permitted \$ _____ Permitted (18 Mo./Ret.) Minimum Addition

INTEREST	Interest Rate	Annual Percentage Yield (APY)	Interest Computation
	4.75 %	4.86 %	Daily Compounding
Interest to be Paid Beginning December 27, 1996 And <input type="checkbox"/> Monthly <input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually <input type="checkbox"/> Maturity (Terms of 1 Year or Less) With The Last Distribution on The Final Maturity Date Pay Interest to: <input checked="" type="checkbox"/> Reinvest in this CD <input type="checkbox"/> Check to Account Holder <input type="checkbox"/> Checking Acct. # _____ <input type="checkbox"/> Savings Acct. # _____ <input type="checkbox"/> Money Market Acct. # _____ <input type="checkbox"/> Other _____			

The FACTS About Personal Deposit Account Programs and/or FACTS About Business Deposit Account Programs and/or FACTS About Individual Retirement Accounts Programs booklets you receive contain the terms and conditions of this account.

Annual Percentage Yield assumes principal and interest rate remain in the account until maturity at the same interest rate. If you withdraw all or part of your certificate of deposit before it matures, an early withdrawal penalty will be imposed. A certificate of deposit account is not transferable and is not negotiable. Your account will automatically renew at maturity with the same term and current interest rate and annual percentage yield (APY).



Assignment of Certificates of Deposit

Instructions

PURPOSE: To transfer title of **Certificates of Deposit** from your names as individuals to the name of your Living Trust. To change title, new signature cards on file at the financial institution must be executed in the name of your Living Trust.

LOCAL FINANCIAL INSTITUTION

STEP ONE: If your Certificate of Deposit is held at a local financial institution, go to that branch and talk with the person at the New Accounts desk.

STEP TWO: Ask to have title to your Certificate of Deposit changed to the name of your Living Trust. If the institution permits it, ask to keep the same account numbers on the certificates.

Ask if changing title to your Certificate of Deposit will trigger a penalty. If it will trigger a penalty, make sure to have a "P.O.D." (Payable on Death) designation in the name of your trust and, when the C.D. reaches maturity, if you wish to continue that type of investment, have the new C.D. titled in the name of your trust.

STEP THREE: Produce a copy of your Certificate of Trust to show the proper name for the account, to show that you are the Trustees and that you have authority to open this type of account in the name of your Living Trust. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio binder.)

STEP FOUR: Sign the new signature account cards.

OUT OF TOWN FINANCIAL INSTITUTION

STEP ONE: If your Certificate of Deposit is held at a financial institution out of town, send the instruction letter, a copy of the Certificate of Deposit and the one page Certificate of Trust. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio. Be ready to send a copy if it's requested.)

STEP TWO: When you receive the new signature account cards in the mail made out in the name of your Living Trust, sign them as Trustees and send them back to the institution.



P1063

BRUNSTING001492



P1064

BRUNSTING001493

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996

Re: Change of Title on Dividend Reinvestment Plan Accounts
Account Number(s): _____
Social Security Number: _____

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the DRIP account described above from our names to the name of our Living Trust as follows:

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

This title change also applies to all reinvestment account(s) containing stock or dividends under this plan.

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document and a signed "Medallion guaranteed" Irrevocable Stock or Bond Power.

The title information on the account should specify that only one signature (either **ELMER H. BRUNSTING** or **NELVA E. BRUNSTING**) is required. This is consistent with the trust agreement as evidenced by the attached Certificate of Trust.

Please be advised that these instructions should not be followed if the subject account is an IRA.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

P1065

BRUNSTING001494

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosures

P1066

BRUNSTING001495

IRREVOCABLE STOCK OR BOND POWER

FOR VALUE RECEIVED, the undersigned does hereby sell, assign and transfer to:

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

Social Security Number - _____

**IF STOCK,
COMPLETE
THIS
PORTION**

{ _____ shares of the _____ stock of
{ _____
{ represented by Certificates No.(s) _____
{ _____ inclusive,
{ standing in the name of the undersigned on the books of
{ said Company.

**IF BONDS,
COMPLETE
THIS
PORTION**

{ _____ bonds of _____
{ _____
{ in the principal amount of \$ _____ No.(s) _____
{ _____ inclusive,
{ standing in the name of the undersigned on the books
{ of said Company.

The undersigned do hereby irrevocably constitute and appoint _____, transfer agent, to transfer the said stock or bond(s), as the case may be, on the books of said Company, with full power of substitution in the premises.

DATED this ____ day of _____, 1996.

SIGNATURE GUARANTEED:

By: _____

ELMER H. BRUNSTING

SIGNATURE GUARANTEED:

By: _____

NELVA E. BRUNSTING

Assignment of DRIP Accounts

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in those DRIP Accounts listed below, to **ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.**

Account Name

Account Number

ELMER H. BRUNSTING

3300 120-9975

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS

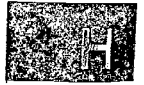
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas

P1068

BRUNSTING001497



P1069

BRUNSTING001498

Assignment of General Partnership

Instructions

PURPOSE: To transfer the title of a General Partnership interest from your names as individuals to the name of your Living Trust.

STEP ONE: Send the instruction letter along with a copy of the Assignment of General Partnership, a Certificate of Trust, and the Consent to Assignment to the managing general partner. This will show that you have legally assigned your interest and that under the trust document you have the power as Trustees to act as general partners.

(Some partnerships may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio.)

If the partnership has a special form that needs to be filled out or wants additional information to complete the transfer, the managing partner will notify you.

STEP TWO: When the partnership approves the transfer, the managing general partner will return the signed Consent To Assignment form authorizing the change.

STEP THREE: Place the original of the signed Consent to Assignment next to the original Assignment of General Partnership in your funding binder.

STEP FOUR: If you haven't heard anything within four weeks, follow up with the managing general partner.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996.

Re: General Partnership

To the Managing General Partner:

We have established a Revocable Living Trust and would like to change the title on our general partnership interest from our names to the name of our Living Trust as follows:

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

We have attached a copy of a Certificate of Trust verifying the essential terms of our trust document and a copy of the Assignment of General Partnership Interest.

When the partnership approves this transfer, please sign and return the enclosed Consent to Assignment form.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosures

P1071

BRUNSTING001500

Consent to Assignment

The undersigned general managing partner of _____, a General Partnership, hereby consents to the foregoing assignment and approves admission of ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended, as a substitute partner with all the rights, privileges and duties of the assignor and subject to all the provisions of the partnership agreement.

Date

General Managing Partner

Assignment of General Partnership Interest

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in _____, a General Partnership, to **ELMER H. BRUNSTING** or **NELVA E. BRUNSTING**, Trustees, or the successor Trustees, under the **BRUNSTING FAMILY LIVING TRUST** dated October 10, 1996, as amended.

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas



P1074

BRUNSTING001503



P1075

BRUNSTING001504

Assignment of Lease

Instructions

PURPOSE: To transfer your beneficial interest under a lease agreement from you as individuals to your Living Trust.

STEP ONE: Send the instruction letter to the lessee (renter). This will explain that you have legally assigned to your trust your right to receive rent payments under the lease agreement.

(There is no need to send any portion of your trust document to the lessee.)

STEP TWO: If the next rent payment you receive is made out to your Living Trust, you'll know that the lessee received your letter and understood what needed to be done. If the next rent payment is made out to you personally, you should contact the lessee and ask that future payments be made out to the trust.

NOTE: If the lessee refuses to cooperate and continues to make the payments to you personally, it is not a serious problem. All rent checks received by you personally can be deposited in a trust bank account which will automatically convert the funds into trust property. Because the Assignment of Lease legally transferred your interest when it was signed, upon your death any interest that remains in the lease will be administered by the trust.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996

Re: Real Estate Lease Agreement

To Whom It May Concern:

We have established a Revocable Living Trust and have assigned our interest in the Real Estate Lease Agreement with you from our names to the name of our Living Trust. Please make all future rent payments under the Lease to:

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

Because we are the Trustees of our trust, you can continue to send your rent payments to the same address you have used in the past. The only difference will be that the payment is to be made payable to the BRUNSTING FAMILY LIVING TRUST. If you have any questions regarding this change, please contact us right away at the above address or by telephone at (713) 464-4391.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

P1077

BRUNSTING001506

Assignment of Lease

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in that Lease executed by _____ to ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS

COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas

P1078

BRUNSTING001507



P1079

BRUNSTING001508

Metropolitan Life

Keep this part for your records



Policy Number	21 282 000A	Date Due	3 28 74	Payable	A	Premium	216.37
Current Dividend	101.92	How Used (See over)	1			Net Premium	114.45
		Loan Principal				Loan Interest	

Statement of Dividend Credit to date for dividends left with the Company

\$ One-Year Term Insurance	\$ Total Paid-Up Additional Insurance	\$ Current Interest	\$ Total Dividends With Interest
----------------------------	---------------------------------------	---------------------	----------------------------------

Name of Insured **ELMER H BRUNSTING**

(See explanation on the reverse side)

Amount Due \$ **114.45**

If you mail a check or money order, this part and your canceled check or money order stub will be your record of payment. A receipt will not be issued unless requested.

Metropolitan Life Insurance Company
4510 EAST 31ST STREET
TULSA OKLA 74145

If paid by cash, or if a receipt is desired, please present both parts to the Company representative to whom payment is made. He will acknowledge receipt of the payment by signing this form.

Paid by Check or Money Order 122
Number
\$ 4/1 19 74
Date

Receipt of \$ _____ is hereby acknowledged with thanks.

19 _____
Countersignature *Donald A. Bell*
Vice-President and Secretary

To be valid as a receipt, this form must be countersigned by the Company representative to whom payment is made.

Privilege of Voting for Directors

An election of Directors of the Company is held at the Home Office in New York on the second Tuesday in April of each year. After one year from the date of issue of the policy referred to on the reverse side, the holder of such policy, while it remains in force, will have a right to vote either in person or by mail. For particulars as how to vote, apply to the Secretary, One Madison Avenue, New York, N. Y. 10010.

Nominations for Directors

Section 198 of the New York Insurance Law requires the Board of Directors to nominate candidates described as the "Administration Ticket," and permits groups of policyholders to make other nominations not less than five months prior to the election.

Dividends

Dividends, when declared, are payable only on a policy anniversary and only if the policy is then in force with all due premiums paid to the anniversary. Any entry made on this notice under "Current Dividend" is subject to these conditions.

Explanation of Dividend "How Used" Code

1. **Applied to premium payment**, Net Premium or a credit amount ("CR") is shown. If the dividend exceeds the premium, part of the dividend will be used to pay the premium, and the excess "CR" amount will be paid to you, unless you wish to apply the excess to the payment of interest on the policy loan (if any).
2. **Applied under the terms of the policy to the purchase of one-year Term insurance** in the amount shown, with any balance applied as indicated.
3. **Applied under the terms of the policy to the purchase of a paid-up addition** to the amount of insurance. Total of the additions, purchased by current or prior dividends, or credited by the Company as increases to amounts previously purchased, is shown under "Total Paid-up Additional Insurance." The cash value of this insurance is at least equal to the amount of dividend or dividends applied to its purchase.
4. **Left to accumulate at interest**. The current year's interest on the accumulation for prior years is shown under "Current Interest" with the total of the accumulation to date, including interest, shown under "Total Dividends With Interest."
5. **Applied under the terms of the Econo-Matic Option** (Econo-Matic policies only). The amount of any one-year Term insurance purchased is shown. The amount of any paid-up addition is included in "Total Paid-up Additional Insurance"—see (3) above.

026-B (6-73) Printed in U.S.A.

Metropolitan Life

Keep this part for your records



Policy Number	21 282 000A	Date Due	Month	Day	Year	Payable	Premium	216 • 37
Current Dividend	92 • 32	How Used (See over)	3	28	73	A	Net Premium	124 • 05
		Loan Principal					Loan Interest	

Statement of Dividend Credit to date for dividends left with the Company

\$ One-Year Term Insurance	\$ Total Paid-Up Additional Insurance	\$ Current Interest	\$ Total Dividends With Interest
----------------------------	---------------------------------------	---------------------	----------------------------------

Name of Insured **ELMER H BRUNSTING**

(See explanation on the reverse side)

Amount Due \$ **124 • 05**

If you mail a check or money order, this part and your canceled check or money order stub will be your record of payment. A receipt will not be issued unless requested.

Metropolitan Life Insurance Company
4510 EAST 31ST STREET
TULSA OKLA 74145

If paid by cash, or if a receipt is desired, please present both parts to the Company representative to whom payment is made. He will acknowledge receipt of the payment by signing this form.

Paid by Check or Money Order 96 Receipt of \$ _____ is hereby acknowledged with thanks.

Number _____ 19 _____
Date 3/19 1973 Countersignature _____
Amount _____ Date _____ Vice-President and Secretary

To be valid as a receipt, this form must be countersigned by the Company representative to whom payment is made.

Privilege of Voting for Directors

An election of Directors of the Company is held at the Home Office, 1 Madison Avenue, New York, N. Y. 10010, on the second Tuesday in April of each year. After one year from the date of the policy referred to on the reverse side, the holder of such policy, while it remains in force, will have a right to vote either in person or by mail. For particulars as to how to vote, apply to the Secretary at the Home Office of the Company.

Nominations for Directors

Section 198 of the New York Insurance Law requires the Board of Directors to nominate candidates described as the "Administration Ticket," and permits groups of policyholders to make other nominations not less than five months prior to the election.

Dividends

Dividends, when declared, are payable only on a policy anniversary and only if the policy is then in force with all due premiums paid to the anniversary. Any entry made on this notice under "Current Dividend" is subject to these conditions.

Explanation of Dividend "How Used" Code

1. **Applied to premium payment.** Net Premium or a credit amount ("CR") is shown. If the dividend exceeds the premium, part of the dividend will be used to pay the premium, and the excess "CR" amount will be paid to you, unless you wish to have the excess to the payment of interest on the policy loan (if any).

*2. **Applied under the terms of the policy to the purchase of one-year term insurance** in the amount shown, with any balance applied as indicated.

*3. **Applied under the terms of the policy to the purchase of a paid-up addition** to the amount of insurance. Total of the additions, purchased by current or prior dividends, or credited by the Company as increases to amounts previously purchased, is shown under "Total Paid-up Additional Insurance." The cash value of this insurance is at least equal to the amount of dividend or dividends applied to its purchase.

*4. **Left to accumulate at interest.** The current year's interest on the accumulation for prior years is shown under "Current Interest" with the total of the accumulation to date, including interest, shown under "Total Dividends With Interest."

*5. **Applied under the terms of the Econo-Matic Option** (Econo-Matic policies only). The amount of any one-year term insurance purchased is shown. The amount of any paid-up addition is included in "Total Paid-up Additional Insurance"—see (3) above.

*Not available for Personal Health insurance policies. Dividends will be applied only to reduce premiums.

026-B (1-72) Printed in U.S.A.

Metropolitan Life

Keep this part for your records



Policy Number	Date Due			Payable		
	Month	Day	Year			
21 282 000A	3	28	75	A	Premium	216.37
Current Dividend	121.58	How Used (See over)	1		Net Premium	94.79
		Loan Principal			Loan Interest	

Statement of Dividend Credit to date for dividends left with the Company

\$ One-Year Term Insurance	\$ Total Paid-Up Additional Insurance	\$ Current Interest	\$ Total Dividends With Interest
----------------------------	---------------------------------------	---------------------	----------------------------------

Name of Insured **ELMER H BRUNSTING**

(Please see explanation on the reverse side)

Amount Due \$ **94.79**

If you mail a check or money order, this part and your canceled check or money order stub will be your record of payment. A receipt will not be issued unless requested.

If paid by cash, or if a receipt is desired, please present both parts to the Company representative to whom payment is made. He will acknowledge receipt of the payment by signing this form.


Metropolitan Life Insurance Company
4510 EAST 31ST STREET
TULSA OKLA 74145

Paid by check or money order _____
Number _____

Receipt of \$ _____ is hereby acknowledged with thanks.

\$ _____ 19 _____
Amount Date

Countersignature


Donald A. Odell
Vice-President and Secretary

To be valid as a receipt, this form must be countersigned by the Company representative to whom payment is made.

P1084

BRUNSTING001513

Privilege of Voting for Directors

An election of Directors of the Company is held at the Home Office in New York on the second Tuesday in April of each year. After one year from the date of issue of the policy referred to on the reverse side, the holder of such policy, while it remains in force, will have a right to vote either in person or by mail. For particulars as to how to vote, apply to the Secretary, One Madison Avenue, New York, N. Y. 10010.

Nominations for Directors

Section 198 of the New York Insurance Law requires the Board of Directors to nominate candidates described as the "Administration Ticket," and permits groups of policyholders to make other nominations not less than five months prior to the election.

Dividends

Dividends, when declared, are payable only on a policy anniversary and only if the policy is then in force with all due premiums paid to the anniversary. Any entry made on this notice under "Current Dividend" is subject to these conditions.

Explanation of Dividend "How Used" Code

- 1. **Applied to premium payment.** Net Premium or a credit amount ("CR") is shown. If the dividend exceeds the premium, part of the dividend will be used to pay the premium, and the excess "CR" amount will be paid to you, unless you wish to apply the excess to the payment of interest on the policy loan (if any).
- 2. **Applied under the terms of the policy to the purchase of one-year Term insurance** in the amount shown, with any balance applied as indicated.
- 3. **Applied under the terms of the policy to the purchase of a paid-up addition** to the amount of insurance. Total of the additions, purchased by current or prior dividends, or credited by the Company as increases to amounts previously purchased, is shown under "Total Paid-up Additional Insurance." The cash value of this insurance is at least equal to the amount of dividend or dividends applied to its purchase.
- 4. **Left to accumulate at interest.** The current year's interest on the accumulation for prior years is shown under "Current Interest" with the total of the accumulation to date, including interest, shown under "Total Dividends With Interest."
- 5. **Applied under the terms of the Econo-Matic Option** (Econo-Matic policies only). The amount of any one-year Term insurance purchased is shown. The amount of any paid-up addition is included in "Total Paid-up Additional Insurance"—see (3) above.

