

P.O. Box 619005
 Dallas, TX 75261-9005

Your Bank of America Regular Savings Statement

Statement Period:
 February 20 through March 31, 1997
 Account Number: 85192-06643

|||||
 ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

At Your Service:
 1-800-432-1000 Toll-free
 1-800-833-0805 Speech/hearing impaired
 Customer Service
 P.O. Box 619005
 Dallas, TX 75261-9005

Bank of America appreciates your
 business and we enjoy serving you.

Summary of Your Regular Savings Account

Beginning Balance on 02/20/97	\$0.00
Total Deposits	+ 8,000.00
Total Withdrawals	- 7,675.00
Interest Paid	+ 6.61
Ending Balance	\$331.61

Annual Percentage Yield earned this period	2.02%
Interest paid year-to-date	\$6.61

Important Information About Your Account

Get a fresh new look with a home improvement loan from Bank of America. Rates are lower than most credit cards and other types of loans. Your interest may be tax deductible. To apply, call one of our loan specialists today! 1-800-THE-BofA. Consult your financial advisor about tax deductibility of interest.

Bank of America News

Check out our new VERSATEL Check Card. The VERSATEL Check Card is an enhanced ATM Card which has the VISA logo on it and can be used to make purchases at over 12 million merchant locations. For more information or to apply, call Customer Service or visit your nearest BofA office.

Account Activity


Date Posted	Description	Reference Number	Amount
02/20	Deposits and Credits Deposit		\$8,000.00
03/06	Withdrawals and Transfers Withdrawal		\$7,675.00
02/28	Interest Paid Interest		\$3.95
03/31	Interest		2.66
	<i>Total Interest Paid</i>		<i>\$6.61</i>



P.O. Box 619005
Dallas, TX 75261-9005

Your Bank of America Regular Savings Statement

Statement Period:
April 1 through June 30, 1997
Account Number: 85192-06643


 ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

At Your Service:
1-800-432-1000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your
business and we enjoy serving you.

Summary of Your Regular Savings Account

Beginning Balance on 04/01/97	\$331.61	Annual Percentage Yield earned this period	2.02%
Interest Paid	+ 1.66	Interest paid year-to-date	\$8.27
Ending Balance	\$333.27		

Important Information About Your Account

Now banking from home is as easy as point & click! Starting this month you can check current balances, review account activity, pay bills and transfer money, all through your computer and modem! To find out how to get HomeBanking for free, just call us at 1-800-363-BofA.

Bank of America News

MoneyTalk options allow you to access Pay by Phone, transfer funds between accounts, open a new account and change your personal access code. Enjoy the convenience of MoneyTalk 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio, call 730-6000. All other locations 1-800-730-6000.

Account Activity

Date Posted	Description	Reference Number	Amount
04/30	Interest Paid		
05/31	Interest		\$.55
06/30	Interest		.56
	Interest		.55
	Total Interest Paid		\$1.66

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
04/01	\$ 331.61	05/31	332.72		
04/30	332.16	06/30	333.27		

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TX 0029887.001.T420

Texas

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Statement Period: April 1 through June 30, 1997
Account Number: 85192-06643

FACTS - Insured Account Disclosure Information

It is important to notify us if you change your address. If we receive notice from the Post Office or one of its agents that your address has changed, we may send statements and other notices regarding your accounts to the address specified by the Post Office.



P.O. Box 619005
Dallas, TX 75261-9005

Your Bank of America Regular Savings Statement

Statement Period:
July 1 through September 20, 1997
Account Number: 85192-06643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

At Your Service:
1-800-432-1000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your
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Summary of Your Regular Savings Account

Beginning Balance on 07/01/97	\$333.27	Annual Percentage Yield earned this period	2.02%
Interest Paid	+ 1.50	Interest paid year-to-date	\$9.77
Ending Balance	\$334.77		

Important Information About Your Account

MoneyTalk options allow you to access Pay by Phone, transfer funds between accounts, open a new account and change your personal access code. Enjoy the convenience of MoneyTalk 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio, call 730-6000. All other locations 1-800-730-6000.

Effective September 1, 1997, your personal savings statement will be issued quarterly on the day of the month your account was originally opened, rather than at the end of the quarter. The exception will be for accounts opened on the 29th, 30th or 31st. These accounts will now receive their statement on the 26th, 25th and 23rd, respectively.

Effective July 1, 1997, service charges continue to be assessed monthly, and now coincide with the day of the month the account was opened. If you have electronic transactions, you will receive a monthly statement.

Bank of America News

Now banking from home is as easy as point & click! With HomeBanking you can check current balances, review account activity, pay bills and transfer money, all through your computer and modem! To find out how to get HomeBanking for free, just call us at 1-800-363-BofA.

Account Activity

Date Posted	Description	Reference Number	Amount
07/20	Interest Paid		
08/20	Interest		\$.36
09/20	Interest		.57
	Interest		.57
	<i>Total Interest Paid</i>		\$1.50

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Texas

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MEMBER FDIC

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TRStatement Period: July 1 through September 20, 1997
Account Number: 85192-06643 **Daily Account Balance**

Date	Amount	Date	Amount	Date	Amount
07/01	\$ 333.27	08/20	334.20		
07/20	333.63	09/20	334.77		

P.O. Box 619005
Dallas, TX 75261-9005

Your Bank of America Regular Savings Statement

Statement Period:
September 21 through December 20, 1997
Account Number: 85192-06643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

At Your Service:
1-800-432-1000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
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Summary of Your Regular Savings Account

Beginning Balance on 09/21/97	\$334.77	Annual Percentage Yield earned this period	2.01%
Interest Paid	+ 1.67	Interest paid year-to-date	\$11.44
Ending Balance	\$336.44		

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Become a Lone Star Santa and make sure Santa comes to children who otherwise might not have Christmas. Just bring a new, unwrapped toy to any Bank of America branch.

Bank of America News

Did you wish for more space today? Whether you're expanding the kitchen or adding a room, a Bank of America Home Equity Loan can help. Call 1-800-THE-BofA for information. Bank of America. Put Your Future In Motion.

Manage your money without moving an inch. With Bank of America's HomeBanking you can get account info, pay bills, and transfer funds online. All without leaving your favorite chair. Call 1-800-363-BofA today. Bank of America. Put Your Money in Motion.

Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
10/20	Interest		\$.55
11/20	Interest		.57
12/20	Interest		.55
	<i>Total Interest Paid</i>		\$1.67

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Texas

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BRUNSTING004073

MEMBER FD

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TRStatement Period: September 21 through December 20, 1997
Account Number: 85192-06643 **Daily Account Balance**

Date	Amount	Date	Amount	Date	Amount
09/21	\$ 334.77	11/20	335.89		
10/20	335.32	12/20	336.44		



P.O. Box 619005
Dallas, TX 75261-9005

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Your Bank of America Regular Savings Statement

Statement Period:
March 21 through June 20, 1998
Account Number: 85192-06643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

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Summary of Your Regular Savings Account

Beginning Balance on 03/21/98	\$8,046.13	Annual Percentage Yield earned this period	2.02%
Total Withdrawals, Transfers, Account Fees	- 7,675.00	Interest paid year-to-date	\$15.37
Interest Paid	+ 5.68		
Ending Balance	\$376.81		

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Turn a call into cash: 1-888-BUSINESS. Small Business Loans up to \$50,000. It's easy: Apply by phone, seven days a week. No tax returns or financials required. Subject to credit approval.

Bank of America News

Bank of America has 20 years experience in home equity lending. Our fixed-rate equity loans come with no points and no fees and an Instant Decision. Call 1-800-THE-BofA for more information. Bank of America, Put Your Future in Motion.

Tell us where you want to be in the future, and we'll show you the right savings and investment plan to help get you there. And now you can take advantage of our special CD bonus offer! Call 1-800-TRY-BofA for more information.

Account Activity

Date Posted	Description	Reference Number	Amount
03/30	Withdrawals, Transfers, Account Fees Withdrawal		\$7,675.00

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Texas

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ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

 Statement Period: March 21 through June 20, 1998
 Account Number: 85192-06643

 Account Activity Continued

Date Posted	Description	Reference Number	Amount
04/20	Interest Paid		\$4.42
05/20	Interest		.62
06/20	Interest		.64
	<i>Total Interest Paid</i>		\$5.68

 Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
03/21	\$ 8,046.13	04/20	375.55	06/20	376.81
03/30	371.13	05/20	376.17		

P.O. Box 619005
Dallas, TX 75261-9005

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Your Bank of America Regular Savings Statement

Statement Period:
June 21 through September 20, 1998
Account Number: 85192-06643

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Summary of Your Regular Savings Account

Beginning Balance on 06/21/98	\$376.81
Interest Paid	+ 1.87
Ending Balance	\$378.68

Annual Percentage Yield earned this period	1.98%
Interest paid year-to-date	\$17.24

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Turn a call into cash: 1-888-BUSINESS. Small Business Loans up to \$50,000. It's easy: Apply by phone, seven days a week. No tax returns or financials required. Subject to credit approval.

Account Activity

Date Posted	Description	Reference Number	Amount
07/20	Interest Paid		
08/20	Interest		\$.62
09/20	Interest		.64
	Interest		.61
	Total Interest Paid		\$1.87

Daily Account Balance


Date	Amount	Date	Amount	Date	Amount
06/21	\$ 376.81	08/20	378.07		
07/20	377.43	09/20	378.68		

P.O. Box 619005
Dallas, TX 75261-9005

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Your Bank of America Regular Savings Statement

Statement Period:
September 21 through December 20, 1998
Account Number: 85192-06643


 ANITA K RILEY TR FOR VOCABLE TRUST
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 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

At Your Service:
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730-6000 In Dallas
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Customer Service
P.O. Box 619005
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Summary of Your Regular Savings Account

Beginning Balance on 09/21/98	\$378.68
Interest Paid	+ 1.54
Ending Balance	\$380.22

Annual Percentage Yield earned this period	1.64%
Interest paid year-to-date	\$18.78

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Account Activity

Date Posted	Description	Reference Number	Amount
	Interest Paid		
10/20	Interest		\$.54
11/20	Interest		.54
12/20	Interest		.46
	Total Interest Paid		\$1.54

Daily Account Balance

Date	Amount	Date	Amount
09/21	\$ 378.68	11/20	379.76
10/20	379.22	12/20	380.22

P.O. Box 619005
Dallas, TX 75261-9005

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Your Bank of America Regular Savings Statement

Statement Period:
December 21, 1998 through
March 20, 1999
Account Number: 85192-06643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

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business and we enjoy serving you.

Summary of Your Regular Savings Account

Beginning Balance on 12/21/98	\$380.22	Annual Percentage Yield earned this period	1.25%
Total Deposits	+ 7,700.00	Interest paid year-to-date	\$4.04
Interest Paid	+ 4.04		
Ending Balance	\$8,084.26		

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Branch/ATM Deposits

Date Posted	Amount
03/10	\$7,700.00

Account Activity

Date Posted	Description	Reference Number	Amount
01/20	Interest Paid		\$.40
02/20	Interest		.40
03/20	Interest		3.24
	Total Interest Paid		\$4.04

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
12/21	\$ 380.22	02/20	381.02	03/20	8,084.26
01/20	380.62	03/10	8,081.02		

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

 Statement Period: December 21, 1997
 through March 20, 1998
 Account Number: 85192-06643

 Account Activity

Date Posted	Description	Reference Number	Amount
01/20	Interest Paid		
	Interest		\$.57
02/20	Interest		.58
03/20	Interest		8.54
	<i>Total Interest Paid</i>		\$9.69

 Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
12/21	\$ 336.44	02/20	337.59	03/20	8,046.13
01/20	337.01	03/02	8,037.59		

BANK OF AMERICA TEXAS, N.A.
DEPT 04426
P.O. BOX 16290
PHOENIX, AZ 85011

0825763L

TAX YEAR **1998**

E.I.N. 76-0337968

AT YOUR SERVICE CALL: 972-730-6000 OR
1-800-730-6000

THIS DOCUMENT ISSUED AS A 1998 TAX STATEMENT FOR A 1099 INFORMATION RETURN OR 1098 MORTGAGE INTEREST STATEMENT

THE BRUNSTING FAMILY IRREVOCABLE TR
ANITA K RILEY TR FOR VOCABLE TRUST D
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

FOR TAX YEAR 1998

TAXPAYER ID NUMBER 76-6124195

Trust

1998 - 1099-INT, INTEREST INCOME

SAVINGS	ACCOUNT NUMBER	
BOX 1	8519206643	
	INTEREST INCOME	18.78
	TOTAL INTEREST	18.78

1099-INT
1099-DIV
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and IRS determines that it has not been reported.

1099-OID
1099-MISC
1099-B
This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if taxable income results from this transaction and the IRS determines that it has not been reported.

1099-A
1099-C
1098 - MORTGAGE
The information next to boxes 1, 2, and 3 is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if the IRS determines that an underpayment of tax results because you overstated a deduction for this mortgage interest or for these points or because you did not report all of interest on your return.
* The amount shown next to Box 1 may not be fully deductible by you on your Federal Income Tax Return. Limitations based on the cost and value of the secured property may apply. In addition, you may only deduct an amount of mortgage interest to the extent it was incurred by you, actually paid by you, and not reimbursed by another person.

P.O. Box 619005
Dallas, TX 75261-9005

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Your Bank of America Regular Savings Statement

Statement Period:
March 21 through March 31, 1999
Account Number: 85192-06643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

Bank of America appreciates your
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Summary of Your Regular Savings Account

Beginning Balance on 03/21/99	\$8,084.26	Annual Percentage Yield earned this period	1.25%
Total Withdrawals, Transfers, Account Fees	- 7,675.00	Interest paid year-to-date	\$4.04
Ending Balance	\$409.26	Interest earned this period	\$1.20

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Account Activity

Date Posted	Description	Reference Number	Amount
03/25	Withdrawals, Transfers, Account Fees ACH Withdrawal Jefferson-Pilot Ins.Prem 03/25/99 Jp4432833		\$7,675.00

Daily Account Balance

Date	Amount	Date	Amount
03/21	\$ 8,084.26	03/25	409.26

P.O. Box 619005
Dallas, TX 75261-9005

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Your Bank of America Regular Savings Statement

Statement Period:
April 1 through April 8, 1999
Account Number: 85192-06643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

At Your Service:
1-800-730-6000 Customer Service
730-6000 In Dallas
1-800-833-0805 Speech/hearing impaired

Customer Service
P.O. Box 619005
Dallas, TX 75261-9005

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Summary of Your Regular Savings Account

Beginning Balance on 04/01/99	\$409.26	Annual Percentage Yield earned this period	1.23%
Interest Paid	+ 1.31	Interest paid year-to-date	\$5.35
Ending Balance	\$410.57	Interest earned this period	\$1.11

Important Information About Your Account

Call Money Talk for automated telephone account information services, 24 hours a day. In Austin, Dallas, Ft. Worth, Houston and San Antonio call 730-6000. All other locations 1-800-730-6000.

Account Activity

Date Posted	Description	Reference Number	Amount
04/08	Interest Paid Interest		\$1.31

Daily Account Balance

Date	Amount	Date	Amount	Date	Amount
04/01	\$ 409.26	04/08	410.57		



Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547

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 Statement Period
 06-12-99 through 09-14-99
 Number of checks enclosed: 0
 B 09 0 A 23 0038416

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
 1-800-247-6262 Express Service/Customer Service
 1-800-332-3977 Hearing Impaired Customer Service



Or you may write to:
 Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 06-12-99.....	\$ 411.46	<i>Period: 1.04%</i>
Deposits and Other Additions.....	+ 1.11	<i>Interest Paid Year to Date: \$7.35</i>
Ending Balance on 09-14-99.....	\$ 412.57	

Year 2000 Update: We are ready for year 2000. We have tested key processes and technology and have complied with federal regulatory requirements. The rest of 1999 will be spent retesting our systems and fine-tuning our business continuity plans. For more information, call us toll-free at 1.888.960.1111 or visit us at www.bankofamerica.com/y2k.

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-14	0.41
Interest Earned	08-12	0.33
Interest Earned	09-14	0.37
Total Deposits and Other Additions		\$1.11

Bank of America



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Statement Period
06-12-99 through 09-14-99
Number of checks enclosed: 0
B 09 0 A 23 0038417

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	411.46	08-12	412.20
07-14	411.87	09-14	412.57



Bank of America, N.A.
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 Statement Period
 09-15-99 through 12-13-99
 Number of checks enclosed: 0
 B 09 0 A 23 0038188
 Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
 1-800-247-6262 Express Service/Customer Service
 1-800-332-3977 Hearing Impaired Customer Service
 1-800-443-2711 En Español

Or you may write to:
 Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 09-15-99.....	\$ 412.57	<i>Period: 1.01%</i>
Deposits and Other Additions.....	+ 1.02	<i>Interest Paid Year to Date: \$8.37</i>
Ending Balance on 12-13-99.....	\$ 413.59	

YEAR 2000 UPDATE: You can expect the same level of service from Bank of America now and into the next millennium. The systems and software that support this account statement have already been made ready for year 2000. Statements will continue to come to you as they have before.

For more information, visit us at www.bankofamerica.com/y2k or call toll-free, 1.888.960.1111, 7am-10pm.

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-14	0.34
Interest Earned	11-12	0.33
Interest Earned	12-13	0.35
Total Deposits and Other Additions		\$1.02

Bank of America



Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

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Statement Period
09-15-99 through 12-13-99
Number of checks enclosed: 0
B 09 0 A 23 0038189

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	412.57	11-12	413.24
10-14	412.91	12-13	413.59



FIRST CLASS MAIL

Customer Service: 1-800-247-6262

Date of Notice: 12/13/1999 CE099

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Notice of Inactive Account: Regular Savings

It has been some time since we have had contact with you concerning the account listed below, which means your account is about to become dormant under the terms of the Deposit Agreement and Disclosures. Dormant accounts may be subject to a non-refundable dormant account fee and/or all applicable fees described in the Schedule of Fees. Please note that your account may be considered abandoned property under state law, and your balance sent to the appropriate unclaimed property department of the state of your last known address.

To avoid having your account closed and the balance sent to the state of your last known address, please sign, date and return this notice to us as soon as possible. For your convenience, we have enclosed a postage-paid envelope. If you have any questions about your account, please call Customer Service at the number listed above. Thank you.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT DESCRIPTION
0008519206643		02/20/1997	\$412.91 SAVINGS

SSN/EIN: 766-12-4195

Please sign below to reinstate the active status of your account.

Authorized Customer Signature

Date

Change of Address Information.
(Please complete if your address is different from the one listed on this notice.)



Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547

H

Page 1 of 2
 Statement Period
 03-14-00 through 04-13-00
 Number of checks enclosed: 0
 B 09 0 A 23 0009113

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
 1.888.789.PLUS (7587) Priority Telephone Banking
 1.800.288.4408 TDD Hearing Impaired
 1.800.443.2711 En Español

Or you may write to:
 Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Interest Paid Year to Date: \$3.49</i>
Beginning Balance on 03-14-00.....	\$ 8,096.09	
Deposits and Other Additions.....	+ 0.99	
Other Subtractions.....	- 7,675.00	
Ending Balance on 04-13-00.....	\$ 422.08	

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	0.99
Total Deposits and Other Additions		\$0.99

Bank of America



Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

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Page 2 of 2
Statement Period
03-14-00 through 04-13-00
Number of checks enclosed: 0
B 09 0 A 23 0009114

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

<u>Other Subtractions</u>	<u>Date Posted</u>	<u>Amount(\$)</u>
Jefferson-Pilot ;Des=ins.Prem ;ID=JP4432833 Eff Date: 000317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	8,096.09	03-17	421.09	04-13	422.08

Bank of America



Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Page 1 of 2
Statement Period
03-14-00 through 06-15-00
Number of checks enclosed: 0
B 09 0 A 23 0010136

Account Number: 0085 1920 6643



16099 001 SCM999 I 3

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.443.2711 En Español



Or you may write to:
Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 03-14-00.....	\$ 8,096.09
Deposits and Other Additions.....	+ 1.72
Other Subtractions.....	- 7,675.00
Ending Balance on 06-15-00.....	\$ 422.81

Annual Percentage Yield Earned this Statement
Period: 1.00%
Interest Paid Year to Date: \$4.22

Effective June 9, 2000 when you make a deposit at a Bank of America ATM the amount from the deposit that may be available for immediate withdrawal or other use with the ATM card or Check Card will be up to \$100 per banking day but not exceeding the amount of the deposit. The change does not apply to Gold Check Cards or Platinum Check Cards.

Please see the enclosed Access Identifier Agreement and Disclosure brochure for important information about Bank of America Telephone Banking.

Thank you for banking with Bank of America.

Bank of America



Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

H

Page 2 of 2
Statement Period
03-14-00 through 06-15-00
Number of checks enclosed: 0
B 09 0 A 23 0010137

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	0.99
Interest Earned	05-15	0.37
Interest Earned	06-15	0.36
Total Deposits and Other Additions		\$1.72

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jefferson-Pilot ;Des = ins.Prem ;ID = JP4432833 Eff Date: 000317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,096.09	04-13	422.08	06-15	422.81
03-17	421.09	05-15	422.45		



Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547

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Page 1 of 2
 Statement Period
 06-16-00 through 09-14-00
 Number of checks enclosed: 0
 B 09 0 A 23 0006363

Account Number: 0085 1920 6643



15099 001 SCM999 I 2

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
 1.888.789.PLUS (7587) Priority Telephone Banking
 1.800.288.4408 TDD Hearing Impaired
 1.800.688.6086 En Español

Or you may write to:
 Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
 Beginning Balance on 06-16-00..... \$ 422.81
 Deposits and Other Additions..... + 1.06
 Ending Balance on 09-14-00..... \$ 423.87

Annual Percentage Yield Earned this Statement
 Period: 1.00%
 Interest Paid Year to Date: \$5.28

Your Regular Savings monthly maintenance fee is not changing. But, starting 11/1/00, you can avoid the fee by keeping a \$500 minimum daily balance in Regular Savings. Talk with us to make sure your account still meets your needs. Thank you for banking with Bank of America.

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-14	0.34
Interest Earned	08-16	0.38
Interest Earned	09-14	0.34
Total Deposits and Other Additions		\$1.06

Bank of America



Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

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Page 2 of 2
Statement Period
06-16-00 through 09-14-00
Number of checks enclosed: 0
B 09 0 A 23 0006364

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	422.81	08-16	423.53
07-14	423.15	09-14	423.87

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Page 1 of 2
Statement Period
09-15-00 through 12-13-00
Number of checks enclosed: 0
B 09 0 A *23 0008325

Account Number: 0085 1920 6643



00003888 1 AB 0.270 12 14099 001 SCM999 I 2
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information



For additional information or service, you may call:
1.888.789.PLUS (7587) Priority Telephone Banking
1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español



Or you may write to:
Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 09-15-00.....	\$ 423.87
Deposits and Other Additions.....	+ 1.05
Service Charges and Other Fees.....	- 3.00
Ending Balance on 12-13-00.....	\$ 421.92

Annual Percentage Yield Earned this Statement
Period: 1.00%
Interest Paid Year to Date: \$6.33

When VISA converts a Check Card transaction made in non-US\$ to US\$, VISA adds 1% and, unless you have an Advantage or Money Manager Account or you are a Private or Premier Banking Client, we add 2% of the original transaction amount.

On your statement, the transaction US\$ amount and conversion rate includes Visa's 1%. Our 2% appears separately as a Foreign Currency Conversion Adjustment.

Thank you for banking with Bank of America.

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Page 2 of 2
Statement Period
09-15-00 through 12-13-00
Number of checks enclosed: 0
B 09 0 A 23 0008326

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-16	0.37
Interest Earned	11-14	0.34
Interest Earned	12-13	0.34
Total Deposits and Other Additions		\$1.05

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	12-13	3.00
Total Service Charges and Other Fees		\$3.00

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	423.87	11-14	424.58
10-16	424.24	12-13	421.92

*See letter
By FAX
12/21/00*

Bank of America



Dormant / Escheat / Reg D
P.O. Box 414867
Kansas City, MO 64141-4867

FIRST CLASS MAIL

Customer Service: 1.800.299.2265

Date of Notice: 12/08/2000 CE099

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Notice of Inactive Account: Regular Savings

Dear Bank of America Customer:

Thank you for banking with us. We appreciate the opportunity to assist you with your financial needs. It has been some time since we have had direct contact with you concerning the account noted below, which means that your account is about to become dormant. Certain transactions - such as automatic deposits, pre-authorized transfers, interest payments and Certificate of Deposit renewals - are not considered to be direct contact with you.

To reactivate your account, simply sign below and return this letter to us in the enclosed postage-paid envelope. Or, visit a nearby banking center. If you have any questions about your account, or if there is anything that we can do to better serve your needs, please call us at the number listed above. Thank you again for banking with us.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT DESCRIPTION
0008519206643		02/20/1997	\$424.24 SAVINGS

Please sign below to reinstate the active status of your account.

Anita K. Riley
Authorized Customer Signature

12/21/00
Date

Change of Address Information.
(Please complete if your address is different from the one listed on this notice.)



Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547

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Page 1 of 2
 Statement Period
 12-14-99 through 03-13-00
 Number of checks enclosed: 0
 B 09 0 A 23 0088403

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

See Back for Change of Address

Customer Service Information

For additional information or service, you may call:
 1.800.274.6262 Express Service/Customer Service
 1.800.288.4408 TDD Hearing Impaired
 1.800.443.2711 En Español



Or you may write to:
 Bank of America, N.A.
 P.O. Box 831547
 Dallas, TX 75283-1547



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 12-14-99.....	\$ 413.59
Deposits and Other Additions.....	+ 7,682.50
Ending Balance on 03-13-00.....	\$ 8,096.09

Annual Percentage Yield Earned this Statement
 Period: 1.00%
 Interest Paid Year to Date: \$2.50

Prepare and file your taxes the convenient way - - online. Bank of America announces Quicken TurboTax for the Web '99 - - a secure and easy way to prepare and file your taxes electronically. No software required! Visit us at www.bankofamerica.com to take advantage of this convenience.

Houston, TX - April 14-16 - Through dedication and a quest for perfection, Olympians raise competitive sports to new levels. Bank of America brings you our Down Under Tour, an Australian exhibit and tribute to Olympians. In honoring athletes who succeed like never before, it is our hope that the Down Under Tour will bring inspiration to our lives.

Thank you for banking with Bank of America.

Bank of America



Bank of America, N.A.
P.O. Box 831547
Dallas, TX 75283-1547

Page 2 of 2
Statement Period
12-14-99 through 03-13-00
Number of checks enclosed: 0
B 09 0 A 23 0038404

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

<u>Deposits and Other Additions</u>	<u>Date Posted</u>	<u>Amount(\$)</u>
Interest Earned	01-13	0.35
Interest Earned	02-11	0.33
Counter Credit	03-07	7,680.00
Interest Earned	03-13	1.82
Total Deposits and Other Additions		\$7,682.50

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	413.59	02-11	414.27	03-13	8,096.09
01-13	413.94	03-07	8,094.27		



Bank of America, N.A.
 P.O. Box 798
 Wichita, KS 67201

Page 1 of 2
 Statement Period
 12-14-00 through 03-15-01
 Number of checks enclosed: 0
 B 09 0 A 23 0006593

Account Number: 0085 1920 6643



00003207 1 AB 0.278 13 16099 001 SCM999 I 2
 ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
 1.888.789.PLUS (7587) Priority Telephone Banking
 1.800.288.4408 TDD Hearing Impaired
 1.800.688.6086 En Español

Or you may write to:
 Bank of America, N.A.
 P.O. Box 798
 Wichita, KS 67201

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 12-14-00.....	\$ 421.92	<i>Period: 1.00%</i>
Deposits and Other Additions.....	+ 7,754.24	<i>Interest Paid Year to Date: \$4.24</i>
Service Charges and Other Fees.....	- 9.00	
Ending Balance on 03-15-01.....	\$ 8,167.16	

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-16	0.39
Interest Earned	02-12	0.31
Counter Credit	03-01	7,750.00
Interest Earned	03-15	3.54
Total Deposits and Other Additions		\$7,754.24

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Page 2 of 2
Statement Period
12-14-00 through 03-15-01
Number of checks enclosed: 0
B 09 0 A 23 0006594

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

<u>Service Charges and Other Fees</u>	<u>Date Posted</u>	<u>Amount(\$)</u>
Monthly Maintenance Fee	01-16	3.00
Monthly Maintenance Fee	02-12	3.00
Monthly Maintenance Fee	03-15	3.00
Total Service Charges and Other Fees		\$9.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	421.92	02-12	416.62	03-15	8,167.16
01-16	419.31	03-01	8,166.62		



Bank of America, N.A.
 P.O. Box 798
 Wichita, KS 67201

Page 1 of 2
 Statement Period
 03-16-01 through 04-13-01
 Number of checks enclosed: 0
 B 09 0 A 23 0008509

Account Number: 0085 1920 6643



00004099 1 AB 0.278 12 14099 001 SCM999

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR
 203 BLOOMINGDALE CIR
 VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
 1.888.789.PLUS (7587) Priority Telephone Banking
 1.800.288.4408 TDD Hearing Impaired
 1.800.688.6086 En Español

Or you may write to:
 Bank of America, N.A.
 P.O. Box 798
 Wichita, KS 67201

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Interest Paid Year to Date: \$5.26</i>
Beginning Balance on 03-16-01.....	\$ 8,167.16	
Deposits and Other Additions.....	+ 1.02	
Service Charges and Other Fees.....	- 3.00	
Other Subtractions.....	- 7,675.00	
Ending Balance on 04-13-01.....	\$ 490.18	

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	1.02
Total Deposits and Other Additions		\$1.02

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Page 2 of 2
Statement Period
03-16-01 through 04-13-01
Number of checks enclosed: 0
B 09 0 A 23 0008510

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	04-13	3.00
Total Service Charges and Other Fees		\$3.00
Other Subtractions	Date Posted	Amount(\$)
Jefferson-Pilot ;Des=ins.Prem ;ID=JP4432833 Eff Date: 010319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,167.16	03-19	492.16	04-13	490.18

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

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Page 1 of 2
Statement Period
03-16-01 through 06-14-01
Number of checks enclosed: 0
B 09 0 A 23 0007285

Account Number: 0085 1920 6643



00003493 1 AB 0.278 12 15099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
1.800.299.2265 Express Service/Customer Service
1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español



Or you may write to:
Bank of America, N.A.,
P.O. Box 798
Wichita, KS 67201



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 03-16-01.....	\$ 8,167.16
Deposits and Other Additions.....	+ 1.85
Service Charges and Other Fees.....	- 9.00
Other Subtractions.....	- 7,675.00
Ending Balance on 06-14-01.....	\$ 485.01

Annual Percentage Yield Earned this Statement
Period: 1.00%
Interest Paid Year to Date: \$6.09

Get free Photo Security option on your Bank of America Check Card and credit card. Simply visit your nearest banking center for full details and get yours today. Member FDIC.

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	1.02
Interest Earned	05-15	0.43
Interest Earned	06-14	0.40
Total Deposits and Other Additions		\$1.85

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

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Page 2 of 2
Statement Period
03-16-01 through 06-14-01
Number of checks enclosed: 0
B 09 0 A 23 0007286

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	04-13	3.00
Monthly Maintenance Fee	05-15	3.00
Monthly Maintenance Fee	06-14	3.00
Total Service Charges and Other Fees		\$9.00

Other Subtractions	Date Posted	Amount(\$)
Jefferson-Pilot ;Des =ins.Prem ;ID = JP4432833 Eff Date: 010319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,167.16	04-13	490.18	06-14	485.01
03-19	492.16	05-15	487.61		

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Page 1 of 2
Statement Period
06-15-01 through 09-13-01
Number of checks enclosed: 0
B 09 0 A 23 0005556

Account Number: 0085 1920 6643



00002911 1 AB 0.280 12 14099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:

1.800.299.2265 Express Service/Customer Service
1.800.288.4408 TDD Hearing Impaired
1.800.688.6086 En Español

Or you may write to:

Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
Beginning Balance on 06-15-01.....\$ 485.01
Deposits and Other Additions.....+ 1.21
Service Charges and Other Fees.....- 9.00
Ending Balance on 09-13-01.....\$ 477.22

Annual Percentage Yield Earned this Statement
Period: 1.00%
Interest Paid Year to Date: \$7.30

Thank you for banking with Bank of America.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-16	0.43
Interest Earned	08-16	0.41
Interest Earned	09-13	0.37
Total Deposits and Other Additions		\$1.21

Bank of America



Bank of America, N.A.
P.O. Box 798
Wichita, KS 67201

HH

Page 2 of 2
Statement Period
06-15-01 through 09-13-01
Number of checks enclosed: 0
B 09 0 A 23 0005557

Account Number: 0085 1920 6643

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Subtractions

<u>Service Charges and Other Fees</u>	<u>Date Posted</u>	<u>Amount(\$)</u>
Monthly Maintenance Fee	07-16	3.00
Monthly Maintenance Fee	08-16	3.00
Monthly Maintenance Fee	09-13	3.00
Total Service Charges and Other Fees		\$9.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	485.01	08-16	479.85
07-16	482.44	09-13	477.22

Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Page 1 of 2
Statement Period
03-15-02 through 04-15-02
Number of checks enclosed: 0
B 09 0 A 23 0007891

Account Number: 0085 1920 6643



00003865 1 AB 0.280 12 16099 001 SCH999

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Customer Service Information

For additional information or service, you may call:
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	Interest Paid Year to Date: \$2.99
Beginning Balance on 03-15-02.....	\$ 8,137.48	
Deposits and Other Additions.....	+ 0.62	
Service Charges and Other Fees.....	- 3.00	
Other Subtractions.....	- 7,675.00	
Ending Balance on 04-15-02.....	\$ 460.10	

Most of our banking centers offer you a variety of services to complement your checking and savings account, including safe deposit boxes, traveler's checks, cashiers checks, savings bonds, wire transfers and foreign currency services. Fees for these services vary and may change at any time. Please ask a bank representative for current fees.

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Many older Series E Savings Bonds have reached final maturity and are no longer earning interest, but they may be worth more than five times their face value. Use the free savings bond calculator at www.savingsbonds.gov to determine the current value of your bonds, when they increase in value, and when they stop earning interest.



ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
03-15-02 through 04-15-02
Number of checks enclosed: 0
B 09 0 A 23 0007892

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.62
Total Deposits and Other Additions		\$0.62

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	04-15	3.00
Total Service Charges and Other Fees		\$3.00
Other Subtractions	Date Posted	Amount(\$)
Jefferson-Pilot ;Des = ins.Prem ;Id = jp4432833 Eff Date: 020319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,137.48	03-19	462.48	04-15	460.10

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Page 1 of 2
Statement Period
03-15-02 through 06-13-02
Number of checks enclosed: 0
B 09 0 A 23 0005165

Account Number: 0085 1920 6643

00002505 1 AB 0.280 13 14099 001 SCH999 I 34
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
Beginning Balance on 03-15-02..... \$ 8,137.48
Deposits and Other Additions..... + 0.99
Service Charges and Other Fees..... - 9.00
Other Subtractions..... - 7,675.00
Ending Balance on 06-13-02..... \$ 454.47

Annual Percentage Yield Earned this Statement
Period: 0.50%
Interest Paid Year to Date: \$3.36

Effective August 5, 2002, a \$1.50 fee will be charged to your account for each withdrawal, transfer, denial or balance inquiry made at a non-Bank of America ATM. A denial occurs when the request to withdraw funds exceeds your available balance or daily cash withdrawal limit. Avoid these fees by using any of our 13,000 Bank of America ATMs.

