

PREPARED BY:
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Recording Requested By:

When Recorded Mail To:

P 11/04/05 11:35:23
BK 111 PG 333
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

CERTIFICATION OF TRUST
ALLEN 2003 TRUST
California Probate Code Section 18100.5

The undersigned, LANITA MOEN and MICHAEL ALLEN, as co-Trustees of the ALLEN 2003 TRUST confirm the following facts:

1. The ALLEN 2003 TRUST is currently in existence and was created on September 19, 2003.
2. The Trustors of the trust are WILLIAM E. ALLEN and IRENE ALLEN. WILLIAM E. ALLEN died in Stanislaus County on January 27, 2005. A certified copy of the Trustor's death certificate is attached hereto and made a part hereof.
3. The current acting Trustees of the trust are LANITA MOEN and MICHAEL ALLEN.
4. The successor trustee paragraph of the trust is set forth in the attached Exhibit "A", and incorporated herein by reference.
5. As a result of the death of WILLIAM E. ALLEN, the Trust instrument provides for the division of the Trust Estate into three (3) separate trusts to be referred to as the SURVIVOR'S TRUST, BYPASS TRUST and the MARITAL TRUST. While the Surviving Trustor is alive, the Surviving Trustor may amend, revoke and appoint the SURVIVOR'S TRUST, but the BYPASS TRUST and MARITAL TRUST shall be irrevocable and may not be amended, revoked or prematurely terminated by any person. After the death of both Trustors, any trust created under the instrument shall be irrevocable and may not be amended or terminated, except as provided in the trust instrument.

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5. The trust has two (2) Trustees, namely, LANITA MOEN and MICHAEL ALLEN.

6. Title to the trust assets shall be taken in the following manner:

LANITA MOEN and MICHAEL ALLEN, co-Trustees,
ALLEN 2003 TRUST

7. The trust is the vested owner of real property situated in DeSoto County, Mississippi, more particularly described as follows:

1.0 acres in the Northeast $\frac{1}{4}$ of Section 33, Township 1 South, Range 8 West, in the City of Horn Lake, DeSoto County, Mississippi, described as starting at a point said point being the intersection of the South right-of-way of Goodman Road and the East right-of-way of the proposed Tulane Road extension, said point being 1069.91 feet West and 45 feet South of the Northeast corner of Section 33; thence South 00 degrees 07 minutes 20 seconds West 894.0 feet along East right-of-way of said Tulane Road to the True Point of Beginning of this tract; thence continue along said East right-of-way South 00 degrees 07 minutes 20 seconds West 121 feet to a tangent point; thence along a 25 foot radius curve to the left 39.24 feet to a point; thence North 89 degrees 58 minutes East 275.0 feet along the North right-of-way of Tulane Road to a point; thence North 00 degrees 02 minutes West 146 feet to a point; thence South 89 degrees 58 minutes 02 seconds West 299.6 feet to point of beginning.

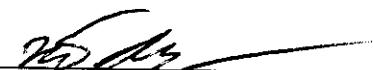
Property ID No. 1088-3300.0-00001.11

The undersigned co-Trustees hereby declare that the trust has not been revoked, modified, or amended in any manner which would cause the representations contained herein to be incorrect. This certification is being signed by all of the currently acting Trustees and is being executed in conformity with the provisions of California Probate Code Section 18100.5.

Dated: April 18, 2005

ALLEN 2003 TRUST

By: 
LANITA MOEN, co-Trustee

By: 
MICHAEL ALLEN, co-Trustee

STATE OF CALIFORNIA)
)
COUNTY OF STANISLAUS)

On April 18, 2005, before me, GAILE HUMES, a Notary Public, personally appeared LANITA MOEN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that she executed the same in her authorized capacity, and that by her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

GAILE HUMES
Notary Public



(S E A L)

STATE OF CALIFORNIA)
)
COUNTY OF STANISLAUS)

On April 18, 2005, before me, GAILE HUMES, a Notary Public, personally appeared MICHAEL ALLEN, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me that he executed the same in his authorized capacity, and that by his signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

GAILE HUMES
Notary Public



(S E A L)

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

BK 111 PG 336

HEALTH SERVICES AGENCY
STANISLAUS COUNTY
PUBLIC HEALTH DIVISION

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY. NO STAMPS, WRITINGS OR ALTERATIONS
VS 11 (REV. 1/01)