ELMER H. BRUNSTING or NELVA E. BRUNSTING

13630 Pinerock
Houston, Texas 77079
(713) 464-4391

OCT 22 1996

GLP MAIL
DESK

10/16/96, 1996

ATTN: CLARE COOK

METLIFE
P.O. Box 2006
AURORA, IL 60507-2006

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: G-16 4460
Social Security Number: 582-32-8905

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse NELVA E. BRUNSTING

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.

P1086

BRUNSTING001515

If you need additional information in order to make this change of beneficiary designation, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this change of beneficiary to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING


NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1087

BRUNSTING001516

Certificate of Trust

The undersigned Founders hereby certify the following:

1. This Certificate of Trust refers to a joint revocable living trust agreement executed by ELMER H. BRUNSTING and NELVA E. BRUNSTING, Founders and initial Trustees. Either Founder while acting as Trustee may conduct business on behalf of the trust without the consent of any other Trustee. The full legal name of our trust for purposes of transferring assets into the trust, holding title of assets and conducting business for and on behalf of the trust, shall be known as:

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. Should either original Trustee fail or cease to serve as Trustee by reason of death, disability or for any reason, the remaining original Trustee will continue to serve alone.
3. If both of the original Trustees fail or cease to serve as Trustee by reason of death, disability or for any reason, then the following individuals or entities will serve as Trustee in the following order:

First, ANITA KAY RILEY
Second, CARL HENRY BRUNSTING
Third, AMY RUTH TSCHIRHART

4. The Trustee(s) under the trust agreement are authorized to acquire, sell, convey, encumber, lease, borrow, manage and otherwise deal with interests in real and personal property in trust name. All powers of the Trustee(s) are fully set forth in Article Twelve of the trust agreement.
5. The trust has not been revoked and there have been no amendments limiting the powers of the Trustee(s) over trust property.
6. 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 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 October 10, 1996.

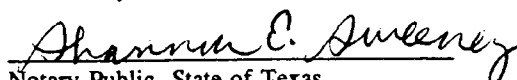

ELMER H. BRUNSTING,
Founder and Trustee


NELVA E. BRUNSTING,
Founder and Trustee

STATE OF TEXAS
COUNTY OF HARRIS

The foregoing Certificate of Trust was acknowledged before me on October 10, 1996, by ELMER H. BRUNSTING and NELVA E. BRUNSTING, as Founders and Trustees.

Witness my hand and official seal.


Notary Public, State of Texas



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

P1088

BRUNSTING001517

Group Life Products
Administrative Services



administrator for The Travelers

Elmer H. Brunsting
13630 Pinerock
Houston, TX 77079

RE: Group Policy - 164400

Dear Mr. Brunsting,

As requested we have changed the beneficiary to read:

"ELMER H. BRUNSTING OR NELVA E. BRUNSTING, TRUSTEES, OR THE
SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY LIVING TRUST
DATED OCTOBER 10, 1996, AS AMENDED"

Please attach this Change of Beneficiary form to the reverse side of the Paid-Up
certificate.

Thank you for bringing this change to our attention.

Sincerely,

A handwritten signature in cursive script that reads "Clare Cook".

Clare Cook
Paid-Up
Group Life Products

November 1, 1996

Enc.

METLIFE CUSTOMER SERVICE CENTER
PHS BENEFICIARY & ASSIGN UNIT
PO BOX 21758
TULSA OK 74121-1758



NOVEMBER 12, 1996

POLICY NUMBER: 021282000A
NAME OF INSURED:
ELMER H BRUNSTING

ELMER H BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

DEAR POLICYHOLDER,

WE PROCESSED THE CHANGE OF BENEFICIARY REQUESTED ON THIS POLICY. OUR RECORDS ON THIS DATE SHOW THE FOLLOWING:

PRIMARY BENEFICIARIES
ELMER H & NELVA E BRUNSTING, TRUSTEES UNDER THE
BRUNSTING FAMILY TRUST DATED 10/10/1996
RELATION
TRUST

CONTINGENT BENEFICIARIES
NO DESIGNATED BENEFICIARIES

IF YOU HAVE ANY QUESTIONS ABOUT THIS INFORMATION OR ABOUT YOUR LIFE INSURANCE PROGRAM IN GENERAL, PLEASE CONTACT YOUR LOCAL METLIFE REPRESENTATIVE OR CALL 1-800-MET 5000 (1-800-638-5000).

PLEASE KEEP THIS LETTER WITH THE POLICY, AS IT IS NOT OUR CURRENT PRACTICE TO ENDORSE THE ACTUAL CHANGE ON THE POLICY. YOU WILL BE HEARING FROM US SEPARATELY IF YOU REQUESTED ACTION ON OTHER POLICIES.

THANK YOU FOR ALLOWING METLIFE TO HANDLE YOUR INSURANCE NEEDS.

TONI ELLIOTT

BENEFICIARY AND ASSIGNMENT UNIT

P1090

BRUNSTING001519

Feb Copy

13640 Pinerock
Houston, TX 77079
June 27, 1996

Raymond J. Kodysz
Metropolitan Life
11757 Katy Freeway, Suite 1050
Houston, TX 77079

Policy # 21 282 000

Dear Ray:

I wish to update my contingent beneficiary list
and change the mode of payment to the following.

Beneficiary; Nelva E. Brunsting, Wife, DOB 10.8.26
13630 Pinerock, Houston, TX 77079. Mode of settlement,
Lump Sum.

Contingent Beneficiaries:

Candace L Curtis, Daughter, DOB 3.12.53, 5557 Sepulveda,
Concord, CA 94521

Carol A. Brunsting, Daughter, DOB 10.16.54, 5822 Jason
Houston, TX 77074

Carl H. Brunsting, Son, DOB 7.31.57, 5629 Flack Dr.
Houston, TX 77081

Amy R. Tschirhart, Daughter, DOB 10.7.61, 969

Fredericksburg, TX 78130

Anita K. Riley, Daughter, DOB 8.7.63, 203 Bloomingdale
Cir. Victoria, Tx 77904 in equal shares or to the survivors
in equal shares or all to the survivor. Mode of
settlement, Lump Sum.

*Need
Beneficiary*

Thank You

Elmer H. Brunsting

Elmer H. Brunsting

P1091

BRUNSTING001520

Metropolitan Life Insurance Company
One Madison Avenue, New York, N.Y. 10010
(212) 578-3520



Life Insurance

J.F. KIERNAN
Manager
PHI/EBP Administration

AUGUST 2, 1984

ELMER BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

3 837 349 AH

Dear Policyholder

As part of a general reorganization of Metropolitan's service facilities for disability income business, the administration of your personal health insurance disability income policy has been transferred to Metropolitan's Home Office in New York City. The address is as follows:

Metropolitan Life Insurance Company
Personal Health Insurance
One Madison Avenue, New York, NY 10010

While your Administration Office has been transferred, your local Metropolitan Sales Office will continue to service you. Premium payments should continue to be mailed to the same address to which you presently send your premiums.

If you have any questions about this transfer, don't hesitate to call or write to us.

Yours truly,

J.F. Kiernan

Manager

P1092

BRUNSTING001521



J. R. Whitney
 Vice-President
 Personal Life Insurance

ELMER H BRUNSTING
13630 PINEROCK-HOUSTON TEX 77024

RE: 21 282 000A
ELMER H BRUNSTING

Dear Policyholder

A recent review of our records shows that your policy has an outstanding loan. While the policy loan provision represents a valuable right, you should remember that such a loan is deducted from the policy proceeds at the time of settlement, possibly undermining the purpose for which the policy was purchased.

Recognizing this, you may have already considered fully repaying your loan or are presently making payments to reduce it. Each repayment you make helps restore the value of your insurance and allows your beneficiary to realize the policy's full promise. If you have already been making periodic repayments, the amount of principal shown below should reflect all but possibly your most recent payment.

The repayment stub below is designed to assist you in making repayment of your loan. If full repayment is not possible now, as little as \$20.00 will start your repayment program. When making subsequent repayments, be sure to write "Loan Repayment" and your policy number on the check. Please keep this letter with your checkbook as a repayment reminder to send future checks to our office shown below:

Yours truly,

J.R. Whitney
 Vice-President

(Check or Money Order Payable to Metropolitan Life)

Metropolitan Life Insurance Company
 PO BOX 67
 TULSA OKLAHOMA 74121

Policy (Contract) Number	Bill Date	District Number	Agency Number	Amount of Principal
21 282 000A	3 28	B91	560	\$4382.79
Name of Insured	ELMER H BRUNSTING			

ELMER H BRUNSTING
13630 PINEROCK-HOUSTON TEX 77024

Fold for Mailing

Check or money order may be made payable to Metropolitan (Met Life) and should be filed with this notice to

Metropolitan Life Insurance Company
 PO BOX 67
 TULSA OKLAHOMA 74121

Amount Enclosed for Loan Repayment \$ _____

P1093

BRUNSTING001522



Metropolitan
Life Insurance Company

Central Head Office
12902 East 51st Street
P.O. Box 500
Tulsa, Oklahoma 74121

Personal Life Insurance
Policyholder Services

District 531 Agency 860 Policy Number 21-282-000-A Date 3-18-82

*E.H. Brunsting
13630 Pinerock
Houston, TX 77079*

In reply to your recent communication, please refer to the paragraphs below marked X.

- A net loan of \$..... is available. At the time the loan is granted, any premium(s) due and unpaid will be deducted. Any premium deduction will change the amount of net loan quoted.
- A net loan of \$..... is available. This takes into consideration the deduction of premium(s) beginning with the payment due At the time the loan is granted any additional premium(s) due and unpaid will be deducted. Additional premium deduction will change the amount of net loan quoted.
- The net loan stated takes into consideration the existing loan of \$..... and accrued interest of \$.....
- Please indicate the type of loan desired by completing the enclosed Loan Request. This form is to be signed by:
- If a loan check is desired, it will be drawn to
- There is insufficient value to pay the premium(s) due by loan. A payment of \$..... is needed to balance the loan transaction. Please send us your check or money order if the loan is wanted.
- A cash loan is not available as the existing indebtedness is in excess of the Guaranteed Loan Value.
- Please have the enclosed Loan Request signed by the assignee. If a corporation, the full name of the corporation should be entered on the Loan Request in the space for the signature, and under the name of the corporation the signature and titles of two officers of the corporation will be needed. The corporate seal should be impressed on the Loan Request.
The check will be drawn to the sole order of the assignee, unless otherwise directed.
- If the assignment of the policy is to be released, please complete the enclosed Release of Collateral Assignment and return it with the completed Loan Request.
- Please complete the enclosed forms:
 - Change of address
 - Application for reinstatement of policy
 - Change of name
 - Change of beneficiary
- Loans may be repaid in full or in convenient amounts such as \$10. Such payments may be sent directly to this office.
Please let us know the full name of the insured, policy number, and purpose of any payment you send to us so we may credit your payment properly and promptly.
Interest on the loan is payable on the policy anniversary date. If left unpaid, the interest is automatically added to the amount of principal and the total indebtedness will bear interest at the rate stated in the policy.
- This policy provides for payment of loan interest at the rate of percent a year.
- Your request concerning has been referred to another division of our Company. You will hear from them shortly.
- The terms of this policy do not provide for a loan value.

The loan was for 4382.79 and check was issued 11-13-81. There were no div. dividends or premium payments included in the loan.

Personal Life Insurance
Policyholder Services

When replying, please address us as shown at top of letter and be sure to give your policy number.

01573-SC-2 (11-79) Printed in U.S.A.

Mrs Charlotte Buchanan

P1094

BRUNSTING001523

METLIFE CUSTOMER SERVICE CENTER
BENEFICIARY & ASSIGNMENT
PO BOX 21758
TULSA OK 74121-1758



October 28, 1996

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

*Mailed
11/5/96*

RE: POLICY # 21 282 000 A
INSURED: ELMER H BRUNSTING

Dear Mr Brunsting,

Enclosed please find the form necessary to designate a Trust as beneficiary of the above policy. This form also allows you to designate an individual as contingent beneficiary should the trust fail for any reason.

Kindly complete all information, and then sign and date the form. Your signature should be witnessed by a disinterested adult.

We will send you a letter of confirmation once the change has been recorded.

You will need to complete this form to name your trust as the beneficiary and your wife as the contingent beneficiary.

Return the form(s) in the enclosed envelope to the attention of the "B & A UNIT".

Thank you for allowing MetLife to handle your insurance needs.

Sincerely,

Toni Elliott

Toni Elliott 0107

enc. LTIC

P1095

BRUNSTING001524

MetLife®

METROPOLITAN LIFE INS. CO.
2950 N. LOOP WEST STE 601
HOUSTON TX 77092



Questions?
Contact your MetLife
Representative:
713-688-1871
Sales Office/Agency:

82B/804

Annual Dividend Statement

Anniversary Date
March 28, 1999

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

Policy/Contract Number
21 282 000 A

Face Amount of Insurance
\$9,141

Name of Insured/Annuitant
ELMER H BRUNSTING

Plan
WHOLE LIFE

Dividend Summary

According to the terms and provisions of your policy, you have chosen to have your 1999 dividend pay the premium on your policy. \$207.59 will be used to pay the premium. A check for the excess amount of \$190.04 will be sent to you on or about March 28, 1999.

1999 Dividend:	\$397.63
Less Premium:	207.59
Excess Amount:	190.04

At MetLife, we value your business and look forward to providing you with quality service -- now and in the years ahead.

Please place this statement with your policy. This is not a bill.

See reverse side for a full explanation of your dividend options.

Thank you for insuring with MetLife.

Have you reviewed your settlement options in view of future plans? For more information, contact your MetLife representative.

For questions or service, please contact your MetLife Account Representative or call 1-800-MET-5000 (1-800-638-5000). Our busiest day is Monday, so it is best to call Tuesday through Friday, if possible.

P1096

BRUNSTING001525

One of the most attractive features of your life insurance policy is that it pays dividends. MetLife shares a portion of its surplus (earnings) with policyholders through the distribution of declared policy dividends. We've paid dividends without interruption since becoming a mutual company in 1915. Each year dividends are credited to your policy provided premiums are paid to the policy's anniversary date.

Here are the dividend options offered by MetLife :

- **Additional Paid-Up Insurance**—You can use your dividends to add to your insurance coverage through the purchase of additional paid-up insurance. Paid-up insurance provides you with more life insurance coverage without having to pay additional out-of-pocket premium payments and without having to take a medical exam. In addition, paid-up insurance has an immediate cash value, which grows on a tax-deferred basis over time. This dividend option is not considered taxable as long as you do not cash in the additional insurance.
- **Dividends with Interest**—You can leave your dividends on deposit the way you do with a savings account. Interest is earned on these funds and the total amount of your Dividend with Interest balance grows over time. Each year we will send you and the Internal Revenue Service an official tax report (1099-INT) showing the taxable interest. Moreover, if dividends under this option plus other policy payments received in cash exceed your investment, **future dividends would be taxable.**
- **Premium Reduction**—You can apply your dividends to pay all or part of your premium.
- **Cash Payments**—You can receive a check for the amount of your dividend.
- **One-Year Term Coverage**—You can use your dividends to purchase one-year term coverage, which can be an inexpensive way to increase your insurance protection. (Not available on all policies.)

Your insurance policy describes your contractual rights and includes complete information regarding the dividend options that are available.

If you wish to change your dividend option, simply contact your local MetLife representative at the telephone number listed on the front of this statement.

METLIFE CUSTOMER SERVICE CENTER
BENEFICIARY & ASSIGNMENT
PO BOX 21758
TULSA OK 74121-1758



July 29, 1996

ELMER H BRUNSTING
13630 PINEROCK LN
HOUSTON TX 77079-5914

RE: POLICY # 21 282 000 A
INSURED: ELMER H BRUNSTING

Dear Policyholder,

Enclosed please find the form necessary to change the beneficiary on the above policy.

Kindly complete all information, and then sign and date the form. Your signature should be witnessed by a disinterested adult.

We will send you a letter of confirmation once the change has been recorded.

Return the form(s) in the enclosed envelope to my attention.

Thank you for allowing MetLife to handle your insurance needs.

Sincerely,

Beverly Hammock

Beverly Hammock 0101

enc. 093I

*Sent on
8/9/96*

P1098

BRUNSTING001527

AUG 21 1996

CHANGE OF BENEFICIARY TO INDIVIDUAL WITH CHILDREN AS CONTINGENT BENEFICIARIES (PER STIRPES)

Use this form only if the Insured is the Policyowner

Do not use this form for a Joint Life Policy, Survivorship Whole Life Policy, or to change the beneficiary of a rider.

Policy No. 21282000 A Insured ELMER H BRUNSTING

IMPORTANT NOTE: If any Beneficiary or Contingent Beneficiary is a minor at the time of the Insured's death, MetLife may not be able to make payment until a guardian of the estate of the minor has been appointed.

I revoke any previous designation of Beneficiary and Contingent Beneficiary under the above policy and any previous election of an optional mode of settlement (optional income plan) that applies to the amount payable under the policy in the event of my death.

A. I name the following **Revocable Beneficiary(ies)** to receive any amount payable under the policy in the event of my death:

Name (Print)	Address	Relationship	Date of Birth	Share %
Nelva Brunsting	13630 PINE ROCK HOUSTON, TX 77079	WIFE	10-8-26	100%

If multiple beneficiaries are named above, payment will be made in equal shares or all to the survivor, unless otherwise specified. The share of any beneficiary who shall predecease me will be divided among the surviving beneficiaries in proportion to their interest, with all to the survivor.