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.62
Interest Earned	05-15	0.19
Interest Earned	06-13	0.18
Total Deposits and Other Additions		\$0.99



Page 2 of 2
Statement Period
03-15-02 through 06-13-02
Number of checks enclosed: 0
B 09 0 A 23 0005166

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Account Number: 0085 1920 6643

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	04-15	3.00
Monthly Maintenance Fee	05-15	3.00
Monthly Maintenance Fee	06-13	3.00
Total Service Charges and Other Fees		\$9.00

Other Subtractions	Date Posted	Amount(\$)
Jefferson-Pilot ;Des=ins.Prem ;Id=jp4432833 Eff Date: 020319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,137.48	04-15	460.10	06-13	454.47
03-19	462.48	05-15	457.29		

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Page 1 of 2
Statement Period
06-14-02 through 09-13-02
Number of checks enclosed: 0
B 09 0 A 23 0004901

Account Number: 0085 1920 6643



00002376 1 MB 0.309 04 14099 001 SCM999 II 4
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 06-14-02.....	\$ 454.47	<i>Period: 0.50%</i>
Deposits and Other Additions.....	+ 0.58	<i>Interest Paid Year to Date: \$3.94</i>
Service Charges and Other Fees.....	- 9.00	
Ending Balance on 09-13-02.....	\$ 446.05	

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TRPage 2 of 2
Statement Period
06-14-02 through 09-13-02
Number of checks enclosed: 0
B 09 0 A 23 0004902

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-16	0.21
Interest Earned	08-15	0.19
Interest Earned	09-13	0.18
Total Deposits and Other Additions		\$0.58

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	07-16	3.00
Monthly Maintenance Fee	08-15	3.00
Monthly Maintenance Fee	09-13	3.00
Total Service Charges and Other Fees		\$9.00

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	454.47	08-15	448.87
07-16	451.68	09-13	446.05

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Page 1 of 2
Statement Period
09-14-02 through 12-13-02
Number of checks enclosed: 0
B 09 0 A 23 0002386

Account Number: 0085 1920 6643

00001229 1 MB 0.309 04 14099 001 SCM999 I 4
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
Beginning Balance on 09-14-02..... \$ 446.05
Deposits and Other Additions..... + 0.55
Service Charges and Other Fees..... - 9.00
Ending Balance on 12-13-02..... \$ 437.60

Annual Percentage Yield Earned this Statement
Period: 0.50%
Interest Paid Year to Date: \$4.49

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-16	0.20
Interest Earned	11-13	0.17
Interest Earned	12-13	0.18
Total Deposits and Other Additions		\$0.55



ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
09-14-02 through 12-13-02
Number of checks enclosed: 0
B 09 0 A 23 0002387

Account Number: 0085 1920 6643

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	10-16	3.00
Monthly Maintenance Fee	11-13	3.00
Monthly Maintenance Fee	12-13	3.00
Total Service Charges and Other Fees		\$9.00

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	446.05	11-13	440.42
10-16	443.25	12-13	437.60

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Page 1 of 2
Statement Period
12-14-02 through 03-14-03
Number of checks enclosed: 0
B 09 0 A 23 0003908

Account Number: 0085 1920 6643

00001896 1 MB 0.309 04 15099 001 SCM999 I 4
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
Beginning Balance on 12-14-02.....\$ 437.60
Deposits and Other Additions.....+ 7,701.60
Service Charges and Other Fees.....- 9.00
Ending Balance on 03-14-03.....\$ 8,130.20

Annual Percentage Yield Earned this Statement
Period: 0.50%
Interest Paid Year to Date: \$1.60

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-15	0.20
Interest Earned	02-12	0.17
Customer Credit 03/05/03 From Checking Town & Country 00159 TX	03-05	7,700.00
Interest Earned	03-14	1.23
Total Deposits and Other Additions		\$7,701.60

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	01-15	3.00
Monthly Maintenance Fee	02-12	3.00
Monthly Maintenance Fee	03-14	3.00
Total Service Charges and Other Fees		\$9.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	437.60	02-12	431.97	03-14	8,130.20
01-15	434.80	03-05	8,131.97		

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Page 1 of 2
Statement Period
03-15-03 through 04-15-03
Number of checks enclosed: 0
B 09 0 A 23 0007046

Account Number: 0085 1920 6643



00003513 1 MB 0.309 03 16099 001 SCM999
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	Interest Paid Year to Date: \$2.11
Beginning Balance on 03-15-03.....	\$ 8,130.20	
Deposits and Other Additions.....	+ 0.51	
Service Charges and Other Fees.....	- 3.00	
Other Subtractions.....	- 7,675.00	
Ending Balance on 04-15-03.....	\$ 452.71	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.51
Total Deposits and Other Additions		\$0.51



ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
03-15-03 through 04-15-03
Number of checks enclosed: 0
B 09 0 A 23 0007047

Account Number: 0085 1920 6643

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	04-15	3.00
Total Service Charges and Other Fees		\$3.00
Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 030318;Indn:Anita K Riley-Trustee	03-18	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	8,130.20	03-18	455.20	04-15	452.71

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Page 1 of 2
Statement Period
03-15-03 through 06-13-03
Number of checks enclosed: 0
B 09 0 A P 23 0005013

Account Number: 0085 1920 6643



00002406 1 MB 0.309 04 14099 001 SCM999 I 2
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 03-15-03.....	\$ 8,130.20	<i>Period: 0.50%</i>
Deposits and Other Additions.....	+ 0.87	<i>Interest Paid Year to Date: \$2.47</i>
Service Charges and Other Fees.....	- 9.00	
Other Subtractions.....	- 7,675.00	
Ending Balance on 06-13-03.....	\$ 447.07	

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
03-15-03 through 06-13-03
Number of checks enclosed: 0
B 09 0 A P 23 0005014

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.51
Interest Earned	05-14	0.18
Interest Earned	06-13	0.18
Total Deposits and Other Additions		\$0.87

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	04-15	3.00
Monthly Maintenance Fee	05-14	3.00
Monthly Maintenance Fee	06-13	3.00
Total Service Charges and Other Fees		\$9.00

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 030318;Indn:Anita K Riley-Trustee	03-18	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,130.20	04-15	452.71	06-13	447.07
03-18	455.20	05-14	449.89		

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Statement Period
06-14-03 through 09-15-03
Number of checks enclosed: 0
B 09 0 A P 23 0005696

Account Number: 0085 1920 6643



00002791 1 MB 0.309 04 16099 001 SCM999 I1
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 06-14-03.....	\$ 447.07	<i>Period: 0.29%</i>
Deposits and Other Additions.....	+ 0.33	<i>Interest Paid Year to Date: \$2.80</i>
Service Charges and Other Fees.....	- 9.00	
Ending Balance on 09-15-03.....	\$ 438.40	

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-16	0.14
Interest Earned	08-14	0.09
Interest Earned	09-15	0.10
Total Deposits and Other Additions		\$0.33



ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
06-14-03 through 09-15-03
Number of checks enclosed: 0
B 09 0 A P 23 0005697

Account Number: 0085 1920 6643

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	07-16	3.00
Monthly Maintenance Fee	08-14	3.00
Monthly Maintenance Fee	09-15	3.00
Total Service Charges and Other Fees		\$9.00

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	447.07	08-14	441.30
07-16	444.21	09-15	438.40

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Page 1 of 2
Statement Period
09-16-03 through 12-15-03
Number of checks enclosed: 0
B 09 0 A P 23 0008016

Account Number: 0085 1920 6643



00003640 1 MB 0.309 04 16099 001 SCM999 I1 3
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 09-16-03.....	\$ 438.40
Deposits and Other Additions.....	+ 0.27
Service Charges and Other Fees.....	- 9.00
Ending Balance on 12-15-03.....	\$ 429.67

Annual Percentage Yield Earned this Statement
Period: 0.25%
Interest Paid Year to Date: \$3.07



The current fee for each overdraft, returned check, insufficient funds item and unavailable funds item (each referred to as an "O/D item") is \$30. Effective April 9, 2004, this fee will vary, based on the number of days during the current and preceding 12 months in which your account has had at least one O/D item (each of these days is an "occurrence")

If your account has had 2 or fewer occurrences during the current and preceding 12 months, the fee is \$17 per item. If your account has had at least 3, but no more than 5, occurrences during the current and preceding 12 months, the fee is \$30 per item.

If your account has had 6 or more occurrences during the current and preceding 12 months, the fee is \$33 per item. You may contact us to confirm the number of occurrences on your account. You can avoid this fee by taking advantage of one of our overdraft protection plans.

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Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-16	0.09
Interest Earned	11-12	0.08
Interest Earned	12-15	0.10
Total Deposits and Other Additions		\$0.27

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	10-16	3.00
Monthly Maintenance Fee	11-12	3.00
Monthly Maintenance Fee	12-15	3.00
Total Service Charges and Other Fees		\$9.00

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	438.40	11-12	432.57
10-16	435.49	12-15	429.67

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Page 1 of 2
Statement Period
03-17-04 through 04-15-04
Number of checks enclosed: 0
B 09 0 A PS 23 0006792

Account Number: 0085 1920 6643



00003284 1 MB 0.309 03 16099 001 SCM999

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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	Interest Paid Year to Date: \$1.53
Beginning Balance on 03-17-04.....	\$ 8,175.10	
Deposits and Other Additions.....	+ 0.10	
Other Subtractions.....	- 7,675.00	
Ending Balance on 04-15-04.....	\$ 500.20	

If you, or someone you know, send money to Mexico, sign up for the SafeSend Transfer Card today. You can transfer money 24/7. The money gets there in less than 6 minutes. Your family can access their funds at a RED/Plus ATM or use the card for purchases wherever VISA is accepted. To sign up, call 1-866-723-3736 or visit your neighborhood Bank of America.

NO PURCHASE NECESSARY. You could win \$10,000 contributed to a 529 College Savings Plan (subject to applicable taxes) and a trip to L.A. to be on a game show in the Get Schooled Games Tour. Must be a U.S. resident 16 or older. Subject to official rules available at gsn.com/win. Void where prohibited. Sweepstakes scheduled to end May 9, 2004.



ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.10
Total Deposits and Other Additions		\$0.10

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 040317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	8,175.10	03-17	500.10	04-15	500.20



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Tampa, FL 33622-5118

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Page 1 of 2
Statement Period
03-17-04 through 06-15-04
Number of checks enclosed: 0
B 09 0 A P 23 0007422

Account Number: 0085 1920 6643



00003622 1 MB 0.309 04 16099 001 SCM999 I12
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1.800.288.4408 TDD/TTY Users Only
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 03-17-04.....	\$ 8,175.10	<i>Period: 0.25%</i>
Deposits and Other Additions.....	+ 0.31	<i>Interest Paid Year to Date: \$1.74</i>
Other Subtractions.....	- 7,675.00	
Ending Balance on 06-15-04.....	\$ 500.41	

On the move? Whether you're just getting started or moving up in life - we'll help you get going with the right mortgage, free checking with direct deposit, and savings accounts to achieve your goals. Visit us at www.bankofamerica.com or stop by your local banking center today for more details.

We'll help you get moving. Open a free checking account with direct deposit. No minimum balance requirement. Visit us at www.bankofamerica.com or stop by your local banking center today for more details.

**Regular Savings Additions**

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.10
Interest Earned	05-13	0.10
Interest Earned	06-15	0.11
Total Deposits and Other Additions		\$0.31

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 040317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	8,175.10	04-15	500.20	06-15	500.41
03-17	500.10	05-13	500.30		

Want a way to store your important valuables away from home? Visit any Bank of America banking center to inquire about various safe deposit box sizes available to meet your needs.

Taking a summer vacation? Don't forget your American Express Traveler's Cheques. They are backed by American Express 24/7/365 Customer Service, including refunds usually within 24 hours, plus credit card and passport replacement assistance. Visit www.bankofamerica.com or stop by any Bank of America banking center to purchase some today!



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Tampa, FL 33622-5118

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Page 1 of 2
Statement Period
06-16-04 through 09-15-04
Number of checks enclosed: 0
B 09 0 A P 23 0015069

Account Number: 0085 1920 6643



00003737 1 MB 0.309 13 16099 001 SCH999 I123

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Customer Service Information

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Espanol

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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 06-16-04.....	\$ 500.41
Deposits and Other Additions.....	+ 0.31
Ending Balance on 09-15-04.....	\$ 500.72

Annual Percentage Yield Earned this Statement
Period: 0.25%
Interest Paid Year to Date: \$2.05

Page 2 of 2
 Statement Period
 06-16-04 through 09-15-04
 Number of checks enclosed: 0
 B 09 0 A P 23

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

Account Number: 0085 1920 6643

Effective November 19, 2004, we charge a \$5 international ATM fee for each withdrawal, transfer, and balance inquiry made at a non-Bank of America ATM located in a foreign country. You can avoid this fee by using an international ATM that is owned by a bank that participates in the Global ATM Alliance.

For more information on the Global ATM Alliance and a listing of the Alliance banks, see the insert enclosed in this statement. Please retain this insert for future reference when traveling outside the U.S. If you have questions, please call the number on this account statement.

Catch the rising rate with the new Opt-Up CD. Start with a great APY and if rates rise during the term of this 30-month CD, you can raise your rate once anytime after the first 6 months by an amount equal to 1/2 the difference between the opening rate and the then-current rate on a new Opt-Up CD. There's nowhere to go but up! \$10,000 minimum. Visit us today.

You may have noticed that your Bank of America statement looks different. Your account details will now print on the front and back of your statement pages. This is just one of the many ways Bank of America is committed to conserving resources. We hope you like the new statement format and if you have any questions, please call Customer Service.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-15	0.10
Interest Earned	08-16	0.11
Interest Earned	09-15	0.10
Total Deposits and Other Additions		\$0.31

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	500.41	08-16	500.62
07-15	500.51	09-15	500.72

Do you send money to loved ones in Mexico? Celebrate Hispanic Heritage Month this September by opening a Bank of America SafeSend account today. It's fast, safe and easy! And your first transfer is free! To open an account, visit a local Bank of America branch or call 1.866.723.3736 (1.866.SAFESSEND) today!



How To Balance Your Bank of America Account

0015071

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your ACCOUNT STATEMENT:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement
SUBTOTAL

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals:

Table with 2 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal.
This balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time.

Electronic transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front side of this statement as soon as you can.

- Tell us your name and account number.
- Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic fund transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for, the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





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Page 1 of 2
Statement Period
09-16-04 through 12-16-04
Number of checks enclosed: 0
B 09 0 A P 23 0011729

Account Number: 0085 1920 6643



00003129 1 MB 0.309 13 17099 001 SCM999 I123
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:



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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 09-16-04.....	\$ 500.72	<i>Period: 0.25%</i>
Deposits and Other Additions.....	+ 0.32	<i>Interest Paid Year to Date: \$2.37</i>
Ending Balance on 12-16-04.....	\$ 501.04	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-14	0.10
Interest Earned	11-12	0.10
Interest Earned	12-16	0.12
Total Deposits and Other Additions		\$0.32

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
09-16-04 through 12-16-04
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	500.72	11-12	500.92
10-14	500.82	12-16	501.04



How To Balance Your Bank of America Account

0019389

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

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Page 1 of 2
Statement Period
12-16-03 through 03-16-04
Number of checks enclosed: 0
B 09 0 A P 23 0003750
Account Number: 0085 1920 6643



00001968 1 MB 0.309 04 17099 001 SCM999 I1 4
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 12-16-03.....	\$ 429.67	<i>Period: 0.25%</i>
Deposits and Other Additions.....	+ 7,751.43	<i>Interest Paid Year to Date: \$1.43</i>
Service Charges and Other Fees	- 6.00	
Ending Balance on 03-16-04.....	\$ 8,175.10	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-14	0.09
Interest Earned	02-11	0.08
Deposit	02-24	7,750.00
Interest Earned	03-16	1.26
Total Deposits and Other Additions		\$7,751.43



ANITA K RILEY TR FOR VOCABLE TRUST
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Page 2 of 2
Statement Period
12-16-03 through 03-16-04
Number of checks enclosed: 0
B 09 0 A P 23 0003751

Account Number: 0085 1920 6643

Regular Savings Subtractions

Service Charges and Other Fees	Date Posted	Amount(\$)
Monthly Maintenance Fee	01-14	3.00
Monthly Maintenance Fee	02-11	3.00
Total Service Charges and Other Fees		\$6.00

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	429.67	02-11	423.84	03-16	8,175.10
01-14	426.76	02-24	8,173.84		



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Page 1 of 2
Statement Period
12-17-04 through 03-16-05
Number of checks enclosed: 0
B 09 0 A P 23 0019387

Account Number: 0085 1920 6643



00004816 1 MB 0.309 13 17099 001 SCM999 I1 4
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Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
Beginning Balance on 12-17-04..... \$ 501.04
Deposits and Other Additions..... + 7,676.37
Ending Balance on 03-16-05..... \$ 8,177.41

Annual Percentage Yield Earned this Statement
Period: 0.25%
Interest Paid Year to Date: \$1.37

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
12-17-04 through 03-16-05
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

The following changes to the insufficient funds fee take effect June 1, 2005. If your account has had one occurrence during the current month or the preceding 12-month period, the fee for each insufficient funds item is \$19; for at least 2, but no more than 4 occurrences during the current month and the preceding 12-month period, the fee is \$31 per item;

for 5 or more occurrences during the current month and the preceding 12-month period, the fee is \$34 per item. Each day in which your account had at least one insufficient funds item is considered an "occurrence". The insufficient funds fee applies to a maximum of 5 items per day.

You can avoid this fee by taking advantage of one of our overdraft protection plans. Our associates will be happy to assist you, if you have any questions.

Effective April 2, 2005, if you use your Check Card or ATM Card to purchase goods or services (or to obtain cash from an ATM) in currency other than U.S. dollars, the currency conversion exchange rate used by Visa will be:

a rate selected by Visa from a range of rates available in wholesale currency markets for the applicable central processing date, which rate may differ from the rate Visa receives, or the government-mandated rate in effect for the central processing date. Visa will no longer add a 1% adjustment factor and show it as part of the U.S. dollar amount.

Please call the number on this statement with questions regarding this change.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-13	0.10
Interest Earned	02-10	0.10
Deposit	02-25	1,615.00
5466100207 V4 Cr Bk Adjustment	03-11	6,060.00
Credit Interest Adjustment Fdes Naz 0004426 Nbk6S18	03-14	0.58
Interest Earned	03-16	0.59
Total Deposits and Other Additions		\$7,676.37

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	501.04	02-25	2,116.24	03-16	8,177.41
01-13	501.14	03-11	8,176.24		
02-10	501.24	03-14	8,176.82		



How To Balance Your Bank of America Account

0012890

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents...

Electronic transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error...

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement...

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





FSC11001

ADVICE OF CREDIT

REFERENCE #: NBK644260028

AMOUNT: \$.58
ACCOUNT NUMBER: 00008519206643
AN INTEREST ADJUSTMENT HAS BEEN CREDITED TO YOUR
ACCOUNT. PLEASE UPDATE YOUR RECORDS.

DATE: 03/14/05

PREPARED BY: NBK6S18
CO NO: 0333 COST CENTER: 0004426

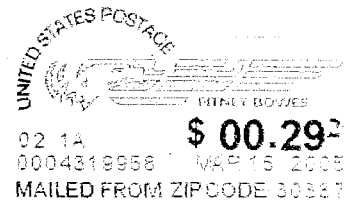
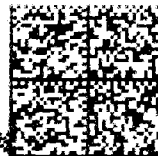
THIS IS YOUR ONLY COPY. PLEASE RETAIN THIS INFORMATION FOR USE IN RECONCILING YOUR ACCOUNT.

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS



AZ1-101-17-01
2727 S 48TH ST
TEMPE, AZ 85282

RESORTED
FIRST CLASS



303 FCM 00:10 03/14

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Page 1 of 2
Statement Period
03-17-05 through 04-14-05
Number of checks enclosed: 0
B 09 0 A PS 23 0012888

Account Number: 0085 1920 6643

00004234 1 MB 0.309 12 15099 001 SCM999
ANITA K RILEY TR FOR VOCABLE TRUST
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Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	Interest Paid Year to Date: \$1.54
Beginning Balance on 03-17-05.....	\$ 8,177.41	
Deposits and Other Additions.....	+ 0.17	
Other Subtractions.....	- 7,675.00	
Ending Balance on 04-14-05.....	\$ 502.58	

Make saving free and easy. Simply set up a monthly scheduled transfer, from your checking to your Regular Savings account, and watch your money grow. When your transfer is for \$25 or more each month, there is no monthly maintenance fee on your Regular Savings account. Just sign up in a banking center. Learn more, visit: www.bankofamerica.com/buildyoursavings

Join us for the Bank of America Colonial, May 16-22 in Ft. Worth, TX to witness some of golf's greatest compete for the \$5.6MM purse against defending champion, Steve Flesch. Go to bankofamericacolonial.com or call 1.817.927.4280 to purchase your tickets today. Or, tune into USA Network for early round coverage and CBS for final round coverage.

Are your student loans running out of steam? Apply for the Bank of America Education Maximizer loan. It's for the expenses your other student loans don't cover. Go to www.educationmaximizer.com or call 1.877.370.2372 to apply.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
03-17-05 through 04-14-05
Number of checks enclosed: 0
B 09 0 A PS 23

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-14	0.17
Total Deposits and Other Additions		\$0.17

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 050317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,177.41	03-17	502.41	04-14	502.58



How To Balance Your Bank of America Account

0018729

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here \$ _____
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
- 3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
- 4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$ _____
- 2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$ _____
- This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Page 1 of 2
Statement Period
03-17-05 through 06-15-05
Number of checks enclosed: 0
B 09 0 A P 23 0018727

H
H

Account Number: 0085 1920 6643



00004715 1 MB 0.309 12 16099 001 SCM999 II

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:

1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 03-17-05.....	\$ 8,177.41
Deposits and Other Additions.....	+ 0.60
Other Subtractions.....	- 7,675.00
Ending Balance on 06-15-05.....	\$ 503.01

Annual Percentage Yield Earned this Statement
Period: 0.48%
Interest Paid Year to Date: \$1.97

While you enjoy the outdoors this summer, think about what should be inside- inside your safe deposit box. Use one to hold your important possessions and paperwork. To learn more, visit your nearest Bank of America today. To find the banking center nearest to you, visit: web <http://bankofamerica.com/atmlocator>

Want to take advantage of rising rates? Open an Opt-Up CD and you could increase your rate one time during the term! Or, select from a range of CD terms that offer competitive interest rates. For details, visit your local banking center today.

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
 Statement Period
 03-17-05 through 06-15-05
 Number of checks enclosed: 0
 B 09 0 A P 23

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-14	0.17
Interest Earned	05-13	0.20
Interest Earned	06-15	0.23
Total Deposits and Other Additions		\$0.60

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 050317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,177.41	04-14	502.58	06-15	503.01
03-17	502.41	05-13	502.78		

Because your summer job can only pay for so much. Prepare your finances for the fall semester with the Bank of America Education Maximizer loan. Go to www.educationmaximizer.com or call 1.877.370.2372 to apply.

Banking by phone has become more convenient than ever. You can now hear the most recent transactions that you have performed, whether they were done over the weekend or even today. This includes ATM transactions, debit card purchases and more! You can hear this information by selecting "Recent Transactions" in the checking or savings account menu.



How To Balance Your Bank of America Account

0019425

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time.

Electronic transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 2
Statement Period
06-16-05 through 09-15-05
Number of checks enclosed: 0
B 09 0 A P 23 0019423

Account Number: 0085 1920 6643

00004911 1 MB 0.309 12 16099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 06-16-05.....	\$ 503.01	<i>Period: 0.50%</i>
Deposits and Other Additions.....	+ 0.64	<i>Interest Paid Year to Date: \$2.61</i>
Ending Balance on 09-15-05.....	\$ 503.65	

Did you know that you can open a Certificate of Deposit (CD) for as little as \$1,000? CDs are a safe, secure way to invest your money. Whether you're saving for that special purchase, a dream vacation, or want to complement your retirement, we have the solution for you. To find out more, visit your local banking center or call the number on this statement.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-14	0.20
Interest Earned	08-16	0.23
Interest Earned	09-15	0.21
Total Deposits and Other Additions		\$0.64

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
06-16-05 through 09-15-05
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	503.01	08-16	503.44
07-14	503.21	09-15	503.65

A Bank of America home equity line is a flexible and easy way to borrow. And, you get a special rate reduction just for being a valued Bank of America customer. Use your line for just about anything, anytime you need it. Come in and speak with a Personal Banker, call 1.800.900.9000 or log on to www.bankofamerica.com/homeequity. Equal Housing Lender.

Prepare for the extra costs of college in one easy step. Apply for the Bank of America Education Maximizer loan and use it for books, laptops, lab costs - you name it. Go to www.educationmaximizer.com or call 1.877.664.4846 to apply.



How To Balance Your Bank of America Account

0015281

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here \$ _____
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
- 3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
- 4. This is your **NEW ACCOUNT REGISTER BALANCE** \$ _____

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$ _____
- 2. Add any deposits not shown on this statement \$ _____

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals **SUBTOTAL** \$ _____

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Bank of America



Unclaimed Property
MO8-050-01-45
P.O. Box 214867
Kansas City, MO 64121-4867

FIRST CLASS MAIL IMPORTANT NOTICE ABOUT YOUR BANK OF AMERICA ACCOUNT

CTSY
Date of Notice: 11/25/2005 CE099
Customer Service: 1.800.432.1000

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Dear Bank of America Customer:

We value you as a customer at Bank of America and want to let you know that our records indicate your account appears inactive. Your account is considered inactive when there has been no direct contact with you such as from non-automatic deposits and withdrawals or from utilizing online banking.

If you would like to ensure your account remains active, please complete one of the following within 30 days of the date of this letter:

- * Log onto Online Banking at www.bankofamerica.com
- * Make any deposit or withdrawal on your account
- * Call Customer Service at the number listed above and speak to a customer service representative
- * Complete, sign and return this entire notice in the enclosed return envelope or to your nearest Bank of America banking center.

We apologize for any inconvenience this may cause. However, if we do not hear from you, your account could be considered abandoned by state law. We appreciate your understanding and want to work with you to ensure this does not happen. If you have any questions, or if we can do anything to better serve your needs, please call us.

Thank you again for banking with Bank of America.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT DESCRIPTION
0008519206643		02/20/1997	\$504.06 SAVINGS W/INT

_____ The above address information is correct and I am aware of the account.

_____ Please update the address information on my account as follows:

Street Address (include number) _____ City _____

State _____ Zip _____ Phone Number _____

Authorized Customer Signature (required) _____ Date _____



Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 2
Statement Period
09-16-05 through 12-14-05
Number of checks enclosed: 0
B 09 0 A P 23 0015279

Account Number: 0085 1920 6643



00003835 1 MB 0.309 13 15099 001 SCM999 I12
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:
1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
Beginning Balance on 09-16-05..... \$ 503.65
Deposits and Other Additions..... + 0.62
Ending Balance on 12-14-05..... \$ 504.27

*Annual Percentage Yield Earned this Statement
Period: 0.50%
Interest Paid Year to Date: \$3.23*

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
09-16-05 through 12-14-05
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

Effective February 7, 2006, the fee for processing a legal order (such as a tax levy or garnishment) that we receive, regarding your account, changes to \$100. For questions, please contact the customer service number on this statement.

Reminder: Plan ahead to avoid an excess withdrawal fee on your Regular Savings account. You may make three withdrawals each monthly statement cycle with no excess withdrawal fee. If you maintain a minimum daily balance of \$2,500, you may make additional withdrawals with no excess withdrawal fee.

Otherwise, a \$3.00 excess withdrawal fee applies to each withdrawal in excess of three.

Effective with statement cycles that begin on or after February 7, 2006, the minimum daily balance required to waive a monthly maintenance fee for a Regular Savings account has been reduced to only \$300. We also waive the fee with a monthly automatic transfer from a Bank of America checking account of \$25 or more.

Setting up a transfer is easier than ever through our online banking service at bankofamerica.com.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-14	0.20
Interest Earned	11-14	0.21
Interest Earned	12-14	0.21
Total Deposits and Other Additions		\$0.62

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	503.65	11-14	504.06
10-14	503.85	12-14	504.27

Tax-Advantaged Savings - Start Today. With a Bank of America Individual Retirement Account (IRA), you could be on your way to a secure retirement. With tax season right around the corner, consider opening an IRA for potential tax-advantaged savings.

Even if your employer offers a retirement savings plan, an IRA may offer you additional benefits while contributing additional savings dollars to your future financial security. To start saving today, visit www.bankofamerica.com or call 1.888.827.1812.



How To Balance Your Bank of America Account

0011943

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here \$ _____
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
- 3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
- 4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$ _____
- 2. Add any deposits not shown on this statement \$ _____

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals \$ _____

SUBTOTAL

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$ _____
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.



Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 2
Statement Period
03-17-06 through 04-13-06
Number of checks enclosed: 0
B 09 0 A PT 23 0011941

Account Number: 0085 1920 6643



00003743 01 MB 0.326 12 14099 001 SCM999

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:

 1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Espanol

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 03-17-06.....	\$ 8,262.71
Deposits and Other Additions.....	+ 0.23
Other Subtractions.....	- 7,675.00
Ending Balance on 04-13-06.....	\$ 587.94

Interest Paid Year to Date: \$2.67

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 2
Statement Period
03-17-06 through 04-13-06
Number of checks enclosed: 0
B 09 0 A PT 23

Account Number: 0085 1920 6643

NOTICE: Effective 6/9/06, fees for overdraft & returned items are changing. The 1st day your account has an occurrence (an occurrence is a day with at least 1 overdraft item or 1 returned item), the fee for each item remains \$19.

The 2nd day - 4th day that your account has an occurrence during the current month & preceding 12 months, the fee for each overdraft item & each returned item changes to \$33. For the 5th & subsequent days that your account has an occurrence during the current month & preceding 12 months, the fee for each overdraft item & each returned item changes to \$35.

For a brochure about fees, pick up "Our account fees explained" at your banking center. To help you better identify transactions on your account, we are changing the name of this fee. On 5/19/06, "Overdraft Fee" changes to "NSF: Returned Item Fee" if the item is returned unpaid. If the item is paid, the name changes to "Overdraft Item Fee."

Experience the 60th Anniversary of the Bank of America Colonial. As the title sponsor of this event, we are able to offer tickets to our customers at a discount. Take advantage of this special customer pricing by purchasing tickets at any participating Dallas/Fort Worth Banking Center. Or visit www.bankofamericacolonial.com for retail priced tickets.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	0.23
Total Deposits and Other Additions		\$0.23

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 060317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,262.71	03-17	587.71	04-13	587.94



How To Balance Your Bank of America Account

0072755

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals
SUBTOTAL

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time.

Electronic transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America



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P.O. Box 25118
Tampa, FL 33622-5118

Page 1 of 3
Statement Period
03-17-06 through 06-15-06
Number of checks enclosed: 0
B 09 0 A P 23 0072753

Account Number: 0085 1920 6643



00018337 01 MB 0.326 12 16099 001 SCM999 I1
ANITA K RILEY TR FOR VOCABLE TRUST
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203 BLOOMINGDALE CIR
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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
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Tampa, FL 33622-5118



Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643
Beginning Balance on 03-17-06.....	\$ 8,262.71
Deposits and Other Additions.....	+ 0.74
Other Subtractions.....	- 7,675.00
Ending Balance on 06-15-06.....	\$ 588.45

Annual Percentage Yield Earned this Statement
Period: 0.50%
Interest Paid Year to Date: \$3.18

Deposit and Win Sweepstakes: Make an ATM deposit and get a chance to win great prizes up to \$5,000 cash. The next time you need to make a deposit, use the ATM. You'll see how secure, fast and easy the ATM is. For details, go to www.bankofamerica.com/atmsweeps. No purchase necessary. Void where prohibited.

As part of our ongoing commitment to security, Bank of America is introducing 18 new Online Banking Alerts allowing you to monitor your account activity. Set-up alerts today-they're fast, free and easy to use. Enroll or sign in to Online Banking at www.bankofamerica.com, select the Accounts Overview tab and click the Manage Alerts link.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
03-17-06 through 06-15-06
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	0.23
Interest Earned	05-15	0.26
Interest Earned	06-15	0.25
Total Deposits and Other Additions		\$0.74

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 060317;Indn:Anita K Riley-Trustee	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	8,262.71	04-13	587.94	06-15	588.45
03-17	587.71	05-15	588.20		



How To Balance Your Bank of America Account

0071441

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement
3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

SUBTOTAL

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents...

Electronic transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error...

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement...

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING004160





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P.O. Box 25118
Tampa, FL 33622-5118

HH

Page 1 of 3
Statement Period
06-16-06 through 09-14-06
Number of checks enclosed: 0
B 09 0 A P 23 0071439

Account Number: 0085 1920 6643



00018159 01 MB 0.326 13 15099 001 SCH999 I 3
ANITA K RILEY TR FOR VOCABLE TRUST
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For additional information or service, you may call:
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1.800.288.4468 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 06-16-06.....	\$ 588.45	<i>Period: 0.50%</i>
Deposits and Other Additions.....	+ 0.73	<i>Interest Paid Year to Date: \$3.91</i>
Ending Balance on 09-14-06.....	\$ 589.18	

Your 2006 Privacy Policy for Consumers is now available at www.bankofamerica.com/privacy. Please read the policy carefully for important updates. If you have other accounts with Bank of America you may receive more than one 2006 Privacy Policy notification.

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-14	0.23
Interest Earned	08-16	0.27
Interest Earned	09-14	0.23
Total Deposits and Other Additions		\$0.73

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
06-16-06 through 09-14-06
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

Daily Balance Summary

<u>Date</u>	<u>Balance</u>	<u>Date</u>	<u>Balance</u>
Beginning	588.45	08-16	588.95
07-14	588.68	09-14	589.18



How To Balance Your Bank of America Account

0070513

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement
3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

SUBTOTAL

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents...

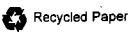
Electronic transfers: In case of errors or questions about your electronic transfers. If you think your statement or receipt is wrong or if you need more information about an electronic transfer...

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made.