1. NAME OF DECEDENT - FIRST (Given) WILLIAM		2. MIDDLE ELMER		3. LAST (Family) ALLEN, Jr		LOCAL REGISTRATION NUMBER	
4. DATE OF BIRTH mm/dd/yyyy 11/06/1922		5. AGE Yrs. 82		6. US BIRTH YEAR Month: <input type="checkbox"/> Days: <input type="checkbox"/> Hours: <input type="checkbox"/> Minutes: <input type="checkbox"/> Seconds: <input type="checkbox"/>		7. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY Oregon		10. SOCIAL SECURITY NUMBER 547-28-2600		11. EVER IN U.S. ARMED FORCES? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		12. MARITAL STATUS (at time of death) Married	
13. EDUCATION - Highest Level (Degree) Some College		14. WAS DECEDENT HISPANIC/LATINO/ASIAN/PACIFIC ISLANDER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		15. DATE OF DEATH mm/dd/yyyy 01/27/2005		16. HOUR (24 Hours) 1235	
17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED. Owner		18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) Mortuary		19. YEARS IN OCCUPATION 53			
20. DECEDENT'S RESIDENCE (Street and number or location) 2525 Raleigh Court		21. CITY Turlock		22. COUNTY Stanislaus		23. ZIP CODE 95382	
24. YEARS IN COUNTY 53		25. STATE/FOREIGN COUNTRY California		26. INFORMANT'S NAME, RELATIONSHIP Michael Allen - Grandson		27. MARRIAGE ADDRESS (Street and number or farm route number, city or town, state, ZIP) 2690 E Toluente Rd Turlock CA 95382	
28. NAME OF SURVIVOR'S SPOUSE - FIRST Irene		29. MIDDLE Lily		30. LAST (maiden Name) Holland			
31. NAME OF FATHER - FIRST William		32. MIDDLE Elmer		33. LAST Allen		34. BIRTH STATE Missouri	
35. NAME OF MOTHER - FIRST Minnie		36. MIDDLE L		37. LAST (maiden Name) Walker		38. BIRTH STATE Missouri	
39. DISPOSITION DATE mm/dd/yyyy 02/03/2005		40. PLACE OF FUNERAL DISPOSITION Turlock Memorial Park 575 N Soderquist Rd Turlock CA 95380		41. TYPE OF DISPOSITION Burial		42. SIGNATURE OF SURVIVANT <i>[Signature]</i>	
43. NAME OF FUNERAL ESTABLISHMENT Allen Mortuary		44. LICENSE NUMBER FD 432		45. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>		46. LICENSE NUMBER 8574	
47. DATE mm/dd/yyyy 01/31/2005		48. PLACE OF DEATH Brandel Manor Convalescent Hospital		49. COUNTY Stanislaus		50. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number or location) 1801 North Olive Avenue	
51. CAUSE OF DEATH Cardiac Arrest		52. UNDERLYING CAUSE Respiratory Failure		53. UNDERLYING CAUSE (When on injury that entered the records resulting in death) LAST Pneumonia		54. DEATH REPORTED TO CORONER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
55. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 51) Cerebrovascular Accident		56. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 51 OR 52? No		57. TYPE OF OPERATION AND DATE 11/21/1996		58. SIGNATURE AND TITLE OF PHYSICIAN Ronald Arakelian MD	
59. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Ronald Arakelian MD 920 Delbon Ave Turlock CA 95382		60. LICENSE NUMBER 641222		61. DATE mm/dd/yyyy 01/28/2005		62. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE Ronald Arakelian MD 920 Delbon Ave Turlock CA 95382	
63. MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		64. INJURED AT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK		65. INJURY DATE mm/dd/yyyy		66. HOUR (24 Hours)	
67. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.)		68. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury)		69. LOCATION OF INJURY (Street and number, or location, and city, and ZIP)		70. SIGNATURE OF CORONER / DEPUTY CORONER	
71. DATE mm/dd/yyyy		72. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER		73. STATE REGISTRAR		74. FAX AUTH. # 75658	
75. CENSUS TRACT		76. SIGNATURE OF CORONER / DEPUTY CORONER		77. DATE mm/dd/yyyy		78. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER	

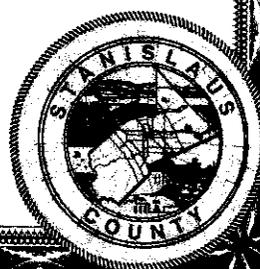


This is to certify that this document is a true copy of the official record filed with the Stanislaus County Health Services Agency.

[Signature]
JOHN WALKER, M.D.
LOCAL REGISTRAR OF VITAL STATISTICS

DATE ISSUED
02 / 03 / 2005

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.



ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

Exhibit "A"

6. Successor Trustee and Resignation of Trustee. Upon the resignation, inability to act, incapacity or death of WILLIAM E. ALLEN, then in such event LANITA MOEN and MICHAEL ALLEN shall become co-Trustees of this trust. If either LANITA MOEN or MICHAEL ALLEN shall for any reason fail to qualify or cease to act as co-Trustee, then in such event the other shall act as sole Trustee of this trust.

No bond shall be required of any Trustee named in this trust.

Any Trustee may resign or discharge itself from any trust created hereunder at any time, and upon such resignation, if a successor Trustee is not named above, the Trustors, or the survivor thereof, shall appoint a successor Trustee. If the Trustors are then deceased or are unable to name a successor Trustee, the resigning Trustee shall appoint a successor Trustee. If the resigning Trustee shall fail to appoint a successor Trustee, a simple majority of the competent adult beneficiaries of the Trust Estate, as it may then have been divided, if such shall have been the case, shall have the right to appoint a successor Trustee, and any such appointment shall be binding and conclusive upon all the persons interested herein. If such competent adult beneficiaries shall fail to appoint a successor, then such appointment shall be made by a court of competent jurisdiction.

Any successor Trustee under this trust shall under no circumstances be under any duty whatsoever to investigate the conduct of any predecessor Trustee and any successor Trustee is expressly relieved of any liability whatever for failure to obtain redress for such breach of trust or for failure to discover or to collect any property or funds belonging to the trust which are not voluntarily turned over to such successor Trustee by such predecessor Trustee, whether or not such action, or inaction, is willful or negligent, or with or without knowledge of such breaches of trust or existence of such property or funds. All authority and powers, including discretionary powers, conferred on the original Trustees shall pass to any successor Trustee, except as otherwise provided in this instrument. Any successor Trustee shall have no responsibility for the acts or omissions of any prior Trustee and no duty to audit the accounts of administration of any prior Trustee.