B. If all the beneficiaries named above shall predecease me, I name **MY FOLLOWING CHILDREN** as **Revocable Contingent Beneficiaries** to receive any amount payable under the policy in the event of my death, in equal shares, per stirpes:

Names of Children (Print)	Date of Birth	Address
Candace Curtis	3-12-53	5557 SEPULVEDA, CONCORD CA 94521
Carol A Brunsting	10-16-34	5822 JASON, HOUSTON TX 77074
Carl H. Brunsting	7-31-57	5629 FLACK DR. HOUSTON TX 77081
Amy R. + Schickel	10-7-61	969 FRED RICKS BURB, NEW BRANFORD TX 78130
Anita K Riley	8-7-63	203 BLOOMINGDALE CIR, VICTORIA TX 77904

C. Check box **only** if the current spouse of the Insured is named as beneficiary in **Section A** (above) and all children (present and future) born of the marriage of the Insured and said spouse are to be included as contingent beneficiaries. If so, the names, addresses and dates of birth of all existing children are to be listed in **Section B** (above). Any child not born of the marriage of the Insured and said spouse, who is to be included as contingent beneficiary, **must be named in Section B**.

D. The following is a list of my present living grandchildren from my children named in section B:

Names of Grandchildren (print)	Date of Birth	Names of Parents
KEVIN CURTIS		CANDACE & OWEN CURTIS
ANDREW CURTIS		CANDACE & OWEN CURTIS
MARTA BRUNSTING		CARL & ORANA BRUNSTING
LUKE RILEY		ANITA & VANCE RILEY
KATIE RILEY		ANITA & VANCE RILEY

Initial form here and sign on back →

Insured's Initials ELB

Date 8/15/96

P1099



Policy No. 21282000 A Insured ELMER H BRUNSTING

If Box C above is checked, all future born and legally adopted grandchildren shall be included in the designation.

If Box C above is **not** checked, only children specifically named in Section B shall be included as Revocable Contingent Beneficiaries. However, all future born and legally adopted grandchildren from my children named in Section B shall be included in the designation.

If at the time of my death there is no one to whom payment can be made pursuant to the above per stirpes designation, then payment shall be made to My Estate.

It is understood and agreed that MetLife may require written evidence acceptable to it in determining unnamed payees, and MetLife shall be fully protected in acting in reliance thereon.

Any payment by MetLife in good faith pursuant to the foregoing designation shall fully discharge MetLife of its liability under the policy.

I understand that this change shall be binding on MetLife only after it has been recorded and filed in the MetLife Home Office or Customer Service Center. Once recorded, the change will be effective as of the date signed below.

I understand that some policies may provide that a change of beneficiary must be endorsed upon the policy. In completing this form, I consent and request that MetLife may in its discretion waive any such provision requiring endorsement for this and any future change. I consent and request that if the policy does not contain a beneficiary provision, that MetLife may pay any amount payable upon my death in accordance with this direction.

By signing below, I certify that I have read the information on the front and back of this form and that I am in agreement with it.

MetLife means the Metropolitan Life Insurance Company or any of its affiliates.

(Print name below signature line.)

M M White
WITNESS:

Elmer H Brunsting
SIGNATURE OF INSURED

8/19/96
DATE

ELMER H. BRUNSTING
13630 PINEROCK, HOUSTON TX 77079
Insured's Address

713-464-4391
Insured's Telephone No.

Recorded at the Office of Metropolitan

Submitting Sales Office/Number/Agency

AUG 22 1996 Richard M. Blackwell
Richard M. Blackwell
Vice-President and Secretary

Note: "Per Stirpes" is a legal term that describes a method by which an interest in property passes to an individual's descendants. To determine whether this method is appropriate for your needs, you may wish to consult an attorney.

initial form here and sign on back

Insured's Initial: _____ Date: _____

P1100

ELMER H. BRUNSTING or NELVA E. BRUNSTING

13630 Pinerock
Houston, Texas 77079
(713) 464-4391

RECEIVED
OCT 23 1996

POS

PC OCT 23 1996

10/15, 1996

ATTN: R. GOETENOUR

OHIO STATE LIFE INS. CO.
2500 FARMERS DRIVE
COLUMBUS OH, 43235

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: 00322345 P 00665102
Social Security Number: 28213218905

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse, NELVA E. BRUNSTING

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.

P1101

BRUNSTING001530

4

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING


NELVA E. BRUNSTING

Enclosures

P1102

BRUNSTING001531

Ohio State Life Insurance Company
2500 Farmers Drive
Columbus, Ohio 43235



Investors Guaranty Life Insurance Company
2500 Farmers Drive
Columbus, Ohio 43235

Policy Change Confirmation

Date 10-24-96

ELMER H BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

RE: Policy No. 605102

1. The following changes have been made to this policy in accordance with your request.

- Change of Beneficiary
- Change of Name
- Settlement Agreement Added or Revised
- Assignment or Re-Assignment
- Owner and/or Contingent Owner
- Duplicate Policy or Certificate Issued
- Policy Reclassified and/ or Changed in Plan
- Policy Reduced in Amount
- Policy Increased in Amount
- Accidental Death Added or Cancelled
- Waiver of Premium Added or Cancelled
- Endorsed for Paid Up Insurance
- Policy Redated
- Family Plan Rider Added
- Children's Family Plan Rider Added
- Conversion of Term Policy or Term Rider
-

2. Enclosures

- Policy(ies)
- Refund
- Endorsed Copy(ies) of Document to be Placed with Policy

3.

Policy Service

CC# 19A2E99997

A-4575 7/91

P1103

BRUNSTING001532

Ohio State Life Insurance Company
2500 Farmers Drive
Columbus, Ohio 43235



Investors Guaranty Life Insurance Company
2500 Farmers Drive
Columbus, Ohio 43235

Policy Change Confirmation

Date 10-24-96

ELMER H BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

RE: Policy No. 322345

1. The following changes have been made to this policy in accordance with your request.

- Change of Beneficiary
- Change of Name
- Settlement Agreement Added or Revised
- Assignment or Re-Assignment
- Owner and/or Contingent Owner
- Duplicate Policy or Certificate Issued
- Policy Reclassified and/ or Changed in Plan
- Policy Reduced in Amount
- Policy Increased in Amount
- Accidental Death Added or Cancelled
- Waiver of Premium Added or Cancelled
- Endorsed for Paid Up Insurance
- Policy Redated
- Family Plan Rider Added
- Children's Family Plan Rider Added
- Conversion of Term Policy or Term Rider
-

2. Enclosures

- Policy(ies)
- Refund
- Endorsed Copy(ies) of Document to be Placed with Policy

3.

Policy Service

CC# 19A2E99997

A-4575 7/91

P1104

BRUNSTING001533

ST PAUL



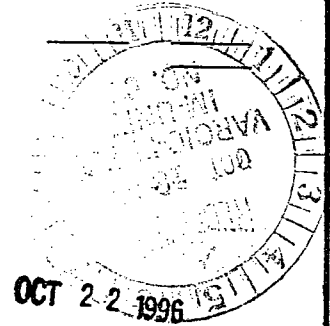
DESIGNATION OF BENEFICIARY
GOVERNMENT LIFE INSURANCE

AS DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA 80296	DATE RECORDED 10/25/96	SIGNATURE OF VA INSURANCE OFFICIAL <i>[Signature]</i>
------------------------	---------------------------	--



ELMER H BRUNSTING
13630 PINEROCK
HOUSTON TX
77079-5914



1. INSURANCE FILE NUMBER

F V 1708 75 02

2. SOCIAL SECURITY NUMBER

282-32-8905

3. DAYTIME TELEPHONE NUMBER
(Include Area Code)

(713) 464 4391

4. BENEFICIARY DESIGNATION

A. SHOW FULL NAME AND ADDRESS OF EACH BENEFICIARY ENTERED IN THE PRINCIPAL AND CONTINGENT BENEFICIARY AREAS BELOW	B. BENEFICIARY'S SOCIAL SECURITY NO. (If known. See instruction No. 5 on reverse)	C. RELATIONSHIP TO INSURED	D. SHARE TO EACH (Use fractions, such as 1/2, 2/3, or "all")	E. OPTION FOR EACH (1, 2, 3 or 4)
PRINCIPAL				
ELMER H BRUNSTING OR NELVA E. BRUNSTING, TRUSTEES OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY LIVING TRUST DATED OCTOBER 10, 1994 AS AMENDED			LUMP SUM	1
				1
				1
				1
				1
OR TO SURVIVOR(S)				
CONTINGENT (Person(s) who get proceeds if all of the Principal Beneficiaries die before the Insured. If none, write "none")				
NELVA E. BRUNSTING	481-30-4685 WIFE	WIFE	ALL	1
				1
				1
				1
				1
OR TO SURVIVOR(S)				
				1

5. REMARKS (Include any additional information which will clarify your intent regarding the payment of your insurance. Also, list the policy number of any policy on which the beneficiary is not to be changed)

I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.

6. SIGNATURE OF INSURED (Do not print)

7. DATE

Elmer H Brunsting

10/14/1996

8. NAME AND ADDRESS OF WITNESS (Type or print)

If you have any questions concerning designating a beneficiary, call us toll free at 1-800-669-8477.

P1105

ST PAUL



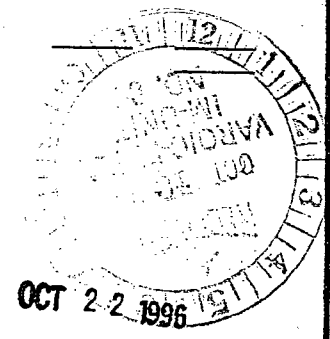
DESIGNATION OF BENEFICIARY
GOVERNMENT LIFE INSURANCE

DO NOT WRITE IN SPACE BELOW - FOR VA USE ONLY

ENTERED BY VA 30296	DATE RECORDED 10/25/96	SIGNATURE OF VA INSURANCE OFFICIAL <i>[Signature]</i>
------------------------	---------------------------	--



ELMER H BRUNSTING
13630 PINEROCK
HOUSTON TX
77079-5914



1. INSURANCE FILE NUMBER
F V 1708 75 02

2. SOCIAL SECURITY NUMBER
282-32-8905

3. DAYTIME TELEPHONE NUMBER
(Include Area Code)
(713) 464 4391

4. BENEFICIARY DESIGNATION

A. SHOW FULL NAME AND ADDRESS OF EACH BENEFICIARY ENTERED IN THE PRINCIPAL AND CONTINGENT BENEFICIARY AREAS BELOW	B. BENEFICIARY'S SOCIAL SECURITY NO. (If known. See instruction No. 5 on reverse)	C. RELATIONSHIP TO INSURED	D. SHARE TO EACH (Use fractions, such as 1/2, 2/3, or "all")	E. OPTION FOR EACH (1, 2, 3 or 4)
PRINCIPAL				
ELMER H BRUNSTING OR NELVA E BRUNSTING, TRUSTEES OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY LIVING TRUST DATED OCTOBER 10, 1994 AS AMENDED			LUMP SUM	1
				1
				1
				1
OR TO SURVIVOR(S)				
CONTINGENT (Person(s) who get proceeds if all of the Principal Beneficiaries die before the Insured. If none, write "none")				
NELVA E. BRUNSTING	481-30-4685	WIFE	ALL	1
				1
				1
				1
OR TO SURVIVOR(S)				
				1

5. REMARKS (Include any additional information which will clarify your intent regarding the payment of your insurance. Also, list the policy number of any policy on which the beneficiary is not to be changed)

I understand that this change cancels all prior beneficiary and option selections; and unless indicated in Item 5, Remarks, this change applies to all Government Life Insurance policies under the above file number.

6. SIGNATURE OF INSURED (Do not print)
Elmer H Brunsting

7. DATE
10/14/1996

8. NAME AND ADDRESS OF WITNESS (Type or print)

RETIREE BENEFITS SERVICES
RECEIVED

Chevron

Chevron

Case Mgmt.

Chevron Corporation and Participating Companies

Designation of Beneficiary
Benefit Plans GO-397-D
(for Former Employees)

OCT 25 1996

OCT 24 1996

SP Rec'd

Please print in ink. **DO NOT CHANGE** the wording of this form. If you change what you have written, you must initial and date the change. Return this form to Retiree and Survivor Services, P.O. Box 5065, San Ramon, CA 94583-9065. A copy will be returned to you.

ELMER H. BRUNSTING
Name (First—Middle Initial—Last)

28213218905
Social Security Number

13630 PINE ROCK
Address

HOUSTON TX 77079
City State Zip

This designation applies to the plans marked below and takes effect on the date Chevron receives it, provided it is completed properly and received before your death. A valid Designation of Beneficiary form for any of the marked plans supersedes all previous designations for that plan. Benefits will be paid in a lump sum unless you or your beneficiary specify a different payment arrangement that is approved by Chevron.

Check applicable box or boxes. More than one form may be used.

All plans listed here

Profit Sharing/Savings Plan

Basic Life Insurance Plan,
Company Life Insurance Plan, or
Chevron Life Insurance Plan for Gulf
Retirees (formerly called Gulf Group Life
Insurance Plan and Voluntary Group
Accident Insurance Plan)

Savings Plus Plan

Retirement Plan, including Gulf Pension Plan and other merged Chevron and Gulf pension plans.

Supplemental Life Insurance Plan

Includes: a) Lump-sum death benefit if you are eligible for early retirement or over age 55 and vested.
b) Lump-sum benefit if you terminate and elect lump-sum payment and die before distribution.
c) Refund of member contributions and interest, if applicable.
d) Other death benefit payable under Gulf pension plans, if applicable.

If you have not named a beneficiary for a particular plan, or if none of the beneficiaries you named is living on the date payment is to be made, payment will be made to your surviving spouse. If there is no surviving spouse, payment will be made in equal shares to your natural or legally adopted children (whether or not presently born) who are living at the time payment is to be made. If there are no children, then payment will be made to your estate.

Options: Mark only one box. If you want a different designation to apply to different plans, then use a separate form for each plan. Designations made under Option 5 are subject to Chevron's approval.

Option 1 — To my surviving spouse. However, if my spouse is not living or if we are divorced with a final decree on the date payment is to be made, then payment is to be made in equal shares to my natural or **legally** adopted children (whether or not presently born) who are living on the date each payment is to be made. (List spouse and children on reverse side. **Use Option 5 for stepchildren.**)

Option 2 — In equal shares to my natural or **legally** adopted children (whether or not presently born) who are living on the date each payment is to be made. (List present children on reverse side. **Use Option 5 for stepchildren.**)

Option 3 — To the first of the persons listed on reverse side who is living on the date each payment is to be made.

Option 4 — In equal shares to the persons listed on reverse side who are living on the date each payment is to be made.

Option 5 — To beneficiaries listed on reverse side in the manner I have designated on the back of this form.

Option 6 — To the executor(s) or administrator(s) of my estate.

P1107
GO-397-D (10-93)
Printed in U.S.A.

BRUNSTING001536

Beneficiary Information: Complete all the requested information for each beneficiary. Continue below if necessary.

1. Name _____ Relationship _____ Birth Date, if under age 21 _____
First—Middle Initial—Last
 Address _____

2. Name _____ Relationship _____ Birth Date, if under age 21 _____
First—Middle Initial—Last
 Address _____

3. Name _____ Relationship _____ Birth Date, if under age 21 _____
First—Middle Initial—Last
 Address _____

4. Name _____ Relationship _____ Birth Date, if under age 21 _____
First—Middle Initial—Last
 Address _____

Option 5 Designations and/or Additional Beneficiaries: Print in ink your entire Option 5 designation. If you need examples of designations or assistance, contact Retiree and Survivor Services. Begin listing your beneficiaries above.

PRIMARY BENEFICIARY SHALL BE:

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

ANY PROCEEDS PAYABLE AS THE RESULT OF INSURED'S DEATH SHALL BE PAID IN ONE LUMP SUM

I DESIGNATE MY CONTINGENT BENEFICIARY TO BE MY WIFE NELVA E. BRUNSTING

Special Spousal Consent Rules for Retirement Plan, Profit Sharing/Savings Plan and Savings Plus Plan.

If you are married at the time of your death and you named a beneficiary for the Retirement Plan, Profit Sharing/Savings Plan or Savings Plus Plan who is **not** your spouse, the designation will be effective only if your spouse has signed this form and his or her signature has been witnessed by a Chevron representative or Notary Public.

Note: For this Special Spousal Consent Rule, you are considered married if: (1) your divorce is pending but you do not have a final divorce decree; or (2) you are legally separated, with or without a final decree of legal separation.

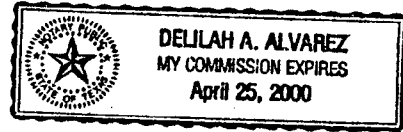
I consent to the naming of any beneficiary (or beneficiaries) designated on this form (other than myself) for the Retirement Plan, Profit Sharing/Savings Plan or Savings Plus Plan. I understand that such beneficiary (or beneficiaries) will be entitled to the benefits payable under those plans. I also understand that I would have been entitled to these benefits if I had not signed this form and I was married to the employee at the time of his or her death.

Spouse's signature *Nelva E. Brunsting* Date *10-22-96*

I have witnessed the signature of the person who signed this form as spouse on the date indicated above.

Delilah A. Alvarez
Nelva E. Brunsting
Signature of Chevron Representative or of Notary Public

(Notary Public: Affix official seal or stamp to the right.)



Your Signature: Sign and return this form to Retiree and Survivor Services, P.O. Box 5065, San Ramon, CA 94583-9065. If you are married and have designated someone **other** than your spouse as your primary beneficiary for the Retirement Plan, Profit Sharing/Savings Plan and/or Savings Plus Plan, your spouse must sign this form in the Special Spousal Consent section above in the presence of a Chevron Representative or a Notary Public.

Signature *Elmer H. Brunsting* Date *10/27/96*
(include middle initial)

Retiree and Survivors Services: Review the information on both sides of this form. Return a copy to the former employee. Place the original in the former employee's benefits file.

Reviewed by *Susan Webb /LB* Date Reviewed *10/29/96*

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/22, 1996

CITICORP CORP
RETIREE & SURVIVOR SERVICES
PO BOX 5065
SAN RAMON, CA 94583-9615

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: CHINA LIFE GULF RETIREES
Social Security Number: 282-32-8905

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse, _____.

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.

P1109

BRUNSTING001538

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosures *CHARTER FORM*

P1110

BRUNSTING001539

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: _____
Social Security Number: _____

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse, _____.