Bank of America



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P.O. Box 25118
Tampa, FL 33622-5118

HH

Page 1 of 3
Statement Period
09-15-06 through 12-13-06
Number of checks enclosed: 0
B 09 0 A P 23 0070511

Account Number: 0085 1920 6643



00017435 01 MB 0.326 12 14099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
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1.800.688.6086 En Español

Or you may write to:
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Tampa, FL 33622-5118

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	<i>Annual Percentage Yield Earned this Statement</i>
Beginning Balance on 09-15-06.....	\$ 589.18	<i>Period: 0.34%</i>
Deposits and Other Additions.....	+ 0.50	<i>Interest Paid Year to Date: \$4.41</i>
Ending Balance on 12-13-06.....	\$ 589.68	

Effective 2-16-07, the fee for overdraft and returned items is changing. For the 1st day your account has an occurrence (a day with at least 1 overdraft item or 1 returned item), the fee for each item is \$20. For the 2nd day, and subsequent days your account has an occurrence during the current month and preceding 12 months, the fee for each item is \$35.

Fee applies to each overdraft item and each returned item with a maximum of 5 items per day. Sign up for Overdraft Protection service to transfer available funds from your Bank of America credit card or savings account to help cover overdrafts. For more information, pick up "Our account fees explained" and the deposit agreement at your banking center.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
09-15-06 through 12-13-06
Number of checks enclosed: 0
B 09 0 A P 23

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-16	0.26
Interest Earned	11-14	0.15
Interest Earned	12-13	0.09
Total Deposits and Other Additions		\$0.50

Daily Balance Summary

Date	Balance	Date	Balance
Beginning	589.18	11-14	589.59
10-16	589.44	12-13	589.68



How To Balance Your Bank of America Account

0072849

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals **SUBTOTAL** \$ _____

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

Important Information

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

BRUNSTING004166



Bank of America



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P.O. Box 25118
Tampa, FL 33622-5118

H

Page 1 of 3
Statement Period
12-14-06 through 03-15-07
Number of checks enclosed: 0
B 09 0 A P 23 0072847

Account Number: 0085 1920 6643



00017877 01 MB 0.326 13 16099 001 SCM999 I 4
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Tampa, FL 33622-5118

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number 0085 1920 6643
Beginning Balance on 12-14-06..... \$ 589.68
Deposits and Other Additions..... + 7,676.02
Ending Balance on 03-15-07..... \$ 8,265.70

Annual Percentage Yield Earned this Statement
Period: 0.20%
Interest Paid Year to Date: \$1.02

Please read Bank of America Privacy Policy for Consumers 2007 carefully for important information. If you have other accounts with Bank of America you may receive more than one 2007 privacy policy notification. For more information visit www.bankofamerica.com/privacy

Bank of America is proud to be the Exclusive Corporate Partner of the national tour of Matisse: Painter as Sculptor at the Dallas Museum of Art and Nasher Sculpture Center 1/21/07-4/29/07. Bank associates and customers receive a 20% discount on select museum memberships and on one item in the museum stores. For more information visit www.MatisseInDallas.org

Bank of America is proud to be the Exclusive Corporate Partner of the national tour of Matisse: Painter as Sculptor at the Dallas Museum of Art and Nasher Sculpture Center 1/21/07-4/29/07. Bank associates and customers receive a 20% discount on select museum memberships and on one item in the museum stores. For more information visit www.MatisseInDallas.org

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-16	0.11
Interest Earned	02-12	0.09
Deposit	02-27	7,675.00
Interest Earned	03-15	0.82
Total Deposits and Other Additions		\$7,676.02

Daily Balance Summary

Date	Balance	Date	Balance	Date	Balance
Beginning	589.68	02-12	589.88	03-15	8,265.70
01-16	589.79	02-27	8,264.88		



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: in case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

#1

Page 1 of 3
Statement Period
03-16-07 through 04-13-07
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

0011907



00003685 01 MB 0.326 12 14099 001 SCM999

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Customer Service Information www.bankofamerica.com

For additional information or service, you may call:

1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:

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Bank of America is proud to be the Exclusive Corporate Partner of the national tour of Matisse: Painter as Sculptor at the Dallas Museum of Art and Nasher Sculpture Center 1/21/07-4/29/07. Bank associates and customers receive a 20% discount on select museum memberships and on one item in the museum stores. For more information visit www.MatisseInDallas.org

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
 Statement Period
 03-16-07 through 04-13-07
 B 09 0 A PTPA 23
 Number of checks enclosed: 0
 Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-16-07	\$ 8,265.70	<i>Interest Paid Year to Date: \$1.24</i>
Deposits and Other Additions	+ 0.22	
Other Subtractions	- 7,675.00	
Ending Balance on 04-13-07	\$ 590.92	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	0.22
Total Deposits and Other Additions \$0.22		

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des=ins.Prem ;Id=jp4432833 Eff Date: 070319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions \$7,675.00		

Daily Balance Summary

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	8,265.70	03-19	590.70	04-13	590.92



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here \$ _____
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
- 3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
- 4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$ _____
- 2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.



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Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
03-16-07 through 06-14-07
B 09 0 A P PA 23 0067559
Number of checks enclosed: 0
Account Number: 0085 1920 6643



00016526 01 AB 0.341 13 15099 001 SCM999 I 4
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203 BLOOMINGDALE CIR
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ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
 Statement Period
 03-16-07 through 06-14-07
 B 09 0 A P PA 23
 Number of checks enclosed: 0
 Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-16-07	\$ 8,265.70	<i>Annual Percentage Yield Earned this Statement Period: 0.20% Interest Paid Year to Date: \$1.44</i>
Deposits and Other Additions	+ 0.42	
Other Subtractions	- 7,675.00	
Ending Balance on 06-14-07	\$ 591.12	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-13	0.22
Interest Earned	05-15	0.10
Interest Earned	06-14	0.10
Total Deposits and Other Additions		\$0.42

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Jp Financial Ins;Des = ins.Prem ;Id = jp4432833 Eff Date: 070319;Indn:Anita K Riley-Trustee	03-19	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	8,265.70	04-13	590.92	06-14	591.12
03-19	590.70	05-15	591.02		



How To Balance Your Bank of America Account

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- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time.

Electronic Transfers: In case of errors or questions about your electronic transfers. If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

Cont #
13744410065



Unclaimed Property
MO8-050-01-45
P.O. Box 214867
Kansas City, MO 64121-4867

FIRST CLASS MAIL
IMPORTANT NOTICE ABOUT YOUR BANK OF AMERICA ACCOUNT

CTSY
Date of Notice: 11/28/2007 CE099
Customer Service: 1.800.432.1000

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA, TX 77904-3049

Dear Bank of America Customer:

We value you as a customer at Bank of America and want to let you know that our records indicate your account appears inactive. Your account is considered inactive when there has been no direct contact with you such as from non-automatic deposits and withdrawals or from utilizing online banking.

If you would like to ensure your account remains active, please complete one of the following within 30 days of the date of this letter:

- * Log onto Online Banking at www.bankofamerica.com and perform a transaction
- * Make any deposit or withdrawal on your account
- * Call Customer Service at the number listed above and speak to a customer service representative
- * Complete, sign and return this entire notice in the enclosed return envelope or to your nearest Bank of America banking center.

We apologize for any inconvenience this may cause. However, if we do not hear from you, your account could be considered abandoned by state law. We appreciate your understanding and want to work with you to ensure this does not happen. If you have any questions, or if we can do anything to better serve your needs, please call us.

Thank you again for banking with Bank of America.

ITEMS ON FILE FOR : ANITA K RILEY TR FOR VOCABLE TRUST

ACCOUNT	ITEM #	ISSUE DATE	AMOUNT DESCRIPTION
00000000008519206643		02/20/1997	\$591.61 SAVINGS W/INT

_____ The above address information is correct and I am aware of the account.

_____ Please update the address information on my account as follows:

Street Address (include number) City

State Zip Phone Number

Authorized Customer Signature (required) Date



Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
09-14-07 through 12-13-07
B 09 0 A P PA 23 0052431
Number of checks enclosed: 0
Account Number: 0085 1920 6643



00013749 01 AB 0.341 12 14099 001 SCM999 I 4
ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 09-14-07	\$ 591.41	<i>Annual Percentage Yield Earned this Statement Period: 0.20% Interest Paid Year to Date: \$2.02</i>
Deposits and Other Additions	+ 0.29	
Ending Balance on 12-13-07	\$ 591.70	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-16	0.11
Interest Earned	11-14	0.09
Interest Earned	12-13	0.09

Total Deposits and Other Additions \$0.29

BRUNSTING004177



ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
09-14-07 through 12-13-07
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Daily Balance Summary

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	591.41	11-14	591.61
10-16	591.52	12-13	591.70



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





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P.O. Box 25118
Tampa, FL 33622-5118

H

Page 1 of 3
Statement Period
12-14-07 through 03-14-08
B 09 0 A P PA 23 0060231
Number of checks enclosed: 0
Account Number: 0085 1920 6643



00014642 01 AB 0.341 13 15099 001 SCM999 I1 4

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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www.bankofamerica.com

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 1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Important Information

Thank you for being our customer. We want you to know we recently revised the Deposit Agreement. This is a document you initially received when you opened your account. The Deposit Agreement is part of the deposit contract for your account. From time to time, we revise the Deposit Agreement as we have recently done and this revised version governs your account. You can pick up the revised Deposit Agreement and Disclosures at any banking center or review it by going to bankofamerica.com

Notice: Important Information

Changes to overdraft and returned item fees effective 4.18.08: For the 1st day your account has an occurrence (an occurrence is a day with at least one overdraft or returned item), the fee for each overdraft item and each returned item changes from \$20 to \$25. For each subsequent day your account has an occurrence during the current month and prior 12 months, the fee for each item remains \$35. The fee applies to a maximum of 7 items per day. These changes amend your Personal Schedule of Fees. Bank of America offers the following services to help you avoid fees: free Online Banking service, Alerts and mobile banking. You can also learn how to avoid fees by obtaining our Helpful Information for Better Banking brochure at your banking center or visiting our interactive website at bankofamerica.com/feesandprocesses. Please call the number on this statement with any questions.

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
 Statement Period
 12-14-07 through 03-14-08
 B 09 0 A P PA 23
 Number of checks enclosed: 0
 Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 12-14-07	\$ 591.70	<i>Annual Percentage Yield Earned this Statement Period: 0.20% Interest Paid Year to Date: \$0.63</i>
Deposits and Other Additions	+ 7,800.63	
Ending Balance on 03-14-08	\$ 8,392.33	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-15	0.11
Interest Earned	02-13	0.09
Deposit	03-04	7,800.00
Interest Earned	03-14	0.43

Total Deposits and Other Additions \$7,800.63

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	591.70	02-13	591.90	03-14	8,392.33
01-15	591.81	03-04	8,391.90		



How To Balance Your Bank of America Account

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4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
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P.O. Box 25118
Tampa, FL 33622-5118

HH

Page 1 of 3
Statement Period
03-15-08 through 04-15-08
B 09 0 A PTPA 23 0008947
Number of checks enclosed: 0
Account Number: 0085 1920 6643




00002879 01 MB 0.360 12 16099 001 SCM999

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1.800.688.6086 En Espanol

Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118



Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-15-08	\$ 8,392.33	<i>Interest Paid Year to Date: \$0.88</i>
Deposits and Other Additions	+ 0.25	
Other Subtractions	- 7,675.00	
Ending Balance on 04-15-08	\$ 717.58	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.25
		Total Deposits and Other Additions \$0.25

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
03-15-08 through 04-15-08
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	8,392.33	03-18	717.33	04-15	717.58



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here \$ _____
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
- 3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
- 4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$ _____
- 2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$ _____
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
 - * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
 - * Tell us the dollar amount of the suspected error.
- For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.
- For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.



Bank of America



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P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
03-15-08 through 06-13-08
B 09 0 A P P A 23 0060119
Number of checks enclosed: 0
Account Number: 0085 1920 6643



00015813 01 AB 0.351 12 14099 001 SCM999

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
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Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-15-08	\$ 8,392.33	<i>Annual Percentage Yield Earned this Statement Period: 0.20% Interest Paid Year to Date: \$1.11</i>
Deposits and Other Additions	+ 0.48	
Other Subtractions	- 7,675.00	
Ending Balance on 06-13-08	\$ 717.81	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.25
Interest Earned	05-14	0.11
Interest Earned	06-13	0.12

Total Deposits and Other Additions \$0.48

BRUNSTING004186

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Page 2 of 3
Statement Period
03-15-08 through 06-13-08
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	8,392.33	04-15	717.58	06-13	717.81
03-18	717.33	05-14	717.69		



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4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

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Page 1 of 3
Statement Period:
06-14-08 through 09-15-08
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MS 09/22 0 0099 215 0000 064 031368 #@01 AT 0.346

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Page 2 of 3
Statement Period
06-14-08 through 09-15-08
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 06-14-08	\$ 717.81	<i>Annual Percentage Yield Earned this Statement Period: 0.20% Interest Paid Year to Date: \$1.48</i>
Deposits and Other Additions	+ 0.37	
Ending Balance on 09-15-08	\$ 718.18	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-16	0.13
Interest Earned	08-14	0.11
Interest Earned	09-15	0.13
Total Deposits and Other Additions		\$0.37

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)
Beginning	717.81	08-14	718.05
07-16	717.94	09-15	718.18



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

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4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





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Page 1 of 3
Statement Period
09-16-08 through 12-15-08
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MS 12/22 0 0099 348 0000000000 994 000589 #001 AT 0.346

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- 1.800.688.6086 En Español



Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118



Important Information for Your Account

Effective 2/9/09, we are changing the Overdraft Item Fee and the NSF: Returned Item Fee. The fee is \$35 for each overdraft or returned item. However, you will be charged for no more than 10 items per day. Bank of America offers services to help you minimize or prevent fees. Sign up for Overdraft Protection service to transfer available funds from your Bank of America credit card or savings account to help cover checking overdrafts. To learn more, talk with an associate at your local banking center or call the customer service number listed.

Additional Important Information

If you have a Regular Savings account, effective with statement cycles starting after 2/8/09, the monthly maintenance fee is changing to \$5. We waive this charge if you have a monthly automatic transfer of \$25 or more from your Bank of America checking account to your savings account or maintain a minimum daily balance of \$300 or more in your account. Questions, call the customer service number on this statement.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
09-16-08 through 12-15-08
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Go paperless with your account statements and get all the same information online that you see on paper for free in Online Banking. Paperless statements keep you organized and even help you go green by reducing paper. Plus, you can see your cleared checks for eligible checking accounts. It's easy - enroll or sign into Online Banking today at www.bankofamerica.com and look for the green leaf and click Go Paperless.

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 09-16-08	\$ 718.18	<i>Annual Percentage Yield Earned this Statement Period: 0.20% Interest Paid Year to Date: \$1.84</i>
Deposits and Other Additions	+ 0.36	
Ending Balance on 12-15-08	\$ 718.54	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-16	0.12
Interest Earned	11-12	0.11
Interest Earned	12-15	0.13

Total Deposits and Other Additions \$0.36

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)
Beginning	718.18	11-12	718.41
10-16	718.30	12-15	718.54



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here \$ _____
- 2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
- 3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
- 4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$ _____
- 2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
- 5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$ _____
- This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

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Page 1 of 3
Statement Period
12-16-08 through 03-16-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MS 03/23 0 0099 483 1000000000 289 010284 #@01 AT 0.346

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Please read Bank of America Privacy Policy for Consumers 2009 carefully for important information. If you have other accounts with Bank of America you may receive more than one 2009 privacy policy notification. For more information, visit www.bankofamerica.com/privacy.

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Page 2 of 3
Statement Period
12-16-08 through 03-16-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 12-16-08	\$ 718.54	<i>Annual Percentage Yield Earned this Statement</i>
Deposits and Other Additions	+ 7,800.53	
Ending Balance on 03-16-09	\$ 8,519.07	<i>Period: 0.20%</i>
		<i>Interest Paid Year to Date: \$0.53</i>

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-14	0.12
Interest Earned	02-11	0.11
Counter Credit	03-13	7,800.00
Interest Earned	03-16	0.30
Total Deposits and Other Additions		\$7,800.53

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	718.54	02-11	718.77	03-16	8,519.07
01-14	718.66	03-13	8,518.77		



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FIRST, start with your Account Register/Checkbook:

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4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
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Page 1 of 3
Statement Period
03-17-09 through 04-15-09
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MD 04/22 0 0099 116 1000000000 719 006913 #@01 AT 0.346

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Tampa, FL 33622-5118

Important Information Regarding Changes to our Deposit Pricing

Please see the enclosed brochure for information about upcoming pricing changes to some deposit accounts. In addition, we've included information on how to help prevent or minimize deposit fees as well as details on improvements we've made to serve you better. If you would like more information, visit bankofamerica.com/pricingchanges

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
03-17-09 through 04-15-09
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-17-09	\$ 8,519.07	<i>Interest Paid Year to Date: \$0.71</i>
Deposits and Other Additions	+ 0.18	
Other Subtractions	- 7,675.00	
Ending Balance on 04-15-09	\$ 844.25	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.18
Total Deposits and Other Additions \$0.18		

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00
Total Other Subtractions \$7,675.00		

Daily Balance Summary

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	8,519.07	03-18	844.07	04-15	844.25



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time.

Electronic Transfers: In case of errors or questions about your electronic transfers

If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





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P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
03-17-09 through 06-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643




MS 06/22 0 0099 293 223 009250 #01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:



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Parents, want your teen to learn about finances?

Ask them to visit our Web site, bankofamerica.com/studentcode. It's a free and easy way to learn good money management skills, how to create a budget, etc. And by visiting a local banking center, your teen can sign up for our Student Package, featuring CampusEdge® Checking and award-winning Online Banking.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
03-17-09 through 06-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-17-09	\$ 8,519.07	<i>Annual Percentage Yield Earned this Statement Period: 0.16% Interest Paid Year to Date: \$0.89</i>
Deposits and Other Additions	+ 0.36	
Other Subtractions	- 7,675.00	
Ending Balance on 06-15-09	\$ 844.43	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.18
Interest Earned	05-13	0.10
Interest Earned	06-15	0.08

Total Deposits and Other Additions \$0.36

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-18	7,675.00

Total Other Subtractions \$7,675.00

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	8,519.07	04-15	844.25	06-15	844.43
03-18	844.07	05-13	844.35		



How To Balance Your Bank of America Account

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4. This is your NEW ACCOUNT REGISTER BALANCE

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- 1. List your Statement Ending Balance here
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SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

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P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
06-16-09 through 09-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MS 09/22 0 0099 846 504 009875 #01 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
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1.800.688.6086 En Español

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Tampa, FL 33622-5118

On May 20, 2009, the temporary increase in the standard maximum deposit insurance amount to \$250,000 per depositor was extended through December 31, 2013. On January 1, 2014, the standard insurance amount will return to \$100,000 per depositor for all account categories except IRAs & certain retirement accounts, which will remain \$250,000 per depositor.

Parents, want your teen to learn about finances?

Ask them to visit our Web site, bankofamerica.com/studentcode. It's a free and easy way to learn good money management skills, how to create a budget, etc. And by visiting a local banking center, your teen can sign up for our Student Package, featuring CampusEdge® Checking and award-winning Online Banking.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
06-16-09 through 09-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 06-16-09	\$ 844.43	<i>Annual Percentage Yield Earned this Statement Period: 0.10% Interest Paid Year to Date: \$1.10</i>
Deposits and Other Additions	+ 0.21	
Ending Balance on 09-15-09	\$ 844.64	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-16	0.07
Interest Earned	08-14	0.07
Interest Earned	09-15	0.07
Total Deposits and Other Additions		\$0.21

Daily Balance Summary

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	844.43	08-14	844.57
07-16	844.50	09-15	844.64



How To Balance Your Bank of America Account

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3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____
SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America



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P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
09-16-09 through 12-15-09
B 09 0 A P P A 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MS 12/22 0 0099 448 488 007573 #01 AT 0.357

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THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
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Customer Service Information www.bankofamerica.com

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1.800.688.6086 En Español

Or you may write to:
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P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 09-16-09	\$ 844.64	<i>Annual Percentage Yield Earned this Statement Period: 0.10% Interest Paid Year to Date: \$1.31</i>
Deposits and Other Additions	+ 0.21	
Ending Balance on 12-15-09	\$ 844.85	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-15	0.07
Interest Earned	11-12	0.06
Interest Earned	12-15	0.08

Total Deposits and Other Additions \$0.21

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
09-16-09 through 12-15-09
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Daily Balance Summary

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	844.64	11-12	844.77
10-15	844.71	12-15	844.85



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance \$ _____

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time. These documents are part of the contract for your deposit account and govern all transactions relating to your account, including all deposits and withdrawals. Copies of both the deposit agreement and fee schedule, which contain the current version of the terms and conditions of your account relationship, may be obtained at our banking centers.

Electronic Transfers: In case of errors or questions about your electronic transfers if you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

- * Tell us your name and account number.
- * Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
- * Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.



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Page 1 of 3
Statement Period
12-16-09 through 03-16-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MS 03/23 0 0099 564 4 260 024033 #001 AT 0.357

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Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 12-16-09	\$ 844.85	<i>Annual Percentage Yield Earned this Statement</i> <i>Period: 0.10%</i> <i>Interest Paid Year to Date: \$0.51</i>
Deposits and Other Additions	+ 7,800.51	
Ending Balance on 03-16-10	\$ 8,645.36	

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
12-16-09 through 03-16-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	01-13	0.07
Interest Earned	02-10	0.06
Deposit	03-03	7,800.00
Interest Earned	03-16	0.38
Total Deposits and Other Additions		\$7,800.51

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	844.35	02-10	844.98	03-16	8,645.36
01-13	844.92	03-03	8,644.98		



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Page 1 of 3
Statement Period
03-17-10 through 04-15-10
B 09 0 A PTPA 23
Number of checks enclosed: 0
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MD 04/22 0 0099 741 086 025665 #01 AT 0.357

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Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-17-10	\$ 8,645.36	<i>Interest Paid Year to Date: \$0.59</i>
Deposits and Other Additions	+ 0.08	
Other Subtractions	- 7,675.00	
Ending Balance on 04-15-10	\$ 970.44	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-15	0.08
Total Deposits and Other Additions		\$0.08

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
03-17-10 through 04-15-10
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	8,645.36	03-17	970.36	04-15	970.44



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SUBTOTAL

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Electronic Transfers: In case of errors or questions about your electronic transfers. If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will credit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America

Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



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Page 1 of 3
Statement Period
06-16-10 through 09-15-10
B 09 0 A P P A 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MS 09/22 0 0099 841 4 355 007062 #001 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our free Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:

1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español



Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



For a Regular Savings account, you can make 3 withdrawals/transfers each monthly statement cycle with no excess withdrawal fee. If you do not maintain the required balance in your account, each additional withdrawal/transfer is subject to an excess withdrawal fee. The balance requirement and the amount of the excess withdrawal fee are not changing. However, beginning with statement cycles that start on or after 11/4/10, each Online Banking bill payment and online transfer counts towards these withdrawal/transfer limits. To understand alternatives, or if you have questions, please call the number on your deposit statement or speak with an associate at your local Bank of America.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
06-16-10 through 09-15-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 06-16-10	\$ 970.60	<i>Annual Percentage Yield Earned this Statement Period: 0.09% Interest Paid Year to Date: \$0.98</i>
Deposits and Other Additions	+ 0.23	
Ending Balance on 09-15-10	\$ 970.83	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	07-15	0.08
Interest Earned	08-16	0.09
Interest Earned	09-15	0.06

Total Deposits and Other Additions \$0.23

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)
Beginning	970.60	08-16	970.77
07-15	970.68	09-15	970.83



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

Deposit Agreement. When you opened your account, you received a deposit agreement and fee schedule and agreed that your account would be governed by the terms of these documents, as we may amend them from time to time.

Electronic Transfers: In case of errors or questions about your electronic transfers. If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can.

- * Tell us your name and account number.
* Describe the error or the transfer you are unsure about, and explain as clearly as you can why you believe there is an error or why you need more information.
* Tell us the dollar amount of the suspected error.

For consumer accounts used primarily for personal, family or household purposes, we will investigate your complaint and will correct any error promptly. If we take more than 10 business days (10 calendar days if you are a Massachusetts customer) (20 business days if you are a new customer, for electronic transfers occurring during the first 30 days after the first deposit is made to your account) to do this, we will recredit your account for the amount you think is in error, so that you will have use of the money during the time it takes us to complete our investigation.

For other accounts, we investigate, and if we find we have made an error, we credit your account at the conclusion of our investigation.

Reporting Other Problems. You must examine your statement carefully and promptly. You are in the best position to discover errors and unauthorized transactions on your account. If you fail to notify us in writing of suspected problems or unauthorized transactions within the time periods specified in the deposit agreement (which periods are no more than 60 days after we make the statement available to you and in some cases are 30 days or less), we are not liable to you for, and you agree not to make a claim against us for the problems or unauthorized transactions.

Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
09-16-10 through 12-16-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MS 12/23 0 0099 618 584 026427 #001 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:

 1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

If fraud occurs on your debit or credit card this holiday shopping season, charges will be credited to your account as soon as the next business day pending resolution of claim. To be covered, report fraud charges promptly. Don't share personal or account information. See account agreements or visit www.bankofamerica.com/solutions for details.

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
09-16-10 through 12-16-10
B 09 0 A P PA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 09-16-10	\$ 970.83	<i>Annual Percentage Yield Earned this Statement Period: 0.05% Interest Paid Year to Date: \$1.11</i>
Deposits and Other Additions	+ 0.13	
Ending Balance on 12-16-10	\$ 970.96	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	10-14	0.04
Interest Earned	11-12	0.04
Interest Earned	12-16	0.05
Total Deposits and Other Additions		\$0.13

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)
Beginning	970.83	11-12	970.91
10-14	970.87	12-16	970.96



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

- 1. List your Account Register/Checkbook Balance here
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement
3. Add any credits not previously recorded that are listed on this statement (for example interest)
4. This is your NEW ACCOUNT REGISTER BALANCE

NOW, with your Account Statement:

- 1. List your Statement Ending Balance here
2. Add any deposits not shown on this statement

SUBTOTAL

- 3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Table with 3 columns: Checks, ATM, Check Card, Electronic Withdrawals. Each column has sub-columns for Date/Check # and Amount.

- 4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.





Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
03-17-11 through 04-14-11
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

MD 04/21 0 0099 268 997 000756 #001 AT 0.365

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

Our Online Banking service allows you to check balances, track account activity and more.
Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

For additional information or service, you may call:

1.800.432.1000 Customer Service
1.800.288.4408 TDD/TTY Users Only
1.800.688.6086 En Español

Or you may write to:
Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 03-17-11	\$ 8,171.43	<i>Interest Paid Year to Date: \$0.49</i>
Deposits and Other Additions	+ 0.02	
Other Subtractions	- 7,675.00	
Ending Balance on 04-14-11	\$ 496.45	

Regular Savings Additions

Deposits and Other Additions	Date Posted	Amount(\$)
Interest Earned	04-14	0.02
Total Deposits and Other Additions		\$0.02

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ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
Statement Period
03-17-11 through 04-14-11
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643

Regular Savings Subtractions

Other Subtractions	Date Posted	Amount(\$)
Lincoln National Des:Ins.Prem ID:Jp4432833 Indn:Anita K Riley-Trustee Co ID:2350472300 Ppd	03-17	7,675.00
Total Other Subtractions		\$7,675.00

Daily Balance Summary

Date	Balance(\$)	Date	Balance(\$)	Date	Balance(\$)
Beginning	8,171.43	03-17	496.43	04-14	496.45



Bank of America



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

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Page 1 of 3
Statement Period
12-17-10 through 02-10-11
B 09 0 A PTPA 23
Number of checks enclosed: 0
Account Number: 0085 1920 6643



MD 02/17 0 0099 875 165 014591 #001 AT 0.357

ANITA K RILEY TR FOR VOCABLE TRUST
THE BRUNSTING FAMILY IRREVOCABLE TR
203 BLOOMINGDALE CIR
VICTORIA TX 77904-3049

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Enroll at www.bankofamerica.com.

Customer Service Information www.bankofamerica.com

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Or you may write to:



Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118

At Bank of America, if fraud occurs on your debit or credit card, charges will be credited to your account as soon as the next business day pending resolution of claim. Don't share personal or account information. See account agreements or visit www.bankofamerica.com/solutions for details.

ANITA K RILEY TR FOR VOCABLE TRUST
 THE BRUNSTING FAMILY IRREVOCABLE TR

Page 2 of 3
 Statement Period
 12-17-10 through 02-10-11
 B 09 0 A PTPA 23
 Number of checks enclosed: 0
 Account Number: 0085 1920 6643

Deposit Accounts

Regular Savings

ANITA K RILEY TR FOR VOCABLE TRUST THE BRUNSTING FAMILY IRREVOCABLE TR

Your Account at a Glance

Account Number	0085 1920 6643	
Beginning Balance on 12-17-10	\$ 970.96	<i>Interest Paid Year to Date: \$0.09</i>
Deposits and Other Additions	+ 7,200.09	
Ending Balance on 02-10-11	\$ 8,171.05	

Regular Savings Additions

<u>Deposits and Other Additions</u>	<u>Date Posted</u>	<u>Amount(\$)</u>
Interest Earned	01-13	0.04
Online Banking transfer from Chk 1143 Confirmation# 6131334671	02-10	7,200.00
Interest Earned	02-10	0.05

Total Deposits and Other Additions \$7,200.09

Daily Balance Summary

<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>	<u>Date</u>	<u>Balance(\$)</u>
Beginning	970.96	01-13	971.00	02-10	8,171.05



How To Balance Your Bank of America Account

FIRST, start with your Account Register/Checkbook:

1. List your Account Register/Checkbook Balance here \$ _____
2. Subtract any service charges or other deductions not previously recorded that are listed on this statement \$ _____
3. Add any credits not previously recorded that are listed on this statement (for example interest) \$ _____
4. This is your NEW ACCOUNT REGISTER BALANCE \$ _____

NOW, with your Account Statement:

1. List your Statement Ending Balance here \$ _____
2. Add any deposits not shown on this statement \$ _____

SUBTOTAL \$ _____

3. List and total all outstanding checks, ATM, Check Card and other electronic withdrawals

Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals		Checks, ATM, Check Card, Electronic Withdrawals	
Date/Check #	Amount	Date/Check #	Amount	Date/Check #	Amount

4. TOTAL OF OUTSTANDING CHECKS, ATM, Check Card and other electronic withdrawals \$ _____
5. Subtract total outstanding checks, ATM, Check Card and other electronic withdrawals from Subtotal \$ _____
This Balance should match your new Account Register Balance

Upon receipt of your statement, differences, if any, should be reported to the bank promptly in writing and in accordance with provisions in your deposit agreement.

IMPORTANT INFORMATION FOR BANK DEPOSIT ACCOUNTS

Change of Address. Please call us at the telephone number listed on the front of this statement to tell us about a change of address.

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Electronic Transfers: In case of errors or questions about your electronic transfers
If you think your statement or receipt is wrong or if you need more information about an electronic transfer (e.g., ATM transactions, direct deposits or withdrawals, point-of-sale transactions) on the statement or receipt, telephone or write us at the address and number listed on the front of this statement as soon as you can. We must hear from you no later than 60 days after we sent you the FIRST statement on which the error or problem appeared.

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- * Tell us the dollar amount of the suspected error.

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Direct Deposits. If you have arranged to have direct deposits made to your account at least once every 60 days from the same person or company, you may call us at the telephone number listed on the front of this statement to find out if the deposit was made as scheduled.

JP4432833

FOR MAILING PURPOSES ONLY

GREGORY J JUNGBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

BRUNSTING004227

Important Information About Coverage Under the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association

Jefferson-Pilot
Life Insurance Company
P.O. Box 21008
Greensboro NC 27420-1008

Texas law establishes a system, administered by the Texas Life, Accident, Health and Hospital Service Insurance Guaranty Association (the "Association"), to protect policyholders if their life or health insurance company fails to or cannot meet its contractual obligations. Only the policyholders of insurance companies which are members of the Association are eligible for this protection. However, even if a company is a member of the Association, protection is limited and policyholders must meet certain guidelines to qualify. (The law is found in the Texas Insurance Code, Article 21.28-D.)

BECAUSE OF STATUTORY LIMITATIONS ON POLICYHOLDER PROTECTION, IT IS POSSIBLE THAT THE ASSOCIATION MAY NOT COVER YOUR POLICY OR MAY NOT COVER YOUR POLICY IN FULL.

Eligibility for Protection by the Association

When an insurance company which is a member of the Association is designated as impaired by the Texas Commissioner of Insurance, the Association provides coverage to policyholders who are:

- * **residents of Texas** at the time that their insurance company is impaired
- * **residents of other states**, ONLY if the following conditions are met:
 1. The policyholder has a policy with a company based in Texas;
 2. The company has never held a license in the policyholder's state of residence;
 3. The policyholder's state of residence has a similar guaranty association; and
 4. The policyholder is not eligible for coverage by the guaranty association of the policyholder's state of residence.

Limits of Protection by the Association

Accident, Accident and Health, or Health Insurance:

- * up to a total of \$200,000 for one or more policies for each individual covered.

Life Insurance:

- * net cash surrender value up to a total of \$100,000 under one or more policies on any one life; or
- * death benefits up to a total of \$300,000 under one or more policies on any one life.

Individual Annuities:

- * net cash surrender amount up to a total of \$100,000 under one or more policies owned by one contractholder.

Group Annuities:

- * net cash surrender amount up to \$100,000 in allocated benefits under one or more policies owned by one contractholder; or
- * net cash surrender amount up to \$5,000,000 in unallocated benefits under one contractholder regardless of the number of contracts.

THE INSURANCE COMPANY AND ITS AGENTS ARE PROHIBITED BY LAW FROM USING THE EXISTENCE OF THE ASSOCIATION FOR THE PURPOSE OF SALES, SOLICITATION, OR INDUCEMENT TO PURCHASE ANY FORM OF INSURANCE.

When you are selecting an insurance company, you should not rely on coverage by the Association.

Texas Life, Accident, Health and Hospital
Service Insurance Guaranty Association
301 Congress, Suite 500
Austin, Texas 78701
800-982-6362

Texas Department of Insurance
P. O. Box 149104
Austin, Texas 78714-9104
800-252-3439

LIFE INSURANCE BUYER'S GUIDE

This guide can help you get the most for your money when you shop for life insurance. It can help you answer questions about:

Buying Life Insurance

Deciding How Much You Need

Finding a Low Cost Policy

Things to Remember

Prepared by the National Association of Insurance Commissioners

The National Association of Insurance Commissioners is an association of state insurance regulatory officials. This association helps the various Insurance Departments coordinate insurance laws for the benefit of all consumers.

This guide does not endorse any company or policy.

Reprinted by

Jefferson-Pilot
Life Insurance Company
P.O. Box 21008
Greensboro NC 27420-1008

Buying Life Insurance

When you buy life insurance, you want coverage that fits your needs and doesn't cost too much.

First, decide how much you need - and for how long - and what you can afford to pay.

Next, find out what kinds of policies are available to meet your needs and pick the one that best suits you.

Then, find out what different companies charge for that kind of policy - for the amount of insurance you want. You can find important cost differences between life insurance policies by using **cost comparison indexes** as described in this guide.