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.

P1111

BRUNSTING001540

If you need additional information in order to make this change of beneficiary designation, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this change of beneficiary to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1112

BRUNSTING001541

Designation of Beneficiary of Life Insurance Proceeds (Trust Primary)

Instructions

PURPOSE: To change the life insurance primary beneficiary designation from the name or names of individuals to the name of your Living Trust.

STEP ONE: The owner of the policy should send the instruction letter requesting the change of beneficiary and a copy of the Certificate of Trust to either the life insurance agent or to the life insurance company that issued the policy.

STEP TWO: If additional information is needed to complete the change, the agent or company will notify you directly. If you have not heard anything within four weeks, follow up with another letter.

It is possible that the company will require you to fill out its form to change the beneficiary designation. If that form does not have enough space to write the complete trust name, you may use the following abbreviation:

JOHN DOE or JANE DOE, TRUA, January 1, 1999.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

OCT. 14, 1996

DEPT. OF VETERANS AFFAIRS
REGIONAL OFFICE & INS. CENTER
P.O. BOX 8079
PHILADELPHIA, PA 19101

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: FV 1708 7502
Social Security Number: 282 32 8905

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse, NELVA E. BRUNSTING

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.


P1114

BRUNSTING001543

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,



ELMER H. BRUNSTING



NELVA E. BRUNSTING

Enclosures

P1115

BRUNSTING001544

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/15, 1996

OHIO STATE LIFE INS. CO
2500 FARMERS DRIVE
COLUMBUS, OH 43235

ATTN: R. GOCHENOUR

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: 00322345 7 00605102
Social Security Number: 282-32-8908

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse, NELVA E. BRUNSTING

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.

P1116

BRUNSTING001545

4 2+

If you need additional information in order to make this change of beneficiary designation, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this change of beneficiary to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1117

BRUNSTING001546

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/15/96, 1996

METLIFE CUSTOMER SERVICENT
BENEFICIARY ASSIGNMENT
P.O. Box 21758
TULSA, OK 74121-1758

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: 21-282-000A
Social Security Number: 282-32-8905

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse, NELVA E. BRUNSTING

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.

P1118

BRUNSTING001547

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

Elmer H. Brunsting
ELMER H. BRUNSTING

Nelva E. Brunsting
NELVA E. BRUNSTING

Enclosures

P1119

BRUNSTING001548

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/16/96, 1996

ATTN CHARL COOK

WELT LIFE
P.O. BOX 2006
AURORA, IL 60507-2006

Re: Change of Beneficiary Designations for Life Insurance Proceeds
Policy Number: G-164400
Social Security Number: 282-52 8905

To Whom It May Concern:

For estate planning reasons, we have established a Revocable Living Trust and would like to change the primary death beneficiary designation on the above-referenced policy with your company. We hereby revocably change the beneficiary designation so that any proceeds payable as a result of the insured's death shall be paid in one sum to the following:

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

I designate my contingent beneficiary to be my spouse NELVA E. BRUNSTING

The attached copy of an executed Certificate of Trust verifying the essential terms of our trust document is provided for your records. The Insurer shall not be obligated to inquire into the terms of the trust and shall be discharged from all liability after payment of the death proceeds under the policy as provided herein.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security number under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If this letter is not sufficient and you require your company form to be used to request this change, please send it to us as soon as possible.

P1120

BRUNSTING001549

If you need additional information in order to make this change of beneficiary designation, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this change of beneficiary to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1121

BRUNSTING001550

Subject INSURANCE POLICIES Estimate No. _____

Description _____ Project No. _____

Date 10/15/96

By CHP

INSURANCE	10,000
OHIO STATE 00322345	6,000
06605102	9,000
METROPOLITAN 21 282 000	9,141
TRAVELERS G-164400	3,735
GULF OIL G0-416-A-0	37,000
	<u>54,876</u>



P1123

BRUNSTING001552

Assignment of Limited Partnership Interest

Instructions

PURPOSE: To transfer the title of a Limited Partnership interest from your names as individuals to the name of your Living Trust.

STEP ONE: Send the instruction letter along with a copy of the Assignment of Limited Partnership Interest, the Certificate of Trust, and the Consent to Assignment to the managing general partner. This will show that you have legally assigned your interest and that, under the trust document, you have the power as Trustees to act as limited partners.

(Some partnerships may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio.)

If the partnership has a special form that needs to be filled out or wants additional information to complete the transfer, the managing partner will notify you.

STEP TWO: When the partnership approves the transfer, the managing general partner will return the signed Consent To Assignment form authorizing the change.

STEP THREE: Place the original of the signed Consent to Assignment next to the original Assignment of Limited Partnership in the funding binder.

STEP FOUR: If you haven't heard anything within four weeks, follow up with the managing general partner.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996

Re: Limited Partnership

To the Managing General Partner:

We have established a Revocable Living Trust and would like to change the title on our limited partnership interest from our names to the name of our Living Trust as follows:

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

We have enclosed a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document and the Assignment of Limited Partnership Interest. Also enclosed is a Consent to Assignment form that we request you sign and return to us once the transfer of title is made.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust. Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosures

P1125

BRUNSTING001554

Consent to Assignment

The undersigned managing general partner of _____, a Limited Partnership, hereby consents to the foregoing assignment and approves admission of **ELMER H. BRUNSTING** or **NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended** as a substitute partner with all the rights, privileges and duties of the assignor and subject to all the provisions of the partnership agreement.

Date

Managing General Partner

Assignment of Limited Partnership Interest

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in those Limited Partnerships listed below, to **ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.**

Name:

This assignment was executed on the ___ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ___ day of _____, 1996.

Notary Public, State of Texas



P1128

BRUNSTING001557

Assignment of Money Market Accounts

Instructions

PURPOSE: To transfer the title on **money market accounts** from your names as individuals to the name of your Living Trust. To change title, new signature cards on file at the financial institution must be executed in the name of your Living Trust.

LOCAL FINANCIAL INSTITUTION

STEP ONE: Take your Living Trust Portfolio to the financial institution and talk with the person at the New Accounts desk.

STEP TWO: Ask to have the title on your account changed to the name of your Living Trust. Point out that the trust permits either one of you to transact business on behalf of the trust. Therefore, the signature cards should only require one signature for bank transactions. If the institution permits it, ask to keep the same account numbers on the accounts.

STEP THREE: Produce a copy of your Certificate of Trust to show the proper name for the account, to show that you are the Trustees and that you have authority to open this type of account in the name of your Living Trust.

STEP FOUR: Sign the new signature cards.

OUT OF TOWN FINANCIAL INSTITUTION

STEP ONE: If your **money market account** is held at a financial institution out of town, send the instruction letter and a copy of the Certificate of Trust. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio binder. Be ready to send a copy if it's requested.)

STEP TWO: When you receive the new signature cards in the mail made out in the name of your Living Trust, sign them as Trustees and send them back to the institution.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996

Re: Change of Title on Money Market Account
Account Number: _____
Social Security Number: _____

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the account described above from our names to the name of our Living Trust as follows:

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

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document. Please send us new signature cards made out in the name of the trust for us to execute.

The signature cards on the account should specify that only one signature (either ELMER H. BRUNSTING or NELVA E. BRUNSTING) is required. This is consistent with the trust agreement as evidenced by the attached Certificate of Trust. **Please advise us before making the transfer if there will be any penalty or loss of interest.**

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1131

BRUNSTING001560

Assignment of Money Market Accounts

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in those Money Market Accounts listed below, to **ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.**

<u>Institution</u>	<u>Account Number</u>
_____	_____
_____	_____
_____	_____
_____	_____

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas



P1133

BRUNSTING001562



P1134

BRUNSTING001563

Assignment of Mutual Funds Accounts

Instructions

PURPOSE: To transfer the title on **Mutual Fund Accounts** from your name as individuals to the name of your Living Trust.

LOCAL MUTUAL FUND BROKER

STEP ONE: Take your Living Trust Portfolio to your broker.

STEP TWO: Ask to have title to your account changed to the name of your Living Trust. If the broker permits it, ask to keep the same account numbers on the accounts.

STEP THREE: Produce a copy of your Certificate of Trust to show the proper name for the account, to show that you are the Trustees and that you have authority to open this type of account in the name of your Living Trust. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio binder.)

STEP FOUR: Fill out and sign the attached W-9 IRS form, Payer's Request for Taxpayer Identification Number, and any other forms the mutual fund company may need to make the transfer.

STEP FIVE: Your broker will provide you with an Irrevocable Stock or Bond Power form and assist you in filling it out and getting a "Medallion guarantee" for your signature if it is necessary to have one.

OUT OF TOWN MUTUAL FUND BROKER

If your Mutual Fund broker's office is out of town, take the following steps:

STEP ONE: Call your broker's 1-800 number to get specific instructions. Ask if you need an Irrevocable Stock or Bond Power as it may not be necessary.

STEP TWO:

If an Irrevocable Stock or Bond Power is required, have your signature "Medallion guaranteed" on that form. Securities law requires that the signatures on any request involving the transfer of ownership of stocks and bonds must be guaranteed (not notarized). Your signature can be "Medallion guaranteed" at the offices of many major brokerage firms or at certain commercial banks or trust companies. Call your local bank or brokerage firm to ask if they provide this service. It is better to have a "Medallion guarantee" instead of a regular guaranteed signature.

STEP THREE:

Send the following package of documents to the Mutual Fund broker:

1. The instruction letter requesting that the accounts be changed to the trust name.
2. A copy of the one page Certificate of Trust to show the proper name for the account, to show that you are the Trustees and that you have authority to open up this type of account in the trust name. (Some institutions may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio binder. Be ready to send a copy if it's requested.)
3. The W-9 IRS form, signed and completed, to provide the necessary tax information for the new account.
4. The Irrevocable Stock or Bond Power form with your signature "Medallion guaranteed."

STEP FOUR:

If they need additional information to complete the transfer, they will notify you directly. If the next month's mutual fund statement is in the name of your trust, you'll know your request has been honored. If not, follow up with the company.

ELMER H. BRUNSTING or NELVA E. BRUNSTING

13630 Pinerock

Houston, Texas 77079

(713) 464-4391

_____, 1996

Re: Change of Title on Mutual Fund Account

Account Number: _____

Social Security Number: _____

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the mutual fund account described above from our names to the name of our Living Trust as follows:

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

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document along with a W-9 IRS form and a "Medallion guaranteed" Irrevocable Stock or Bond Power.

Please be advised that these instructions should not be followed if the subject account is an IRA.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

P1137

BRUNSTING001566

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosures

P1138

BRUNSTING001567

IRREVOCABLE STOCK OR BOND POWER

FOR VALUE RECEIVED, the undersigned does hereby sell, assign and transfer to:

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

Social Security Number - _____

**IF STOCK,
COMPLETE
THIS
PORTION**

_____ shares of the _____ stock of _____
represented by Certificates No.(s) _____
_____ inclusive,
standing in the name of the undersigned on the books of
said Company.

**IF BONDS,
COMPLETE
THIS
PORTION**

_____ bonds of _____
_____ in the principal amount of \$_____ No.(s) _____
_____ inclusive,
standing in the name of the undersigned on the books of
said company.

The undersigned do hereby irrevocably constitute and appoint _____, transfer agent, to transfer the said stock(s) or bond(s), as the case may be, on the books of said Company, with full power of substitution in the premises.

DATED this _____ day of _____, 1996.

SIGNATURE GUARANTEED:

By: _____

ELMER H. BRUNSTING

SIGNATURE GUARANTEED:

By: _____

NELVA E. BRUNSTING

Assignment of Mutual Funds

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in the Mutual Funds listed below, to **ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.**

<u>Institution</u>	<u>Mutual Fund</u>	<u>Account Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas



P1141

BRUNSTING001570

Oil, Gas, and Mineral Interests

Instructions

All mineral interests should be titled in the name of your trust. The proper document to transfer title to mineral interests in Texas depends on how the assets came into existence. Those rights may be an interest in real estate or an interest in personal property.

The deed, lease, working interest agreement, division order, etc. must be examined in order to determine the exact method by which such right should be transferred to your trust. Accordingly, a copy of the document should be sent to our offices for review so that we can prepare the necessary transfer document. There is a nominal fee charged for the preparation of this document.

Assignment of Oil, Gas, and Mineral Interests

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in that Oil, Gas, and Mineral Interest listed below, to **ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.**

Oil, Gas, and Mineral Interest Assigned

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas



P1144

BRUNSTING001573

Assignment of Personal Property

Instructions

PURPOSE:

To transfer newly acquired items of personal property from you as individuals to your Living Trust. Personal property means all of the items in your possession that don't have specific documents of title. This includes all of your furniture, appliances, books, sporting equipment, etc. It also includes your personal effects and any jewelry. If you have any items of valuable personal property like original works of art or collections, these should be described specifically.

NOTE:

All personal property owned at the time your trust was signed was transferred to the name of the trust at that time. For your convenience, the original Assignment of Personal Property is stored in your Estate Planning Portfolio binder behind the Title Transfer Documents.

In the Assignment of Personal Property, generic categories of personal property that everyone owns are automatically listed. In addition, descriptions of any specific items that you provided are listed.

Assignment of Personal Property

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in that Personal Property listed below, to **ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.**

Personal Property Assigned

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas



P1147

BRUNSTING001576

Assignment of Promissory Note

Instructions

PURPOSE: To transfer your interest under a Promissory Note from you as individuals to your Living Trust.

STEP ONE: Send the instruction letter to the debtor under the note. It is a good idea to attach a copy of the note to the letter to let the debtor immediately see evidence of the debt. The letter explains that you have legally assigned to your trust your right to receive payments under the promissory note.

(There is no need to send any portion of your trust document to the debtor.)

STEP TWO: If the next payment you receive under the terms of the note is made out to your Living Trust, you'll know that the debtor received your letter and understood what needed to be done. If the next payment is made out to you personally, you should contact the debtor and ask that future payments be made out to the trust.

NOTE: If the debtor refuses to cooperate and continues to make the payments to you personally, it is not really a serious problem. All checks received by you personally can be deposited in a trust bank account which will automatically convert the funds to trust property. Because the Assignment of Note legally transferred your interest when it was signed, upon your death any interest that remains in the note will be administered by the trust.

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

_____, 1996

Re: **Transfer of Beneficial Interest in Promissory Note**

To Whom It May Concern:

We have established a Revocable Living Trust and have assigned our interest in the unpaid note owed by you from our names to the name of our Living Trust.

We have attached a copy of the note under which you are now making payments. Please make all future payments under the Note to:

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

Because we are the Trustees of our trust, you can continue to send your payments to the same address you have used in the past. The only difference will be that future payments are to be made payable to the **BRUNSTING FAMILY LIVING TRUST**. If you have any questions regarding this change, please contact us right away at the above address or by telephone at (713) 464-4391.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosure (Promissory Note)

P1149

BRUNSTING001578

Assignment of Note

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in the Notes listed below to **ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.**

Note Executed By

Dated

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas

P1150

BRUNSTING001579



P1151

BRUNSTING001580

Real Estate Deed

Instructions

1. All real estate should be titled in the name of your trust. The proper document used to transfer title to real estate in Texas is a General Warranty Deed. A Quitclaim Deed is not appropriate for this purpose in Texas.
2. Since a General Warranty Deed is a legal document, you should let our office prepare it for you to make sure it complies with all legal requirements. You should provide us with a copy of the legal description of any real estate which you own so that we will have the information we need to prepare the deed for your property. The cost of the deed to your homestead is included in the original trust fee. A nominal fee is charged for the preparation of each additional deed.
3. If you own property in other states, you should consult an attorney in each state to insure that all real property outside the state of Texas is properly transferred to your trust. This will avoid probate proceedings in other states regarding your real estate.



P1153

BRUNSTING001582

Assignment of Sole Proprietorship

Instructions

PURPOSE: To transfer the ownership of your sole proprietorship business from you as individuals to your Living Trust. A sole proprietorship is a business that is basically an extension of you. It files no separate tax return because all income and deductions are reported on your personal income tax returns. It is not a partnership or a corporation and has no separate legal identity other than a name under which you may be doing business.

NOTE: In the Assignment of Sole Proprietorship, ownership of all the assets of your business are transferred to your trust. Because your goal is to avoid guardianship and probate on these assets in the event of your disability or death, the execution of the Assignment should be sufficient. If you have a fictitious business name statement on file for your business, you should amend that filing to substitute the trust name as the owner of the enterprise.

Assignment of Sole Proprietorship

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in that Sole Proprietorship, _____
_____ to:

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

This assignment includes all of the interest of each of the undersigned in the assets and properties of the sole proprietorship, of whatsoever kind and character, whether tangible, intangible, real, personal or mixed, and wherever located, including without limitation all cash, cash equivalents, bank accounts, accounts receivable, stocks, bonds, notes, cash surrender value of insurance policies, inventories, deposits, goodwill, and all other supplies, materials, work in process, finished goods, equipment, machinery, furniture, fixtures, claims and rights under leases, contracts, notes, evidences of indebtedness, purchase and sales orders, copyrights, service marks, trademarks, trade names, trade secrets, patents, patent applications, licenses, royalty rights, deposits, and rights and claims to refunds and adjustments of any kind, together with all policies of insurance thereon but subject to any liens thereon.

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas

P1155

BRUNSTING001584



P1156

BRUNSTING001585

ELMER H. BRUNSTING or NELVA E. BRUNSTING

13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/18, 1996

EXXON SHAREHOLDER INVESTMENT PROGRAM
P.O. Box 370042
Boston MA 02247-0742

Re: Change of Title on Dividend Reinvestment Plan Accounts
Account Number(s): 102-9975
Social Security Number: 282-328905

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the DRIP account described above from our names to the name of our Living Trust as follows:

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

This title change also applies to all reinvestment account(s) containing stock or dividends under this plan.

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document and a signed "Medallion guaranteed" Irrevocable Stock or Bond Power.

The title information on the account should specify that only one signature (either ELMER H. BRUNSTING or NELVA E. BRUNSTING) is required. This is consistent with the trust agreement as evidenced by the attached Certificate of Trust.

Please be advised that these instructions should not be followed if the subject account is an IRA.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

P1157

BRUNSTING001586

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING


NELVA E. BRUNSTING

Enclosures

P1158

BRUNSTING001587

Substitute W-9 Certification of Taxpayer Identification Number

Name of Company: ^{EXXON} EXXON CORPORATION

Section A:

As a security holder of the above corporation, you are requested to sign and return this certification.

Enter your correct tax identification number, sign and date section C and return this certification. Failure to provide your taxpayer identification number will result in 31 percent withholding.

Tax I.D. No.

The Taxpayer Identifying Number for individuals is his/her Social Security number.

Enter Taxpayer Identifying Number below:

282 32 8905

Note: In addition to providing your signature in Section C, please print or type your name and address on the bottom portion of this form.

Section C:

Under penalties of perjury, I certify (1) that the number shown on this form is my correct Taxpayer Identification Number and (2) that I am not subject to backup withholding either because I have not been notified that I am subject to backup withholding as a result of a failure to report all interest or dividends, or the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

Ernest H. Brunsting 10/18/94
Signature Date

Note: If you have been notified that you are subject to backup withholding due to notified payee underreporting, and if you have not received a notice from the IRS advising you that backup withholding has terminated, strike out the language in Clause 2 of Section C.

Name: _____

Address: _____

IRREVOCABLE STOCK OR BOND POWER

FOR VALUE RECEIVED, the undersigned does hereby sell, assign and transfer to:

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

Social Security Number - 282-32-8905

**IF STOCK,
COMPLETE
THIS
PORTION**

600 shares of the COMMON stock of EXXON CORPORATION represented by Certificates No.(s) C505201 00201326 inclusive, standing in the name of the undersigned on the books of said Company.

**IF BONDS,
COMPLETE
THIS
PORTION**

~~_____ bonds of _____ in the principal amount of \$ _____ No.(s) _____ inclusive, standing in the name of the undersigned on the books of said Company.~~

The undersigned do hereby irrevocably constitute and appoint THE FIRST NATIONAL BANK OF BOSTON, transfer agent, to transfer the said stock or bond(s), as the case may be, on the books of said Company, with full power of substitution in the premises.

DATED this 21 day of October, 1996.

(713) 464 4391

Elmer H Brunsting
ELMER H. BRUNSTING

SIGNATURE GUARANTEED:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
BANK OF AMERICA TEXAS, N.A.
By: Cheryl Ann Paul
AUTHORIZED SIGNATURE
(0219) X9001693
SECURITIES TRANSFER AGENTS MEDALLION PROGRAMSM

Nelva E Brunsting
NELVA E. BRUNSTING

SIGNATURE GUARANTEED:

SIGNATURE GUARANTEED
MEDALLION GUARANTEED
BANK OF AMERICA TEXAS, N.A.
By: Cheryl Ann Paul
AUTHORIZED SIGNATURE
(0219) X9001693
SECURITIES TRANSFER AGENTS MEDALLION PROGRAMSM



BANK OF BOSTON

Dear Shareholder:

Thank you for your recent request for the instructions to transfer shares of Exxon Corporation.

Enclosed are the transfer instructions, a glossary of terms, a W-9 certification form and a stock power form. Please follow the instructions thoroughly, and return certificates (if applicable) and required documentation together in one envelope to the following address:

**Bank of Boston
P.O. Box 9156
Boston, MA 02205-9156**

If you are mailing stock certificates, we recommend you use certified or registered mail for your protection. If you choose to insure your package, insure it for two percent of the current market value of the stock certificates. This is what it would cost to replace lost or stolen certificates.

If you need any further assistance, please call us toll free at (800) 252-1800 from 8:00 a.m. to 7:00 p.m. Eastern Time to speak with a customer service representative. For certain routine information, you may call our toll free number 24 hours a day, 7 days a week and access our automated telephone system.

Sincerely,
Shareholder Services
Bank of Boston

Enclosures

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/25, 1996
EXXON SHAREHOLDER
INVESTMENT PROGRAM
P.O. BOX ~~77~~ 9156
BOSTON MA 02205-9156

Re: Change of Title on Dividend Reinvestment Plan Accounts
Account Number(s): 3300 102-9975
Social Security Number: 282328905

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the DRIP account described above from our names to the name of our Living Trust as follows:

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

This title change also applies to all reinvestment account(s) containing stock or dividends under this plan.

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document and a signed "Medallion guaranteed" Irrevocable Stock or Bond Power.

The title information on the account should specify that only one signature (either ELMER H. BRUNSTING or NELVA E. BRUNSTING) is required. This is consistent with the trust agreement as evidenced by the attached Certificate of Trust.

Please be advised that these instructions should not be followed if the subject account is an IRA.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

P1162

BRUNSTING001591

THIS SHIPMENT IS INSURED FOR REPLACEMENT IN CASE OF LOSS IN TRANSIT.

WE ENCLOSE THE FOLLOWING DESCRIBED SECURITIES.

BANK OF BOSTON
PO BOX 644
BOSTON

MA 02102 0644

COMPANY ORBITAL SCIENCES

ISSUE: COMMON

SHARES: 1,508.

CUSIP: 685564106

ISSUE DATE: 10/28/96
MAIL DATE: 10/29/96

MAILED

TO: ELMER BRUNSTING
NELVA E BRUNSTING
13630 PINEROCK
HOUSTON

TX 77079 5914

*Rec'd
11/1/96*

BATCH: MC50614

P1163

BRUNSTING001592

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/22, 1996

THE FIRST NATIONAL BANK OF BOSTON
INVESTOR RELATIONS
MAIL STOP 45-02-64
P.O. Box 644
BOSTON, MA. 02102-0644

Re: Change of Title on Enclosed Stock Certificates
Stock Certificate No(s). ORBITAL SCIENCE FDU-6017, FDU-6935
Social Security Number: 282-32-8965

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the attached stock certificates from our names to the name of our Living Trust as follows:

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

We have enclosed a Certificate of Trust verifying the essential terms of our trust along with our stock certificates. An executed, Medallion signature guaranteed Irrevocable Stock Power has been mailed to you in a separate envelope.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions. The attached W-9 IRS form, Payer's Request for Taxpayer Identification Number, is provided for your records.

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

P1164

BRUNSTING001593

Thank you for your immediate attention to this matter.

Sincerely,



ELMER H. BRUNSTING



NELVA E. BRUNSTING

Enclosures

P1165

BRUNSTING001594

IRREVOCABLE STOCK OR BOND POWER

FOR VALUE RECEIVED, the undersigned does hereby sell, assign and transfer to:

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

Social Security Number - 282-82-8905

**IF STOCK,
COMPLETE
THIS
PORTION**

1508 shares of the common stock of ORBITAL SCIENCES CORP. represented by Certificates No.(s) FBU-6617 FBU-6935 inclusive, standing in the name of the undersigned on the books of said Company.

**IF BONDS,
COMPLETE
THIS
PORTION**

 bonds of in the principal amount of \$ No.(s) inclusive, standing in the name of the undersigned on the books of said Company.

The undersigned do hereby irrevocably constitute and appoint THE FIRST NATIONAL BANK OF BOSTON, transfer agent, to transfer the said stock or bond(s), as the case may be, on the books of said Company, with full power of substitution in the premises.

DATED this 22 day of October, 1996.

Elmer H. Brunsting
ELMER H. BRUNSTING

SIGNATURE GUARANTEED:

By: Deborah A. Alway
SIGNATURE GUARANTEED
MEDALLION GUARANTEED
BANK OF AMERICA TEXAS, N.A.
AUTHORIZED SIGNATURE
(0219) X9001693
SECURITIES TRANSFER AGENTS MEDALLION PROGRAMSM

Nelva E. Brunsting
NELVA E. BRUNSTING

SIGNATURE GUARANTEED:

By: Deborah A. Alway
SIGNATURE GUARANTEED
MEDALLION GUARANTEED
BANK OF AMERICA TEXAS, N.A.
AUTHORIZED SIGNATURE
(0219) X9001693
SECURITIES TRANSFER AGENTS MEDALLION PROGRAMSM

P1166

Returned - 10/30/96
one receipt for 600 shares

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/18/, 1996

CHEVRON CORPORATION
P.O. Box 7139
SAN FRANCISCO, CA 94120 - 7139

Re: Change of Title on Dividend Reinvestment Plan Accounts
Account Number(s): SF 2A28819, SF 2A 52182
Social Security Number: _____ ZQ5FT15498
ZQ5FT15497

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the DRIP account described above from our names to the name of our Living Trust as follows:

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

This title change also applies to all reinvestment account(s) containing stock or dividends under this plan.

We have attached a copy of an executed and notarized Certificate of Trust verifying the essential terms of our trust document and a signed "Medallion guaranteed" Irrevocable Stock or Bond Power.

The title information on the account should specify that only one signature (either ELMER H. BRUNSTING or NELVA E. BRUNSTING) is required. This is consistent with the trust agreement as evidenced by the attached Certificate of Trust.

Please be advised that these instructions should not be followed if the subject account is an IRA.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions.

P1167

BRUNSTING001596

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING


NELVA E. BRUNSTING

Enclosures

P1168

BRUNSTING001597

IRREVOCABLE STOCK POWER

FOR VALUE RECEIVED, the undersigned do hereby sell, assign and transfer to:

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

Social Security Number - 282-32-8905

{ 612 shares of the COMMON stock of
{ CHEVRON CORPORATION
{ represented by Certificate No.(s) SEZA 28819, SEZA 52182
{ ZQSET 15498, ZQSET 15497 inclusive
{ standing in the name of the undersigned on the books of
{ said Company.

The undersigned do hereby irrevocably constitute and appoint _____, transfer agent, to transfer the said stock on the books of said Company, with full power of substitution in the premises.

Elmer H. Brunsting
ELMER H. BRUNSTING

SIGNATURE GUARANTEED:
SIGNATURE GUARANTEED
MEDALLION GUARANTEED
By: [Signature]
BANK OF AMERICA TEXAS, N.A.

AUTHORIZED SIGNATURE
(0219) X9001693
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM™

Nelva E. Brunsting
NELVA E. BRUNSTING

SIGNATURE GUARANTEED:
SIGNATURE GUARANTEED
MEDALLION GUARANTEED
By: [Signature]
BANK OF AMERICA TEXAS, N.A.

AUTHORIZED SIGNATURE
(0219) X9001693
SECURITIES TRANSFER AGENTS MEDALLION PROGRAM™

IMPORTANT - READ CAREFULLY

The signatures to this power must correspond with the names as written upon the face of the certificates or bonds in every particular without alteration or enlargement or any change whatsoever. The Medallion signature guarantee should be made by a member or member organization of the New York Stock Exchange, members of other exchanges having signatures on file with the transfer agent or by a commercial bank or trust company having its principal office or correspondent in the City of New York.

Assignment of Stocks

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in the Stock Certificates listed below, to ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.

<u>Company</u>	<u>Certificate Number</u>
<u>CHEVRON CORPORATION</u>	<u>SFZA 28819</u>
<u></u>	<u>SFZA 52182</u>
<u></u>	<u>ZQ SFT 15498</u>
<u></u>	<u>ZQ SFT 15497</u>
<u></u>	<u></u>

This assignment was executed on the ____ day of _____, 1996.

Elmer H. Brunsting
ELMER H. BRUNSTING
Nelva E. Brunsting
NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF Tarrant

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the 21 day of October, 1996.

Kathryn Carr Bowlin
Notary Public, State of Texas



ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/18, 1996

CHASE NATIONAL SHAREHOLDER SERV.
STOCK TRANSFER DEPT.

WASHINGTON BRIDGE STATION
P.O. Box 469, NEW YORK, N.Y. 10033

Re: Change of Title on Enclosed Stock Certificates

Stock Certificate No(s). _____

Social Security Number: ~~464-4391~~
282-32-8905

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the attached stock certificates from our names to the name of our Living Trust as follows:

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

We have enclosed a Certificate of Trust verifying the essential terms of our trust along with our stock certificates. An executed, Medallion signature guaranteed Irrevocable Stock Power has been mailed to you in a separate envelope.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions. The attached W-9 IRS form, Payer's Request for Taxpayer Identification Number, is provided for your records.

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

P1171

BRUNSTING001600

If you need additional information in order to make this change of beneficiary designation, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this change of beneficiary to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,



ELMER H. BRUNSTING



NELVA E. BRUNSTING

Enclosure (Certificate of Trust)

P1172

BRUNSTING001601

IRREVOCABLE STOCK/BOND POWER

FOR VALUE RECEIVED, the undersigned does (do) hereby **SELL, ASSIGN and TRANSFER TO:**
ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the
successor-Trustees, under the **BRUNSTING FAMILY LIVING TRUST**
dated **October 10, 1996** as amended.

Complete Address:

13630 PINE ROCK, HOUSTON, TX 77079

Social Security # or Taxpayer Identification #:

282-32-8905

**IF STOCK,
COMPLETE
THIS
PORTION**

480 shares of the ~~Common~~ stock of DEERE & COMPANY
represented by certificate No.(s) NO 52006, NO 62733, NO 65295
SP0000982, S15831, NA 234514
standing in the name of the registered holder(s) on the books of said Company.

**IF BONDS,
COMPLETE
THIS
PORTION**

~~_____ bonds of _____
represented by certificate No.(s) _____
in the principal amount of \$ _____
standing in the name of the registered holders on the books of said Company.~~

The undersigned does (do) hereby irrevocably constitute and appoint CHASE MARLON SHARPE HOLDING SERVICES attorney to transfer the said stock or bond(s), as the case may be, on the books of said Company with full power of substitution in the premises.

SIGNATURE GUARANTEED BY

**SIGNATURE GUARANTEED
MEDALION GUARANTEED**
BANK OF AMERICA, TEXAS, N.A.
[Signature]
AUTHORIZED SIGNATURE
(0219) X9001693
SECURITIES TRANSFER AGENTS MEDALION PROGRAMSM

PERSON EXECUTING THIS POWER SIGNS HERE

[Signature]

IMPORTANT:

Please mark the box if this transfer request also covers shares held in your dividend reinvestment plan account.

PLEASE KEEP SHARES IN SAFE KEEPING (YOU HOLD)
CARD SENT FOR DIVIDEND REINVESTING
(CARD IS BEING RETURNED TO PITTS BIRTH.)

Cut Here

Assignment of Stocks

Instructions

PURPOSE: To transfer the title of individual certificates of publicly traded stock in your possession to the name of your Living Trust.

FIRST WAY: OPENING A BROKERAGE ACCOUNT (the easiest way)

If you want to avoid the expense, effort, and possibility of loss by the postal service, call a local stock broker and inquire about opening a brokerage account for your portfolio. Under this arrangement the brokerage firm holds onto the actual stock certificates and collects the interest on your behalf. Your ownership, transactions and income are all reported to you on periodic statements, including a year end summary to be used in preparing your income tax returns. The brokerage account should be registered in the name of your Living Trust. There is very little risk under these accounts because they are generally insured for at least \$500,000 in the event of a brokerage firm failure.

SECOND WAY: HAVE A BROKER CHANGE STOCKS FOR YOU

If you want to keep the stock certificates yourself, without opening an account, some brokerage firms will charge you a flat fee of \$15.00 to \$30.00 per bond to transfer them into the name of your trust for you.

THIRD WAY: SEND THE CERTIFICATES TO THE TRANSFER AGENT YOURSELF (the most complicated way)

NOTE: It is possible that the Transfer Agent will not issue new certificates because by 1998 almost all companies will be making these entries and transfers electronically. Call your Transfer Agent's 1-800 number to determine if you will receive newly-issued certificates. If new certificates will not be issued, we recommend you use the first way outlined above to transfer title of your stocks to your Living Trust.

STEP ONE:

Fill out the attached Irrevocable Stock Power form for each entity for which you have a stock certificate. You must write in the following information:

1. Your social security number
2. The total number of stock certificates
3. Name of the company or entity issuing the stocks
4. Certificate numbers of the stocks
5. Name of Stock Transfer Agent
6. Date

Do not sign the form until your signature can be guaranteed with a "Medallion guarantee". Securities law requires that the signatures on any request involving the transfer of ownership of stocks and bonds must be guaranteed (not notarized). Your signature can be guaranteed with a "Medallion guarantee" at the offices of many major brokerage firms or certain commercial banks or trust companies. Call your local bank or brokerage firm to ask if they provide this service. You must have a "Medallion guarantee." A regular guaranteed signature will not always suffice.

It is safer to mail the Irrevocable Stock Power and the stock certificates in a separate envelope to reduce the risk of fraudulent transfer if the documents should get into the wrong hands.

STEP TWO:

On the instruction letter, fill in the name and address of the stock Transfer Agent for the issuing company or entity and sign it. The name and address of the Transfer Agent will usually be identified either on the actual stock certificate or on papers accompanying your interest checks.

STEP THREE:

Assemble the following package of documents to send to the Transfer Agent of the stock issuer:

1. The instruction letter requesting that the certificates be changed to the trust name.
2. The one page Certificate of Trust to show that you are the Trustee and that you have authority to hold stocks in the trust name. (Some Transfer Agents may not accept the Certificate of Trust and may want to see the longer Affidavit of Trust to verify the trust terms. The Affidavit of Trust is located in your Estate Planning Portfolio. Be ready to send a copy if it's requested.)

3. The W-9 IRS form, signed and completed. This will provide the necessary tax information for the transfer.
4. The original stock certificates.

STEP FOUR: Mail the package to the Transfer Agent by registered, insured mail to reduce the consequences of lost certificates.

STEP FIVE: If the Transfer Agent needs additional information to complete the transfer, he/she will notify you directly. If you haven't heard back from the Transfer Agent within six weeks, follow up with another letter.

ELMER H. BRUNSTING or NELVA E. BRUNSTING

13630 Pinerock

Houston, Texas 77079

(713) 464-4391

_____, 1996

Re: Change of Title on Enclosed Stock Certificates

Stock Certificate No(s). _____

Social Security Number: _____

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the attached stock certificates from our names to the name of our Living Trust as follows:

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

We have enclosed a Certificate of Trust verifying the essential terms of our trust along with our stock certificates. An executed, Medallion signature guaranteed Irrevocable Stock Power has been mailed to you in a separate envelope.