It makes good sense to ask a life insurance agent or company to help you. An agent can be particularly useful in reviewing your insurance needs and in giving you information about the kinds of policies that are available. If one kind doesn't seem to fit your needs, ask about others.

This guide provides only basic information. You can get more facts from a life insurance agent or company or at your public library.

What About Your Present Policy? Think twice before dropping a life insurance policy you already have to buy a new one.

It can be costly because much of what you paid in the early years of the policy you now have was used for the company's expense of selling and issuing the policy. The expense will be incurred again for a new policy.

If you are older or your health has changed, premiums for the new policy will often be higher.

You may have valuable rights and benefits in your present policy that are not in the new one.

You might be able to change your present policy or even add to it to get the coverage or benefits you now want.

Check with the agent or company that issued your present policy - get both sides of the story. In any case, don't give up your present policy until you are covered by a new one.

How Much Do You Need?

To decide how much life insurance you need, figure out what your dependents would have if you were to die now, and what they would actually need. Your new policy should come as close to making up the difference as you can afford.

In figuring what you have, count your present insurance - including any group insurance where you work, social security, or veteran's insurance. Add other assets you have - savings, investments, real estate, and personal property.

In figuring what you need, think of income for your dependents - for family living expenses, educational costs and any other future needs. Think also of cash needs - for the expenses of a final illness and for paying taxes, mortgages or other debts.

What is the Right Kind?

All life insurance policies agree to pay an amount of money when you die. But all policies are not the same. Some provide permanent coverage and others temporary coverage. Some build up cash values and others do not. Some policies combine different kinds of insurance, and others let you change from one kind of insurance to another. Your choice should be based on your needs and what you can afford.

A wide variety of plans is being offered today. Here is a brief description of two basic kinds-term and whole life-and some combinations and variations. You can get detailed information from a life insurance agent or company.

Term Insurance covers you for a **term** of one or more years. It pays a death benefit only if you die in that term. Term insurance generally provides the largest immediate death protection for your premium dollar.

Most term insurance policies are **renewable** for one or more additional terms, even if your health has changed. Each time you renew the policy for a new term, premiums will be higher. Check the premiums at older ages and how long the policy can be continued.

Many term insurance policies can be traded before the end of a **conversion period** for a whole life policy - even if you are not in good health. Premiums for the new policy will be higher than you have been paying for the term insurance.

Whole Life Insurance covers you for as long as you live. The most common type is called **straight life** or **ordinary life** insurance - you pay the same premiums for as long as you live. These premiums can be several times higher than you would pay at first for the same amount of term insurance. But they are smaller than the premiums you would eventually pay if you were to keep renewing a term policy until your later years.

Some whole life policies let you pay premiums for a shorter period such as twenty years, or until age 65. Premiums for these policies are higher than for ordinary life insurance since the premium payments are squeezed into a shorter period.

Whole life policies develop cash values. If you stop paying premiums, you can take the cash - or you can use the cash value to buy continuing insurance protection for a limited time or a reduced amount. (Some term policies that provide coverage for a long period also have cash values.)

You may borrow against the cash values by taking a policy loan. Any loan and interest on the loan that you do not pay back will be deducted from the benefits if you die, or from the cash value if you stop paying premiums.

Combinations and Variations. You can combine different kinds of insurance. For example, you can buy whole life insurance for lifetime coverage and add term insurance for the period of your greatest insurance need. Usually the term insurance is on your life - but it can also be bought for your spouse or children.

Endowment insurance policies pay a sum or income to you if you live to a certain age. If you die before then, the death benefit is paid to the person you named as beneficiary.

Other policies may have special features which allow flexibility as to premiums and coverage. Some let you choose the death benefit you want and the premium amount you can pay. The kind of insurance and coverage period are determined by these choices.

One kind of flexible premium policy, often called **universal life**, lets you vary your premium payments every year, and even skip a payment if you wish. The premiums you pay (less expense charges) go into a policy account that earns interest, and charges for the insurance are deducted from the account. Here, insurance continues as long as there is enough money in the account to pay the insurance charges.

Variable life is a special kind of insurance where the death benefits and cash values depend upon investment performance of one or more separate accounts. Be sure to get the prospectus provided by the company when buying this kind of policy. The method of cost comparison outlined in this Guide does not apply to policies of this kind.

Finding a Low Cost Policy

After you have decided which kind of life insurance is best for you, compare similar policies from different companies to find which one is likely to give you the best value for your money. A simple comparison of the premiums is not enough. There are other things to consider. For example:

Do premiums or benefits vary from year to year?

How much cash value builds up under the policy?

What part of the premiums or benefits is not guaranteed?

What is the effect of interest on money paid and received at different times on the policy?

Cost Comparison Index numbers, which you get from life insurance agents or companies, take these sorts of items into account and can point the way to better buys.

Cost Comparison Indexes. There are two types of cost comparison index numbers. Both assume you will live and pay premiums for the next 10 or 20 years.

1. **The Surrender Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you give up (surrender) the policy and take its cash value at the end of the period. It is useful if you consider the level of cash values to be of special importance to you.

2. **The Net Payment Cost Comparison Index** helps you compare costs over a 10 or 20 year period assuming you will continue to pay premiums on your policy and do not take its cash value. It is useful if your main concern is the benefits that are to be paid at your death.

The two index numbers are the same for a policy without cash values.

Guaranteed and Illustrated Figures.

Many policies provide benefits on a more favorable basis than the minimum guaranteed basis in the policy. They may do this by paying dividends, or by charging less than the maximum premium specified. Or they may do this in other ways, such as by providing higher cash values or death benefits than the minimums guaranteed in the policy. In these cases the index numbers are shown on both a guaranteed and currently illustrated basis. The currently illustrated basis reflects the company's current scale of dividends, premiums or benefits. These scales can be changed after the policy is issued, so that the actual dividends, premiums or benefits over the years can be higher or lower than those assumed in the indexes on the currently illustrated basis.

Some policies are sold only on a **guaranteed** or **fixed cost** basis. These policies do not pay dividends; the premiums and benefits are fixed at the time you buy the policy and will not change.

Using Cost Comparison Indexes. The most important thing to remember is that a policy with smaller index numbers is generally a better buy than a similar policy with larger index numbers.

Compare index numbers only for similar policies - those which provide essentially the same benefits, with premiums payable for the same length of time. Make sure they are for your age, and for the kind of policy and amount you intend to buy. Remember that no one company offers the lowest cost at all ages for all kinds and amounts of insurance.

Small differences in index numbers should be disregarded, particularly where there are dividends or nonguaranteed premiums or benefits. Also, small differences could easily be offset by other policy features, or differences in the quality of service from the agent or company. When you find small differences in the indexes, your choice should be based on something other than cost.

Finally, keep in mind that index numbers cannot tell you the whole story. You should also consider:

The pattern of policy benefits. Some policies have low cash values in the early years that build rapidly later on. Other policies have a more level cash value build-up. A year-by-year display of values and benefits can be very helpful. (The agent or company will give you a Policy Summary that will show benefits and premiums for selected years.)

Any special policy features that may be particularly suited to your needs.

The methods by which nonguaranteed values are calculated. For example, interest rates are an important factor in determining policy dividends. In some companies dividends reflect the average interest earnings on all policies whenever issued. In others, the dividends for policies issued in a recent year, or group of years, reflect the interest earnings on those policies; in this case, dividends are likely to change more rapidly when interest rates change.

Things to Remember

Review your particular insurance needs and circumstances. Choose the kind of policy with benefits that most closely fit your needs. Ask an agent or company to help you.

Be sure that the premiums are within your ability to pay. Don't look only at the initial premium, but take account of any later premium increase.

Ask about cost comparison index numbers and check several companies which offer similar policies. Remember, smaller index numbers generally represent a better buy.

Don't buy life insurance unless you intend to stick with it. It can be very costly if you quit during the early years of the policy.

Read your policy carefully. Ask your agent or company about anything that is not clear to you.

Review your life insurance program with your agent or company every few years to keep up with changes in your income and your needs.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
FOR POLICY #JP4432833

IMPORTANT INFORMATION TO POLICYHOLDERS

ANY CORRESPONDENCE REGARDING THIS POLICY MAY BE FORWARDED EITHER TO OUR HOME OFFICE
OR TO THE AGENT LISTED BELOW.

JEFFERSON-PILOT
LIFE INSURANCE COMPANY
P.O. BOX 21008
GREENSBORO, NC 27420

GREGORY J JUNGBLUT CLU
820 GESSNER #296
HOUSTON TX 77024

TELEPHONE: (910) 691-3000

TELEPHONE: (713) 827-0491

THIS POLICY SUMMARY WAS PREPARED ON MAR 11, 1997 FOR THE LIFE OF
NELVA E BRUNSTING (FEMALE) ISSUE AGE 70 AND
ELMER H BRUNSTING (MALE) ISSUE AGE 75.

POLICY LOAN INTEREST IS 8.00% IN ARREARS.

PERCENT OF PREM LOAD-EACH NET PREMIUM WILL BE COMPUTED BY DEDUCTING
A 2.50% LOAD FROM EACH GROSS PREMIUM.

OTHER CHARGES-IN ADDITION TO COST OF INSURANCE AND COST OF OTHER BENEFITS,
A CHARGE OF \$10.00 IS DEDUCTED EACH POLICY MONTH.

YOUR COVERAGE CONSISTS OF AN ADJUSTABLE LIFE (VIS20A) INSURANCE POLICY.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

 * THE VALUES ILLUSTRATED BELOW ARE BASED ON PAYMENT OF PLANNED PREMIUMS. THE CASH VALUES AND DEATH *
 * BENEFITS MAY VARY DEPENDING ON WHEN YOU PAY PREMIUMS AND HOW MUCH YOU PAY. THEY WILL NOT BE AS *
 * FAVORABLE IF YOU HAVE AN OUTSTANDING POLICY LOAN. *
 * THE VALUES BASED ON GUARANTEED FACTORS ARE CALCULATED USING THE GUARANTEED COST OF INSURANCE FROM *
 * YOUR POLICY AND AN INTEREST RATE OF 3.50% FOR THE FIRST 10 POLICY YEARS AND 4.00% THEREAFTER. THE *
 * VALUES BASED ON CURRENT FACTORS ARE CALCULATED USING THE CURRENT COST OF INSURANCE AND THE CURRENT *
 * INTEREST RATE OF 6.00% FOR THE FIRST 10 POLICY YEARS AND 6.50% THEREAFTER. THE CURRENT FACTORS *
 * MAY BE CHANGED AT OUR SOLE DISCRETION, BUT WILL NOT BE LESS FAVORABLE THAN THOSE GUARANTEED IN *
 * THE POLICY. *

PROJECTED POLICY VALUES

PROJECTED POLICY VALUES

AGE END OF YEAR	YEAR	PLANNED PREMIUM FOR YEAR	BASED ON -----GUARANTEED FACTORS-----			BEGINNING OF YEAR DEATH BENEFIT	BASED ON -----CURRENT FACTORS-----			BEGINNING OF YEAR DEATH BENEFIT
			POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE		POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	
71	1	7,675	6,698	7,604	0	250,000	7,604	7,604	0	250,000
72	2	7,675	11,855	13,258	0	250,000	15,243	13,258	1,985	250,000
73	3	7,675	15,490	12,516	2,974	250,000	22,897	12,516	10,381	250,000
74	4	7,675	17,588	11,788	5,800	250,000	30,541	11,788	18,753	250,000
75	5	7,675	18,101	11,046	7,055	250,000	38,152	11,046	27,106	250,000
76	6	7,675	16,956	10,304	6,652	250,000	45,709	10,304	35,405	250,000
77	7	7,675	14,061	9,576	4,485	250,000	53,218	9,576	43,642	250,000
78	8	7,675	9,305	8,834	471	250,000	60,687	8,834	51,853	250,000
79	9	7,675	2,540	8,092	0	250,000	68,135	8,092	60,043	250,000
80	10	7,675	*	*	*	*	75,593	7,364	68,229	250,000
81	11	7,675	*	*	*	*	83,508	6,622	76,886	250,000
82	12	7,675	*	*	*	*	91,560	5,894	85,666	250,000
83	13	7,675	*	*	*	*	99,803	5,152	94,651	250,000
84	14	7,675	*	*	*	*	108,299	4,410	103,889	250,000
85	15	7,675	*	*	*	*	117,139	3,682	113,457	250,000
86	16	7,675	*	*	*	*	126,436	2,940	123,496	250,000
87	17	7,675	*	*	*	*	136,257	2,198	134,059	250,000
88	18	7,675	*	*	*	*	146,749	1,470	145,279	250,000
89	19	7,675	*	*	*	*	158,098	728	157,370	250,000
90	20	7,675	*	*	*	*	170,517	0	170,517	250,000
91	21	7,675	*	*	*	*	184,586	0	184,586	250,000
92	22	7,675	*	*	*	*	200,275	0	200,275	250,000
93	23	7,675	*	*	*	*	218,000	0	218,000	250,000
94	24	7,675	*	*	*	*	238,322	0	238,322	250,000
95	25	7,675	*	*	*	*	261,461	0	261,461	250,000

EXPIRATION YEAR 10 (AGE 80)

* THE POLICY WILL TERMINATE DURING THE YEAR SHOWN UNDER THESE ASSUMPTIONS.
 AN INCREASE IN PREMIUMS WOULD BE REQUIRED IN SUCH A CASE TO KEEP THE POLICY IN FORCE.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

	GUARANTEED VALUES			CURRENT VALUES		
	5 YEAR	10 YEAR	20 YEAR	5 YEAR	10 YEAR	20 YEAR
SURRENDER COST (SC) INDEX	25.84	30.70				
NET PAYMENT (NP) INDEX	30.70	30.70		30.70	30.70	30.70

AN EXPLANATION OF THE INTENDED USES OF THESE INDEXES IS PROVIDED IN THE LIFE INSURANCE BUYER'S GUIDE. THESE INDEXES ARE USEFUL ONLY FOR COMPARISON OF RELATIVE COSTS OF TWO OR MORE SIMILAR POLICIES. THE PLANNED ANNUAL PREMIUM LESS ANNUAL CHARGES FOR RIDERS AND SUPPLEMENTAL BENEFITS IS USED FOR THE BASIC POLICY PREMIUM IN CALCULATING THE INDEXES ABOVE.

SURRENDER COST INDEXES BASED ON CURRENT FACTORS MAY INCREASE OR DECREASE DEPENDING ON FUTURE MORTALITY CHARGES, INTEREST RATES AND TIME OF SURRENDER.

STATEMENT OF POLICY COST AND BENEFIT INFORMATION
FOR POLICY #JP4432833

IMPORTANT INFORMATION TO POLICYHOLDERS

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OR TO THE AGENT LISTED BELOW.

JEFFERSON-PILOT
LIFE INSURANCE COMPANY
P.O. BOX 21008
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GREGORY J JUNGBLUT CLU
820 GESSNER #296
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TELEPHONE: (910) 691-3000

TELEPHONE: (713) 827-0491

THIS POLICY SUMMARY WAS PREPARED ON MAR 11, 1997 FOR THE LIFE OF
NELVA E BRUNSTING (FEMALE) ISSUE AGE 70 AND
ELMER H BRUNSTING (MALE) ISSUE AGE 75.

POLICY LOAN INTEREST IS 8.00% IN ARREARS.

PERCENT OF PREM LOAD-EACH NET PREMIUM WILL BE COMPUTED BY DEDUCTING
A 2.50% LOAD FROM EACH GROSS PREMIUM.

OTHER CHARGES-IN ADDITION TO COST OF INSURANCE AND COST OF OTHER BENEFITS,
A CHARGE OF \$10.00 IS DEDUCTED EACH POLICY MONTH.

YOUR COVERAGE CONSISTS OF AN ADJUSTABLE LIFE (VIS20A) INSURANCE POLICY.

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FOR POLICY #JP4432833

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 * THE POLICY. *

PROJECTED POLICY VALUES

PROJECTED POLICY VALUES

BASED ON

BASED ON

-----GUARANTEED FACTORS-----

-----CURRENT FACTORS-----

AGE END OF YEAR	YEAR	PLANNED PREMIUM FOR YEAR	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT	POLICY VALUE	SURRENDER CHARGE	SURRENDER VALUE	BEGINNING OF YEAR DEATH BENEFIT
71	1	7,675	6,698	7,604	0	250,000	7,604	7,604	0	250,000
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78	8	7,675	9,305	8,834	4,471	250,000	60,687	8,834	51,853	250,000
79	9	7,675	2,540	8,092	0	250,000	68,135	8,092	60,043	250,000
80	10	7,675	*	*	*	*	75,593	7,364	68,229	250,000
81	11	7,675	*	*	*	*	83,508	6,622	76,886	250,000
82	12	7,675	*	*	*	*	91,560	5,894	85,666	250,000
83	13	7,675	*	*	*	*	99,803	5,152	94,651	250,000
84	14	7,675	*	*	*	*	108,299	4,410	103,889	250,000
85	15	7,675	*	*	*	*	117,139	3,682	113,457	250,000
86	16	7,675	*	*	*	*	126,436	2,940	123,496	250,000
87	17	7,675	*	*	*	*	136,257	2,198	134,059	250,000
88	18	7,675	*	*	*	*	146,749	1,470	145,279	250,000
89	19	7,675	*	*	*	*	158,098	728	157,370	250,000
90	20	7,675	*	*	*	*	170,517	0	170,517	250,000
91	21	7,675	*	*	*	*	184,586	0	184,586	250,000
92	22	7,675	*	*	*	*	200,275	0	200,275	250,000
93	23	7,675	*	*	*	*	218,000	0	218,000	250,000
94	24	7,675	*	*	*	*	238,322	0	238,322	250,000
95	25	7,675	*	*	*	*	261,461	0	261,461	250,000

EXPIRATION YEAR 10 (AGE 80)

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STATEMENT OF POLICY COST AND BENEFIT INFORMATION

FOR POLICY #JP4432833

	GUARANTEED VALUES			CURRENT VALUES		
	5 YEAR	10 YEAR	20 YEAR	5 YEAR	10 YEAR	20 YEAR
SURRENDER COST (SC) INDEX	25.84	30.70				
NET PAYMENT (NP) INDEX	30.70	30.70		30.70	30.70	30.70

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SURRENDER COST INDEXES BASED ON CURRENT FACTORS MAY INCREASE OR DECREASE DEPENDING ON FUTURE MORTALITY CHARGES, INTEREST RATES AND TIME OF SURRENDER.

Insured/Annuitant: NELVA E BRUNSTING

Policy Date: 03-15-1997

Policy Number: JP4432833

Age: 70

Amount: \$250,000.00

Plan: VIS20A

Beneficiary: ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED.

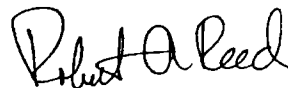
Premium	Annual	Semi-Annual	Quarterly	Monthly
	\$7,675.00			

Certificate For Lost Policy

Declaration has been made that this life insurance or annuity policy is lost or destroyed, and Jefferson-Pilot Life Insurance Company has been asked to issue evidence of the policy. Jefferson Pilot Life Insurance Company assumed certain policies of Kentucky Central Life Insurance Company and is the successor to Jefferson Standard Life Insurance Company and Pilot Life Insurance Company.

The Jefferson-Pilot Life Insurance Company acknowledges that as of the date of this certificate the policy with the specifications shown above is an outstanding obligation of the company.

Date: March 31, 2005 aam



Robert A Reed
Secretary



Dennis Glass
President
and Chief Executive Officer

NELVA E BRUNSTING
ELMER HENRY BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

JEFFERSON PILOT
1-800-932-7730

JUNGEBLUT
W. 281-556-5472
~~713-827-0497~~
H- 281-492-6431

**Jefferson-Pilot
Life Insurance Company**

100 North Greene Street, P.O. Box 21008
Greensboro, North Carolina 27420
A Stock Company

This policy is a legal contract between the policy owner and the Company. **It is important that you read your contract carefully.**

Jefferson-Pilot Life Insurance Company will pay the proceeds of this policy to the beneficiary upon receipt of due proof that the deaths of both Insureds occurred while the policy was in force. Proof of Death of each Insured must be provided as soon as reasonably possible. Payment of the proceeds and all other rights, options and benefits will be subject to the terms of this policy.

Right to Cancel Policy. Within 20 days after you receive this policy, you may have it cancelled by returning it to us or to the agent from whom you bought it. The return of this policy will void it from the beginning and we will refund any premiums paid.

Guide To Policy Provisions

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President
Chief Executive Officer


Secretary

Riders providing supplemental benefits or policy changes, if any, and a copy of the application follow Page 14.

Insureds	Sex	Age	Rate Class
NELVA E BRUNSTING	FEMALE	70	STANDARD NON-TOBACCO USER
ELMER HENRY BRUNSTING	MALE	75	RATED NON-TOBACCO USER
Policy Number: JP4432833			
Specified Amount: \$250,000	Policy Date:	MARCH	15, 1997
Death Benefit Option: B			

**FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE**

Proceeds payable at second death. Flexible premiums payable while either Insured is living. Policy values determined by declared interest and risk rates. Non-Participating.

Insurance Coverage Provisions

Death Benefit The death benefit of the policy will be defined under one of the options below. Date of death means the date of the second death.

Option A The death benefit is the larger of

1. The Specified Amount on the date of death plus the policy value at the beginning of the policy month of death, or
2. The policy value at the beginning of the policy month of death times the percentage shown in the table below.

Option B The death benefit is the larger of

1. The Specified Amount on the date of death, or
2. The policy value at the beginning of the policy month of death times the percentage shown in the table below.

Under either option, the death benefit will be reduced by any indebtedness on the date of death. The policy value at the beginning of the month of death used in calculating the death benefit above is after subtracting all parts of the monthly deduction for the month except for the cost of insurance.

If this policy is in force at the attained age 100 of the younger Insured, the Specified Amount and Death Benefit Option are subject to change automatically as described in the General Provisions under Changes in Insurance Coverage.

Attained Age of Younger Insured	Percentage	Attained Age of Younger Insured	Percentage
0-40	250%	60	130
41	243	61	128
42	236	62	126
43	229	63	124
44	222	64	122
45	215	65	120
46	209	66	119
47	203	67	118
48	197	68	117
49	191	69	116
50	185	70	115
51	178	71	113
52	171	72	111
53	164	73	109
54	157	74	107
55	150	75-90	105
56	146	91	104
57	142	92	103
58	138	93	102
59	134	94	101
		95 & over	100

IMPORTANT NOTICE

You may call Jefferson-Pilot Life Insurance Company's toll-free telephone for information or to make a complaint at

1-800-932-7730

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104
Austin, Texas 78714-9104
FAX #(512) 475-1771

PREMIUM OR CLAIM DISPUTES

Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY

This notice is for information only and does not become a part or condition of the attached document.

AVISO IMPORTANTE

Usted puede llamar al numero de telefono gratis de Jefferson-Pilot Life Insurance Company para informacion o para someter una queja al

1-800-932-7730

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas

P.O. Box 149104
Austin, Texas 78714-9104
FAX #(512) 475-1771

DISPUTAS SOBRE PRIMAS O RECLAMOS

Si tiene una disputa concerniente a su prima o a un reclamo, debe comunicarse con el la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA

Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.

SCHEDULE OF BENEFITS AND PREMIUMS - POLICY NUMBER JP-4432833

FORM NUMBER	BENEFIT		EFFECTIVE DATE	MONTHLY DEDUCTION	YEARS PAYABLE
88-138.3	INITIAL SPECIFIED AMOUNT	250,000	MAR 15, 1997	SEE PAGE 8	30

IN CALCULATING THE GUARANTEED MAXIMUM COST OF INSURANCE RATES SHOWN ON PAGE 11, THE RATES FOR ELMER HENRY BRUNSTING WERE MULTIPLIED BY A FACTOR OF 3.00 FOR 20 YEARS. THEREAFTER STANDARD RATES FOR ELMER HENRY BRUNSTING WERE USED.

POLICY SPECIFICATIONS

NOTE: IF YOU PAY THE PLANNED PREMIUM ON TIME AND MAKE NO POLICY LOANS OR PARTIAL SURRENDERS, COVERAGE WILL CONTINUE UNTIL MAR 15, 2007 BASED ON GUARANTEED INTEREST AND GUARANTEED COST OF INSURANCE RATES SHOWN IN THE POLICY. CHANGES IN COVERAGE OR ANY RIDERS MAY CHANGE THE ABOVE DATE.

OWNER ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED

BENEFICIARY ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEE UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997 AS AMENDED

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

POLICY NUMBER JP-4432833

PLANNED PREMIUM \$7,675.00 ANNUAL

MINIMUM MONTHLY PREMIUM \$289.41

MINIMUM MONTHLY PREMIUM PERIOD MAR 15, 1997 TO MAR 15, 2007

MINIMUM SPECIFIED AMOUNT \$100,000.00

FACTORS USED IN CALCULATION OF POLICY VALUE

MONTHLY ADMINISTRATIVE CHARGE
\$10.00 FOR ALL POLICY MONTHS

NET PREMIUM FACTOR
97.50% FOR ALL POLICY MONTHS

MORTALITY TABLE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES -
1980 CSO MALE OR FEMALE NONSMOKER OR SMOKER

INTEREST RATE USED TO CALCULATE MINIMUM CASH SURRENDER VALUES -
3.50% FOR THE FIRST 10 POLICY YEARS
4.00% THEREAFTER

THE ABOVE .50% INCREASE IN INTEREST RATE AFTER 10 YEARS WILL
ALSO APPLY TO THE CURRENT RATE THEN IN EFFECT.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

TABLE OF GUARANTEED POLICY VALUES FOR \$ 250,000 INITIAL SPECIFIED AMOUNT
 DEATH BENEFIT OPTION B

 THE TABLE BELOW SHOWS THE MINIMUM GUARANTEED CASH AND INSURANCE VALUES OF THE POLICY. THESE VALUES ARE BASED ON 3.50% INTEREST FOR THE FIRST 10 YEARS AND 4.00% THEREAFTER, COST OF INSURANCE RATES SHOWN ON PAGE 11, NO PARTIAL SURRENDERS, AND PAYMENT OF PLANNED PREMIUM AS INDICATED ON PAGE 4 TO THE END OF THE POLICY YEAR SHOWN. A CHANGE IN ANY OF THESE ASSUMPTIONS WILL CHANGE THE STATED VALUES.

END OF POLICY YEAR	PLANNED PREMIUM FOR YEAR	CASH SURRENDER OR LOAN VALUE
1	7,675	0
2	7,675	0
3	7,675	2,974
4	7,675	5,800
5	7,675	7,055
6	7,675	6,652
7	7,675	4,485
8	7,675	471
9	7,675	0

EXPIRATION YEAR 10 (AGE 80) THIS IS THE YEAR THE POLICY WILL EXPIRE ASSUMING THE PAYMENT OF THE PLANNED PREMIUM AS SHOWN ON PAGE 4 AND BASED ON THE USE OF GUARANTEED INTEREST AND COST OF INSURANCE RATES.

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE SURVIVORSHIP LIFE

POLICY NUMBER JP-4432833

TABLE OF SURRENDER CHARGES PER 1000 OF INITIAL SPECIFIED AMOUNT

POLICY YEAR	CHARGE FOR FULL SURRENDER
1	56.00
2	53.03
3	50.06
4	47.15
5	44.18
6	41.22
7	38.30
8	35.34
9	32.37
10	29.46
11	26.49
12	23.58
13	20.61
14	17.64
15	14.73
16	11.76
17	8.79
18	5.88
19	2.91
20	0.00

PLAN OF INSURANCE FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE

Definitions

Not all of the terms below appear in all policies. Where they do appear we define them as follows:

We, Our, Us Jefferson-Pilot Life Insurance Company.

You, Your The Owner of the policy.

Home Office Home Office of Jefferson-Pilot Life Insurance Company, PO Box 21008, 100 North Greene Street, Greensboro, North Carolina 27420.

Policy Date The date we use to determine policy anniversaries and monetary values.

Age An Insured's age, nearest birthday, on the policy date.

Attained Age An Insured's age as measured from the policy date with allowance for time elapsed. For purposes of determining dates and values under the policy, the attained age of the Insured who dies first will continue to increase each year.

Indebtedness The principal of a policy loan together with interest due.

Nonparticipating No dividends will be paid on this policy.

Notice, Election, Request Writings satisfactory to us that have been received at our Home Office. We will not be held responsible for any payment or other action we have taken before your writings are recorded at our Home Office.

Irrevocable Beneficiary A beneficiary, named by you as irrevocable, whose written consent is necessary for you to exercise any right specified in this policy.

Monthly Anniversary Day The same day in each month as the policy date.

Cash Surrender Value The policy value as of the date of surrender less the charge, if any, for full surrender, and less any indebtedness.

Proceeds The money we will pay if this policy matures as a death benefit or is surrendered for its cash surrender value.

1. **As a Death Claim** The proceeds will be the amount of insurance as described on page 2.

2. **Upon Surrender** The proceeds will be the cash surrender value.

Owner and Beneficiary

Owner The Owner is shown on page 3 or in a rider attached to the policy. While either Insured is alive, the Owner may exercise every right and option and receive every benefit provided by this policy. These rights, however, are subject to the written consent of any irrevocable beneficiary.

Beneficiary The beneficiary is shown on page 3 or in a rider attached to this policy.

Change of Owner or Beneficiary While either Insured is alive, the Owner or beneficiary may be changed. Any change will take effect as of the date the request is signed. Neither Insured needs to be alive when the requested change is recorded at our Home Office.

Death of the Owner or Beneficiary If the Insureds are joint owners of the policy, after the first death the Survivor will be the sole owner unless otherwise provided. If an Owner other than an Insured dies while an Insured is living, all rights and options of the Owner will belong to the Owner's executors or administrators unless otherwise provided. Unless otherwise provided, the interest of any beneficiary, including any irrevocable beneficiary, who dies before the second Insured to die, will belong to the Owner.

General Provisions

The Contract This policy is issued in consideration of the application and payment of the initial premium. This policy, the attached copy of the application and/or endorsements, and any attached supplemental applications and riders form the entire contract. Statements in the application are, in the absence of fraud, considered to be representations and not warranties. No statement will be used to void this policy or be used to deny a claim unless it is contained in the application.

Policy Changes Only one of our authorized officers can change the terms of this policy. A change must be in writing.

Incontestability We will not contest this policy after it has been in force during the lifetime of both Insureds for 2 years from the effective date.

An increase in the Specified Amount will not be contested after it has been in force during the lifetime of both Insureds for 2 years from its effective date.

Suicide If either Insured, while sane or insane, commits suicide within 2 years from the effective date, this policy will terminate. The amount payable will be no more than the sum of the premiums paid less any indebtedness and any partial surrenders.

If either Insured, while sane or insane, commits suicide within 2 years from the effective date of an increase in the Specified Amount, the increase will be terminated. The amount payable under such increase will be the sum of the monthly deductions for such increase.

Assignment You may assign this policy. We are not bound by an assignment unless we receive notice of it at our Home Office. Policy rights and benefits are subject to any assignment. We are not obliged to see that an assignment is valid or sufficient.

Misstatement of Age or Sex If the age or sex of either Insured has been misstated, the amount of death benefit will be adjusted to the amount which would have been provided by the most recent cost of insurance deduction at the true age and sex. The policy value will not be affected.

Settlement Payment or settlement under this policy will be made at our Home Office. At the time of settlement, any policy indebtedness will be deducted. At the time of settlement, we reserve the right to require surrender of the policy.

Deferment Except for the purpose of paying premiums to us, payment of cash values or making a policy loan may be deferred. The deferral may not be more than 6 months from the date you request the cash value or loan.

Compliance with the Internal Revenue Code We reserve the right to:

1. refund any premium payment, or
2. refuse to make any change in the Specified Amount or the Death Benefit Option

if such premium or change would cause this policy to fail to qualify as life insurance under the Internal Revenue Code.

Changes in Insurance Coverage Upon request, the insurance coverage may be changed at any time after the first policy year and prior to the attained age 99 of the younger Insured. The changes which can be made are:

1. increase in the Specified Amount,
2. decrease in the Specified Amount,
3. change in the existing death benefit option.

If a change would result in an increase in the death benefit, such change will be subject to satisfactory evidence of insurability. Such change will not be allowed after the first death or if the older Insured's attained age is over 85. The Specified Amount may not be decreased below the minimum shown on page 4. A decrease in the Specified Amount will apply first against insurance with the most recent effective date, with the Initial Specified Amount being last to be decreased. A change will be effective on the monthly anniversary day on or next following the date of approval by us of the request for the change, unless another date acceptable to us is requested.

If the policy is in force at the attained age 100 of the younger Insured, the Specified Amount will automatically be set equal to the policy value and the Death Benefit Option will be set to Option B. The Death Benefit Option may not be changed after that date. Cost of insurance charges for all policy months after that date will not apply.

Premium Provisions

Premium Payment The initial premium is due on the policy date and is payable on or before delivery of this policy. Thereafter, premiums may be paid at any time and in any amount, subject to the following conditions, unless otherwise agreed to in writing by us.

The amount of each premium must be at least \$25.

The maximum amount of premium we will accept in any policy year will be 3 times the yearly planned premium shown on page 4.

Your premiums are payable in United States currency. They are payable at our Home Office, at one of our authorized collection offices, or to an agent authorized to collect premiums in exchange for a receipt signed by one of our officers.

Minimum Monthly Premium The minimum monthly premium and the period for which it applies are shown on page 4. This policy may terminate as described under Continuation of Insurance during the period shown if the cumulative premiums paid are less than the cumulative minimum monthly premiums due. The cumulative premiums paid are the total gross premiums paid less any loans or withdrawals made.

A new minimum monthly premium and a new period will be provided after an increase in the Specified Amount or an increase in or an addition of a benefit. The policy may terminate as described under Continuation of Insurance during the new period if the cumulative premiums paid after the change are less than the cumulative minimum monthly premiums due after the change.

Grace Period If on a monthly anniversary day, the conditions described under Continuation of Insurance have not been met, a grace period of 60 days from that date will be allowed for the payment of the minimum amount needed to continue the policy.

We will notify you and any assignee of the minimum amount due at least 30 days before the end of the grace period. If the amount specified is not paid within the grace period, the policy will terminate without value at the end of the such period. If the second death occurs within the grace period, the amount needed to continue the policy to the end of the policy month of death will be deducted from the amount otherwise payable.

Reinstatement Application to reinstate this policy may be made within 5 years after the date of termination provided the policy has not been surrendered for its cash surrender value.

In addition to the application, reinstatement will require all of the following:

1. You must furnish evidence of insurability satisfactory to us;
2. You must pay an amount sufficient to keep the policy in force for at least 2 months;
3. You must pay or reinstate any indebtedness.

Reinstatement will be effective on the date we approve the application unless another date acceptable to us is requested.

Premium Refund at Death Any premium paid after the beginning of the policy month of the second death will be refunded as part of the proceeds, unless you request otherwise.