Please note that no new tax ID number is required for this Grantor trust. We are required to use our social security numbers under IRS Regs. 1.671-4(b) and 301.6109-1(a)(2) for all trust transactions. The attached W-9 IRS form, Payer's Request for Taxpayer Identification Number, is provided for your records.

If you need additional information in order to make this change of title, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

P1177

BRUNSTING001606

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosures

P1178

BRUNSTING001607

IRREVOCABLE STOCK POWER

FOR VALUE RECEIVED, the undersigned do hereby sell, assign and transfer to:

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

Social Security Number - _____

{ _____ shares of the _____ stock of
{
{ represented by Certificates No.(s) _____
{ _____ inclusive
{ standing in the name of the undersigned on the books of
{ said Company.

The undersigned do hereby irrevocably constitute and appoint _____, transfer agent, to transfer the said stock on the books of said Company, with full power of substitution in the premises.

SIGNATURE GUARANTEED:

By: _____

ELMER H. BRUNSTING

SIGNATURE GUARANTEED:

By: _____

NELVA E. BRUNSTING

IMPORTANT - READ CAREFULLY

The signatures to this power must correspond with the names as written upon the face of the certificates or bonds in every particular without alteration or enlargement or any change whatsoever. The Medallion signature guarantee should be made by a member or member organization of the New York Stock Exchange, members of other exchanges having signatures on file with the transfer agent or by a commercial bank or trust company having its principal office or correspondent in the City of New York.

Assignment of Stocks

ELMER H. BRUNSTING and NELVA E. BRUNSTING, husband and wife, do hereby transfer and assign, without consideration and in order to change formal title only, all right, title and interest which they now have in the Stock Certificates listed below, to **ELMER H. BRUNSTING** or **NELVA E. BRUNSTING**, Trustees, or the successor Trustees, under the **BRUNSTING FAMILY LIVING TRUST** dated **October 10, 1996**, as amended.

Company

Certificate Number

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This assignment was executed on the ____ day of _____, 1996.

ELMER H. BRUNSTING

NELVA E. BRUNSTING

STATE OF TEXAS
COUNTY OF _____

The above document was acknowledged by the said ELMER H. BRUNSTING and NELVA E. BRUNSTING before me the undersigned Notary Public on this the ____ day of _____, 1996.

Notary Public, State of Texas

P1180

BRUNSTING001609



P1181

BRUNSTING001610

REQUEST FOR REISSUE OF UNITED STATES SAVINGS BONDS/NOTES
IN NAME OF TRUSTEE OR PERSONAL TRUST ESTATE

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious or fraudulent claim to the United States is a crime punishable by imprisonment of not more than five years or a fine up to \$250,000, or both, under 18 U.S.C. 287 and 18 U.S.C. 3571. Additionally, 31 U.S.C. 3729 provides for civil penalties for the maker of a false or fraudulent claim to the United States of an amount not less than \$5,000 and not more than \$10,000, plus treble the amount of the Government's damages as an additional sanction.
PRINT IN INK OR TYPE ALL INFORMATION

TO: Federal Reserve Bank

BEFORE FILLING OUT THIS FORM, READ TAX LIABILITY NOTICE ON PAGE 3
(The applicable statement(s) below MUST be completed. Failure to furnish this information could cause rejection of the transaction. See instructions.)

1. I (we) hereby request reissue of the bonds described on the reverse hereof in the form set out in item 7 below to the extent of \$ 38,025 (face amount).

2. In support of this request, I (we severally) certify that the trust estate described in item 7 below is a personal trust estate as defined in item 1 of the instructions on page 3 of this form, and

a. was created by ELMER H. BRUNSTING & NELVA E. BRUNSTING
(Name(s) of owner, coowner, or both coowners creating trust)

b. was created by some other person and

(i) I am (one of us is) a beneficiary of the trust.

(ii) _____, a beneficiary of the trust, is related
(Name)
to _____ as _____
(Name of owner or coowner) (Give exact relationship)

3. You must check box a. or b. (SEE "TAX LIABILITY" SECTION OF INSTRUCTIONS):

a. I (we) certify that, for federal income tax purposes, I (we) will be treated as owner(s) of the portion of the trust represented by any tax-deferred accumulated interest on the surrendered bonds.

I (we) certify that, for federal income tax purposes, I (we) will not be treated as owner(s) of the portion of the trust represented by any tax-deferred accumulated interest on the surrendered bonds, and therefore, I (we) will include the tax-deferred accumulated interest in gross income for the taxable year in which the bonds are reissued to the trust. I (we) am aware that a 1099 INT will be issued and the interest will be reported to the Internal Revenue Service by the agent that processes the transactions. The interest which will be reported includes deferred interest on H/HH bonds as well as interest earned on E/EE bonds from the issue date until the date of reissue.

4. ELMER H. BRUNSTING & NELVA E. BRUNSTING is/are the trustee/co-trustees of the trust.

5. The trust was created on OCTOBER 10, 1996 (Month/Day/Year)
ELMER H. BRUNSTING, whose Social Security Account number is 282-32-8905
NELVA E. BRUNSTING (Name of coowner) 487-50-4635

is the principal coowner of any bonds registered in coownership form submitted herewith. He/she is responsible for any tax liability arising from the reissue transaction requested herein. (A principal coowner is a coowner who (1) purchased the bonds with his or her own funds or (2) received them as a gift, inheritance or legacy, or as a result of judicial proceedings, and has them reissued in coownership form, provided her or she has received no contribution in money or money's worth for designating the other person as coowner on the bonds. Both registrants are considered to be coowners when bonds are registered in the form "A" or "B")

7. Form in which bonds _____ are to be reissued. ELMER H. BRUNSTING or NELVA E. BRUNSTING, Trustees, or the successor Trustees, under the BRUNSTING FAMILY LIVING TRUST dated October 10, 1996, as amended.
13630 PINROCK, HOUSTON TX 77079 (Address)

(Taxpayer identifying number Assigned to Trust) _____ (Employer Identification Number) _____ (Social Security Account Number) 282-32-8905

If the new bonds are not to be delivered to address shown then deliver them to: ELMER H. BRUNSTING (Name)
13630 PINROCK (Street Address)
HOUSTON TX 77079 (City or town) (State) (ZIP Code)

OWNER AND OTHER REGISTRANTS MUST SIGN AND HAVE THEIR SIGNATURE CERTIFIED ON PAGE 2

SEE INSTRUCTIONS FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

P1182

BRUNSTING001611

Under penalty of perjury, I, the undersigned grantor (creator) of the trust, certify that the above taxpayer identification number assigned to the trust is correct; and that I am not subject to backup withholding either (i) because I have not been notified that I am subject to backup withholding (as a result of a failure to report all interest or dividends), or (ii) because I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding. I further certify that the trust estate is not subject to backup withholding for one of the aforesaid reasons. (See Item 3 of the instructions on page 3.) (If an employer identification number, i.e., 12-3456789, has been assigned to the trust estate, then the trustee must furnish an I.R.S. Form W-9.)

Elmer H Brunsting
 (Signature of Owner or coowner)
13630 Pinebrook Houston TX 77075
 (Home Address)
282 32-8905
 (Social Security Account Number)

Nelva E Brunsting
 (Signature of coowner or beneficiary)
13630 Pinebrook
 (Home Address)
481-30-4685
 (Social Security Account Number)

(713) 464 4391
 Daytime Telephone Number

(713) 464-4391
 Daytime Telephone Number

I CERTIFY that ELMER H BRUNSTING, whose identify is well-known or proved to me, personally appeared before me this 21 day of October, 19 96 at Houston TX (City or State)

I CERTIFY that NELVA E BRUNSTING, whose identify is well-known or proved to me, personally appeared before me this 21 day of October, 19 96 at Houston TX (City or State)

and signed the above request, acknowledging the same to be a free act and deed.

and signed the above request, acknowledging the same to be a free act and deed.

BANK OF AMERICA TEXAS
 TELLER # 001
 (OFFICIAL STAMP OR SEAL) 1 1996
Matthew S. Bailey
 (Signature and title of certifying officer) CSM
701 Town & Country
 (Address)
Houston TX 77024

BANK OF AMERICA TEXAS
 TELLER # 001
 (OFFICIAL STAMP OR SEAL) 1 1996
Matthew S. Bailey
 (Signature and title of certifying officer)
701 Town & Country
 (Address)
Houston TX 77024

RESERVED FOR IDENTIFICATION NOTATIONS

- Customer Account Number and Date Established: _____ Document(s) - Description: _____
- Identified by (Signature and Address): _____

FOR OFFICIAL USE ONLY

- This transaction was a taxable event
 \$ _____ was reported under _____ for _____ (Social Security Account Number) (Year)
- This transaction was not a taxable event. No interest was reported.

DESCRIPTION OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

ISSUE DATE	DENOMINATION (FACE AMOUNT)	SERIAL NUMBER	INSCRIPTION (Please type or print names, including middle names or initials, social security account number, if any, and addresses as inscribed on the bonds.)
<p>ALL INFORMATION IS LISTED ON THE ATTACHED 8 PAGES</p>			

(If space is insufficient, use sheet on page 4, sign it and refer to it above - or use PD F 3500 for this purpose.) (2)

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DESCRIPTIONS OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

ISSUE DATE	DENOMINATION	SERIAL NUMBER	INSCRIPTION
JAN 1968	25	Q2323610188E	ELMER H. BRUNSTING OR
JAN 1968	100	C488366018E	NELVA E BRUNSTING
FEB 1968	100	C488381553E	DITTO
MARCH 1968	100	C487597606E	DITTO
JULY 1968	100	C492930507E	DITTO
AUG 1968	25	Q2369597957E	DITTO
AUG 1968	100	C495526689E	DITTO
SEPT 1968	25	Q2376239798E	DITTO
SEPT 1968	100	C495554472E	DITTO
OCT 1968	25	Q2376412853E	DITTO
OCT 1968	100	C495571546E	DITTO
NOV 1968	25	Q2382934338E	DITTO
NOV 1968	100	C496529219E	DITTO
DEC 1968	100	C496545465E	DITTO
DEC 1968	25	Q2389590020E	DITTO
JAN 1969	25	Q2402769422E	ELMER H BRUNSTING
JAN 1969	100	C497448486E	NELVA E BRUNSTING
FEB 1969	25	Q2409958642E	DITTO
FEB 1969	100	C499254901E	DITTO
MARCH 1969	50	L757031560E	DITTO
MARCH 1969	100	C499266790E	DITTO
APRIL 1969	25	Q2422715395E	DITTO
APRIL 1969	100	C499274128E	DITTO
MAY 1969	50	L763056023E	DITTO
MAY 1969	100	C5022244708E	DITTO
JUNE 1969	50	L766519117E	DITTO
JUNE 1969	100	C502238466E	DITTO
JULY 1969	25	Q2440232983E	DITTO
JULY 1969	100	C502260677E	DITTO
AUG 1969	50	L772779399E	DITTO
AUG 1969	100	C504859197E	DITTO
SEPT 1969	50	L775389203E	DITTO
SEPT 1969	100	C504883348E	DITTO
OCT 1969	25	Q2468249697E	DITTO
OCT 1969	100	C506399101E	DITTO
NOV 1969	50	L777324452E	DITTO
NOV 1969	100	C506442126E	DITTO
DEC 1969	25	Q2476363422E	DITTO
DEC 1969	100	C506449027E	DITTO
JAN 1970	50	L779356396E	ELMER H BRUNSTING OR
JAN 1970	100	C507351868E	NELVA E BRUNSTING
FEB 1970	25	Q2489045403E	DITTO
FEB 1970	100	C507371517E	DITTO
MARCH 1970	50	L781533895E	DITTO

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MARCH 1970	100	C509742914E	DITTO
APRIL 1970	50	L781622843E	DITTO
APRIL 1970	100	C513299043E	DITTO
MAY 1970	50	LL781689413E	DITTO
MAY 1970	100	C513338157E	DITTO
JUNE 1970	50	L781840738E	DITTO
JUNE 1970	100	C513377785E	DITTO
JULY 1970	50	L794088310E	DITTO
JULY 1970	100	C513404100E	DITTO
AUG 1970	50	L796803115E	DITTO
AUG 1970	100	C 515732747E	DITTO
SEPT 1970	25	Q2528750393E	DITTO
SEPT 1970	100	C515801272E	DITTO
OCT 1970	50	L801969302E	DITTO
OCT 1970	100	C515833390E	DITTO
NOV 1970	50	L802022535E	DITTO
NOV 1970	100	C515886588E	DITTO
DEC 1970	50	L807326463E	DITTO
DEC 1970	100	C 515436590E	DITTO

JAN 1971	50	L807366168E	ELMER H BRUNSTING OR
JAN 1971	100	C518450821E	NELVA BRUNSTING
FEB 1971	50	L812941238E	DITTO
FEB 1971	100	C518516321E	DITTO
MARCH 1971	50	L815611153E	DITTO
MARCH 1971	100	C522495921E	DITTO
APRIL 1971	50	L817774095E	DITTO
APRIL 1971	100	C523365879E	DITTO
MAY 1971	75	K14200621E	DITTO
MAY 1971	100	C523483834E	DITTO
JUNE 1971	75	K14670394E	DITTO
JUNE 1971	100	C526107354E	DITTO
JULY 1971	50	L819574435E	DITTO
JULY 1971	100	C528427319E	DITTO
AUG 1971	75	K15016278E	DITTO
AUG 1971	100	C529794380E	DITTO
SEPT 1971	50	L825480119E	DITTO
SEPT 1971	100	C529877212E	DITTO
OCT 1971	75	K15187296E	DITTO
OCT 1971	100	C529895593E	DITTO
NOV 1971	50	L835532053E	DITTO
NOV 1971	100	C531353752E	DITTO
DEC 1971	75	K16443059E	DITTO
DEC 1971	100	C534218555E	DITTO

JAN 1972	75	K16841325E	ELMER H BRUNSTING OR
JAN 1972	100	C 535345407E	NELVA E BRUNSTING
FEB 1972	50	L1002342624E	DITTO
FEB 1972	100	C536246756E	DITTO

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MARCH 1972	75	K100205529E	DITTO
MARCH 1972	100	C1001140610E	DITTO
APRIL 1972	75	K100235027E	DITTO
APRIL 1972	100	C1001188897E	DITTO
MAY 1972	75	K100574825E	DITTO
MAY 1972	100	C1004287178E	DITTO
JUNE 1972	75	K100897353E	DITTO
JUNE 1972	100	C1004370151E	DITTO
JULY 1972	75	K100923508E	DITTO
JULY 1972	100	C1005971762E	DITTO
AUG 1972	75	K101226740E	DITTO
AUG 1972	100	C1007854435E	DITTO
SEPT 1972	75	K101234776E	DITTO
SEPT 1972	100	C1009583723E	DITTO
OCT 1972	75	K101497925E	DITTO
OCT 1972	100	C1013424162E	DITTO
NOV 1972	75	K101674271E	DITTO
NOV 1972	100	C1014677804E	DITTO
DEC 1972	75	K101717239E	DITTO
DEC 1972	100	C1014769185E	DITTO

JAN 1973	100	C1017412539E	ELMER H BRUNSTING OR
JAN 1973	100	C1017412540E	NELVA E BRUNSTING
FEB 1973	75	K103456625E	DITTO
FEB 9173	100	C1019165387E	DITTO
MARCH 1973	100	C1020967659E	DITTO
MARCH 1973	100	C1020967660E	DITTO
APRIL 1973	75	K103502429E	DITTO
APRIL 1973	100	C1022725346E	DITTO
MAY 1973	100	C1022743153E	DITTO
MAY 1973	100	C1022743154E	DITTO
JUNE 9173	75	K104260431E	DITTO
JUNE 1973	100	C1024190568E	DITTO
JULY 1973	100	C1025207524E	DITTO
JULY 1973	100	C1025207525E	DITTO
AUG 1973	75	K104501960E	DITTO
AUG 1973	100	C1026856168E	DITTO
SEPT 1973	100	C1028489865E	DITTO
SEPT 1973	100	C1028489866E	DITTO
OCT 1973	75	K105207666E	DITTO
OCT 1973	100	C1030186694E	DITTO
NOV 1973	100	C1031889677E	DITTO
NOV 1973	100	C1031889678E	DITTO
DEC 1973	100	C1031993682E	DITTO
DEC 1973	100	C1031993683E	DITTO

JAN 1974	75	K105609333E	ELMER H BRUNSTING OR
JAN 1974	100	C1034862765E	NELVA E BRUNSTING
FEB 1974	75	K106301025E	DITTO

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FEB 1974	100	C1037551320E	DITTO
MARCH 1974	100	C1039590046E	DITTO
MARCH 1974	100	C1039590047E	DITTO
APRIL 1974	100	C1039616578E	DITTO
APRIL 1974	100	C1039616579E	DITTO
MAY 1974	100	C1040575108E	DITTO
MAY 1974	100	C1040575109E	DITTO
JUNE 1974	100	C1040666253E	DITTO
JUNE 1974	100	C1040666254E	DITTO
JULY 1974	25	Q5206129943E	DITTO
JULY 1974	100	C1040699695E	DITTO
JULY 1974	100	C1040699696E	DITTO
AUG 1974	25	Q5207177764E	DITTO
AUG 1974	100	C1042675840E	DITTO
AUG 1974	100	C1042675841E	DITTO
SEPT 1974	25	Q5212656678E	DITTO
SEPT 1974	100	C1044277355E	DITTO
SEPT 1974	100	C1044277356E	DITTO
OCT 1974	24	Q5219890347E	DITTO
OCT 1974	200	R104236199E	DITTO
NOV 1974	25	Q5227328461E	DITTO
NOV 1974	200	R104238066E	DITTO
DEC 1974	200	R105532207E	DITTO

JAN 1975	200	R105534602E	ELMER H BRUNSTING OR
FEB 1975	25	Q5250876813E	NELVA E BRUNSTING
FEB 1975	200	R105537285E	DITTO
MARCH 1975	50	L1110504385E	DITTO
MARCH 1975	200	R105552232E	DITTO
APRIL 1975	50	L10655080468E	DITTO
APRIL 1975	200	R105555261E	DITTO
MAY 1975	50	L20046344533E	DITTO
MAY 1975	200	R200729202E	DITTO
JUNE 1975	25	Q6011260745E	DITTO
JUNE 1975	200	R200475099E	DITTO
JULY 1975	50	L2008122240E	DITTO
JULY 1975	200	R200478983E	DITTO
AUG 1975	50	L2011260401E	DITTO
AUG 1975	200	R201130474E	DITTO
SEPT 1975	50	L2019145590E	DITTO
SEPT 1975	200	R201134203E	DITTO
OCT 1975	50	L2025225306E	DITTO
OCT 1975	200	R201145065E	DITTO
NOV 1975	75	K202269628E	DITTO
NOV 1975	200	R201438781E	DITTO
DEC 1975	75	K202852678E	DITTO
DEC 1975	200	R202448340E	DITTO

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JAN1976	75	K202864265E	ELMER H BRUNSTING OR
JAN 1976	200	R202451895E	NELVA E BRUNSTING
FEB 1976	75	K203112916E	DITTO
FEB 1976	200	R202690829E	DITTO
MARCH 1976	75	K203265303E	DITTO
MARCH 1976	200	R202694335E	DITTO
APRIL1976	75	K203366117E	DITTO
APRIL 1076	200	R202698397E	DITTO
MAY 1976	75	K203354323E	DITTO
MAY 1976	200	R202699682E	DITTO
JUNE 1976	75	K203364078E	DITTO
JUNE 1976	200	R203951602E	DITTO
JULY 1976	75	K203386120E	DITTO
JULY 1976	200	R203944366E	DITTO
AUG 1976	100	C2030829953E	DITTO
AUG 1976	200	R203949180E	DITTO
SEPT 1976	75	K207076144E	DITTO
SEPT 1976	200	R203978493E	DITTO
OCT 1972	75	K207094581E	DITTO
OCT 1976	200	R204483052E	DITTO
NOV 1976	75	K207452453E	DITTO
NOV 1976	200	R204507335E	DITTO
DEC 1976	75	K207459456E	DITTO
DEC 1976	200	R204523975E	DITTO

JAN 1977	100	C20361322118E	ELMER H BRUNSTING OR
JAN 1977	200	R204541333E	NELVA E BRUNSTING
FEB 1977	100	C2039832289E	DITTO
FEB 1977	200	R204553456E	DITTO
MARCH 1977	100	C2041431316E	DITTO
MARCH 1977	200	R204557856E	DITTO
APRIL 1977	100	C2043336989E	DITTO
APRIL 1977	200	R205675270E	DITTO
MAY 1977	25	Q6185728367E	DITTO
MAY 1977	100	C2046633576E	DITTO
MAY 1977	200	R205991077E	DITTO
JUNE 1977	100	C2049536154E	DITTO
JUNE 1977	200	R20634880E	DITTO
JULY 1977	100	C204981455E	DITTO
JULY 1977	200	R206596261E	DITTO
AUG.1977	25	Q6204923639E	DITTO
AUG 1977	100	C2054099290E	DITTO
AUG 1977	200	R2060846501E	DITTO
SEPT 1977	100	C2054145624E	DITTO
SEPT 1977	200	R207208675E	DITTO
OCT 1977	100	C2058634132E	DITTO
OCT 1977	200	R207528154E	DITTO
NOV 1977	100	C2059773778E	DITTO
NOV 1977	200	R207840791E	DITTO
DEC 1977	25	Q6233839753E	DITTO
DEC 1977	100	C2061750948E	DITTO
DEC 1977	200	R207846639E	DITTO

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JAN 1978	100	C2063616775E	ELMER H. BRUNSTING OR
JAN 1978	200	R 208068104E	NELVA E BRUNSTING
FEB 1980	75	K221891597E	ELMER H BRUNSTING OR
FEB 1980	100	C2107430100E	NELVA E BRUNSTING
FEB 1980	200	R212872691E	DITTO
MARCH 1980	200	R212956976E	DITTO
MARCH 1980	200	R212956977E	DITTO
APRIL 1980	75	K222388747E	DITTO
APRIL 1980	100	C2108816696E	DITTO
FEB 1981	50	L50420726EE	ELMER H BRUNSTING OR
FEB 1981	75	K19777823EE	NELVA E BRUNSTING
FEB 1981	200	R7766450EE	DITTO
MARCH 1981	50	L57948286EE	DITTO
MARCH 1981	75	K19824806EE	DITTO
MARCH 1981	200	R7862790EE	DITTO
APRIL 1981	50	L62652169EE	DITTO
APRIL 1981	100	C22831762EE	DITTO
APRIL 1981	200	R7935030EE	DITTO
MAY 1981	50	L66997209EE	DITTO
MAY 1981	75	K20201615EE	DITTO
MAY 1981	200	R8890396EE	DITTO
JUNE 1981	50	L67154411EE	DITTO
JUNE 1981	75	K20988705EE	DITTO
JUNE 1981	200	R8963741EE	DITTO
JULY 1981	50	L71018815EE	DITTO
JULY 1981	100	C27478706EE	DITTO
JULY 1981	200	R9080782EE	DITTO
AUG. 1981	50	L77515409EE	DITTO
AUG. 1981	75	K21069991EE	DITTO
AUG. 1981	200	R9163791EE	DITTO
SEPT 1981	50	L78689195EE	DITTO
SEPT 1981	100	C31829104EE	DITTO
SEPT 1981	200	R299558EE	DITTO
OCT 1981	50	L83335953EE	DITTO
OCT 1981	75	K21754483EE	DITTO
OVT 1981	200	R10284711EE	DITTO
NOV 1981	50	L87201014EE	DITTO
NOV 1981	75	K21962801EE	DITTO
NOV 1981	200	R10473740EE	DITTO
DEC 1981	50	L87994774EE	DITTO
DEC 1981	100	C35846236EE	DITTO
DEC 1981	200	R10720744EE	DITTO

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JAN 1982	75	K22664763EE	ELMER H BRUNSTING OR
JAN 1982	100	C36623992EE	NELVA E BRUNSTING
JAN 1982	200	R11303467EE	DITTO
FEB 1982	50	L91576789EE	DITTO
FEB 1982	100	C36678673EE	DITTO
FEB 1982	200	R11338971EE	DITTO
MARCH 1982	75	K23083831EE	DITTO
MARCH 1982	100	C36718817EE	DITTO
MARCH 1982	200	R11374723EE	DITTO
APRIL 1982	75	K23121260EE	DITTO
APRIL 1982	100	C40523680EE	DITTO
APRIL 1982	200	R11584168EE	DITTO
MAY 1982	75	K23495917EE	DITTO
MAY 1982	100	C40594461EE	DITTO
MAY 1982	200	R11601130EE	DITTO
JUNE 1982	75	K23536240EE	DITTO
JUNE 1982	100	C41593583EE	DITTO
JUNE 1982	200	R11710847EE	DITTO
JUL 1982	75	K23579140EE	DITTO
JULY 1982	100	C43012682EE	DITTO
JULY 1982	200	R11827387EE	DITTO
AUG 1982	75	K29080326EE	DITTO
AUG 1982	100	C43673159EE	DITTO
AUG 1982	200	R11843838EE	DITTO
SEPT 1982	50	L109061867EE	DITTO
SEPT 1982	100	C43899488EE	DITTO
SEPT 1982	200	R11932700EE	DITTO
OCT 1982	75	K34434512EE	DITTO
OCT 1982	100	C46517845EE	DITTO
OCT 1982	200	R12764765EE	DITTO
NOV 1982	75	K34462816EE	DITTO
NOV 1982	100	C46556481EE	DITTO
NOV 1982	200	R12807995EE	DITTO
DEC 1982	75	K35841574EE	DITTO
DEC 1982	100	C47000524EE	DITTO
DEC 1982	200	R13202009EE	DITTO

JAN 1983	75	K35869372EE	ELMER H BRUNSTING OR
JAN 1983	100	C47086584EE	NELVA E BRUNSTING
JAN 1983	200	R13214791EE	DITTO
FEB 1983	50	L136290497EE	DITTO
FEB 1983	100	C54019850EE	DITTO
FEB 1983	200	R13915588EE	DITTO
MARCH 1983	75	K36534795EE	DITTO
MARCH 1983	100	C54064392EE	DITTO
MARCH 1983	200	R14184718EE	DITTO
APRIL 1983	75	K39737381EE	DITTO
APRIL 1983	100	C55118367EE	DITTO
APRIL 1983	200	R14244640EE	DITTO
MAY 1983	75	K39755808EE	DITTO
MAY 1983	100	C55144028EE	DITTO

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MAY 1983	200	R14256620EE	DITTO
JUNE 1983	75	K39784382EE	DITTO
JUNE 1983	100	C55185840EE	DITTO
JUNE 1983	200	R15649975EE	DITTO
JULY 1983	75	K39817083EE	DITTO
JULY 1983	100	C55647118EE	DITTO
JULY 1983	200	R14702862EE	DITTO

SERIES HH BONDS

	TAXABLE			
OCT 1982	385.52	500	D284696HH	ELMER H BRUNSTING OR
OCT 1982	385.53	500	D284697HH	NELVA E BRUNSTING
NOV 1988	694.56	1000	M2577341HH	DITTO
NOV 1988	694,56	1000	M2577342HH	DITTO

ELMER H. BRUNSTING or NELVA E. BRUNSTING
13630 Pinerock
Houston, Texas 77079
(713) 464-4391

10/21, 1996

Federal Reserve Bank of Kansas City
Securities Department
P.O. Box 419440
Kansas City, Missouri 64141-6440

Re: Reissue of U.S. Savings Bonds in Trust Name

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the attached U.S. Savings Bond certificates from our names to the name of our Living Trust as follows:

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

We have enclosed a signed certified Treasury Department form PD F 1851, Request for Reissue of United States Savings Bonds/Notes in Name of Trustee of Personal Trust Estate, the original certificates to be reissued, and a copy of the Certificate of Trust.

If you need additional information in order to reissue the attached bonds in the name of our trust, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,


ELMER H. BRUNSTING


NELVA E. BRUNSTING

Enclosures

P1192

BRUNSTING001621

ELMER H. BRUNSTING or NELVA E. BRUNSTING

13630 Pinerock

Houston, Texas 77079

(713) 464-4391

_____, 1996

Federal Reserve Bank of Kansas City
Securities Department
P.O. Box 419440
Kansas City, Missouri 64141-6440

Re: Reissue of U.S. Savings Bonds in Trust Name

To Whom It May Concern:

We have established a Revocable Living Trust and would like to change the title on the attached U.S. Savings Bond certificates from our names to the name of our Living Trust as follows:

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

We have enclosed a signed certified Treasury Department form PD F 1851, Request for Reissue of United States Savings Bonds/Notes in Name of Trustee of Personal Trust Estate, the original certificates to be reissued, and a copy of the Certificate of Trust.

If you need additional information in order to reissue the attached bonds in the name of our trust, please contact us right away at the above address or by telephone at (713) 464-4391. We are relying on you to complete this transfer to our Living Trust.

Thank you for your immediate attention to this matter.

Sincerely,

ELMER H. BRUNSTING

NELVA E. BRUNSTING

Enclosures

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BRUNSTING001622

Assignment of U.S. Savings Bonds

Instructions

PURPOSE: To transfer the title of individual U.S. Savings Bond certificates in your possession to the name of your Living Trust. Complying with the government rules can be a very time consuming process, especially if you have several bond certificates to transfer.

Following the instruction letter, please find a sample form for your convenience.

STEP ONE: Fill out Treasury Department form PD F 1851, Request for Reissue of United States Savings Bonds/Notes in Name of Trustee of Personal Trust Estate. You must fill in the following information:

1. Total face amount of the bonds to be reissued in the trust's name.
2. Check the (a) box and enter your names as co-owners.
3. Check the (a) box indicating that you will be treated as the owners for tax purposes.
4. If one of you actually owns the bonds and are transferring them into co-ownership by this transfer, insert the name of the principal owner and insert that owner's social security number.
5. Enter the name of your Living Trust as follows:

_____ or _____, Trustees, or the
successor Trustees, under the _____ FAMILY
LIVING TRUST dated _____, as amended.

Enter your address and in the boxes to the right, the
social security number of one of you.

SIGNING: On page 2, DO NOT SIGN THE FORM YET, but each of you must enter your home address, social security number and home telephone number.

WARNING: Your signatures **must** be made in the presence of, and be certified by, an authorized certifying officer who will then complete the certification portion of the form on page 2. Certifying officers are

located at an authorized banking institution. A list of banks with certifying officers is set forth in Department of Treasury circular number 530.

BOND LIST:

On the bottom on page 2 and continuing on page 4 is a place for you to list the following information about each bond certificate:

1. Issue date of the certificate.
2. Face amount of the certificate.
3. Certificate serial number.
4. All information inscribed on the certificate exactly as it appears, including full names, social security numbers and addresses if they are listed on the face of the bond.

STEP TWO:

Sign the instruction letter.

STEP THREE:

Assemble the following package of documents to be sent to the Federal Reserve Bank:

1. The instruction letter requesting that the certificates be reissued in the trust name.
2. The "signature certified" Treasury Department form PD F 1851, Request for Reissue of United States Savings Bonds/Notes in Name of Trustee of Personal Trust Estate.
3. The original bond certificates.
4. Certificate of Trust.

STEP FOUR:

Mail the package to the Federal Reserve Bank by registered and insured mail to reduce the consequences of lost certificates.

STEP FIVE:

If they need additional information to complete the transfer, they will notify you directly. If you haven't heard back from the Federal Reserve Bank within six weeks, follow up with another letter.

DESCRIPTIONS OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

ISSUE DATE	DENOMINATION	SERIAL NUMBER	INSCRIPTION
JAN 1968	25	Q2323610188E	ELMER H. BRUNSTING OR
JAN 1968	100	C488366018E	NELVA E BRUNSTING
FEB 1968	100	C488381553E	DITTO
MARCH 1968	100	C487597606E	DITTO
JULY 1968	100	C492930507E	DITTO
AUG 1968	25	Q2369597957E	DITTO
AUG 1968	100	C495526689E	DITTO
SEPT 1968	25	Q2376239798E	DITTO
SEPT 1968	100	C495554472E	DITTO
OCT 1968	25	Q2376412853E	DITTO
OCT 1968	100	C495571546E	DITTO
NOV 1968	25	Q2382934338E	DITTO
NOV 1968	100	C496529219E	DITTO
DEC 1968	100	C496545465E	DITTO
DEC 1968	25	Q2389590020E	DITTO
JAN 1969	25	Q2402769422E	ELMER H BRUNSTING
JAN 1969	100	C497448486E	NELVA E BRUNSTING
FEB 1969	25	Q2409958642E	DITTO
FEB 1969	100	C499254901E	DITTO
MARCH 1969	50	L757031560E	DITTO
MARCH 1969	100	C499266790E	DITTO
APRIL 1969	25	Q2422715395E	DITTO
APRIL 1969	100	C499274128E	DITTO
MAY 1969	50	L763056023E	DITTO
MAY 1969	100	C5022244708E	DITTO
JUNE 1969	50	L766519117E	DITTO
JUNE 1969	100	C502238466E	DITTO
JULY 1969	25	Q2440232983E	DITTO
JULY 1969	100	C502260677E	DITTO
AUG 1969	50	L772779399E	DITTO
AUG 1969	100	C504859197E	DITTO
SEPT 1969	50	L775389203E	DITTO
SEPT 1969	100	C504883348E	DITTO
OCT 1969	25	Q2468249697E	DITTO
OCT 1969	100	C506399101E	DITTO
NOV 1969	50	L777324452E	DITTO
NOV 1969	100	C506442126E	DITTO
DEC 1969	25	Q2476363422E	DITTO
DEC 1969	100	C506449027E	DITTO
JAN 1970	50	L779356396E	ELMER H BRUNSTING OR
JAN 1970	100	C507351868E	NELVA E BRUNSTING
FEB 1970	25	Q2489045403E	DITTO
FEB 1970	100	C507371517E	DITTO
MARCH 1970	50	L781533895E	DITTO

DESCRIPTIONS OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

ISSUE DATE	DENOMINATION	SERIAL NUMBER	INSCRIPTION
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JULY 1968	100	C492930507E	DITTO
AUG 1968	25	Q2369597957E	DITTO
AUG 1968	100	C495526689E	DITTO
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OCT 1968	100	C495571546E	DITTO
NOV 1968	25	Q2382934338E	DITTO
NOV 1968	100	C496529219E	DITTO
DEC 1968	100	C496545465E	DITTO
DEC 1968	25	Q2389590020E	DITTO

JAN 1969	25	Q2402769422E	ELMER H BRUNSTING
JAN 1969	100	C497448486E	NELVA E BRUNSTING
FEB 1969	25	Q2409958642E	DITTO
FEB 1969	100	C499254901E	DITTO
MARCH 1969	50	L757031560E	DITTO
MARCH 1969	100	C499266790E	DITTO
APRIL 1969	25	Q2422715395E	DITTO
APRIL 1969	100	C499274128E	DITTO
MAY 1969	50	L763056023E	DITTO
MAY 1969	100	C5022244708E	DITTO
JUNE 1969	50	L766519117E	DITTO
JUNE 1969	100	C502238466E	DITTO
JULY 1969	25	Q2440232983E	DITTO
JULY 1969	100	C502260677E	DITTO
AUG 1969	50	L772779399E	DITTO
AUG 1969	100	C504859197E	DITTO
SEPT 1969	50	L775389203E	DITTO
SEPT 1969	100	C504883348E	DITTO
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NOV 1969	50	L777324452E	DITTO
NOV 1969	100	C506442126E	DITTO
DEC 1969	25	Q2476363422E	DITTO
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JAN 1970	50	L779356396E	ELMER H BRUNSTING OR
JAN 1970	100	C507351868E	NELVA E BRUNSTING
FEB 1970	25	Q2489045403E	DITTO
FEB 1970	100	C507371517E	DITTO
MARCH 1970	50	L781533895E	DITTO