Nonforfeiture Provisions

Policy Value On each monthly anniversary day, the policy value will be (1) plus (2) plus (3) plus (4) minus (5), where

(1) is the policy value as of the preceding monthly anniversary day minus the monthly deduction for the month ending on the monthly anniversary day.

(2) is one month's interest on (1).

(3) is all net premiums received since the preceding monthly anniversary day.

(4) is interest on (3) from the date the premium is received to the end of the policy month.

(5) is the reduction in policy value caused by any partial surrender since the preceding monthly anniversary day.

On any day other than a monthly anniversary day, the policy value will be (1) plus (3) minus (5) where

(1) is the policy value as of the preceding monthly anniversary day minus the monthly deduction for the current policy month, with

(3) and (5) defined as above.

Interest Rate The guaranteed interest credited in the calculations described above is shown on page 4. Interest in excess of the guaranteed rate may be applied as determined by us. Such interest is referred to in this policy as excess interest. The excess interest rate credited on any policy value held as security for a policy loan may differ from the rate on the rest of the value.

Net Premium Each net premium will be computed by multiplying each gross premium by the factor shown on page 4.

Monthly Deduction The monthly deduction for a policy month will be computed as (1) plus (2) where

(1) is the cost of insurance and the cost of additional benefits provided by rider for the policy month.

(2) is the sum of all administrative charges shown on page 4 as being due for the policy month.

Cost of Insurance The cost of insurance is determined on a monthly basis as the cost of insurance rate for the month multiplied by the number of thousands of net amount at risk for the month. The net amount at risk for the month is computed as (1) minus (2) where

(1) is the death benefit for the month before reduction for any indebtedness, discounted to the beginning of the month at the guaranteed interest rate.

(2) is the policy value at the beginning of the month after subtracting all parts of the monthly deduction other than the cost of insurance.

For months in which death benefit option B is in effect, the purpose of allocating the cost of insurance between different parts of the Specified Amount, the policy value to be considered as part of the Initial Specified Amount, such value exceeds the Initial Specified Amount, any excess will be considered part of the earliest addition to the Specified Amount. This allocation will continue in order of all additions to the Specified Amount until all value is allocated.

Cost of Insurance Rates The monthly cost of insurance rates are determined by us. Rates will be based on our expectation of future mortality, interest, expenses, and lapses. Any change in the monthly cost of insurance rate used will be on a uniform basis for Insureds of the same rate class. Rates will never be larger than the maximum rates shown on page 11.

Continuation of Insurance This policy and all riders will continue in force according to the terms as long as the cash surrender value is sufficient to cover the monthly deduction. If the cash surrender value is not sufficient to cover the monthly deduction, then this policy and all riders will continue in force as long as both:

a. the policy value less any indebtedness is sufficient to cover the monthly deduction; and

b. the cumulative minimum monthly premium requirement for the month, if any, has been met;

otherwise, the policy will terminate according to the grace period provision.

If premiums are discontinued on any date, the value of the policy at that date will be used to provide insurance under this provision.

Basis of Values Minimum policy values are based on the mortality assumptions and interest rates shown on page 4. The values for this policy are at least equal to the minimum required by law. A detailed statement of the method used to determine policy values and reserves has been filed with the state where this policy is delivered.

Non-Forfeiture Provisions (Continued)

Surrender and Surrender Value Upon request, you may surrender this policy and take its cash surrender value.

Surrender within 31 days after a policy anniversary date will be treated as a surrender on that date.

Partial Surrender Upon request, you may make a partial surrender of this policy. A partial surrender will not be allowed if the remaining cash surrender value would be less than the minimum required by law. The partial surrender may be for any amount not to exceed the cash surrender value less \$2500.

When a partial surrender is made:

1. the policy value will be reduced by the amount of the partial surrender, plus a fee of \$25 plus the charge, if any, for the partial surrender;

2. the death benefit will be reduced by the amount at least equal to the reduction in value. Such a reduction may be produced without changing the Specified Amount. If not, we will reduce the Specified Amount so that the reduction in death benefit is equal to the reduction in value. A partial surrender cannot be allowed if it would reduce the Specified Amount below the minimum shown on page 4.

Surrender Charges The charge for full surrender will be the amount shown on page 4 for the number of completed policy months preceding surrender. There will be a partial charge if there is a decrease in the Specified Amount while there is a surrender charge in effect. If there is an increase in the Specified Amount, an additional surrender charge will be in effect for the increase.

Surrender charges are computed based on the number of thousands of Specified Amount. The partial charge for a decrease in Specified Amount will be based on the per thousand charge for the number of thousands of the decrease. A decrease in Specified Amount will apply first against insurance with the most recent effective date.

A new schedule of surrender charges will be provided after a change in such charges.

Annual Report

We will provide you an annual report. This report will show the activity of the policy for the past year. It will list premiums paid, expenses charged, monthly deductions, interest credited, and partial surrenders. It will show the then current death benefit and values and the loan balance outstanding. It will also provide a projection of future values of the policy using the then current values and both guaranteed and current rates of interest and mortality.

We will provide a projection of the policy at any time using other assumptions as to future premiums and interest and mortality rates on request. A fee of not more than \$25 may be charged for this service.

Policy Loans

When Available A loan may be obtained by request when this policy has a loan value. This policy will be the sole security for the loan.

Amount Available The loan value at any time is the then current policy value less an amount equal to the surrender charge which would apply if the policy were surrendered on the date of determination.

The maximum additional loan at any time is the loan value at that time less:

1. any existing loan;
2. accrued interest on any existing loan; and
3. interest on the total outstanding loan to the end of the policy year.

Loan Interest Interest on a policy loan is due and payable on each policy anniversary. Interest not paid when due will be added to the loan and will bear interest at the same rate.

The effective annual policy loan interest rate is 8%.

Maximum Loan Amount If the indebtedness at any time equals or exceeds the loan value, this policy will become void 31 days after notice has been mailed to your last known address and to that of any assignee of record.

Loan Repayments

You may repay all or part of a loan at any time while this policy is in force. Each partial repayment must be at least \$25.

Every payment to us on this policy will be considered a premium payment unless clearly marked for loan repayment or for payment of loan interest.

Table of Guaranteed Maximum Cost of Insurance Rates

Policy Year	Monthly Rate Per \$1,000	Policy Year	Monthly Rate Per \$1,000	Policy Year	Monthly Rate Per \$1,000	Policy Year	Monthly Rate Per \$1,000
1	0.312273	26	32.322124				
2	0.934980	27	40.046781				
3	1.554332	28	55.159200				
4	2.169393	29	83.333333				
5	2.778972	30	83.333333				
6	3.378679						
7	3.959697						
8	4.513537						
9	5.037727						
10	5.546521						
11	6.075223						
12	6.666932						
13	7.367843						
14	8.213195						
15	9.195157						
16	10.317051						
17	11.557488						
18	12.923117						
19	14.398263						
20	16.008162						
21	17.756033						
22	19.685141						
23	21.864650						
24	24.422706						
25	27.671482						

These rates are for the base policy at issue. They are based on a combination of the 1980 Commissioners Standard Ordinary Mortality Table for a FEMALE STANDARD NON-TOBACCO USER and a MALE RATED NON-TOBACCO USER

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Settlement Options

Instead of payment in one sum, all or part of the proceeds may be applied under one or more of the settlement options shown below. The right to elect and payments under a settlement option are subject to the conditions stated in this provision.

You may make, change or revoke an election at any time while either Insured is alive. Following the death of the second Insured to die, the beneficiary may elect an option if you have not elected one or if proceeds are payable in one sum. A beneficiary may make a change in payment under a settlement option only if you provided for it in your election.

A change of beneficiary automatically cancels a previous election of a settlement option.

If this policy is assigned, the assignee's portion of proceeds will be paid in one sum. Any balance of proceeds may be applied under settlement options.

Proceeds placed under a settlement option for the benefit of any beneficiary must be at least \$2,500 and payments to any payee must be at least \$25.

If proceeds are payable to an executor, administrator, trustee, corporation, partnership or association, payment will be in one sum unless we agree to payment under a settlement option.

Options

1. Income for a Fixed Period Monthly installments will be paid for a period agreed upon.

2. Life Income Monthly installments will be paid as elected under a, b or c:

- a. **Life Only** Installments will be paid for as long as the payee lives.
- b. **Guaranteed Period** Installments will be paid during the guaranteed period. After that, installments will be paid for as long as the payee lives.
- c. **Installment Refund** Installments will be paid until the sum of payments equals all proceeds retained. After that, installments will be paid for as long as the payee lives.

The amount of each installment is determined by the payee's sex and age nearest birthday when payments begin.

3. Interest For a period agreed upon, proceeds will be held by us and will earn interest at a rate we declare annually. This rate will be at least the rate shown on page 14.

During the period agreed upon:

- a. Interest will be paid monthly to the payee; or
- b. Interest can be allowed to accumulate.

At any time during the period agreed upon, proceeds may be placed under one of the other settlement options.

4. Income of Fixed Amount Monthly installments will be paid in an amount agreed upon until proceeds and interest are exhausted.

5. Annuity Settlement Option Instead of any other settlement option, the proceeds may be used to provide an income based on our Single Premium Immediate Annuity rates and rules in effect on the date the proceeds are payable. The amount of each installment will be adjusted to make it payable at the beginning of the payment period.

The amount of each installment provided by the proceeds will be 103% of the installment which normally would be paid under our Single Premium Immediate Annuity.

The amount of each installment based on our Single Premium Immediate Annuity is determined by the payee's sex and age nearest birthday when installments begin.

When Installment Payments Begin Interest under option 3 will be paid at the end of each payment period. Payments under other options are made at the beginning of each payment period. Payment periods begin on the date proceeds become due and payable.

Guaranteed and Excess Interest Payments are calculated at the guaranteed interest rate as shown on page 14. When we declare more than that rate, the excess will be paid as part of each payment under options 1, 3 and 4 and during the guaranteed and refund periods under option 2.

Protection Against Creditors Funds held and payments made under settlement options shall not be assigned and, to the extent permitted by law, shall not be subject to levy, attachment or other judicial process.

Other Conditions and Provisions Before payments begin under a settlement option, this policy must be exchanged for a supplementary contract expressing the terms of settlement.

Unless otherwise provided in the supplementary contract, the present value of any payments due after the death of the last surviving payee will be paid to that payee's estate.

Any indebtedness will decrease the amount placed under a settlement option unless the indebtedness is paid before installment payments begin.

Settlement Option Tables

Monthly Installments per \$1,000 of Proceeds

Guaranteed Basis of Calculation for Settlement Option Installments

Options 1, 3 and 4: 3% interest compounded annually.
Options 2 and 5: 3% interest compounded annually and the Progressive Annuity Table.

Option 1 - Income for Fixed Period

No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't	No. of Years	Monthly Instm't
1	84.47	6	15.14	11	8.86	16	6.53	21	5.32	26	4.59
2	42.86	7	13.16	12	8.24	17	6.23	22	5.15	27	4.47
3	28.99	8	11.68	13	7.71	18	5.96	23	4.99	28	4.37
4	22.06	9	10.53	14	7.26	19	5.73	24	4.84	29	4.27
5	17.91	10	9.61	15	6.87	20	5.51	25	4.71	30	4.18

Option 2 - Life Income

Age of Payee		Life	Guaranteed Period				Instm't	Age of Payee		Life	Guaranteed Period				Instm't
Male	Female	Only	5 Yrs.	10 Yrs.	15 Yrs.	20 Yrs.	Refund	Male	Female	Only	5 Yrs.	10 Yrs.	15 Yrs.	20 Yrs.	Refund
15 & under	19 & under	2.96	2.98	2.97	2.96	2.95	2.95	51	55	4.55	4.54	4.50	4.42	4.31	4.33
16	20	2.98	3.00	2.99	2.98	2.97	2.97	52	56	4.65	4.64	4.59	4.51	4.38	4.41
17	21	3.00	3.01	3.00	2.99	2.98	2.99	53	57	4.76	4.74	4.69	4.59	4.44	4.49
18	22	3.01	3.03	3.02	3.01	3.00	3.01	54	58	4.87	4.85	4.79	4.68	4.51	4.58
19	23	3.03	3.05	3.04	3.03	3.02	3.02	55	59	4.99	4.97	4.90	4.77	4.58	4.67
20	24	3.06	3.07	3.06	3.05	3.04	3.05	56	60	5.12	5.09	5.01	4.86	4.65	4.76
21	25	3.08	3.10	3.09	3.08	3.07	3.07	57	61	5.25	5.23	5.13	4.96	4.72	4.86
22	26	3.10	3.12	3.11	3.10	3.09	3.09	58	62	5.40	5.37	5.25	5.06	4.79	4.97
23	27	3.12	3.14	3.13	3.12	3.11	3.11	59	63	5.56	5.52	5.39	5.16	4.85	5.08
24	28	3.15	3.17	3.16	3.15	3.14	3.13	60	64	5.72	5.68	5.52	5.27	4.92	5.20
25	29	3.18	3.19	3.18	3.17	3.16	3.16	61	65	5.90	5.84	5.67	5.37	4.99	5.32
26	30	3.20	3.22	3.21	3.20	3.19	3.18	62	66	6.09	6.02	5.82	5.48	5.05	5.46
27	31	3.23	3.25	3.24	3.23	3.22	3.21	63	67	6.29	6.21	5.97	5.59	5.11	5.59
28	32	3.26	3.27	3.26	3.25	3.24	3.24	64	68	6.51	6.41	6.13	5.69	5.16	5.74
29	33	3.29	3.30	3.29	3.28	3.27	3.26	65	69	6.74	6.63	6.30	5.80	5.21	5.89
30	34	3.32	3.34	3.33	3.32	3.31	3.29	66	70	6.99	6.86	6.48	5.90	5.26	6.06
31	35	3.36	3.37	3.36	3.35	3.34	3.33	67	71	7.26	7.10	6.66	6.01	5.31	6.23
32	36	3.39	3.40	3.39	3.38	3.37	3.36	68	72	7.55	7.36	6.84	6.11	5.34	6.41
33	37	3.43	3.44	3.43	3.42	3.41	3.39	69	73	7.86	7.64	7.03	6.20	5.38	6.61
34	38	3.47	3.48	3.47	3.46	3.44	3.43	70	74	8.19	7.93	7.22	6.29	5.41	6.81
35	39	3.51	3.52	3.51	3.50	3.48	3.46	71	75	8.55	8.24	7.41	6.38	5.43	7.03
36	40	3.55	3.56	3.55	3.54	3.52	3.50	72	76	8.94	8.57	7.60	6.46	5.45	7.26
37	41	3.60	3.60	3.59	3.58	3.56	3.54	73	77	9.36	8.91	7.79	6.53	5.47	7.51
38	42	3.65	3.65	3.64	3.62	3.60	3.58	74	78	9.82	9.28	7.98	6.59	5.48	7.77
39	43	3.70	3.70	3.69	3.67	3.65	3.63	75	79	10.31	9.66	8.17	6.65	5.49	8.05
40	44	3.75	3.75	3.74	3.72	3.69	3.67	76	80	10.85	10.06	8.35	6.70	5.50	8.35
41	45	3.80	3.80	3.79	3.77	3.74	3.72	77	81	11.43	10.48	8.52	6.74	5.50	8.67
42	46	3.86	3.86	3.85	3.82	3.79	3.77	78	82	12.06	10.92	8.68	6.77	5.51	9.01
43	47	3.92	3.92	3.90	3.88	3.84	3.82	79	83	12.76	11.38	8.83	6.80	5.51	9.37
44	48	3.99	3.98	3.97	3.94	3.89	3.87	80	84	13.50	11.83	8.96	6.82	5.51	9.76
45	49	4.05	4.05	4.03	4.00	3.95	3.93	81	85 & over	14.31	12.32	9.08	6.83	5.51	10.17
46	50	4.13	4.12	4.10	4.06	4.00	3.99	82		15.20	12.80	9.19	6.85	5.51	10.63
47	51	4.20	4.19	4.17	4.13	4.06	4.05	83		16.18	13.28	9.28	6.85	5.51	11.09
48	52	4.28	4.27	4.25	4.20	4.12	4.12	84		17.24	13.76	9.36	6.86	5.51	11.60
49	53	4.36	4.36	4.33	4.27	4.18	4.18	85 & over		18.38	14.25	9.42	6.86	5.51	12.17
50	54	4.46	4.44	4.41	4.35	4.25	4.26								

Option 4 - Income of Fixed Amount

Option 3 - Interest Installments

Monthly	2.47
Quarterly	7.42
Semiannually	14.89
Annually	30.00

Monthly Instm't	Years	Months	Monthly Instm't	Years	Months	Monthly Instm't	Years	Months
5.00	22	10	10.00	9	6	30.00	2	10
6.00	17	10	12.50	7	4	33.33	2	7
6.67	15	6	15.00	6	0	35.00	2	5
7.00	14	7	16.67	5	4	40.00	2	1
7.50	13	5	17.50	5	1	45.00	1	10
8.00	12	5	20.00	4	5	50.00	1	8
9.00	10	9	25.00	3	6			

At the end of the periods shown in Option 4 there is often a small remaining balance which will also be paid.

**Amendment To
Application**



Policy No. JP4432003

75710 DIP-ANN

The Jefferson-Pilot Life Insurance Company is hereby authorized to make the following alterations in or additions to the application dated 2-13-97 to said Company for insurance on the life of

NELVA E BRUNSTING AND ELMER HENRY BRUNSTING
and to issue a policy as may be necessary to conform to said application as modified herein and indicated by the item(s) marked "X" below. I hereby accept the policy as issued.

Item No.

- 1. "I do not now nor have I used tobacco products in any form within the past 12 months."
- 2. Issued at Tobacco-User Rates.
- 3. Basic policy rated. Premiums payable as shown in policy. ELMER
- 4. Policy issued as Rated Premium Class with Extended Term Insurance provision not available.
- 5. Accidental Death Benefit provision rated. Premiums payable as shown in policy.
- 6. Disability Waiver of Premium Provision rated. Premiums payable as shown in policy.
- 7. Policy issued with Disability Waiver of Premium provision eliminated.
- 8. Policy issued with Accidental Death Benefit provision eliminated.
- 9. Face amount of policy _____.
- 10. Age at issue changed to _____.
- 11. Correct premium is _____.
- 12. Alternate or Additional Policy Issued
Plan _____
Amount _____
Basis _____
- 13. Option: _____
- 14. Other alterations or additions (if any) as follows:

NO CHANGE IN HEALTH SINCE EXAMS OF 11-29-96

Dated at _____ This _____ Day of _____ 19____

Signature of Proposed Insured

Signature of applicant, if other than Proposed Insured

~~SIGNATURE OF PROPOSED INSURED~~

Application for Life Insurance or Annuity

Jefferson-Pilot
Life Insurance Company
Greensboro, NC



Part I

1 Print full name of proposed Insured or Annuitant

NELVA E. BRUNSTING

2 Residence address:

No. and St. 13630 PINEROCK

City HOUSTON State TX Zip Code 77079

How long at this address? 10 YRS. +

3 Age	Sex	Date of birth Month Day Year	Where born (state)
<u>70</u>	<u>F</u>	<u>10-08-26</u>	<u>IOWA</u>

4 Social Security No.	Date policy to become effective Month Day Year
<u>481-30-4685</u>	

5 Send notices to ANITA KAY RILEY,
 Insured or Annuitant, or TRUSTEE

C/O
No. and St. 13630 PINEROCK
City HOUSTON State TX Zip Code 77079

6 Complete This Section For Life Insurance Application

Plan of insurance <u>UL 20</u>	Amount
<u>THE SURVIVOR</u>	<u>\$250,000</u>

Billing instructions
Amount of premium \$ 7675.⁰⁰
How payable (if monthly payroll, show Franchise name and number)

Death benefit option (UL plans) <input type="checkbox"/> A <input checked="" type="checkbox"/> <u>B LEVEL</u>	APL (traditional plans, CAL) <input type="checkbox"/> Yes (if available)
--	---

Additional benefits

- Disability Waiver
- Accidental Death Benefit—Amount \$ _____
- Spouse Rider—Amount \$ _____
Type— UL
 Other _____
- Children's Rider—Amount \$ _____
- Guaranteed Insurability—Amount \$ _____
Type: Regular With Dis Waiver UL
- Term Riders (traditional plans, CAL):

Dividend Option (participating plans only)

- Purchase Paid up additions, or
- Other:

7 Complete This Section For Deferred Annuity Application

Plan	Initial basic or single premium
<u>N/A</u>	

Annual basic premium	How payable
<u>N/A</u>	

8 Complete This Section For Immediate Annuity Application

Plan <u>N/A</u>	Single Premium
-----------------	----------------

Complete Questions 9–12 For All Applications.

9 Owner (if other than Insured or Annuitant, give full name, address if not in No. 5, relationship and Social Security or Tax ID No.) ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST DATED FEBRUARY 12, 1997, AS AMENDED

10 Primary beneficiary (full name and relationship to Insured)
ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY

Contingent beneficiary (full name and relationship to Insured)
IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.

If Trustee beneficiary, give date of Trust Agreement.

11 Special instructions:

12 Is this coverage intended to replace or change any insurance or annuity in this or any other company? If yes, give details.

NO

Complete Questions 13-23 For Life Insurance Application. "You" Means The Proposed Insured.

13 Occupation (state duties)
HOME MAKER

14 Other insurance in force on your life:

Company	Amount	Issued in past yr?	
		Yes	No
<u>NONE</u>		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Total Accidental Death Benefit \$ _____

15 Have you made application for other life or health insurance without receiving policy as applied for? If yes, give details including name of company.

NO

Part I of this application continues on Page 2

Application for Life Insurance or Annuity



Jefferson-Pilot
Life Insurance Company
Greensboro, NC

Part I (continued)

16 Do you have an application pending in any other life insurance company now? If yes, give name of company and amount applied for.

NO

17 Do you contemplate changing occupations or traveling or living outside the continental U.S.? If yes, give details.

NO

18 Have you within the past two years flown or do you intend to fly as a pilot, student pilot, or member of the crew of any aircraft? If yes, complete Aviation Questionnaire.

NO

19 Have you within the past three years been charged with two or more moving violations of any motor vehicle laws, or had your driver's license suspended or revoked? If yes, give details.

NO

Driver's license number and state:

TX 01934029

20 Have you within the past two years participated in or have you any intentions of participating in automobile or motorcycle racing, skin or scuba diving, parachuting, sky diving, or hang gliding?

NO

Do you ride a motorcycle?

NO

If either answer is yes, complete Hazardous Activities Questionnaire.

21 Are you now a member of, or have you any intention of making application or enlisting in, any military organization? If yes, give details, including branch of service.

NO

22 In the past 10 years have you:

Yes No

(a) been told by a medical professional you had Acquired Immune Deficiency Syndrome ("AIDS")?

Yes No

(b) received treatment from a medical professional for AIDS?

Yes No

(c) tested positive for antibodies to the AIDS (HIV) virus?

Yes No

23 Have you EVER smoked cigarettes? Yes No
If yes: (a) If a PRESENT smoker, how many cigarettes per day? _____

(b) If a FORMER smoker, how many cigarettes per day? _____ When did you quit? _____

If no: Do you use tobacco in any other form? Yes No
If yes: What form? _____ Amount per day? _____

24 What amount has been paid with this application? (If none, so state.)

RECEIVED
MAR - 7 1997
5:31 PM
7675 L - MAR 1997

Home Office Endorsements

NO CHANGE IN HEALTH SINCE EXAM
DONE 11/29/96

This application consists of Parts I and II and any supplement. Each person signing below represents that, to the best of his or her knowledge and belief, all statements and answers recorded herein are complete and true. Each person signing below agrees expressly that:

1 No agent has the authority to make or modify any Company contract or to waive any of the Company's requirements.

2 Corrections, additions, or changes to this application may be made by the Company. Any such changes will be shown under "Home Office Endorsements." Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan amount or benefits unless agreed to in writing by the Applicant.

3 If this application is for life insurance:

(a) The first premium may be paid to the Company's agent in exchange for a Conditional Receipt. The Receipt will bear the same number and date as this application and will be signed by the agent. If this is done, the Applicant acknowledges acceptance of the Receipt and agrees to its terms and conditions and its Limits Provision. The liability of the Company will be as stated in the Receipt.

(b) If the first premium is not paid, the Company will have no liability under this application unless and until:

(i) it has been received and approved by the Company at its Home Office;

(ii) the policy has been issued and delivered;

(iii) the first premium has been paid to and accepted by the Company; and

(iv) at the time of delivery and payment, the facts concerning the insurability of each person proposed for insurance are as stated in this application.

(c) The proposed Insured acknowledges receipt of the "Notice to Proposed Insured."

Dated at HOUSTON, TX

Date 02-13-97

Signature of proposed Insured or Annuitant
Debra E. Brunsting

Signature of Applicant if other than proposed Insured or Annuitant
Archie Kay Riley, Trustee

By Greg Jungelot Title

Agent Greg Jungelot Agent's number 558101

Agent GREG JUNGELOT Agent's number 2017858

Agency Office

- 1 a. Name and address of your personal physician? Robert White 9000 Weathermar # 69
- b. Date and reason last consulted? 11/96 lump behind knee - Hou TX 77063
- c. What treatment was given or medication prescribed? None (713) 978-7975
- 2 Have you, within the past 10 years, been treated for or had any known indication of:

	Yes	No	Details of "Yes" answers. (Identify question number, circle applicable items: Include diagnoses, dates, duration, names and addresses of all physicians and medical facilities.)
a. Disorder of eyes, ears, nose or throat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b. Dizziness, fainting, convulsions, headache, paralysis or stroke; mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Shortness of breath, persistent hoarseness or cough, asthma, bronchitis, pleurisy, emphysema, tuberculosis or chronic respiratory disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Chest pain, palpitation, high blood pressure, rheumatic fever, heart attack, murmur or other disorder of the heart or blood vessels?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e. Jaundice, intestinal bleeding, ulcer, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>5b) Dr. White - annual pap check up - Norm</u>
f. Sugar, albumin, blood or pus in urine, sexually transmitted diseases, stone or other disorder of kidney, bladder or prostate?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Bursitis in hip - 1996</u>
g. Diabetes, thyroid or other endocrine disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>MRI done + X-rays</u>
h. Neuritis, arthritis, gout, or disorder of the muscles or bones, including the spine, back or joints?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Rx: Cortisone + exercise</u>
i. Deformity, lameness, or amputation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Dr. Eddie Matsy (789)</u>
j. Disorder of skin, lymph glands, cyst, tumor or cancer?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>2500 Fondren #300 (544)</u>
k. Allergies, anemia or other disorder of the blood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>Houston TX 77063</u>
l. Need for treatment because of alcohol or drug abuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m. Abnormalities, disease or disorder of the reproductive organs or breasts, menstruation or pregnancy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<u>5d) Blood, mammogram done annually - Norm</u>
- 3 Are you now under observation or taking treatment?
- 4 Have you had any change in weight in the past year?
- 5 Other than the above, have you within the past 5 years:
 - a. Had any mental or physical disorder not listed above?
 - b. Had a checkup, consultation, illness, injury or surgery?
 - c. Been a patient in a hospital, clinic, sanatorium or other medical facility?
 - d. Had electrocardiogram, X-ray, or other diagnostic test?
 - e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?
- 6 Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?
- 7 Have you ever requested or received a pension, benefits or payment due to an injury, sickness or disability?
- 8 To the best of your knowledge and belief are you now pregnant?
- 9 Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, alcoholism or suicide?

Parents	Age if Alive	Age at Death	Cause of Death	Siblings	Age if Alive	Age at Death	Cause of Death
Father		<u>82</u>	<u>Kidney failure</u>	Brothers		<u>23</u>	<u>plane crash</u>
Mother		<u>89</u>	<u>Heart failure</u>	Sisters			

The answers to the above questions are to the best of my knowledge complete, true and written as I gave them. For the purpose of underwriting this application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of the proposed insureds or their health to give Jefferson-Pilot Life Insurance Company and its reinsurers such information. I also authorize the foregoing, except for the Medical Information Bureau, to give such information to any consumer reporting agency acting on behalf of Jefferson-Pilot Life. I further authorize Jefferson-Pilot Life to give all such information to my personal physician upon request and I waive any privilege to such information. I understand either I or my authorized representative may obtain a copy of this authorization. This authorization shall be valid for 30 months from this date and a copy of this authorization shall be as valid as the original.

Houston, TX 412956 Date
 City and state where signed

Nelva E. Brunsting
 Signature of proposed insured (if under age 15, parent) BRUNSTING004260

Kate Hoge
 Signature of Examiner

1996 DEC -5 AM 8:29

Application for Life Insurance or Annuity



Jefferson-Pilot Life Insurance Company
Greensboro, NC

Part I

1 Print full name of proposed Insured or Annuitant
ELMER HENRY BRUNSTING

2 Residence address:
No. and St. **13630 PINEROCK**
City **HOUSTON** State **TX** Zip Code **77079**
How long at this address? **10 YRS. +**

3 Age	Sex	Date of birth Month Day Year	Where born (state)
75	M	09-29-21	IOWA

4 Social Security No. 282-32-8905	Date policy to become effective Month Day Year
---	---

5 Send notices to **ANITA KAY RILEY, TRUSTEE**
 Insured or Annuitant, or TRUSTEE
C/O No. and St. **13630 PINEROCK**
City **HOUSTON** State **TX** Zip Code **77079**

6 Complete This Section For Life Insurance Application

Plan of insurance UL 20	Amount
THE SURVIVOR	\$250,000

Billing instructions
Amount of premium \$ **7,675.⁰⁰**
How payable (if monthly payroll, show Franchise name and number)

Death benefit option (UL plans) <input type="checkbox"/> A <input checked="" type="checkbox"/> B LEVEL	APL (traditional plans, CAL) <input type="checkbox"/> Yes (if available)
--	---

Additional benefits

Disability Waiver

Accidental Death Benefit—Amount \$ _____

Spouse Rider—Amount \$ _____
Type— UL Other _____

Children's Rider—Amount \$ _____

Guaranteed Insurability—Amount \$ _____
Type: Regular With Dis Waiver UL

Term Riders (traditional plans, CAL):

Dividend Option (participating plans only)
 Purchase Paid up additions, or
 Other:

7 Complete This Section For Deferred Annuity Application

Plan	Initial basic or single premium
	N/A
Annual basic premium	How payable

8 Complete This Section For Immediate Annuity Application

Plan N/A	Single Premium
-----------------	----------------

Complete Questions 9-12 For All Applications.

9 Owner (If other than Insured or Annuitant, give full name, address if not in No. 5, relationship and Social Security or Tax ID No.) **ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED**

10 Primary beneficiary (full name and relationship to Insured)
ANITA KAY RILEY, TRUSTEE OR THE SUCCESSOR TRUSTEES, UNDER THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.

Contingent beneficiary (full name and relationship to Insured)
IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997, AS AMENDED.
If Trustee beneficiary, give date of Trust Agreement.

11 Special instructions:

12 Is this coverage intended to replace or change any insurance or annuity in this or any other company? If yes, give details.
NO

Complete Questions 13-23 For Life Insurance Application. "You" Means The Proposed Insured.

13 Occupation (state duties)
RETIRED

14 Other insurance in force on your life: Company	Amount	Issued in past yr?	
		Yes	No
5-6 VARIOUS POLICIES	70,000	<input type="checkbox"/>	<input checked="" type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Total Accidental Death Benefit \$ _____

15 Have you made application for other life or health insurance without receiving policy as applied for? If yes, give details including name of company.
NO

Part I of this application continues on Page 2

Application for Life Insurance or Annuity



Jefferson-Pilot
Life Insurance Company
Greensboro, NC

Part I (continued)

16 Do you have an application pending in any other life insurance company now? If yes, give name of company and amount applied for.
NO

17 Do you contemplate changing occupations or traveling or living outside the continental U.S.? If yes, give details.
NO

18 Have you within the past two years flown or do you intend to fly as a pilot, student pilot, or member of the crew of any aircraft? If yes, complete Aviation Questionnaire.
NO

19 Have you within the past three years been charged with two or more moving violations of any motor vehicle laws, or had your driver's license suspended or revoked? If yes, give details.
NO

Driver's license number and state:

TX 03911861

20 Have you within the past two years participated in or have you any intentions of participating in automobile or motorcycle racing, skin or scuba diving, parachuting, sky diving, or hang gliding?
NO

Do you ride a motorcycle? **NO**

If either answer is yes, complete Hazardous Activities Questionnaire.

21 Are you now a member of, or have you any intention of making application or enlisting in, any military organization? If yes, give details, including branch of service.
NO

22 In the past 10 years have you: Yes No

(a) been told by a medical professional you had Acquired Immune Deficiency Syndrome ("AIDS")? Yes No

(b) received treatment from a medical professional for AIDS? Yes No

(c) tested positive for antibodies to the AIDS (HIV) virus? Yes No

23 Have you EVER smoked cigarettes? Yes No
If yes: (a) If a PRESENT smoker, how many cigarettes per day? _____

(b) If a FORMER smoker, how many cigarettes per day? _____ When did you quit? _____

If no: Do you use tobacco in any other form? Yes No
If yes: What form? _____ Amount per day? _____

24 What amount has been paid with this application? (If none, so state.)

\$7,675.00

1 M O RECEIVED
1997 MAR - 7 P M

Home Office Endorsements

**RATED PREMIUM CLASS
NO CHANGE IN HEALTH SINCE EXAM
DONE ON 11/29/96**

This application consists of Parts I and II and any supplement. Each person signing below represents that, to the best of his or her knowledge and belief, all statements and answers recorded herein are complete and true. Each person signing below agrees expressly that:

1 No agent has the authority to make or modify any Company contract or to waive any of the Company's requirements.

2 Corrections, additions, or changes to this application may be made by the Company. Any such changes will be shown under "Home Office Endorsements." Acceptance of a policy issued with such changes will constitute acceptance of the changes. No change will be made in classification (including age at issue), plan, amount or benefits unless agreed to in writing by the Applicant.

3 If this application is for life insurance:

(a) The first premium may be paid to the Company's agent in exchange for a Conditional Receipt. The Receipt will bear the same number and date as this application and will be signed by the agent. If this is done, the Applicant acknowledges acceptance of the Receipt and agrees to its terms and conditions and its Limits Provision. The liability of the Company will be as stated in the Receipt.

(b) If the first premium is not paid, the Company will have no liability under this application unless and until:

(i) it has been received and approved by the Company at its Home Office;

(ii) the policy has been issued and delivered;

(iii) the first premium has been paid to and accepted by the Company; and

(iv) at the time of delivery and payment, the facts concerning the insurability of each person proposed for insurance are as stated in this application.

(c) The proposed Insured acknowledges receipt of the "Notice to Proposed Insured."