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BRUNSTING001626

DESCRIPTIONS OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

ISSUE DATE	DENOMINATION	SERIAL NUMBER	INSCRIPTION
JAN 1968	25	Q2323610188E	ELMER H. BRUNSTING OR
JAN 1968	100	C488366018E	NELVA E BRUNSTING
FEB 1968	100	C488381553E	DITTO
MARCH 1968	100	C487597606E	DITTO
JULY 1968	100	C492930507E	DITTO
AUG 1968	25	Q2369597957E	DITTO
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OCT 1968	100	C495571546E	DITTO
NOV 1968	25	Q2382934338E	DITTO
NOV 1968	100	C496529219E	DITTO
DEC 1968	100	C496545465E	DITTO
DEC 1968	25	Q2389590020E	DITTO

JAN 1969	25	Q2402769422E	ELMER H BRUNSTING
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FEB 1969	25	Q2409958642E	DITTO
FEB 1969	100	C499254901E	DITTO
MARCH 1969	50	L757031560E	DITTO
MARCH 1969	100	C499266790E	DITTO
APRIL 1969	25	Q2422715395E	DITTO
APRIL 1969	100	C499274128E	DITTO
MAY 1969	50	L763056023E	DITTO
MAY 1969	100	C5022244708E	DITTO
JUNE 1969	50	L766519117E	DITTO
JUNE 1969	100	C502238466E	DITTO
JULY 1969	25	Q2440232983E	DITTO
JULY 1969	100	C502260677E	DITTO
AUG 1969	50	L772779399E	DITTO
AUG 1969	100	C504859197E	DITTO
SEPT 1969	50	L775389203E	DITTO
SEPT 1969	100	C504883348E	DITTO
OCT 1969	25	Q2468249697E	DITTO
OCT 1969	100	C506399101E	DITTO
NOV 1969	50	L777324452E	DITTO
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JAN 1970	50	L779356396E	ELMER H BRUNSTING OR
JAN 1970	100	C507351868E	NELVA E BRUNSTING
FEB 1970	25	Q2489045403E	DITTO
FEB 1970	100	C507371517E	DITTO
MARCH 1970	50	L781533895E	DITTO

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BRUNSTING001627

DESCRIPTIONS OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

ISSUE DATE	DENOMINATION	SERIAL NUMBER	INSCRIPTION
JAN 1968	25	Q2323610188E	ELMER H. BRUNSTING OR
JAN 1968	100	C488366018E	NELVA E BRUNSTING
FEB 1968	100	C488381553E	DITTO
MARCH 1968	100	C487597606E	DITTO
JULY 1968	100	C492930507E	DITTO
AUG 1968	25	Q2369597957E	DITTO
AUG 1968	100	C495526689E	DITTO
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SEPT 1968	100	C495554472E	DITTO
OCT 1968	25	Q2376412853E	DITTO
OCT 1968	100	C495571546E	DITTO
NOV 1968	25	Q2382934338E	DITTO
NOV 1968	100	C496529219E	DITTO
DEC 1968	100	C496545465E	DITTO
DEC 1968	25	Q2389590020E	DITTO

JAN 1969	25	Q2402769422E	ELMER H BRUNSTING
JAN 1969	100	C497448486E	NELVA E BRUNSTING
FEB 1969	25	Q2409958642E	DITTO
FEB 1969	100	C499254901E	DITTO
MARCH 1969	50	L757031560E	DITTO
MARCH 1969	100	C499266790E	DITTO
APRIL 1969	25	Q2422715395E	DITTO
APRIL 1969	100	C499274128E	DITTO
MAY 1969	50	L763056023E	DITTO
MAY 1969	100	C5022244708E	DITTO
JUNE 1969	50	L766519117E	DITTO
JUNE 1969	100	C502238466E	DITTO
JULY 1969	25	Q2440232983E	DITTO
JULY 1969	100	C502260677E	DITTO
AUG 1969	50	L772779399E	DITTO
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FEB 1970	25	Q2489045403E	DITTO
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MARCH 1970	50	L781533895E	DITTO

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MARCH 1970	50	L781533895E	DITTO

DESCRIPTIONS OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

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FEB 1970	25	Q2489045403E	DITTO
FEB 1970	100	C507371517E	DITTO
MARCH 1970	50	L781533895E	DITTO

REQUEST FOR REISSUE OF UNITED STATES SAVINGS BONDS/NOTES
IN NAME OF TRUSTEE OF PERSONAL TRUST ESTATE

IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious or fraudulent claim to the United States is a crime punishable by imprisonment of not more than five years or a fine up to \$250,000, or both, under 18 U.S.C. 287 and 18 U.S.C. 3571. Additionally, 31 U.S.C. 3729 provides for civil penalties for the maker of a false or fraudulent claim to the United States of an amount not less than \$5,000 and not more than \$10,000, plus treble the amount of the Government's damages as an additional sanction.
PRINT IN INK OR TYPE ALL INFORMATION

TO: Federal Reserve Bank

**BEFORE FILLING OUT THIS FORM, READ TAX LIABILITY NOTICE ON PAGE 3
(The applicable statement(s) below MUST be completed; see instructions.)**

- I (we) hereby request reissue of the bonds described on the reverse hereof in the form set out in item 5 below to the extent of \$ _____ (face amount).
- In support of this request, I (we severally) certify that the trust estate described in item 5 below is a personal trust estate as defined in item 1 of the instructions on page 3 of this form, and
 - was created by John Doe or Jane Doe, Trustees
(Name(s) of owner or both coowners creating trust)
 - was created by one coowner, _____
(Name of coowner creating trust)
 - was created by some other person and
 - I am (one of us is) a beneficiary of the trust. - -
 - _____, a beneficiary of the trust, is related
(Name) to _____ as _____
(Name of owner or coowner) (Give exact relationship)

3. You must check box a. or b. (SEE "TAX LIABILITY" SECTION OF INSTRUCTIONS):

- I (we) certify that, for federal income tax purposes, I (we) will be treated as owner(s) of the portion of the trust represented by any tax-deferred accumulated interest on the surrendered bonds.
- I (we) certify that, for federal income tax purposes, I (we) will not be treated as owner(s) of the portion of the trust represented by any tax-deferred accumulated interest on the surrendered bonds, and therefore, I (we) will include the tax-deferred accumulated interest in gross income for the taxable year in which the bonds are reissued to the trust. I (we) am aware that a 1099 INT will be issued and the interest will be reported to the Internal Revenue Service by the agent that processes the transaction. The interest which will be reported includes deferred interest on H/HH bonds as well as interest earned on E/EE bonds from the issue date until the date of reissue.

4. John Doe or Jane Doe is the principal coowner of any bonds registered in coownership
(Name of coowner)

form submitted herewith. (A principal coowner is a coowner who (1) purchased the bonds with his or her own funds or (2) received them as a gift, inheritance or legacy, or as a result of judicial proceedings, and has them reissued in coownership form, provided he or she has received no contribution in money or money's worth for designating the other coowner on the bonds.) The above-named principal coowner is responsible for any tax liability arising from the reissue transaction requested hereon and his/her Social Security Account Number is:

- - (Social Security No.)

(Failure to furnish this information could cause rejection of the transaction.)

5. Form in which bonds JOHN A. DOE or JANE A. DOE, Trustees, or the successor
(Inscription: include name(s) of trustee(s); name(s) of creator(s) or trustor(s) and date of trust's creation.)

Trustees, under the DOE FAMILY LIVING TRUST dated January 1,

1999, as amended. (Address) (13 Smith Street, Anytown, USA 13131)

(Taxpayer Identifying Number Assigned to Trust)

(Employer Identification Number)

- -

(Social Security Account Number)

If the new bonds are not to be delivered to address shown thereon deliver them to:

John and Jane Doe

(Name)

13 Anytown

(Street Address)

United, States County, America 13131

(City or town)

(State)

(Zip Code)

OWNER AND OTHER REGISTRANTS MUST SIGN AND HAVE THEIR SIGNATURES CERTIFIED ON PAGE 2

SEE INSTRUCTIONS FOR PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

P1203

BRUNSTING001632

Under penalty of perjury, I, the undersigned grantor (creator) of the trust, certify that the above taxpayer identification number assigned to the trust is correct; and that I am not subject to backup withholding either (i) because I have not been notified that I am subject to backup withholding (as a result of a failure to report all interest or dividends), or (ii) because I have been notified by the Internal Revenue Service that I am no longer subject to backup withholding. I further certify that the trust estate is not subject to backup withholding for one of the aforesaid reasons. (See Item 3 of the instructions on page 10. If an employer identification number, i.e., 12-3456789, has been assigned to the trust estate, then the trustee must furnish an I.R.S. Form W-9.)

(Signature of Owner or coowner)
 13 Anytown, USA 13131

(Home Address)
 131-31-3131

(Social Security Account Number)
 Telephone No. (131) 313-1313

(Signature of coowner or beneficiary)
 13 Anytown, USA 13131

(Home Address)
 121-12-2121

(Social Security Account Number)
 Telephone No. (131) 313-1313

I CERTIFY that John Doe, whose
 identity is well-known or proved to me, personally appeared before
 me this _____ day of _____, 19 _____
 at Anytown, USA
(City or State)
 and signed the above request, acknowledging the same to be a free
 act and deed.

I CERTIFY that Jane Doe, whose
 identity is well-known or proved to me, personally appeared before
 me this _____ day of _____, 19 _____
 at Anytown, USA
(City or State)
 and signed the above request, acknowledging the same to be a free
 act and deed.

(OFFICIAL STAMP
 OR SEAL) _____
(Signature and title of certifying officer)

(Address)

(OFFICIAL STAMP
 OR SEAL) _____
(Signature and title of certifying)

(Address)

RESERVED FOR IDENTIFICATION NOTATIONS

- Customer Account Number and Date Established: _____ Document(s) - Description: _____
 Identified by (Signature and Address): _____

FOR OFFICIAL USE ONLY

- This transaction was a taxable event
 \$ _____ was reported under _____ for _____
(Social Security Account Number) (Year)
 This transaction was not a taxable event. No interest was reported.

DESCRIPTION OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED

ISSUE DATE	DENOMINATION (FACE AMOUNT)	SERIAL NUMBER	INSCRIPTION <small>(Please type or print names, including middle names or initials, social security account number, if any, and addresses as inscribed on the bonds.)</small>
May 1, 1991	1,000	M18048378H	John Doe SSN 131-31-3131
May 1, 1991	1,000	M18038474H	Jane Doe SSN 121-12-2121

(If space is insufficient, use sheet on page 4, sign it and refer to it above - or use PD F 3500 for this purpose.)

INSTRUCTION
"BONDS" AS REFERRED TO BELOW ALSO INCLUDES SAVINGS NOTES WHEN APPROPRIATE

1. This form is to be used to request reissue of United States Savings Bonds in the name(s) of the trustee(s) of a personal trust estate created by:
 - a. The owner or both coowners.
 - b. Either of the coowners.
 - c. Some other person, provided (i) the owner is a beneficiary of the trust, or a beneficiary of the trust is related to the owner by blood (including legal adoption), or marriage, or (ii) either coowner is a beneficiary of the trust or a beneficiary of the trust is related to either coowner by blood (including legal adoption), or marriage.

Personal trust estate" as used herein is a trust estate established by natural persons in their own right for the benefit of themselves or other natural persons in whole or in part, and common trust funds comprised in whole or in part of such estates. A bank, trust company or other financial institution, appointed as trustee of a personal trust estate, should submit Form PD 1455 with this form if the bonds are to be reissued in its name as trustee of its common trust fund.
2. After the form has been completed, it should be signed by the owner or by both coowners. If a beneficiary is named on the securities and they are Series E or H bonds or savings notes, the beneficiary must also sign the request. The home address and social security account number of the owner or both coowners must be furnished. The form may not be executed by a person under any legal disability, except for a minor of sufficient competency to sign the request and to understand the nature of the transaction. If any person whose signature is required is deceased, submit proof of death.
3. If a grantor (creator) of the trust who signs this form has been notified by the Internal Revenue Service that he or she is subject to backup withholding or if the Internal Revenue Service has notified appropriate persons that the trust estate is subject to backup withholding, the applicable statements immediately above the signature line to the effect that the owner, principal coowner, or trust is not subject to backup withholding should be crossed out. (If box 2.c. was checked on page 1 of this form to indicate that the trust was created by some other person, that person should obtain an I.R.S. Form W-9 from a financial institution or I.R.S. office, complete the form, and sign it. That form should be submitted with this form.) (If an employer identification number, i.e., 12-3456789, has been assigned to the trust estate, the trustee must furnish an I.R.S. Form W-9.)
4. Any person who is to execute the form must appear before and establish identification to the satisfaction of an authorized certifying officer, and in the presence of the officer sign the request. The certifying officer must then complete the certification. Authorized certifying officers are available at banking institutions in the United States. For a complete list of such officers, see Department of the Treasury Circular No. 530, current revision, or Public Debt Series No. 3-80.
5. Send the duly completed form and the bonds to any Federal Reserve Bank or Branch.

TAX LIABILITY

Upon the reissuance of savings bonds and/or notes to a trust, you must include in your gross income any accumulated interest on the bonds, including any tax-deferred increment noted on Series H/HH bonds, if you have not already reported it, unless, under the grantor trust provisions of the Internal Revenue Code, you are treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the reissued bonds. If you are treated as the owner of that portion, the accumulated interest continues to be your income rather than that of the trust, and therefore, you may continue to defer reporting the interest earned each year. You must include the total accumulated interest in your gross income when the bonds are disposed of or finally mature, whichever is earlier. These rules apply when bonds being reissued are Series E or EE bonds, savings notes, or Series H or HH bonds that you have received in exchange for Series E or EE bonds or savings notes if you are the owner of the portion of the trust represented by the tax-deferred accumulated interest.

Generally, you will be treated as the owner of a trust that you have created to the extent that you retain certain powers over or interests in the trust. For example, you will be treated as the owner of the portion of the trust represented by any tax-deferred accumulated interest on the reissued bonds under the following circumstances:

- (1) You will be treated as the owner of a trust to the extent that you have an unconditional power to revest in yourself title to the trust assets. Thus, if you can, at your discretion, revoke all or part of the trust so that the bonds will be returned to you, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds.
- (2) If the trust instrument provides that the reissued bonds or the proceeds from the redemption or disposition of those bonds must be distributed to you or your spouse, or held or accumulated for future distribution to you or your spouse, you will be treated as the owner of the portion of the trust represented by any accumulated interest on the bonds. You will be treated as the owner in this circumstance irrespective of the term of the trust.
- (3) You will be treated as the owner of a trust to the extent that you retain a power to control the beneficial enjoyment of property transferred to a trust. Thus, if you retain, under the terms of the trust instrument, an immediately exercisable power to determine, in your sole discretion, who will receive the bonds or the proceeds from the redemption or disposition of the bonds, then you will be treated as the owner of the portion of the trust represented by any accumulated interest.

The examples outlined above are illustrative only and they are not intended to cover all possible situations in which you could be treated as the owner of a trust or a portion of a trust. Furthermore, events can occur, such as the renunciation of a retained power or interest, which would cause you to cease being treated as the owner of a trust. If you are not sure whether you will be treated as the owner of a trust, you may request a letter ruling from the Internal Revenue Service. A request for a letter ruling should be sent to:

Internal Revenue Service
Associate Chief Counsel (Technical)
Attention CC:IND:S:3:3
Room 6545
1111 Constitution Avenue, N.W.
Washington, D.C. 20224

If you have any questions concerning the information to be submitted in connection with a letter ruling request, you may call (202) 566-3297 and speak to a representative of the Financial Institutions and Products Division.

NOTICE UNDER THE PRIVACY AND PAPERWORK REDUCTION ACTS

The collection of the information you are requested to provide on this form is authorized by 31 U.S.C. Ch. 31 relating to the public debt of the United States. The furnishing of a social security number, if requested, is also required by Section 6109 of the Internal Revenue Code (26 U.S.C. 6109).

The purpose for requesting the information is to enable the Bureau of the Public Debt and its agents to issue securities, process transactions, make payments, identify owners and their accounts, and provide reports to the Internal Revenue Service. Furnishing the information is voluntary; however, without the information Public Debt may be unable to process transactions.

Information concerning securities holdings and transactions is considered confidential under Treasury regulations (31 CFR, Part 323) and the Privacy Act. This information may be disclosed to a law enforcement agency for investigation purposes; courts and counsel for litigation purposes; others entitled to distribution or payment; agents and contractors to administer the public debt; agencies or entities for debt collection or to obtain current addresses for payment; agencies through approved computer matches; Congressional offices in response to an inquiry by the individual to whom the record pertains; as otherwise authorized by law or regulation.

Estimate that it will take you about 15 minutes to complete this form. This includes the time it will take to read the instructions, gather the necessary information, and fill out the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328 and the Office of Management and Budget, Paperwork Reduction Project 1535-0009, Washington, DC 20503. **DO NOT SEND completed form to either of the above addresses; instead, send to the correct address shown in the instructions on this form.**

DESCRIPTION OF UNITED STATES SAVINGS BONDS PRESENTED AND SURRENDERED
(Continuation)

ISSUE DATE	DENOMINATION (FACE AMOUNT)	SERIAL NUMBER	INSCRIPTION (Please type or print names, including middle names or initials, social security account number, if any, and addresses as inscribed on the bonds.)
May 1, 1992	1,000	M1893884H	<p>John Doe SSN 131-31-3131</p> <hr/> <p>John Doe</p> <hr/> <p>Jane Doe</p>



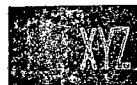
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BRUNSTING001636



P1208

BRUNSTING001637



P1209

BRUNSTING001638