Dated at **HOUSTON, TX**

Date **02-13-97**

Elmer Brunsting
Signature of proposed Insured or Annuitant

Anta Kay Riley, Trustee
Signature of Applicant if other than proposed Insured or Annuitant

By **Greg Jungblut** Title _____

Agent _____ Agent's number _____

Agent **GREG JUNGEBLOT** Agent's number **2017858**

Agency Office _____

- 1 a. Name and address of your personal physician? Robert White 9000 Weathermer #69
- b. Date and reason last consulted? 9/96 ✓ up Hon TX 77063
- c. What treatment was given or medication prescribed? None (713) 978 7975
- 2 Have you, within the past 10 years, been treated for or had any known indication of:

	Yes	No	
a. Disorder of eyes, ears, nose or throat?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Details of "Yes" answers. (Identify question number, circle applicable items: Include diagnoses, dates, duration, names and addresses of all physicians and medical facilities.) 2a) <u>FRP - No Meds - Diet control</u> <u>had angioplasty 6/94, 12/94</u> <u>Dr. GASTON 6560 FURNACE #15</u> <u>HOUSTON TX 77030 (713) 790.0646</u> <u>Methodist Hosp 1-2 days each</u> 2f) <u>11/91 prostate removed</u> <u>due to malignancy found.</u> <u>Dr. Babaiian, 713.792.3250</u> <u>1515 Holcombe, Box 110</u> <u>HOUSTON TX 77030 - No Chemo</u> <u>MD Anderson Hosp XSD</u> 2j) <u>Skin cancer removed</u> <u>from (L) ear. 1986 Dr. White</u> 5b) <u>Broken (L) wrist - 1996</u> <u>Dr. White - splinted.</u> 5d) <u>Blood, CXR, EKG - pre op</u> <u>1991 Dr. Babaiian - Norm</u> <u>Same pre op lab 5 - Nov</u> <u>1994 + 1995 Dr. GASTON</u> <u>EKG + stress test - Norm</u> <u>1996 Dr. GASTON.</u> 9) <u>Father - FRP r stroke</u>
b. Dizziness, fainting, convulsions, headache, paralysis or stroke; mental or nervous disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Shortness of breath, persistent hoarseness or cough, asthma, bronchitis, pleurisy, emphysema, tuberculosis or chronic respiratory disorder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d. Chest pain, palpitation, high blood pressure, rheumatic fever, heart attack, murmur or other disorder of the heart or blood vessels?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
e. Jaundice, intestinal bleeding, ulcer, colitis, diverticulitis, recurrent indigestion, or other disorder of the stomach, intestines, liver or gallbladder?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f. Sugar, albumin, blood or pus in urine, sexually transmitted diseases, stone or other disorder of kidney, bladder or prostate?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
g. Diabetes, thyroid or other endocrine disorders?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h. Neuritis, arthritis, gout, or disorder of the muscles or bones, including the spine, back or joints?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i. Deformity, lameness, or amputation?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
j. Disorder of skin, lymph glands, cyst, tumor or cancer?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
k. Allergies, anemia or other disorder of the blood?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
l. Need for treatment because of alcohol or drug abuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
m. Abnormalities, disease or disorder of the reproductive organs or breasts, menstruation or pregnancy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
- 3 Are you now under observation or taking treatment?
- 4 Have you had any change in weight in the past year?
- 5 Other than the above, have you within the past 5 years:
 - a. Had any mental or physical disorder not listed above?
 - b. Had a checkup, consultation, illness, injury or surgery?
 - c. Been a patient in a hospital, clinic, sanatorium or other medical facility?
 - d. Had electrocardiogram, X-ray, or other diagnostic test?
 - e. Been advised to have any diagnostic test, hospitalization, or surgery which was not completed?
- 6 Have you ever had military service deferment, rejection or discharge because of a physical or mental condition?
- 7 Have you ever requested or received a pension, benefits or payment due to an injury, sickness or disability?
- 8 To the best of your knowledge and belief are you now pregnant?
- 9 Family History: Tuberculosis, diabetes, cancer, high blood pressure, heart or kidney disease, mental illness, alcoholism or suicide?

10:01 AM 5-2309561

Parents	Age if Alive	Age at Death	Cause of Death	Siblings	Age if Alive	Age at Death	Cause of Death
Father		76	stroke	Brothers	0		
Mother		83	respiratory distress	Sisters	0		

The answers to the above questions are to the best of my knowledge complete, true and written as I gave them. For the purpose of underwriting this application for life insurance, I authorize any licensed physician, medical practitioner, hospital, clinic or other medical or medically related facility, insurance company, the Medical Information Bureau or other organization, institution or person that has any records or knowledge of the proposed insureds or their health to give Jefferson-Pilot Life Insurance Company and its reinsurers such information. I also authorize the foregoing, except for the Medical Information Bureau, to give such information to any consumer reporting agency acting on behalf of Jefferson-Pilot Life. I further authorize Jefferson-Pilot Life to give all such information to my personal physician upon request and I waive any privilege to such information. I understand either I or my authorized representative may obtain a copy of this authorization. This authorization shall be valid for 30 months from this date and a copy of this authorization shall be as valid as the original.

Houston, TX 11/29/94 City and state where signed Date

Elmer Brunsting Signature of proposed insured (if under age 15, parent)

Kate Kyle Signature of Examiner

BRUNSTING004263 M.D.

**Jefferson-Pilot
Life Insurance Company
100 North Greene Street, P. O. Box 21008
Greensboro, North Carolina 27420**

When writing the Home Office please give the policy number, full names of both Insureds and your address.

Important Information

This policy is a valuable asset. Read it carefully and file it with your other valuable papers.

If you need any of the following services, contact our nearest representative or our Home Office:

1. Information about this policy.
2. Preparation of claims papers, or other notices, elections or requests.
3. Examination of any proposal that you lapse or surrender this policy - this is for your own protection.
4. Additional life insurance service.

**FLEXIBLE PREMIUM ADJUSTABLE
SURVIVORSHIP LIFE**

Proceeds payable at second death. Flexible premiums payable while either Insured is living. Policy values determined by declared interest and risk rates. Non-participating.



Policy Number Due Date
 JP4432833 03-15-98
 NELVA E BRUNSTING

Payable
 ANNUAL
 0

For Service Please contact

F022301593 LIFE

PREMIUM 7,675.00
 TOTAL DUE 7,675.00

GREGORY J JUNGBLUT CLU
 820 GESSNER #296
 HOUSTON TX 77024

PHONE (713) 827-0491

ANITA KAY RILEY, TRUSTEE
 13630 PINEROCK
 HOUSTON TX 77079

Your Life, your needs and your financial security goals are constantly changing. Jefferson-Pilot offers a broad variety of insurance products to help you meet your needs and achieve your goals. Your representative, whose name and number are listed above, would be pleased to provide you with information about how our services may benefit you.

Note: If a representative is not shown, please contact us (see information below) and we will have a representative contact you.

Telephone: (800) 487-1485

ANITA KAY RILEY, TRUSTEE
 13630 PINEROCK
 HOUSTON TX 77079

BJ-4508 Rev 1-97

Please Detach and Keep This Part for Your Records

See Information on Reverse Side



Policy Number Due Date
 JP4432833 03-15-98
 NELVA E BRUNSTING

Payable
 ANNUAL
 0

Important! Please Return This Part With Your Payment

F022301593 LIFE
 75710

PREMIUM 7,675.00
 TOTAL DUE 7,675.00

Note: This is the only Notice you will receive

Enter Address Change Below

ANITA KAY RILEY, TRUSTEE
 13630 PINEROCK
 HOUSTON TX 77079

Jefferson-Pilot
 Life Insurance Company
 PO Box 25500
 Greensboro, NC 27420-1008

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-1998. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-1997 to 03-15-1998.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded the highest ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA
Weiss Research	A+

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420
 800-487-1485

for period ending 03-15-1998

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING		Planned Premium: \$7,675.00
Date of Birth: 10-08-1926		Specified Amount: \$250,000.00
Issue Age: 70		Net Death Benefit: \$250,000.00
Sex: F		
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	03-15-1997 03-15-1998
13630 PINEROCK	Net Policy Value:	\$.00 \$7,584.53
HOUSTON TX 77079	Surrender Value:	\$.00 \$.00
	Loan Balance:	\$.00 \$.00

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest at Guar Rate	*Credited Excess	Total %	Cost of Insurance	Cost of Rider(s)*	Partial Surrenders	End of Month Policy Value
04-15-1997	7,675.00	201.88	10.70	7.42	6.00	16.98	.00	.00	7,474.26
05-15-1997	.00	10.00	21.38	14.87	6.00	16.48	.00	.00	7,484.03
06-15-1997	.00	10.00	21.41	14.89	6.00	16.48	.00	.00	7,493.85
07-15-1997	.00	10.00	21.44	14.91	6.00	16.48	.00	.00	7,503.72
08-15-1997	.00	10.00	21.47	14.93	6.00	16.48	.00	.00	7,513.64
09-15-1997	.00	10.00	21.50	14.95	6.00	16.48	.00	.00	7,523.61
10-15-1997	.00	10.00	21.53	14.97	6.00	16.48	.00	.00	7,533.63
11-15-1997	.00	10.00	21.56	14.99	6.00	16.47	.00	.00	7,543.71
12-15-1997	.00	10.00	21.59	15.01	6.00	16.47	.00	.00	7,553.84
01-15-1998	.00	10.00	21.62	15.03	6.00	16.47	.00	.00	7,564.02
02-15-1998	.00	10.00	21.65	15.05	6.00	16.47	.00	.00	7,574.25
03-15-1998	.00	10.00	21.68	15.07	6.00	16.47	.00	.00	7,584.53
Totals	7,675.00	311.88	247.53	172.09		198.21	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

Based on the company's schedule of monthly cost of insurance rates in effect as of 03-15-1998, your rate per \$1000 net amount at risk for the policy year beginning 03-15-1998 will not be greater than 0.646305.

This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

PROJECTION OF NEXT YEAR'S CASH SURRENDER VALUE

Assuming no premiums are paid, your policy value on the 03-15-1999 policy anniversary is projected as follows:

	Cash Surrender Value	Policy Value
Using Guaranteed Interest and Cost of Insurance Rates	.00	\$5,132.94
Using Current Interest and Cost of Insurance Rates	.00	\$7,260.56

The net death benefit is the death benefit after any outstanding loan balance is deducted.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 820 GESSNER #296
 HOUSTON TX 77024

THANK YOU FOR ALLOWING US TO BE OF SERVICE

BRUNSTING004267

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2000. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-1999 to 03-15-2000.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA
Weiss Research	A

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420
 800-487-1485

for period ending 03-15-2000

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	03-15-1999 03-15-2000
13630 PINEROCK	Net Policy Value:	\$15,129.54 \$30,114.14
HOUSTON TX 77079	Surrender Value:	\$1,867.04 \$18,324.14
	Loan Balance:	\$.00 \$.00

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest at Rate	*Excess	*Credited Total	% Rate	Cost of Insurance	Cost of *Rider(s)*	Partial Surrenders	End of Month Policy Value
04-15-1999	7,675.00	201.88	58.90	31.21	5.40	89.26	.00	.00	22,603.51	
05-15-1999	.00	10.00	64.62	34.24	5.40	86.41	.00	.00	22,605.96	
06-15-1999	.00	10.00	64.62	34.25	5.40	86.41	.00	.00	22,608.42	
07-15-1999	.00	10.00	64.63	34.25	5.40	86.41	.00	.00	22,610.89	
08-15-1999	.00	10.00	64.65	34.24	5.40	86.41	.00	.00	22,613.37	
09-15-1999	.00	10.00	64.65	34.25	5.40	86.42	.00	.00	22,615.85	
10-15-1999	.00	10.00	64.66	34.26	5.40	86.41	.00	.00	22,618.36	
11-15-1999	.00	10.00	64.67	34.25	5.40	86.41	.00	.00	22,620.87	
12-15-1999	.00	10.00	64.67	34.26	5.40	86.41	.00	.00	22,623.39	
01-15-2000	.00	10.00	64.68	34.26	5.40	86.41	.00	.00	22,625.92	
02-15-2000	.00	10.00	64.68	34.27	5.40	86.41	.00	.00	22,628.46	
03-15-2000	7,675.00	201.88	64.69	34.28	5.40	86.41	.00	.00	30,114.14	
Totals	15,350.00	503.76	770.12	408.02		1,039.78	.00	.00		

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

Based on the company's schedule of monthly cost of insurance rates in effect as of 03-15-2000, your rate per \$1000 net amount at risk for the policy year beginning 03-15-2000 will not be greater than 1.702035.

This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

The net death benefit is the death benefit after any outstanding loan balance is deducted.

PROJECTION OF NEXT YEAR'S CASH SURRENDER VALUE

Assuming no premiums are paid, your policy value on the 03-15-2001 policy anniversary is projected as follows:

	Cash Surrender Value	Policy Value
Using Guaranteed Interest and Cost of Insurance Rates	\$14,493.09	\$25,545.59
Using Current Interest and Cost of Insurance Rates	\$19,028.73	\$30,081.23

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGEBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

BRUNSTING004269

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420
800-487-1485

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2001. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2000 to 03-15-2001.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

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A. M. Best	A++
Duff & Phelps	AAA
Weiss Research	A

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420
 800-487-1485

for period ending 03-15-2001

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	03-15-2000 03-15-2001
13630 PINEROCK	Net Policy Value:	\$30,114.14 \$37,564.35
HOUSTON TX 77079	Surrender Value:	\$18,324.14 \$26,511.85
	Loan Balance:	\$0.00 \$0.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited			Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*	% Rate*				
04-15-2000	.00	10.00	86.07	45.61	5.40	124.35	.00	.00	30,111.47
05-15-2000	.00	10.00	86.07	45.60	5.40	124.35	.00	.00	30,108.79
06-15-2000	.00	10.00	86.06	45.59	5.40	124.35	.00	.00	30,106.09
07-15-2000	.00	10.00	86.05	45.60	5.40	124.35	.00	.00	30,103.39
08-15-2000	.00	10.00	86.04	45.59	5.40	124.35	.00	.00	30,100.67
09-15-2000	.00	10.00	86.03	45.59	5.40	124.36	.00	.00	30,097.93
10-15-2000	.00	10.00	86.02	45.58	5.40	124.36	.00	.00	30,095.17
11-15-2000	.00	10.00	86.02	45.58	5.40	124.36	.00	.00	30,092.41
12-15-2000	.00	10.00	86.01	45.58	5.40	124.36	.00	.00	30,089.64
01-15-2001	.00	10.00	86.00	45.58	5.40	124.36	.00	.00	30,086.86
02-15-2001	.00	10.00	86.00	45.56	5.40	124.36	.00	.00	30,084.06
03-15-2001	7,675.00	201.88	85.99	45.55	5.40	124.37	.00	.00	37,564.35
Totals	7,675.00	311.88	1,032.36	547.01		1,492.28	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current#	Guaranteed
Planned Premiums Paid	MATURITY	January 2009
No Further Premiums Paid	December 2010	March 2005

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2002. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2001 to 03-15-2002.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Fitch	AAA

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 1-800-487-1485.

Thank you very much for your business.

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2002

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079	Policy Values as of:	03-15-2001 03-15-2002
	Net Policy Value:	\$37,564.35 \$37,431.51
	Surrender Value:	\$26,511.85 \$27,116.51
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited			Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*	% Rate*				
04-15-2001	.00	10.00	107.34	56.89	5.40	164.26	.00	.00	37,554.32
05-15-2001	.00	10.00	107.32	56.87	5.40	164.27	.00	.00	37,544.24
06-15-2001	.00	10.00	107.29	56.85	5.40	164.28	.00	.00	37,534.10
07-15-2001	.00	10.00	107.26	56.84	5.40	164.29	.00	.00	37,523.91
08-15-2001	.00	10.00	107.23	56.82	5.40	164.30	.00	.00	37,513.66
09-15-2001	.00	10.00	107.21	56.80	5.40	164.30	.00	.00	37,503.37
10-15-2001	.00	10.00	107.17	56.79	5.40	164.31	.00	.00	37,493.02
11-15-2001	.00	10.00	107.14	56.78	5.40	164.32	.00	.00	37,482.62
12-15-2001	.00	10.00	107.11	56.76	5.40	164.33	.00	.00	37,472.16
01-15-2002	.00	10.00	107.08	53.78	5.30	164.34	.00	.00	37,458.68
02-15-2002	.00	10.00	107.05	53.75	5.30	164.35	.00	.00	37,445.13
03-15-2002	.00	10.00	107.00	53.74	5.30	164.36	.00	.00	37,431.51
Totals	.00	120.00	1,286.20	672.67		1,971.71	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Planned Premiums Paid No Further Premiums Paid	Interest and Cost of Insurance			
	Current#	MATURITY	Guaranteed	
		May	December	2009
		2012	July	2006

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

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Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 04-15-2002

Policy Number: JP4432833	Coverage Type: SURVIVORSHIP LIFE	(VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:	04-15-2001 04-15-2002
13630 PINEROCK	Net Policy Value:	\$37,554.32 \$44,882.94
HOUSTON TX 77079	Surrender Value:	\$26,501.82 \$34,567.94
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
05-15-2001	.00	10.00	107.32	56.87	5.40	164.27	.00	.00	37,544.24
06-15-2001	.00	10.00	107.29	56.85	5.40	164.28	.00	.00	37,534.10
07-15-2001	.00	10.00	107.26	56.84	5.40	164.29	.00	.00	37,523.91
08-15-2001	.00	10.00	107.23	56.82	5.40	164.30	.00	.00	37,513.66
09-15-2001	.00	10.00	107.21	56.80	5.40	164.30	.00	.00	37,503.37
10-15-2001	.00	10.00	107.17	56.79	5.40	164.31	.00	.00	37,493.02
11-15-2001	.00	10.00	107.14	56.78	5.40	164.32	.00	.00	37,482.62
12-15-2001	.00	10.00	107.11	56.76	5.40	164.33	.00	.00	37,472.16
01-15-2002	.00	10.00	107.08	53.78	5.30	164.34	.00	.00	37,458.68
02-15-2002	.00	10.00	107.05	53.75	5.30	164.35	.00	.00	37,445.13
03-15-2002	.00	10.00	107.00	53.74	5.30	164.36	.00	.00	37,431.51
04-15-2002	7,675.00	201.88	127.59	64.09	5.30	213.37	.00	.00	44,882.94
Totals	7,675.00	311.88	1,306.45	679.87		2,020.82	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FRWY #350
 HOUSTON TX 77079

Route: 76-TPE

THANK YOU FOR ALLOWING US TO BE OF SERVICE

JEFFERSON-PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2003. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2002 to 03-15-2003.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

As required by regulation, the attached statement includes a projection of the policy values for your next policy anniversary assuming no premium payments are made. These values are shown using both current and guaranteed interest and cost of insurance rates. Your agent can provide you with a projection based on the continued payment of planned premiums and a longer range illustration of future values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from four major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AAA
A. M. Best	A++
Duff & Phelps	AAA

We continually strive to maintain your trust and keep your confidence. If you have any questions, we encourage you to call your servicing agent or the office shown at the bottom of your statement or our Client Services Department at 800-487-1485.

Thank you very much for your business.



JEFFERSON PILOT FINANCIAL

PRIVACY PRACTICES NOTICE

The Jefferson Pilot Financial companies* are concerned about your privacy. In order to issue and service high quality financial products and services, we collect personal information about you. **We do not sell your information to third parties**, and we disclose your personal information only as necessary to provide the products and services you expect from a financial services leader. **This summary of our practices is provided for your information. You do not need to take any action as a result of this notice, but you do have certain rights as described below.**

Collecting Information. To conduct our business, we may collect nonpublic personal information about you from:

- applications or other forms, such as name, address, Social Security number, assets and income, employment status and dependent information;
- your transactions with us, our affiliates, or with others, such as account activity, payment history, and products and services purchased;
- consumer reporting agencies, such as credit relationships and credit history. These agencies may retain their reports and share them with others who use their services;
- other individuals, businesses and agencies, such as motor vehicle reports, and medical and demographic information; and
- visitors to our websites, such as information from on-line forms, site visitorship data and on-line information collecting devices commonly called "cookies."

We do not collect medical or health information, nor do we request financial information from consumer reporting agencies, on our mutual fund and brokerage consumers.

How We Treat the Information. Within Jefferson Pilot Financial we restrict access to nonpublic personal information about you to those employees who need to know that information to provide our products or services or to otherwise conduct our business, including actuarial or research studies. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to safeguard all your nonpublic personal information. We may also disclose all of the information described above to third parties with which we contract for services. We contractually require these third parties to protect your information. Examples of these third parties are:

- financial service providers, such as third party administrators, broker-dealers, insurance agents and brokers, investment companies, registered representatives, investment advisors, companies that perform marketing services on our behalf or on behalf of Jefferson Pilot Financial and another financial institution, or to other financial institutions with whom we have joint marketing agreements; and
- non-financial companies and individuals, such as our consultants and vendors and the Medical Information Bureau.

In addition, we may disclose your nonpublic personal information to medical care institutions or medical professionals, insurance regulatory authorities, law enforcement or other government authorities, or to affiliated or nonaffiliated third parties as reasonably necessary to conduct our business or as otherwise permitted by law.

Our privacy procedures apply even after you stop having any customer relationship with Jefferson Pilot Financial.

We retain the right to use ideas, concepts, know-how, or techniques contained in any nonpublic personal information you provide to us for our own purposes, including developing and marketing products and services.

We do not disclose to our affiliates any information we receive about you from a consumer reporting agency.

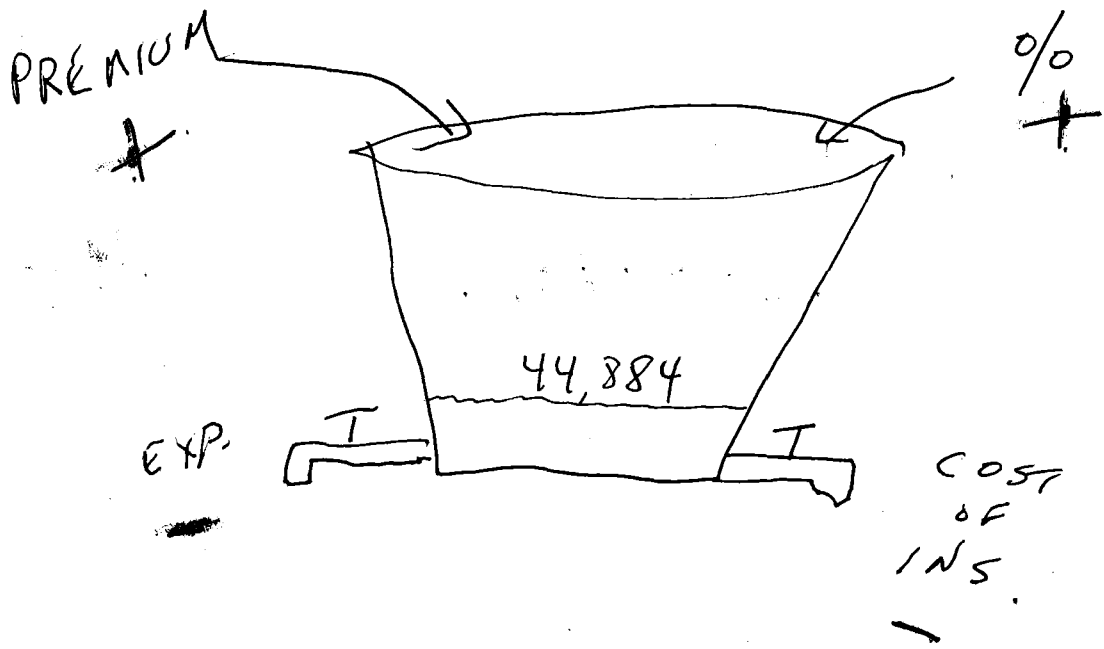
We do not disclose your nonpublic personal information to third parties except as necessary to provide you our products and services. You do have the right to review the personal information about you relating to any insurance or annuity product issued by us that we can reasonably locate and retrieve. You also can request that we correct, amend or delete any inaccurate information. If you wish to do this, please write Attn: Privacy Inquiry, to the address you normally use for your correspondence with us. If you don't have that address, write to: Jefferson Pilot Financial, Attn: Client Services Department-Privacy, P.O. Box 21008, Greensboro, NC 27420, describe the information you wish to see and enclose payment for our \$25.00 handling fee.

* This Notice applies for the following Jefferson Pilot Financial companies:

Allied Professional Advisors, Inc.	Jefferson Pilot LifeAmerica Insurance Company	Jefferson Pilot Variable Corporation
Hampshire Funding, Inc.	Jefferson-Pilot Life Insurance Company	Polaris Advisory Services, Inc.
Jefferson Pilot Financial Insurance Company	Jefferson Pilot Securities Corporation	Westfield Assigned Benefits Company

Jefferson Pilot Financial
100 N. Greene St.
Greensboro, NC 27401

Presorted Standard
U.S. Postage
PAID
Permit #338
Greensboro NC



JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2003

Policy Number: JP4432833 Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
 Policy Date: 03-15-1997 Death Benefit Option: LEVEL Planned Frequency: ANNUAL
 Insured: NELVA E BRUNSTING ELMER HENRY BRUNSTING Planned Premium: \$7,675.00
 Date of Birth: 10-08-1926 09-29-1921 Specified Amount: \$250,000.00
 Issue Age: 70 75 Net Death Benefit: \$250,000.00
 Sex: F M
 Owner: ANITA KAY RILEY, TRUSTEE Policy Values as of: 03-15-2002 03-15-2003
 13630 PINEROCK
 HOUSTON TX 77079
 Net Policy Value: \$37,431.51 \$51,987.45
 Surrender Value: \$27,116.51 \$42,407.45
 Loan Balance: \$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
→ 04-15-2002	7,675.00	201.88	127.59	64.09	5.30	213.37	.00	.00	44,882.94 ←
05-15-2002	.00	10.00	128.24	64.40	5.30	205.86	.00	.00	44,859.72
06-15-2002	.00	10.00	128.17	64.37	5.30	205.88	.00	.00	44,836.38
07-15-2002	.00	10.00	128.10	64.34	5.30	205.91	.00	.00	44,812.91
08-15-2002	.00	10.00	128.04	64.29	5.30	205.93	.00	.00	44,789.31
09-15-2002	.00	10.00	127.97	58.96	5.15	205.96	.00	.00	44,760.28
10-15-2002	.00	10.00	127.89	58.92	5.15	205.99	.00	.00	44,731.10
11-15-2002	.00	10.00	127.80	58.88	5.15	206.02	.00	.00	44,701.76
12-15-2002	.00	10.00	127.72	39.32	4.60	206.04	.00	.00	44,652.76
01-15-2003	.00	10.00	127.57	39.28	4.60	206.09	.00	.00	44,603.52
02-15-2003	.00	10.00	127.43	39.24	4.60	206.14	.00	.00	44,554.05
03-15-2003	7,675.00	201.88	127.29	39.19	4.60	206.20	.00	.00	51,987.45
Totals	15,350.00	503.76	1,533.81	655.28		2,479.39	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Interest and Cost of Insurance

Planned Premiums Paid No Further Premiums Paid	Current #	Guaranteed
		MATURITY April 2013

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FREEWAY
 STE 350
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

JEFFERSON-PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2004

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING
Date of Birth: 10-08-1926	09-29-1921
Issue Age: 70	75
Sex: F	M
Owner: ANITA KAY RILEY, TRUSTEE	Policy Values as of:
13630 PINEROCK	03-15-2003
HOUSTON TX 77079	03-15-2004
	Net Policy Value: \$51,987.45 \$58,538.11
	Surrender Value: \$42,407.45 \$49,698.11
	Loan Balance: \$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2003	.00	10.00	148.52	39.51	4.45	247.13	.00	.00	51,918.35
05-15-2003	.00	10.00	148.32	39.45	4.45	247.21	.00	.00	51,848.91
06-15-2003	.00	10.00	148.11	39.42	4.45	247.30	.00	.00	51,779.14
07-15-2003	.00	10.00	147.92	39.35	4.45	247.38	.00	.00	51,709.03
08-15-2003	.00	10.00	147.72	39.29	4.45	247.47	.00	.00	51,638.57
09-15-2003	.00	10.00	147.52	33.07	4.30	247.56	.00	.00	51,561.60
10-15-2003	.00	10.00	147.29	33.02	4.30	247.66	.00	.00	51,484.25
11-15-2003	.00	10.00	147.07	32.97	4.30	247.75	.00	.00	51,406.54
12-15-2003	.00	10.00	146.85	32.92	4.30	247.85	.00	.00	51,328.46
01-15-2004	.00	10.00	146.62	20.58	4.00	247.94	.00	.00	51,237.72
02-15-2004	.00	10.00	146.36	20.54	4.00	248.06	.00	.00	51,146.56
03-15-2004	7,675.00	201.88	146.10	20.50	4.00	248.17	.00	.00	58,538.11
Totals	7,675.00	311.88	1,768.40	390.62		2,971.48	.00	.00	

Interest has been credited monthly in determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Interest and Cost of Insurance

Planned Premiums Paid No Further Premiums Paid	Current #	Guaranteed
		MATURITY April 2014

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FREEWAY
 STE 635
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

JEFFERSON PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2006

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)	
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079	Policy Values as of:	03-15-2005 03-15-2006
	Net Policy Value:	\$64,474.07 \$70,091.04
	Surrender Value:	\$56,369.07 \$62,723.54
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2005	.00	10.00	184.14	7.74	3.65	329.60	.00	.00	64,326.35
05-15-2005	.00	10.00	183.70	7.74	3.65	329.87	.00	.00	64,177.92
06-15-2005	.00	10.00	183.28	7.72	3.65	330.14	.00	.00	64,028.78
07-15-2005	.00	10.00	182.84	7.71	3.65	330.40	.00	.00	63,878.93
08-15-2005	.00	10.00	182.41	7.69	3.65	330.67	.00	.00	63,728.36
09-15-2005	.00	10.00	181.99	7.66	3.65	330.94	.00	.00	63,577.07
10-15-2005	.00	10.00	181.54	.00	3.85	331.20	.00	.00	63,417.41
11-15-2005	.00	10.00	181.09	.00	3.85	331.49	.00	.00	63,257.01
12-15-2005	.00	10.00	180.63	.00	3.85	331.77	.00	.00	63,095.87
01-15-2006	.00	10.00	180.17	.00	3.85	332.06	.00	.00	62,933.98
02-15-2006	.00	10.00	179.70	.00	3.85	332.35	.00	.00	62,771.33
03-15-2006	7,675.00	201.88	179.23	.00	3.85	332.64	.00	.00	70,091.04
Totals	7,675.00	311.88	2,180.72	46.26		3,973.13	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	February 2013
No Further Premiums Paid	February 2016	December 2010

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 11511 KATY FWY STE 635
 HOUSTON TX 77079

THANK YOU FOR ALLOWING US TO BE OF SERVICE

Jefferson-Pilot Life Insurance Company

PO Box 21008

Greensboro, NC 27420

Customer Service Number 1-800-487-1485

Date: March 31, 2005

Policy Number(s)

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

JP4432833

Policyholder Request for Service

As requested, the following change(s) have been made to your policy(s).

- X A Lost Policy Certificate is enclosed. Please be advised we cannot produce Duplicate Policies for policies that are over 7 years old. A refund check for \$25.00 is enclosed. Beneficiary Changed as requested. A copy of the Endorsement is enclosed.**

Name of Owner has been changed as requested. A copy of the endorsement is enclosed.

Ownership changed as requested. A copy of the Endorsement is enclosed.

The enclosed acknowledgement(s) should be placed with your policy for future reference.

Thank you for the opportunity to be of service. If you should have further questions or concerns, please do not hesitate to contact the Home Office or your Jefferson Pilot Financial representative.

Sincerely,

Alison McGee
Customer Service

Enclosures
Form 1135 Rev 05-02

CC: Agent: 75710
Agency: 2017858

1365B

NCPS161604

APR 01, 2005

0001455709

POLICY NO: JP4432833

INSURED:

REFUND OF 25.00 FEE
FOR DUPLICATE POLICY

THIS TRANSACTION MAY AFFECT FUTURE PERFORMANCE AND
SURRENDER VALUES
IF THIS CHECK IS A REFUND - PLEASE DISREGARD THIS NOTICE

NELVA E BRUNSTING
13630 PINEROCK
HOUSTON TX 77079

*****\$25.00
AMOUNT OF CHECK

JEFFERSON PILOT LIFE INS. CO.
1365B

DETACH CHECK HERE

0201

JEFFERSON PILOT

Jefferson-Pilot Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.jpfinancial.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Jefferson-Pilot Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2007. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2006 to 03-15-2007.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Jefferson-Pilot continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AA
A. M. Best	A+
Fitch	AA

Thank you for selecting Jefferson-Pilot. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Jefferson-Pilot agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

JEFFERSON PILOT

STATEMENT OF ACCOUNT

Jefferson-Pilot Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.jpfinancial.com

for period ending 03-15-2007

Agency: 75710

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL
Insured: NELVA E BRUNSTING	Planned Frequency: ANNUAL
Date of Birth: 10-08-1926	Planned Premium: \$7,675.00
Issue Age: 70	Specified Amount: \$250,000.00
Sex: F	Net Death Benefit: \$250,000.00
Owner: ANITA KAY RILEY, TRUSTEE	
13630 PINEROCK	
HOUSTON TX 77079	

Policy Values as of:	03-15-2006	03-15-2007
Net Policy Value:	\$70,544.14	\$76,081.99
Surrender Value:	\$63,176.64	\$69,451.99
Loan Balance:	\$.00	\$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2006	.00	10.00	201.44	19.81	3.85	368.74	.00	.00	70,386.65
05-15-2006	.00	10.00	200.98	19.76	3.85	369.07	.00	.00	70,228.52
06-15-2006	.00	10.00	200.53	19.71	3.85	369.39	.00	.00	70,069.17
07-15-2006	.00	10.00	200.07	19.67	3.85	369.73	.00	.00	69,909.18
08-15-2006	.00	10.00	199.62	19.61	3.85	370.05	.00	.00	69,748.36
09-15-2006	.00	10.00	199.15	19.58	3.85	370.38	.00	.00	69,586.71
10-15-2006	.00	10.00	198.69	19.52	3.85	370.72	.00	.00	69,424.20
11-15-2006	.00	10.00	198.22	19.48	3.85	371.05	.00	.00	69,260.85
12-15-2006	.00	10.00	197.75	19.43	3.85	371.39	.00	.00	69,096.64
01-15-2007	.00	10.00	197.28	19.39	3.85	371.73	.00	.00	68,931.58
02-15-2007	.00	10.00	196.81	19.34	3.85	372.07	.00	.00	68,765.66
03-15-2007	7,675.00	201.88	196.32	19.30	3.85	372.41	.00	.00	76,081.99
Totals	7,675.00	311.88	2,386.86	234.60		4,446.73	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 3.50% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	MATURITY	December 2013
No Further Premiums Paid	June 2017	December 2011

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Jefferson Pilot representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Jefferson-Pilot Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE



JEFFERSON PILOT
FINANCIAL



Effective April 3, 2006 Jefferson Pilot Financial has merged with the Lincoln Financial Group.

Please note that there is no change to your benefit and contract coverage. As a policyowner, you need not take any further action.

The merger of equals between Lincoln Financial Group and Jefferson Pilot Financial will create one of the most powerful financial services companies in the nation. The combined company will market a broad, balanced product mix of retirement income, fixed and variable asset protection, accumulation and transfer products and other investment services.

Lincoln Financial Group and Jefferson Pilot Financial both have an excellent reputation for financial strength. While we cannot speculate about our future ratings, we are confident we will continue to enjoy superior financial ratings. Preliminary reports from several ratings agencies predict very little movement for the combined company.

We value your business and look forward to serving you in the future.



The Lincoln National Life Insurance Company
100 N. Greene Street
P.O. Box 21008
Greensboro, NC 27420



Anita Kay Riley, Trustee
13630 Pinerock Ln
Houston TX 77079-5914

Policy No. JP4432833

Anita Kay Riley, Trustee:

Effective April 2, 2007, Jefferson-Pilot Life Insurance Company merged into The Lincoln National Life Insurance Company. For additional information regarding this announcement, please visit our web site at www.lfg.com.

Enclosed is an endorsement showing your new insurer's name as part of the Lincoln Financial Group family of companies. Please take a few minutes to review this document and then place it with your policy certificate or contract. **No additional action is required** by you at this time; your policy, certificate or contract has been transferred automatically to The Lincoln National Life Insurance Company. All future premium notices sent by us will reference The Lincoln National Life Insurance Company.

Unless specifically addressed on the enclosed endorsement, all other terms and conditions of your policy remain the same.

The Corporation's family of companies is consistently rated in the top tier of insurance and annuity companies nationwide. Your policy and the security it provides are backed by a company with financial integrity, investment quality, and stability.

We welcome you to our growing family of policyholders. It is our continuing goal to provide you with the best possible products and services.

If you have a question about your policy, you may contact us or your Lincoln Financial Group representative.

Service Office:
The Lincoln National Life Insurance Company
P.O. Box 21008
Greensboro, NC 27420
1-800-844-5893
www.lfg.com

LFG REPRESENTATIVE:
GREGORY J JUNGBLUT
1515 LEATHERWOOD DR
KATY, TX 77450
(281) 556-5472

Sincerely,

Customer Service
The Lincoln National Life Insurance Company

LLA0612-0299

JPLIC-GSO-LIFE

The Lincoln National Life Insurance Company

Service Office: 100 North Greene Street
P.O. Box 21008
Greensboro, North Carolina 27420

Merger and Name Change Endorsement

This endorsement attaches to and forms a part of your Jefferson-Pilot Life Insurance Company policy, contract or certificate.

Effective April 2, 2007 Jefferson-Pilot Life Insurance Company merged with The Lincoln National Life Insurance Company. As a result of the merger, The Lincoln National Life Insurance Company is responsible for all of Jefferson-Pilot Life Insurance Company's legal obligations, including your policy, contract or certificate. Therefore, all references in the policy, contract or certificate to Jefferson-Pilot Life Insurance Company (Jefferson Pilot) are hereby changed to reflect the surviving company name of The Lincoln National Life Insurance Company.

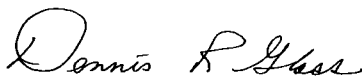
As part of the Merger and Name Change the State of Domicile for the surviving company is Indiana. As a result, any reference in the policy, contract or certificate to State of Domicile or Home State is hereby changed to reference Indiana as the location of the State of Domicile or Home State.

All references to a Home Office address or location in the policy, contract or certificate are hereby changed to reference Fort Wayne, Indiana as the location of the Home Office, Home State or State of Domicile.

All of the other terms and benefits of your policy, contract or certificate will remain unchanged.

The effective date of this endorsement is April 2, 2007.

Signed for The Lincoln National Life Insurance Company.


Dennis R. Glass
President



The Lincoln National Life Insurance Company, P.O. Box 21008, Greensboro, NC 27420-1008

IMPORTANT NOTICE

To obtain information or make a complaint:

You may call The Lincoln National Life Insurance Company's toll-free telephone number for information or to make a complaint at

1-800-487-1485 (Greensboro, NC)

You may also write to The Lincoln National Life Insurance Company at the address above.

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance
P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

PREMIUM OR CLAIM DISPUTES: Should you have a dispute concerning your premium or about a claim you should contact the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

ATTACH THIS NOTICE TO YOUR POLICY: This notice is for information only and does not become a part or condition of the attached document.

A VISO IMPORTANTE

Para obtener informacion o para someter una queja:

Usted puede llamar al numero de telefono gratis de The Lincoln National Life Insurance Company para informacion o para someter una queja al

1-800-487-1485 (Greensboro, NC)

Usted tambien puede escribir a The Lincoln National Life Insurance Company a la direccion refecida arriba.

Puede comunicarse con el Departamento de Seguros de Texas para obtener informacion acerca de companias, coberturas, derechos o quejas al

1-800-252-3439

Puede escribir al Departamento de Seguros de Texas
P.O. Box 149104
Austin, TX 78714-9104
Fax: (512) 475-1771

DISPURAS SOBRE PRIMAS O RECLAMOS: Si tiene una disputa concerniente a su prima o a un reclamo debe comunicarse con la compania primero. Si no se resuelve la disputa, puede entonces comunicarse con el departamento (TDI).

UNA ESTE AVISO A SU POLIZA: Este aviso es solo para proposito de informacion y no se convierte en parte o condicion del documento adjunto.



LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** You give us information when you submit your application or other forms, such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information from other individuals or businesses, such as medical information.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers; and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information obtained from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

Keeping your information safe is one of our most important responsibilities. We maintain physical, electronic and procedural safeguards to protect your information. Our employees are authorized to access your information only when they need it to provide you with products and services or to maintain your accounts. Employees who have access to your personal information are required to keep it strictly confidential. We provide training to our employees about the importance of protecting the privacy of your information.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46802

*This information applies to the following Lincoln Financial Group companies:

Allied Professional Advisors, Inc.
First Penn-Pacific Life Insurance Company
Hampshire Funding, Inc.
JPSC Insurance Services, Inc.
Lincoln Financial Advisors Corporation

Lincoln Financial Securities Corporation (formerly known as Jefferson Pilot Securities Corporation)
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request, we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2008. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2007 to 03-15-2008.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Lincoln National continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AA
A. M. Best	A+
Fitch	AA

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485



LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** You give us information when you submit your application or other forms, such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information from other individuals or businesses, such as medical information.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers; and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information obtained from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

Keeping your information safe is one of our most important responsibilities. We maintain physical, electronic and procedural safeguards to protect your information. Our employees are authorized to access your information only when they need it to provide you with products and services or to maintain your accounts. Employees who have access to your personal information are required to keep it strictly confidential. We provide training to our employees about the importance of protecting the privacy of your information.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46801

*This information applies to the following Lincoln Financial Group companies:

Allied Professional Advisors, Inc.	Lincoln Financial Advisors Corporation
First Penn-Pacific Life Insurance Company	Lincoln Investment Advisors Corporation
Hampshire Funding, Inc.	Lincoln Life & Annuity Company of New York
Jefferson Pilot Securities Corporation	Lincoln Variable Insurance Products Trust
JPSC Insurance Services, Inc.	The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request, we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior seven years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.LFG.com

for period ending 03-15-2008

Agency: 75710

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)	
Policy Date: 03-15-1997	Death Benefit Option: LEVEL	Planned Frequency: ANNUAL
Insured: NELVA E BRUNSTING	ELMER HENRY BRUNSTING	Planned Premium: \$7,675.00
Date of Birth: 10-08-1926	09-29-1921	Specified Amount: \$250,000.00
Issue Age: 70	75	Net Death Benefit: \$250,000.00
Sex: F	M	
Owner: ANITA KAY RILEY, TRUSTEE 13630 PINEROCK HOUSTON TX 77079	Policy Values as of:	03-15-2007 03-15-2008
	Net Policy Value:	\$76,081.99 \$81,668.17
	Surrender Value:	\$69,451.99 \$75,773.17
	Loan Balance:	\$.00 \$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Total % Rate*	Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess*					
04-15-2007	.00	10.00	247.71	21.25	4.35	407.01	.00	.00	75,933.94
05-15-2007	.00	10.00	247.23	21.21	4.35	407.36	.00	.00	75,785.02
06-15-2007	.00	10.00	246.74	15.13	4.25	407.71	.00	.00	75,629.18
07-15-2007	.00	10.00	246.23	15.09	4.25	408.07	.00	.00	75,472.43
08-15-2007	.00	10.00	245.71	15.06	4.25	408.44	.00	.00	75,314.76
09-15-2007	.00	10.00	245.20	15.03	4.25	408.81	.00	.00	75,156.18
10-15-2007	.00	10.00	244.67	15.01	4.25	409.19	.00	.00	74,996.67
11-15-2007	.00	10.00	244.15	14.97	4.25	409.57	.00	.00	74,836.22
12-15-2007	.00	10.00	243.62	14.95	4.25	409.94	.00	.00	74,674.85
01-15-2008	.00	10.00	243.09	14.91	4.25	410.32	.00	.00	74,512.53
02-15-2008	.00	10.00	242.56	14.87	4.25	410.70	.00	.00	74,349.26
03-15-2008	7,675.00	201.88	242.02	14.85	4.25	411.08	.00	.00	81,668.17
Totals	7,675.00	311.88	2,938.93	192.33		4,908.20	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

	Interest and Cost of Insurance	
	Current #	Guaranteed
Planned Premiums Paid	Maturity	September 2014
No Further Premiums Paid	May 2018	November 2012

* If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LFG.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2009. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2008 to 03-15-2009.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Lincoln National continues to be one of the strongest Life Insurance Companies in the US and has been awarded exceptional ratings from three major rating agencies. Few companies have these exceptional ratings:

Standard & Poor's	AA
A. M. Best	A+
Fitch	AA

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.LFG.com

for period ending 03-15-2009

Agency: 75710

Policy Number: JP4432833 Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
 Policy Date: 03-15-1997 Death Benefit Option: LEVEL Planned Frequency: ANNUAL
 Insured: NELVA E BRUNSTING ELMER HENRY BRUNSTING Planned Premium: \$7,675.00
 Date of Birth: 10-08-1926 09-29-1921 Specified Amount: \$250,000.00
 Issue Age: 70 75 Net Death Benefit: \$250,000.00
 Sex: F M
 Owner: ANITA KAY RILEY, TRUSTEE Policy Values as of: 03-15-2008 03-15-2009
 13630 PINEROCK
 HOUSTON TX 77079
 Net Policy Value: \$81,668.17 \$79,435.89
 Surrender Value: \$75,773.17 \$74,278.39
 Loan Balance: \$0.00 \$0.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess* % Rate*				
04-15-2008	.00	10.00	265.87	16.30	4.25	445.90	.00	81,494.44
05-15-2008	.00	10.00	265.30	16.27	4.25	446.37	.00	81,319.64
06-15-2008	.00	10.00	264.73	9.74	4.15	446.83	.00	81,137.28
07-15-2008	.00	10.00	264.13	9.72	4.15	447.31	.00	80,953.82
08-15-2008	.00	10.00	263.52	9.70	4.15	447.81	.00	80,769.23
09-15-2008	.00	10.00	262.92	9.67	4.15	448.29	.00	80,583.53
10-15-2008	.00	10.00	262.31	9.65	4.15	448.79	.00	80,396.70
11-15-2008	.00	10.00	261.69	9.63	4.15	449.28	.00	80,208.74
12-15-2008	.00	10.00	261.08	9.61	4.15	449.79	.00	80,019.64
01-15-2009	.00	10.00	260.46	9.58	4.15	450.29	.00	79,829.39
02-15-2009	.00	10.00	259.84	9.55	4.15	450.80	.00	79,637.98
03-15-2009	.00	10.00	259.21	.00	4.00	451.30	.00	79,435.89
Totals	.00	120.00	3,151.06	119.42		5,382.76	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with non-guaranteed factors are asterisked above. Note that the credited interest rate has changed since the previous policy anniversary.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Planned Premiums Paid No Further Premiums Paid	Interest and Cost of Insurance	
	Current #	Guaranteed
	MATURITY March 2019	April 2015 October 2013

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE



LINCOLN FINANCIAL GROUP® PRIVACY PRACTICES NOTICE

The Lincoln Financial Group companies* are committed to protecting your privacy. To provide the products and services you expect from a financial services leader, we must collect personal information about you. **We do not sell your personal information to third parties.** We share your personal information with third parties as necessary to provide you with the products or services you request and to administer your business with us. This Notice describes our current privacy practices. While your relationship with us continues, we will update and send our Privacy Practices Notice as required by law. Even after that relationship ends, we will continue to protect your personal information. **You do not need to take any action because of this Notice, but you do have certain rights as described below.**

INFORMATION WE MAY COLLECT AND USE

We collect personal information about you to help us identify you as our customer or our former customer; to process your requests and transactions; to offer investment or insurance services to you; to pay your claim; or to tell you about our products or services we believe you may want and use. The type of personal information we collect depends on the products or services you request and may include the following:

- **Information from you:** When you submit your application or other forms, you give us information such as your name, address, Social Security number; and your financial, health, and employment history.
- **Information about your transactions:** We keep information about your transactions with us, such as the products you buy from us; the amount you paid for those products; your account balances; and your payment history.
- **Information from outside our family of companies:** If you are purchasing insurance products, we may collect information from consumer reporting agencies such as your credit history; credit scores; and driving and employment records. With your authorization, we may also collect information, such as medical information from other individuals or businesses.
- **Information from your employer:** If your employer purchases group products from us, we may obtain information about you from your employer in order to enroll you in the plan.

HOW WE USE YOUR PERSONAL INFORMATION

We may share your personal information within our companies and with certain service providers. They use this information to process transactions you have requested; provide customer service; and inform you of products or services we offer that you may find useful. Our service providers may or may not be affiliated with us. They include financial service providers (for example, third party administrators; broker-dealers; insurance agents and brokers, registered representatives; reinsurers and other financial services companies with whom we have joint marketing agreements). Our service providers also include non-financial companies and individuals (for example, consultants; vendors; and companies that perform marketing services on our behalf). Information we obtain from a report prepared by a service provider may be kept by the service provider and shared with other persons; however, we require our service providers to protect your personal information and to use or disclose it only for the work they are performing for us, or as permitted by law.

When you apply for one of our products, we may share information about your application with credit bureaus. We also may provide information to group policy owners, regulatory authorities and law enforcement officials and to others when we believe in good faith that the law requires disclosure. In the event of a sale of all or part of our businesses, we may share customer information as part of the sale. **We do not sell or share your information with outside marketers who may want to offer you their own products and services; nor do we share information we receive about you from a consumer reporting agency. You do not need to take any action for this benefit.**

SECURITY OF INFORMATION

We have an important responsibility to keep your information safe. We use safeguards to protect your information from unauthorized disclosure. Our employees are authorized to access your information only when they need it to provide you with products, services, or to maintain your accounts. Employees who have access to your personal information are required to keep it confidential. Employees are trained on the importance of data privacy.

Questions about your personal information should be directed to:

Lincoln Financial Group
Attn: Enterprise Services Compliance-Privacy, 6C-00
1300 S. Clinton St.
Fort Wayne, IN 46802

Please include all policy/contract/account numbers with your correspondence.

*This information applies to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Investment Advisors Corporation
Lincoln Life & Annuity Company of New York
Lincoln Variable Insurance Products Trust
The Lincoln National Life Insurance Company

ADDITIONAL PRIVACY INFORMATION FOR INSURANCE PRODUCT CUSTOMERS

CONFIDENTIALITY OF MEDICAL INFORMATION

We understand that you may be especially concerned about the privacy of your medical information. We do not sell or rent your medical information to anyone; nor do we share it with others for marketing purposes. We only use and share your medical information for the purpose of underwriting insurance, administering your policy or claim and other purposes permitted by law, such as disclosure to regulatory authorities or in response to a legal proceeding.

MAKING SURE MEDICAL INFORMATION IS ACCURATE

We want to make sure we have accurate information about you. Upon written request we will tell you, within 30 business days, what personal information we have about you. You may see a copy of your personal information in person or receive a copy by mail, whichever you prefer. We will share with you who provided the information. In some cases we may provide your medical information to your personal physician. We will not provide you with information we have collected in connection with, or in anticipation of, a claim or legal proceeding. If you believe that any of our records are not correct, you may write and tell us of any changes you believe should be made. We will respond to your request within 30 business days. A copy of your request will be kept on file with your personal information so anyone reviewing your information in the future will be aware of your request. If we make changes to your records as a result of your request, we will notify you in writing and we will send the updated information, at your request, to any person who may have received the information within the prior two years. We will also send the updated information to any insurance support organization that gave us the information, and any service provider that received the information within the prior 7 years.

Questions about your personal medical information should be directed to:

Lincoln Financial Group
Attn: Medical Underwriting
P.O. Box 21008
Greensboro, NC 27420-1008

The CONFIDENTIALITY OF MEDICAL INFORMATION and MAKING SURE INFORMATION IS ACCURATE sections of this Notice apply to the following Lincoln Financial Group companies:

First Penn-Pacific Life Insurance Company
Lincoln Life & Annuity Company of New York
The Lincoln National Life Insurance Company

LINCOLN NATIONAL LIFE INS

The Lincoln National Life Insurance Company
PO Box 21008
Greensboro NC 27420-1008
1-800-487-1485
www.LincolnFinancial.com

Agency: 75710

ANITA KAY RILEY, TRUSTEE
13630 PINEROCK
HOUSTON TX 77079

Thank you for choosing Lincoln National Life Insurance Company to fill your life insurance needs. It is our goal to keep you informed about your policy benefits and values.

The enclosed statement reflects the status of your insurance policy as of 03-15-2010. The middle portion of the statement summarizes the monthly activity details for the period from 03-15-2009 to 03-15-2010.

In addition to providing valuable life insurance protection, your policy allows you to accumulate cash values on a tax deferred basis. Because your universal life policy is flexible, you have, within limitations, the option of increasing your premiums or making additional payments at any time. Competitive interest rates are credited on accumulated cash values.

The attached statement includes projections of the policy expiration dates. One projection assumes the continued payment of the planned premium, while the other assumes that no additional premiums are received. Projections are shown using current (not guaranteed) and guaranteed interest and cost of insurance rate assumptions. We, or your agent, can provide you with a more detailed illustration, including projected cash values, if you wish.

Thank you for selecting Lincoln National. We will continually strive to maintain your trust and confidence. Should anyone suggest that you cancel or replace this policy, or if you need assistance with your insurance program, please contact your Lincoln National agent or the servicing office shown at the bottom of your statement.

Customer Service
Toll Free 1-800-487-1485

LINCOLN NATIONAL LIFE INS CO STATEMENT OF ACCOUNT

The Lincoln National Life Insurance Company
 PO Box 21008
 Greensboro NC 27420-1008
 1-800-487-1485
 www.LFG.com

for period ending 03-15-2010

Claims
 800-487-1485 opt. #1, ext 4559

Agency: 75710

Policy Number: JP4432833	Coverage Type: FLEXIBLE PREMIUM SURV. LIFE (VIS20A)
Policy Date: 03-15-1997	Death Benefit Option: LEVEL
Insured: NELVA E BRUNSTING	Planned Frequency: ANNUAL
Date of Birth: 10-08-1926	Planned Premium: \$7,675.00
Issue Age: 70	Specified Amount: \$250,000.00
Sex: F	Net Death Benefit: \$250,000.00
Owner: ANITA KAY RILEY, TRUSTEE	
13630 PINEROCK	
HOUSTON TX 77079	

Policy Values as of:	03-15-2009	03-15-2010
Net Policy Value:	\$79,435.89	\$91,749.50
Surrender Value:	\$74,278.39	\$87,329.50
Loan Balance:	\$.00	\$.00

The Net Death Benefit is the death benefit after any outstanding Loan Balance is deducted.

REPORT OF MONTHLY POLICY ACTIVITY

Month Ending	Premiums Received	Expense Charges	Interest Credited		Cost of Insurance*	Cost of Riders*	Partial Surrenders	End of Month Policy Value
			Guaranteed	Excess* % Rate*				
04-15-2009	7,675.00	201.88	282.04	.00	4.00	506.81	.00	86,684.24
05-15-2009	.00	10.00	282.16	.00	4.00	485.17	.00	86,471.23
06-15-2009	.00	10.00	281.47	.00	4.00	485.80	.00	86,256.90
07-15-2009	.00	10.00	280.76	.00	4.00	486.44	.00	86,041.22
08-15-2009	.00	10.00	280.05	.00	4.00	487.08	.00	85,824.19
09-15-2009	.00	10.00	279.34	.00	4.00	487.73	.00	85,605.80
10-15-2009	.00	10.00	278.63	.00	4.00	488.39	.00	85,386.04
11-15-2009	.00	10.00	277.90	.00	4.00	489.04	.00	85,164.90
12-15-2009	.00	10.00	277.17	.00	4.00	489.70	.00	84,942.37
01-15-2010	.00	10.00	276.44	.00	4.00	490.37	.00	84,718.44
02-15-2010	.00	10.00	275.71	.00	4.00	491.03	.00	84,493.12
03-15-2010	7,675.00	201.88	274.97	.00	4.00	491.71	.00	91,749.50
Totals	15,350.00	503.76	3,346.64	.00	5,879.27	.00	.00	

Interest has been credited monthly in the determination of policy values. The minimum rate of interest guaranteed is 4.00% for the first 10 years and 4.00% thereafter. Interest in excess of the guaranteed rate may be credited as described in the policy. Such interest, if any, is shown above under "Excess". Excess interest credited on any policy value held as security for a policy loan may be at a different rate.

* This policy contains non-guaranteed factors that may have changed during the policy year. The columns with the non-guaranteed factors are asterisked above.

POLICY EXPIRATION DATES - PROJECTED UNDER THE FOLLOWING ASSUMPTIONS

Interest and Cost of Insurance

Planned Premiums Paid No Further Premiums Paid	Current #	Guaranteed
		MATURITY February 2020

If Current Interest and Cost of Insurance rates change, your policy expiration dates may change. If you have questions, please contact the Company or your Lincoln National representative.

Projections assume loan interest is added to any Loan Balance.

IMPORTANT POLICY OWNER NOTICE: You should consider requesting more detailed information about your policy to understand how it may perform in the future. You should not consider replacement of your policy or make changes in your coverage without requesting a current illustration. You may annually request, without charge, such an illustration by calling 800-487-1485, or writing to Lincoln National Life Insurance Company at PO Box 21008, Greensboro, NC 27420, or contacting your agent. If you do not receive a current illustration of your policy within 30 days from your request, you should contact your state insurance department.

Agency: 75710
 Agent: 2017858 GREGORY J JUNGBLUT
 1515 LEATHERWOOD DR
 KATY TX 77450

THANK YOU FOR ALLOWING US TO BE OF SERVICE

PRESERVATION

GREG J. JUNGEBLUT, CLU

PLANNING

820 Gessner, Suite 296
Houston, Texas 77024
(713) 827-0491
Fax: 827-0461

TO: MR. AND MRS. BRUNSTING
FROM: GREG J. JUNGEBLUT, CLU
DATE: 01-13-96
RE: INSURANCE OFFER FROM JEFFERSON PILOT

Dear Mr. and Mrs. Brunsting,

Jefferson Pilot was the company that received two sets of records from Dr. Babaian - one that I received from his office and one they received directly from Dr. Babaian.

One of these sets of records included a description of a chest X-Ray that caused them to want to see a "time vital capacity" test. They informed me about this between the time I called to set up that last visit and the actual visit. The underwriter was showing the report to the company doctor for his opinion.

After our visit, I did get a call informing me that they did want you to do this.

I told them Mr. Brunsting was surprised of this. I told them it made more sense for something like this to be in personal physician files or even the cardiovascular records - not a urologist file! I hinted at the idea of this being something regarding Mrs. Brunsting. (I didn't want to emphasize this too much because I didn't want them to reconsider Mrs. Brunsting.) I also told them I had the offer from Pacific Mutual, that didn't require anything additional.

They called back and said they would issue the coverage as originally offered without you doing this extra medical test.

So, we're back where we were when I was at your home.

The second reason for writing this note is to emphasize that there is this record in Dr. Babaian's medical chart. I'll put this in your lap. It's your decision whether to ask him about this on one of your next visits.

I'll be talking with you in the next few days. (I was thinking about your son-in-law regarding the Marathon.)

Sincerely,



Greg

PRESERVATION

GREG J. JUNGEBLUT, CLU

PLANNING

820 Gessner, Suite 296
Houston, Texas 77024
(713) 827-0491
Fax: 827-0461

December 11, 1996

Mr. and Mrs. Elmer H. Brunsting
13630 Pinerock
Houston, TX 77079

Dear Mr. and Mrs. Brunsting,

I hope this note finds both of you doing well and getting ready for Christmas.

The purpose of this letter is to keep you abreast of the status of the insurance for estate tax purposes.

- You were both medically examined on November 29, 1996.
- We requested medical chart data from:

Dr. Smith, for both of you

Dr. Gaston, for Mr. Brunsting

Dr. Babaian, also for Mr. Brunsting

We have received the material from doctors Smith and Gaston. We await the material from Dr. Babaian.

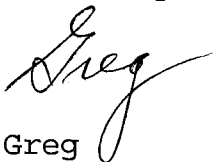
The examinations and the records from Smith and Gaston have been sent to five insurance companies for their review and underwriting opinion.

I will keep you abreast of this as it develops further.

The next step will be to have Al Vacek draft the actual irrevocable trust. I will recommend this after I begin to hear back from these companies.

Should you have any questions, please give me a call.

Sincerely,



Greg

cc: Al E. Vacek, Jr.

**PRESERVATION
PLANNING, INC.**

GREG J. JUNGEBLUT, CLU

11511 Katy Frwy., Suite 350
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475

February 18, 2002

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

On February 12, 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,



Greg J. Jungeblut, CLU

PLANNING

11511 Katy Frwy., Suite 635
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475
gregjj@ev1.net

February 16, 2005

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

In 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,



Greg J. Jungeblut, CLU

PLANNING

11511 Katy Frwy., Suite 635
Houston, Texas 77079
(281) 556-5472
Fax: 556-5475
gregji@ev1.net

February 16, 2006

Ms. Anita Kay Riley, Trustee
13630 Pinerock
Houston, TX 77079

Dear Anita,

It's that time of the year!

In 1997, an irrevocable trust, entitled THE BRUNSTING FAMILY IRREVOCABLE TRUST, was executed. You were named as Trustee.

A life insurance policy, insuring your Mom and Dad was positioned in that trust in March of 1997. The "due date" of that policy is upon us. (March 15th)

Enclosed is a summary sheet that may be of help. The process is the same as the prior years.

If you have a question, please give me a call. I'll be more than willing to assist in any manner. I look forward to talking with you again.

Sincerely,



Greg J. Jungeblut, CLU

For calendar year 1998 or fiscal year beginning _____, 1998, and ending _____, 19 _____ OMB No. 1545-0092

A Type of entity: <input type="checkbox"/> Decedent's estate <input type="checkbox"/> Simple trust <input type="checkbox"/> Complex trust <input type="checkbox"/> Grantor type trust <input type="checkbox"/> Bankruptcy estate—Ch. 7 <input type="checkbox"/> Bankruptcy estate—Ch. 11 <input type="checkbox"/> Pooled income fund	Name of estate or trust (If a grantor type trust, see page 8 of the instructions.) THE BRUNSTING FAMILY IRREVOCABLE TRUST, DATED FEBRUARY 12, 1997		C Employer identification number 76 6124195
	Name and title of fiduciary ANITA KAY RILEY, TRUSTEE		D Date entity created 02-12-97
	Number, street, and room or suite no. (If a P.O. box, see page 8 of the instructions.) 13630 Riverside		E Nonexempt charitable and split-interest trusts, check applicable boxes (see page 10 of the instructions): <input type="checkbox"/> Described in section 4947(a)(1) <input type="checkbox"/> Not a private foundation <input type="checkbox"/> Described in section 4947(a)(2)
	City or town, state, and ZIP code		

F Check applicable boxes: <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Change in fiduciary's name <input type="checkbox"/> Change in fiduciary's address	G Pooled mortgage account (see page 10 of the instructions): <input type="checkbox"/> Bought <input type="checkbox"/> Sold Date: _____
--	---

Income	1	Interest income	1	12 00
	2	Ordinary dividends	2	18 78
	3	Business income or (loss) (attach Schedule C or C-EZ (Form 1040))	3	
	4	Capital gain or (loss) (attach Schedule D (Form 1041))	4	
	5	Rents, royalties, partnerships, other estates and trusts, etc. (attach Schedule E (Form 1040))	5	
	6	Farm income or (loss) (attach Schedule F (Form 1040))	6	
	7	Ordinary gain or (loss) (attach Form 4797)	7	
	8	Other income. List type and amount	8	18 78
	9	Total income. Combine lines 1 through 8	9	12 00
Deductions	10	Interest. Check if Form 4952 is attached <input type="checkbox"/>	10	
	11	Taxes	11	
	12	Fiduciary fees	12	
	13	Charitable deduction (from Schedule A, line 7)	13	
	14	Attorney, accountant, and return preparer fees	14	
	15a	Other deductions NOT subject to the 2% floor (attach schedule)	15a	
	15b	Allowable miscellaneous itemized deductions subject to the 2% floor	15b	
	16	Total. Add lines 10 through 15b	16	
	17	Adjusted total income or (loss). Subtract line 16 from line 9. Enter here and on Schedule B, line 1	17	
	18	Income distribution deduction (from Schedule B, line 15) (attach Schedules K-1 (Form 1041))	18	
	19	Estate tax deduction (including certain generation-skipping taxes) (attach computation)	19	
20	Exemption	20		
21	Total deductions. Add lines 18 through 20	21	0	
Tax and Payments	22	Taxable income. Subtract line 21 from line 17. If a loss, see page 14 of the instructions	22	12 00 18.8
	23	Total tax (from Schedule G, line 8)	23	0
	24	Payments: a 1998 estimated tax payments and amount applied from 1997 return	24a	
	b	Estimated tax payments allocated to beneficiaries (from Form 1041-T)	24b	
	c	Subtract line 24b from line 24a	24c	
	d	Tax paid with extension of time to file: <input type="checkbox"/> Form 2758 <input type="checkbox"/> Form 8736 <input type="checkbox"/> Form 8800	24d	
	e	Federal income tax withheld. If any is from Form(s) 1099, check <input type="checkbox"/>	24e	
		Other payments: f Form 2439 ; g Form 4136 ; Total	24h	
	25	Total payments. Add lines 24c through 24e, and 24h	25	
26	Estimated tax penalty (see page 15 of the instructions)	26		
27	Tax due. If line 25 is smaller than the total of lines 23 and 26, enter amount owed	27	0	
28	Overpayment. If line 25 is larger than the total of lines 23 and 26, enter amount overpaid	28	0	
29	Amount of line 28 to be: a Credited to 1999 estimated tax ; b Refunded	29	0	

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than fiduciary) is based on all information of which preparer has any knowledge.

Signature of fiduciary or officer representing fiduciary: Anita Date: 3/11/99

EIN of fiduciary if a financial institution (see page 5 of the instructions): _____

Paid Preparer's Use Only

Preparer's signature: Anita Date: 3/11/99 Check if self-employed:

Firm's name (or yours if self-employed) and address: _____ EIN: _____ ZIP code: _____

Schedule A Charitable Deduction. Do not complete for a simple trust or a pooled income fund.

1	Amounts paid or permanently set aside for charitable purposes from gross income (see page 15)	1	
2	Tax-exempt income allocable to charitable contributions (see page 16 of the instructions)	2	
3	Subtract line 2 from line 1	3	
4	Capital gains for the tax year allocated to corpus and paid or permanently set aside for charitable purposes	4	
5	Add lines 3 and 4	5	
6	Section 1202 exclusion allocable to capital gains paid or permanently set aside for charitable purposes (see page 16 of the instructions)	6	
7	Charitable deduction. Subtract line 6 from 5. Enter here and on page 1, line 13	7	0

Schedule B Income Distribution Deduction

1	Adjusted total income (from page 1, line 17) (see page 16 of the instructions)	1	
2	Adjusted tax-exempt interest	2	
3	Total net gain from Schedule D (Form 1041), line 16, column (1) (see page 16 of the instructions)	3	
4	Enter amount from Schedule A, line 4 (reduced by any allocable section 1202 exclusion)	4	
5	Capital gains for the tax year included on Schedule A, line 1 (see page 16 of the instructions)	5	
6	Enter any gain from page 1, line 4, as a negative number. If page 1, line 4, is a loss, enter the loss as a positive number	6	
7	Distributable net income (DNI). Combine lines 1 through 6. If zero or less, enter -0-	7	
8	If a complex trust, enter accounting income for the tax year as determined under the governing instrument and applicable local law	8	
9	Income required to be distributed currently	9	
10	Other amounts paid, credited, or otherwise required to be distributed	10	
11	Total distributions. Add lines 9 and 10. If greater than line 8, see page 17 of the instructions	11	
12	Enter the amount of tax-exempt income included on line 11	12	
13	Tentative income distribution deduction. Subtract line 12 from line 11	13	
14	Tentative income distribution deduction. Subtract line 2 from line 7. If zero or less, enter -0-	14	
15	Income distribution deduction. Enter the smaller of line 13 or line 14 here and on page 1, line 18	15	0

Schedule G Tax Computation (see page 17 of the instructions)

1	Tax: a <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	1a	
	b Tax on lump-sum distributions (attach Form 4972)	1b	
	c Total. Add lines 1a and 1b	1c	
2a	Foreign tax credit (attach Form 1116)	2a	
b	Check: <input type="checkbox"/> Nonconventional source fuel credit <input type="checkbox"/> Form 8834	2b	
c	General business credit. Enter here and check which forms are attached: <input type="checkbox"/> Form 3800 or <input type="checkbox"/> Forms (specify) ▶	2c	
d	Credit for prior year minimum tax (attach Form 8801)	2d	
3	Total credits. Add lines 2a through 2d	3	
4	Subtract line 3 from line 1c	4	
5	Recapture taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611	5	
6	Alternative minimum tax (from Schedule I, line 39)	6	
7	Household employment taxes. Attach Schedule H (Form 1040)	7	
8	Total tax. Add lines 4 through 7. Enter here and on page 1, line 23	8	0

Other Information

	Yes	No
1		X
2		X
3		X
4		X
5		X
6	X	
7		
8		
9		X

Bank of America



February 24, 1999

Anita K. Riley, Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir.
 Victoria, TX 77904-3049



*Para mayor información en
 español, por favor refiérase
 al dorso de esta carta.*

Welcome to a new kind of bank!

Bank of America and NationsBank have joined together to build a new kind of bank. You'll have the combined resources and high level of service that will make your life easier, with the choices, conveniences and technology you need to manage your money more quickly and efficiently. Beginning April 9, 1999, you'll enjoy enhanced access to your accounts with:

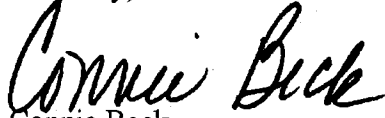
- **The largest banking center and ATM network in the U.S.**, with nearly 14,000 ATM locations and almost 5,000 banking centers (our new name for branches) nationwide. In Texas alone, you'll have access to your accounts at 1,400 ATMs and 400 banking centers.
- **Free access to your funds at ATMs** that display the Bank of America, NationsBank or Seafirst sign, no matter where you are.
- **Telephone access and assistance**, 24 hours a day, seven days a week.
- **Bank of America OnlineSM services** that allow you to view your accounts and get information while in the comfort of your own home or office.

You can continue to bank as you always have and many of your accounts, services and monthly maintenance fees remain the same. On page 3 of this package, you'll read about changes and enhancements to your accounts that take effect on April 9, 1999. Please take a moment to review this information as well as the Q&A. We have also provided a locations guide with a complete list of our banking centers in Texas.

(over, please)

If you have questions or you want to learn about other banking services available to you, feel free to visit your local banking center. You can also reach us by phone. Please refer to the detailed list of phone numbers below. We'll be glad to assist you, and we look forward to helping you realize your dreams today and for many years to come.

Sincerely,



Connie Beck
Executive Vice President

Esta carta le brinda información sobre los cambios y mejoras a sus cuentas y servicios como resultado de la consolidación entre Bank of America y NationsBank. A partir del 9 de abril de 1999, usted disfrutará de un acceso más amplio a sus cuentas con la red de sucursales y de cajeros automáticos *ATM* más extensa en Texas. Para mayor información en español, llámenos al 1-888-730-0080 y uno de nuestros representantes bilingües le asistirá con gusto. Esperamos continuar sirviéndole como siempre.

Can we be of service?

If you have more questions after reading the enclosed materials, we can help you.

Through April 10, 1999, please call us at the phone numbers below:

Checking, Savings, CDs	1-888-730-0188 English 1-888-730-0080 Spanish	Mon-Sun, 8:00 a.m. to 8:00 p.m. (CST)
IRAs	1-800-537-0452 English	Mon-Fri, 8:00 a.m. to 8:00 p.m. and Sat, 9:00 a.m. to 4:00 p.m. (CST)
Loans, Lines of Credit	1-800-200-6945 English	Mon-Thur, 8:30 a.m. to 8:00 p.m., Fri, 8:30 a.m. to 9:00 p.m. and Sat, 9:00 a.m. to 4:00 p.m. (CST)

Beginning April 11, 1999, one phone number is all you need to handle all of your banking questions and needs!

English	1-800-247-6262	24 hours a day, 7 days a week
Spanish	1-800-443-2711	Mon-Fri, 7:30 a.m. to 9:00 p.m. and Sat. 8:00 a.m. to 4:00 p.m. (CST)

And with a touch-tone phone you can use our new automated service to do any of the following:

Press "1" to get automated account information.

Press "2" to open a new account, apply for a loan, or get current interest rate information.

Press "3" to get information on PC Banking options.

Press "8" to get information about our new automated service.

Press "0" to speak to a service representative about your accounts.

Current Account Name	Current Account #	New Account Name	New Account #
Regular Savings	8519206643	Regular Savings	008519206643

The account information is from our account records dated December 11, 1998.

You'll find that it's easier than ever to avoid paying the monthly maintenance fee on your Regular Savings account because the minimum daily balance required to avoid this fee is now just \$250.

In addition, when you keep a minimum daily balance of \$2,500 in your account, you can make an ***unlimited*** number of withdrawals at no charge. Otherwise, you can make up to three withdrawals each month at no charge (\$3.00 for each withdrawal thereafter).* Withdrawals and transfers at the ATM, teller line or through any other electronic means, will now be included in this total number of three withdrawals.

Please note that you can no longer waive the monthly maintenance fee by arranging for automatic transfers to your account. In order to continue having your monthly maintenance fee waived, you may want to consider a Custom Savings account, an account that offers a waived monthly maintenance fee when you have at least one monthly deposit. Call us for details. Interest earned for this account will be compounded monthly and paid on your collected account balance.

If you have only your savings account linked to your ATM card or Check Card, effective April 9, 1999, you will ***not*** be able to make purchases from your savings account. You will continue to have access to your savings account at any ATM. In mid-April, you'll receive a new ATM card for your savings account that will replace your Check Card. Please note, your Personal Identification Number (PIN) will remain the same for your new ATM card.

Watch your mail. Soon, you will receive a package with ***new*** deposit and withdrawal slips. An order form for reordering deposit and withdrawal slips for your savings account after April 9, 1999, will also be enclosed. Please note that if you have used your account in the last six months, you will receive this package automatically.

* Please note that federal regulations require certain transaction limits on savings accounts. No more than six transfers are permitted each month by means of a preauthorized transfer (automatic, wire or telephone). Please see the enclosed *Personal Schedule of Fees, Deposit Agreement and Disclosures* for details.

Important Information About Your Accounts.

Ordering is easy!

- 1 Please check your address printed below.
- 2 Indicate any changes in the space provided.
- 3 Take this reorder form to any banking center or mail in the enclosed envelope.

BASAV



111000025 0341212088668

© Bank of America

1

Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

2 NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

⑆ 111000025⑆ 008519206643⑆

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CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

SAVINGS DEPOSIT

DATE _____

SIGNATURE (IF CASH RECEIVED) _____

Bank of America



CASH ▶

CHECKS OR TOTAL FROM OTHER SIDE

▶

SUBTOTAL ▶

LESS CASH ▶

\$

⑆ 111000025⑆ 008519206643⑆

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Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

SAVINGS DEPOSIT

DATE _____

SIGNATURE (IF CASH RECEIVED) _____

Bank of America



CASH ▶

CHECKS OR TOTAL FROM OTHER SIDE

▶

SUBTOTAL ▶

LESS CASH ▶

\$

⑆ 111000025⑆ 008519206643⑆

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CHECKS AND OTHER ITEMS ARE RECEIVED FOR DEPOSIT SUBJECT TO THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE OR ANY APPLICABLE COLLECTION AGREEMENT.

Anita K Riley Tr For Vocable Trust
 The Brunsting Family Irrevocable Tr
 203 Bloomingdale Cir
 Victoria TX 77904

SAVINGS DEPOSIT

DATE _____

SIGNATURE (IF CASH RECEIVED) _____

Bank of America



CASH ▶

CHECKS OR TOTAL FROM OTHER SIDE

▶

SUBTOTAL ▶

LESS CASH ▶

\$

⑆ 111000025⑆ 008519206643⑆



April 6, 1999

Bank of America
Customer Service
P. O. Box 831547
Dallas, TX 75283-1547

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904



Dear Valued Customer:

We are pleased to enclose an initial supply of Bank of America Regular Savings account deposit and withdrawal slips, preprinted with your account number. The use of these new documents will ensure your transactions are posted to your account correctly. **Please destroy any previously unused documents and begin using these new documents immediately.**

Also, for your convenience, we have included a re-order form. When you are ready to order additional withdrawal and deposit slips, please fill out the re-order form and mail it in the enclosed envelope.

If you have questions about your order, please feel free to drop by your local banking center, or call Telephone Banking at 1-800-247-6262. Representatives are available 24 hours a day, seven days a week.

Thank you for allowing us to serve you.

Sincerely,

Joe A. Jeter
Senior Vice President

YBGU0570 000016 01887

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

DATE _____

© Clarke American

SAVINGS
WITHDRAWAL

I WISH TO WITHDRAW FROM
MY SAVINGS ACCOUNT

\$ _____

DOLLARS



NON NEGOTIABLE

SIGNATURE _____

⑆541740159⑆ 008519206643⑈

Anita K Riley Tr For Vocable Trust
The Brunsting Family Irrevocable Tr
203 Bloomingdale Cir
Victoria TX 77904

DATE _____

© Clarke American

SAVINGS
WITHDRAWAL

I WISH TO WITHDRAW FROM
MY SAVINGS ACCOUNT

\$ _____

DOLLARS



NON NEGOTIABLE

SIGNATURE _____

BRUNSTING004312

⑆541740159⑆ 008519206643⑈

Answers to your questions

About my accounts

Q. Can I continue to use the same account number?

A. You can continue to use your **checking** and **savings** account numbers, but you'll see that two zeros have been placed in front of your account number. Your **IRA** and **CD** account numbers will change slightly; they will now be preceded by four new digits. These slightly modified account numbers are shown in the new account name and number chart on page 3 of the enclosed letter. Your loan and line of credit account numbers will change, and the new numbers will be reflected on your first loan or line of credit statement after April 9, 1999.

Q. Can I use the same checks, and deposit and withdrawal slips?

A. Yes. You can continue to use your current supplies of checks, and deposit and withdrawal slips for deposit accounts. When you reorder checks, your new checks will automatically include two leading zeros.

Q. Will my deposits continue to be covered by FDIC insurance?

A. Yes. Your accounts will continue to be insured up to the maximum amount allowed by law. Your retirement accounts will be insured separately from your other accounts. If you have accounts with NationsBank, your accounts will be insured separately from your Bank of America accounts until October 8, 1999. Beginning October 9, 1999, deposits held by the same depositor will be insured together up to \$100,000, the maximum allowed by law. If you also have CD accounts with NationsBank, your accounts will remain insured separately until October 9, 1999, or the first maturity date after October 9, 1999. Any CD that matures and is renewed for the same term and dollar amount between the close of business on April 8, 1999, and October 8, 1999, will also be insured separately until maturity, even if the maturity date occurs after October 9, 1999.

Q. Why is Bank of America changing its look, and when will the change in the bank's logo be reflected at ATMs and banking centers?

A. As a result of the merger between the Bank of America and NationsBank holding companies, the *Bank of America* name was adopted and a new logo created. The new logo will represent the new institution as a whole from coast to coast. With the size and scope of this merger, it will take time for the change in the logo and the look of our signs, documents and forms to take effect.

On April 8, 1999, all of the Bank of America branches in Texas and New Mexico will merge into NationsBank, N.A. In order to introduce our new look and brand, we will do business under the Bank of America name throughout all of our branches in Texas and New Mexico.

You will see signs displaying our new name and logo at your banking center, although we may continue to use our former names on products and documents. In particular, certain banking documents will be stamped to identify the bank as "NationsBank, N.A." until our nationwide merger in July.

During July, all of the Bank of America and NationsBank branches in the country will merge to create Bank of America, N.A., a single national bank from coast to coast. During the summer and the months following, we will be working throughout the nation to change our signs and documents to reflect our new brand.

Whether the sign on the branch says "Bank of America" or "NationsBank," we are united in our commitment to provide you with excellence in financial services.

Q. What is happening to my mortgage loan, dealer direct car loan or student loan?

A. At this time, there will be no changes to the terms and conditions of your mortgage loan, dealer direct car loan or student loan. Please continue to make your payments as you always have. You'll receive information about any changes to these accounts in the coming months.

Q. What is happening to my Bank of America credit card?

A. You can continue to use your current Bank of America credit card. A new Bank of America credit card will not be reissued until the expiration date on your current card.

Q. Will credit life and disability insurance continue for my loans and lines of credit?

A. Yes. Your credit life and disability insurance will continue without interruption.

continued

Bank of America.



BRUNSTING004313

About my banking services

Q. What about direct deposit, automatic transfers and automatic payment deductions? Will they continue without interruption?

- A. Yes. We will make all the arrangements for you, so there will be no interruption in these services.

Q. Will anything change for wire transfers?

- A. Yes. Beginning April 9, 1999, the new Fedwire routing transit number will be 111000025. Any wire transfers sent to the old number after April 8, 1999, will be returned by the Federal Reserve. The SWIFT I.D. number will also change to NABKUS44. Please notify any of your business partners who routinely send wire transfers of these changes.

Please note that each new account added to the wire transfer service will receive mail notification advices unless otherwise specified. The mail advice fee of \$1.00 per transaction will continue to be charged. For additional information, please refer to the enclosed *Personal Schedule of Fees, Deposit Agreement and Disclosures* brochure.

Q. Will I continue to receive the same statement(s) that I currently receive?

- A. If you currently receive a combined statement, you will continue to receive one. With a combined statement, you will automatically receive a complete list of transaction information for multiple accounts that are linked, including checking, savings and Money Market Savings accounts, and summary information for CDs, IRAs, loans and lines of credit. If you want to link accounts, please call 1-800-247-6262 after April 9, 1999.

Now you can choose to have your statement organized the way you want — listed by category or by date. Statements are also available in larger print or in braille upon request. If your canceled checks are currently held in check safekeeping, this service will continue.

For checking, savings, Money Market Savings, loan or line of credit accounts, you will receive an interim statement detailing your account activity through April 8, 1999. Enclosed with your interim statement will be a brochure, *How to read your new statement*, which will explain the new statement format. Your next statement, in the new format, will detail your account activity from April 9, 1999, to the end of your normal statement cycle.

Q. Will anything change for my Automatic Clearing House (ACH) transfers?

- A. Yes. Beginning April 9, 1999, ACH Credits with an effective date of Monday will memo post on Monday morning, instead of Saturday morning.

About my day-to-day banking

Q. When can I begin using all of the Bank of America, NationsBank and Seafirst banking centers?

- A. Starting April 9, 1999, you'll have nearly 5,000 banking centers nationwide available so you can cash checks and make deposits from coast to coast. ("Banking center" is our new name for "branch." We changed the name because banking center better conveys all the banking services, assistance and technology at your disposal to make your life a little easier.)

Q. Can I keep using my existing ATM card or Check Card®?

- A. Yes. You can continue to use your current ATM card or Check Card. New ATM cards or Check Cards will not be reissued until the expiration date on the card. Please note that your Personal Identification Number (PIN) will not change unless your PIN is all zeros, in which case you need to change your PIN before April 8, 1999, by visiting your local banking center.

Please note: For Money Market Savings and savings accounts, you will no longer be able to make purchases. Beginning April 9, 1999, your Money Market Savings account will be considered a "savings" account at the ATM.

Q. Which ATMs can I use?

- A. You'll now have access to 14,000 Bank of America, NationsBank and Seafirst ATM locations across the country. You will continue to enjoy transfers, withdrawals and inquiries at Bank of America, NationsBank and Seafirst ATMs. In addition, you will be able to make installment loan payments and deposits at Bank of America and NationsBank ATMs in AR, DC, FL, GA, IA, IL, KS, MD, MO, NC, NM, OK, SC, TN, TX and VA.*

Q. Are there any new kinds of transactions available to me at Bank of America ATMs in Texas?

- A. Yes. **One full statement and an unlimited number of mini-statements each month:** You can receive a record of all transactions since your last statement was produced on a full statement. Or, get your last 5 debits and credits on a mini-statement. **Line of credit:** You will be able to make payments* to and transfers from your line of credit at the ATM. **Reorder checks:** Simply select "Message to bank" and include a reorder form in an envelope at a Bank of America ATM that accepts deposits. **Address change:** Select "Message to bank" and submit a reorder form with your new address in an envelope at a Bank of America ATM that accepts deposits. **Deposits:** Deposit slips are no longer necessary at ATMs that accept deposits.

Q. Will there be any change to the cutoff times at my local banking center or ATM?

- A. Beginning April 9, 1999, ATM deposits made by 3:00 p.m. (CST) will be posted to your account that same business day. And, deposits made at banking centers by 4:00 p.m. (CST) will be posted to your account that same business day.

* Not all Bank of America or NationsBank ATMs accept payments and deposits.

ESTATE PLANNING UPDATE

Volume 9, Number 1
Summer, 2002

A Publication to Benefit our Clients

THE VACEK LAW FIRM, PLLC

Albert E. Vacek, Jr. *
Susan S. Vacek



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



(281) 531-5800
1-800-229-3002
Fax: (281) 531-5885

E-mail Address:
consult@vacek.com



Serving your Estate and
Financial Planning needs
with Services and Guidance
on:

Estate Planning
Asset Protection
Gifting
Estate Taxes
Estate Transfers
Referrals

WHAT HAPPENS WHEN I DIE? (2002 Update)

In our Spring-Summer, 2000 edition of *Estate Planning Update*, we reviewed the procedures that are typically followed when someone passes away with a Living Trust. Now, in light of the changes in estate tax laws passed by Congress in 2001, I felt that it would be a good idea to review this topic again.

As before, it is very important that the surviving Founder or Successor Trustee contact us as soon as possible after our client has passed away. There will be certain housekeeping matters which we must discuss and handle in settlement of the Living Trust estate. In this article, I will use the example of a married couple where the husband is the first to pass away.



STEP 1: IS PROBATE NECESSARY?

The first steps in settling the estate would be to determine whether or not any of the assets are left out of the trust. One of the important reasons for doing a Living Trust estate plan is to avoid the necessity of forcing one's family through probate

Continued page 2

PAY FOR COLLEGE WITH A 529 PLAN

Section 529 of the Internal Revenue Service Code was recently amended in order to create the new **529 College Savings Plan**. Congress has now made it easier to save for a child/grandchild's college education, as well as to lower the taxable estate.

The plan allows for parents or grandparents to establish a 529 Plan for the benefit of any and all children or grandchildren, individually.

Contributions into this account will reduce the size of one's estate and, as a result, may reduce one's estate taxes as well. The new law allows individuals to make an immediate gift of up to \$55,000

per beneficiary (married couples filing jointly can contribute up to \$110,000 per beneficiary) to a 529 Plan without exceeding the federal gift tax exclusion (now set at \$11,000 per year), provided that no other gifts are made within the next five years.

The funds in the 529 Plan account can be used at *any accredited college or university* in the United States, as long as each withdrawal is for a qualified college expense for the beneficiary. And, even better, the withdrawals are *free from income taxes*. As the owner of the account, the *parent/grandparents will control withdrawals* from the account, even after

Continued page 3

\$11,000 Gift Tax Exclusion

Effective January 1st of this year, the gift tax exclusion amount went up from \$10,000 to \$11,000. This now means that a person can give the sum of \$11,000 to as many people as he or she desires in a one year period and not be responsible for gift tax. Of course, as we have always advised our clients, it is best not to give the full \$11,000 amount to any one person. Limit the gift to \$10,500 to allow for Christmas gifts and other items that could run the total annual gift amount over the \$11,000 limit.

BRUNSTING004315

What happens when I die? *continued*

court when one dies. Probate law was not affected by the changes in the federal tax laws. Many people confuse these two issues (that is, probate and estate tax) and think that they mean the same thing. In fact, probate has nothing to do with estate tax. **Probate** is the legal process of deciding who has title to your assets when you die. The problem with probate is that it costs **money**, takes **time**, and worst of all, causes one to lose family **privacy**.

It has been our experience that a properly funded Living Trust totally avoids the necessity of probate. In the few instances where we do find that a client has left an asset out of their Living Trust, we still have the **Pour-over Will** as a backup to transfer the assets into the Living Trust. Only the missing asset would go through the probate process in that case, and the process is usually a little less expensive than a full-blown probate. We are proud to say that, most of the time, our clients never have to go through probate court because they have taken the time to fund their trust properly. Call us if you have questions about funding your Living Trust.

You should **check your assets on a regular basis** to determine whether or not you have properly funded your estate plan. Although most assets merely require the change of the name on the asset from your name to the name of your trust to properly fund your trust, there are a few assets that require special handling, such as your IRAs, 401(k) plans, Keoghs, SEPs, tax-deferred annuities and other similar tax-deferred items.

In order to fund your trust, use your "**White Funding Binder**" which most of our clients received at the time they set up their Living Trust estate plan. It will have all of the personalized letters which are necessary to change title on the various assets, together with step-by-step instructions. In addition, you may have read about our **Free Estate Plan Review Kit** in previous newsletters. The kit has a funding checklist for your convenience. If you have any questions about funding or if you would like our free Review Kit, together with an audio tape or CD, give us a call.

STEP 2: VALUATION OF ESTATE ASSETS

Tax compliance requires that the assets in the estate be valued as of the date of death for several reasons:

- 1) to determine whether or not **death tax returns** are due;
- 2) to determine whether or not it will be necessary to **fund the subtrusts** in your Living Trust estate plan (such as the Decedent's Trust and the various Survivor's Trust Shares); and

- 3) to determine the new, **stepped-up basis** in all of the assets for the Survivor and the rest of the family.

The **stepped-up basis** is particularly important for income tax purposes in the future. For example, perhaps Mom and Dad purchased Exxon stock years ago at \$20 a share. If it is now \$50 a share and Mom and Dad decide to sell it, they will pay capital gains tax on \$30 per share. However, if Dad passes away and the value is \$50 a share, then Mom's new basis will be \$50 rather than the old \$20 acquisition cost per share. That means Mom will not have to pay capital gains tax if she sells it at \$50 per share. As you can see, this is a very important benefit for the Survivor! Although the new tax law puts some limitation on claiming the stepped up basis, generally it will not have too much effect on most families, at this time.



STEP 3: DEATH TAX RETURNS

Although no death taxes are normally due on the death of the first Founder, if the estate of the Founder who died is **greater than the exemption** amount, then it will be necessary to file the Federal Estate Tax Return and the Texas Inheritance Tax Return.

As you probably have noticed from previous Newsletters, Congress did **increase the death tax exemption** amount starting in January, 2002, to \$1 million per person. This exemption will go up to \$1.5 million in 2004, \$2 million dollars in 2006, and \$3.5 million in 2009. If this law remains unchanged, the federal death tax will be totally abandoned in the year 2010. But, **here's the catch:** the tax comes back in 2011 and the exemption goes down to \$1 million again, unless Congress changes that.

Although we can all keep our fingers crossed that Congress does in fact allow the repeal of the death tax to continue, that probably won't happen. Remember, Congress' repeal of the death tax took place before the tragedies of **September 11**. In my opinion, because of the changes which we have witnessed in our country since that date which call for vast sums of money to protect our national security, we will probably never see the death tax go away. Even worse, I anticipate that Congress will be lowering the exemptions once again. I hope that I am wrong.



STEP 4: SUB-TRUST FUNDING

Here's where things begin to get interesting because of the new changes in the tax laws. Congress has squarely placed the Survivor between a rock and a hard place. Should the Survivor fund the sub-trusts provided in the Living Trust estate plan or not?

THE VACEK LAW FIRM, PLLC

ALBERT E. VACEK, JR.*
SUSAN S. VACEK

11511 Katy Freeway, Suite 520
Houston, Texas 77079
(281) 531-5800
1-800-229-3002
Telefax (281) 531-5885
E-Mail Address: consult@vacek.com

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

May 1, 2002

DISCLOSURE NOTICE

Your privacy is important to us, and maintaining your trust and confidence is one of our highest priorities. We respect your right to keep your personal information confidential and understand your desire to avoid unwanted solicitations. A recent law change requires us (along with banks, brokerage houses, and other financial institutions) to disclose our Privacy Policy to you - which we are more than happy to do. We hope that by taking a few moments to read it, you will have a better understanding of what we do with the information you provide us and how we keep it private and secure.

PRIVACY POLICY OF THE VACEK LAW FIRM, PLLC

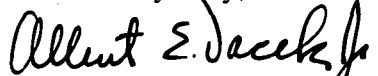
Pursuant to the Gramm-Leach-Bliley Act, Public Law Number 106-102, and the rule issued by the Federal Trade Commission regarding the Privacy of Consumer Financial Information, 16 Code of Federal Regulations, Part 313, law firms which provide tax preparation and tax planning services to their clients are categorized as financial service providers and are required to provide written notices to certain clients regarding disclosure of non-public personal information. As your attorneys, we collect non-public information about you from you, and with your authorization, from third parties such as accountants, financial advisors, insurance companies, their agents and employees, banking institutions, and other advisors. We do **not** disclose any non-public personal information about our clients or former clients to anyone except as permitted by law, or as authorized by that client. If we are authorized by you, we may disclose non-public personal information to unrelated third parties. Such unrelated third parties would include accountants, financial advisors, insurance agents, or government authorities in connection with any estate and tax planning documentation or tax returns prepared by us. We restrict access to non-public personal information about you to employees of our law firm who need to know the information in order to provide legal services to you, and we require those individuals to keep such information confidential. We maintain physical, electronic, and procedural safeguards that comply with Federal Regulations and our rules of ethics to guard your non-public personal information.

ATTORNEY CLIENT PRIVILEGE

While the foregoing federal laws and regulations establish rules and disclosure requirements, they do not limit the attorney-client privilege or the confidentiality rules for information provided to attorneys. The privilege and confidentiality rules are governed by state law, the rules imposed on attorneys under state law and our ethics standards. *In circumstances where applicable federal laws might allow disclosure, we will continue to follow the stricter non-disclosure rules of attorney-client privilege and client confidentiality.*

We value you as clients and are committed to protecting your privacy. Please call us if you have any questions, or if we can be of further service.

Yours very truly,



Albert E. Vacek Jr.

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For example, take a \$2 million estate. If Dad passes away, we would normally put one-half of the estate (that is his \$1 million half of the estate) into his Decedent's Trust. In this way, we capture his \$1 million dollar exemption so that the Decedent's Trust assets will not be estate taxed when Mom dies. Even the appreciation which will take place in that Trust in the years before Mom's passing will not be taxed on her demise. As you can see, with a \$2 million estate it's easy to decide to fund the two subtrusts.

Things get a little bit more interesting when the estate is less than the exemption amount, for example, a \$1 million estate. Should Mom put \$500,000 into the Decedent's Trust or just put it all into her subtrust (Survivor's Trust) and lose her husband's exemption? If she puts it all into her Survivor's Trust, it would mean a bit less paperwork for her, and her \$1 million exemption might be sufficient to cover the entire estate on her passing. **But here's the rub:** she will have wasted her husband's exemption and can never get it back; and if her estate increases beyond her exemption, her family will owe taxes at her death! In other words, it's hard to visualize her estate growing very much in light of today's depressed market, but what if things turn around and she dies with a \$2 million estate with only a \$1 million exemption? We look at each estate individually to advise you about subtrust funding.

One might argue that the exemptions are due to go up over the next ten years anyway, and that would be sufficient to cover any growth in her estate. However, remember, we may never see that raise in exemption, and the ultimate repeal of the death tax, because of the threats against our country at the present time. President Bush continuously reminds us that the war against terrorism will be a long one. In light of this, we prefer to take a conservative approach in order to reduce taxes and allow for future growth.

STEP 5: THE LIVING TRUST CONTINUES

Recently, a client of mine who is the surviving widow said to me "well, I guess now that my husband has passed away, I no longer need my Living Trust."

I reassured her immediately that she definitely needed to keep her Living Trust in place and properly funded because it would provide **future protection** for her in a couple of ways:

- 1) if she were to become **disabled**, her family would not be forced into court with a humiliating, expensive, and time-consuming guardianship proceeding; and,
- 2) if she were to **die**, her family would not be forced into court for the probate of her estate.

Certainly, it makes sense to keep the Living Trust going for the Survivor. But, it also makes sense to do a little bit of housekeeping with regard to the documentation

when one spouse dies. For example, since Mom has named her husband in her Medical Power of Attorney to make her medical decisions if she becomes disabled, we should probably change that document to name her son or daughter instead since her husband has passed away.


CONCLUSION

A properly funded Living Trust will easily avoid probate on the death of a Founder. It makes good sense to **check your Living Trust** now to make sure that it is properly funded. You will find our free **Review Kit** helpful in this regard.

Should a Founder die, it is important that the family notify us as soon as possible so that we can take whatever action is necessary for tax compliance.

It is anyone's guess as to what the federal government will do with regard to repealing the death tax. In light of the fact that the repeal itself may be repealed and the exemptions might be lowered, it seems to make sense to try to capture as much of the exemption on the death of the first Founder as possible for use in the future.

Continuation of the Living Trust for the Survivor affords peace of mind as well as protection and privacy for the family.

If you would like to set up an appointment to meet with us to review your Living Trust, please call our senior legal assistant, Cathy Driskell, and she will set up a time that is convenient for you. If you have questions, you can also call or e-mail me at consult@vacek.com. 


Susan S. Vacek

Pay For College With A 529 PLAN *continued*

the beneficiary reaches the age of 18. The owner of the account will also have the ability to *change the beneficiaries* to other family members at any time. The owner of the account will also have access to the funds; however, the owner withdrawals are not "qualified," therefore a 10 percent penalty and tax on gains will apply.

Grandparents, as owners of the 529 Plan account, will not affect the eligibility of that student beneficiary for financial aid (that is, if a parent is the owner, the beneficiary may not be able to qualify for financial aid).

Overall, the 529 Plan offers an excellent way to lower your taxable estate, while at the same time providing an effective college savings plan for a beneficiary.

I can help you set up a 529 Plan for your family. Give us a call to set up an appointment so that we can discuss how the 529 Plan will benefit your family. 

Albert E. Vacek, Jr.

THE VACEK LAW FIRM, PLLC

11511 Katy Freeway, Suite 520
Houston, TX 77079

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In this issue

◆ **FREE ESTATE PLAN REVIEW KIT**

Along with this newsletter you will find an insert that outlines our Estate Plan Review Kit. If you are not one of the 800 or so clients who have already called for your personalized Review Kit, please give our senior legal assistant, Cathy Driskell, a call at your earliest convenience. You will find the Review Kit a fabulous tool to assist you in reviewing your personal estate planning needs.

◆ **WHAT HAPPENS WHEN I DIE? (2002 Update)**

In our Spring-Summer, 2000 edition of *Estate Planning Update*, we reviewed the procedures that are typically followed when someone passes away with a Living Trust estate plan. Now, in light of the changes in estate tax laws passed by Congress in 2001, we felt that it would be a good idea to review this topic again.

◆ **PAY FOR COLLEGE WITH A 529 PLAN**

Congress has now made it easier to save for a child/grandchild's college education, as well as to lower the taxable estate.

◆ **PRIVACY NOTICE**

In accordance with federal law, we have enclosed our Disclosure Notice outlining our privacy policy at the Vacek Law Firm, PLLC. Please call us if you have any questions.

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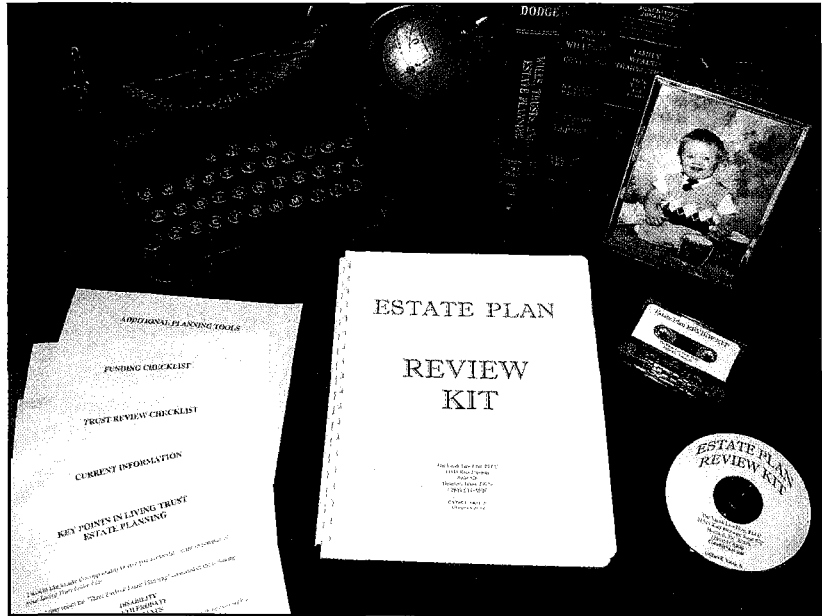
*Albert E. Vacek, Jr. **
Susan S. Vacek



* Board Certified
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**FREE: *ESTATE PLAN
REVIEW KIT***

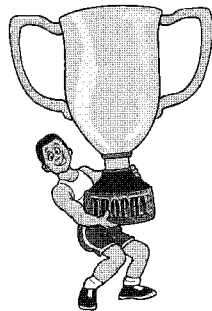


**For information on receiving your FREE Estate Plan Review Kit,
please read our Winter 2001 newsletter or call our office and ask for Cathy Driskell.**

PART ONE:

**“KEY POINTS” IN LIVING TRUST
ESTATE PLANNING**

It may have been several years since you came to see us to setup your living trust estate plan. In many cases I have found that it is a great idea to go back over the reasons why a living trust estate plan is a **superior form of planning** to that of a simple will or power of attorney plan. All of the information set forth in Part One has now been borne out through the years in actual cases. Part One should give you a lot of continued confidence in your living trust estate plan.



PART TWO:

CURRENT INFORMATION

When you receive your Estate Plan Review Kit, we will include your personal data as it is reflected in your file which we keep in our permanent records. This current information sheet will give you an opportunity to **update your records** with us so that we can serve you better as your estate planning attorneys.



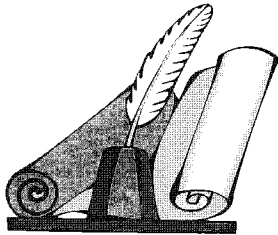
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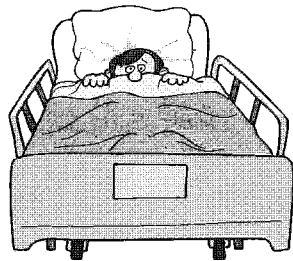
PART THREE:

TRUST REVIEW CHECKLIST

In working with thousands of people over the years, I have seen certain patterns of change which many, if not all, families need to consider from time to time. People change. Finances change. Attitudes change. New kids and grandkids come along. Marriage relationships change. Since things do change, I think you'll find my "**Trust Review Checklist**" to be very interesting reading. I've tried to put together a checklist of things which seem to come up from time to time in discussions with my clients. This will give you a good list to review as you consider your own estate plan and changes which may have impacted it.



A good example of a change in the law came in 1999 when the Texas Legislature totally revamped the "medical power" (previously called the "health-care power of attorney") as well as the "living will" (also known as the "physician's directive"). The old documents, which most of my clients have, were blessed by the Legislature about 12 years ago. All through those 12 years we have seen certain circumstances arise where the documents did not work as well as they should have. At the end of 1999, the Legislature promulgated new language which is vastly superior to the old documents. We should certainly discuss replacing your **old health-care documents** with the newly promulgated State provisions when we meet for your Three-year Review.



PART FOUR:

FUNDING CHECKLIST

As I have emphasized in my newsletters, seminars, and personal meetings with my clients, funding of one's living trust is very important for one's living trust goals to be met. It has always been my personal goal to avoid the court system for my clients, **entirely**. The last thing that I want to see is one of my clients being forced to go through a guardianship proceeding or their family having to go through probate. Our Kit contains a "**Funding Checklist**" which I think you'll find very helpful in order to make sure that all of your assets have been properly placed into your living trust estate plan. If you happen to notice that some assets have been left out, we can discuss that at your complimentary Three-year Review meeting.



PART FIVE:

ADDITIONAL PLANNING TOOLS

In this chapter of the Kit, I summarize different **planning tools and techniques** that many of our clients have found useful in addition to their living trust plan. Several widely accepted techniques can provide for additional estate tax relief and asset protection from creditors, as well as provide education for kids and grandkids, provide care and support for elderly parents, and a variety of other benefits over and above those benefits provided by your basic living trust estate plan.

