

pending or substitute provisions applicable to the trust estate. In no event shall the Trustee take any action or have any power that will impair the marital deduction, and all provisions regarding the marital trust shall be interpreted to conform to this primary objective.

7.08 Severability: If any provision of this instrument is unenforceable, the remaining provisions shall nevertheless be carried to effect.

7.09 Number and Gender; Headings: As used in this instrument, masculine, feminine or neuter gender, and the singular or plural, shall each be deemed to include the others whenever the text so indicates. The headings in this instrument are inserted for convenience of reference and are not to be considered in connection hereof.

10 Authority of Trustee: No person paying money or delivering property to the Trustee need see to its application.

Reservation of Use and Occupancy of Home: If at any time the estate shall contain any improved real property actually used habitable for occupancy as a residence, or any interest therein the Trustors or the survivor of them shall have the right to reside in such property as long as they may desire to do so, free of expense. The Trustee shall pay the property taxes, assessments, liens, insurance repairs and other charges or amounts necessary for the general up and reasonable improvement of the property out of principal or income of the trust estate containing such home as the Trustee in its discretion shall determine. The Trustee in the

Trustee's discretion may sell said property and replace it or rent or lease another residence suitable for the Trustors or surviving Trustor as the Trustee deems appropriate.

ARTICLE VIII
SUCCESSOR TRUSTEE; RESIGNATION OF TRUSTEE

8.01 Successor Trustees: If either JAMES CURTY or MYRTLE W. CURTY shall for any reason cease to act as co-Trustee, the other of them shall be the sole Trustee. If both JAMES CURTY and MYRTLE W. CURTY shall for any reason cease to act as Trustee, the following, in the order indicated, are nominated as successor sole Trustees:

- (a) BETTY MYERS
- (b) VICKI DENISE ALLEN

8.02 Resignation and Appointment of Successor: Any Trustee may resign at any time upon giving written notice, by certified mail to the last known address of the addressee, thirty (30) days before such resignation shall take effect, to the Trustors, or the survivor of them or, after the death of both Trustors, to all adult beneficiaries and to the guardians, conservators or other fiduciaries of the persons or property of any minor or incompetent beneficiaries who may then be entitled or authorized, in the Trustee's discretion to receive payments of income hereunder. If no successor Trustee is herein designated to act in the event of the resignation of the resigning Trustee or no successor Trustee accepts the office, a majority of those to whom such notice of resignation shall be given shall designate a successor Trustee by written notice to the resign-

ing Trustee. In the event a successor Trustee shall not be so designated, the resigning Trustee shall have the right to appoint a successor corporate Trustee, or the resigning Trustee or any such beneficiary of this Trust may secure the appointment of a successor Trustee by a court of competent jurisdiction, at the expense of the trust estate. The resigning Trustee shall transfer and deliver to the successor Trustee the then entire trust estate and shall thereupon be discharged as Trustee of this Trust and shall have no further powers, discretions, rights, obligations or duties with regard to the trust estate and all such powers, discretions, rights, obligations and duties of the resigning Trustee shall inure to and be binding upon such successor Trustee.

8.03 No Liability for Acts of Prior Trustee: No successor Trustee, whether or not specifically named herein, shall have any responsibility for the acts or omissions of any prior Trustee and no duty to audit or investigate the accounts or administration of any such Trustee.

ARTICLE IX
TRUSTEE'S FEES

For its services as Trustee, the Trustee shall receive reasonable compensation.

///

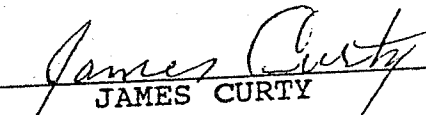
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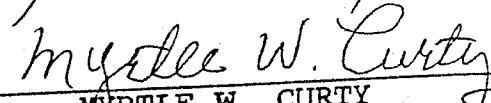
ARTICLE X
GOVERNING LAW

This Trust has been accepted by the Trustee in the State of California, and its validity, construction and all rights thereunder shall be governed by the laws of that State.

Executed as of the day and year first above written.

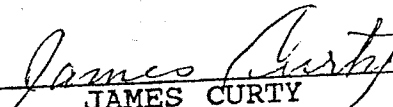


JAMES CURTY

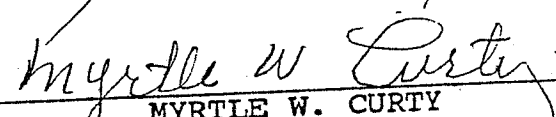


MYRTLE W. CURTY

TRUSTORS



JAMES CURTY



MYRTLE W. CURTY

TRUSTEE

APPROVED:
VINNEDGE, LANCE & GLENN, INC.

By 

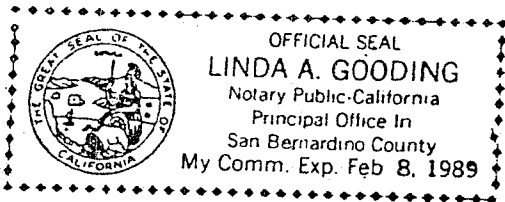
Attorneys for Trustors

STATE OF CALIFORNIA)
 : ss.
COUNTY OF SAN BERNARDINO)

On July 13, 1988, before me, the undersigned, a Notary Public in and for said County and State, personally appeared JAMES CURTY and MYRTLE W. CURTY, personally known to me (or proved to me on the basis of satisfactory evidence) to be the persons whose names are subscribed to the within instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

Linda A. Gooding
Notary Public



COUNTY of SAN BERNARDINO
DEPARTMENT OF PUBLIC HEALTH
351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

Form with fields for decedent personal data, usual residence, informant, spouse and parent information, disposition, funeral director and local registrar, place of death, cause of death, physician certification, coroner's use only, and state registrar information.

683151

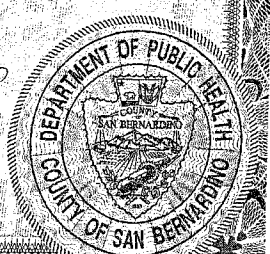
CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA } SS
COUNTY OF SAN BERNARDINO }
DATE ISSUED SEP 24 1996

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH

Signature of Thomas J. Prendergast, M.D., County Health Officer, Registrar of Vital Statistics

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



COUNTY of SAN BERNARDINO

DEPARTMENT OF PUBLIC HEALTH

351 MT. VIEW AVENUE, SAN BERNARDINO, CALIFORNIA 92415-0010

CERTIFICATE OF DEATH

STATE OF CALIFORNIA

USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS

VS-11 (REV. 1/00)

LOCAL REGISTRATION NUMBER

STATE FILE NUMBER		USE BLACK INK ONLY/NO ERASURES, WHITEOUTS OR ALTERATIONS				LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT—FIRST (GIVEN) MYRTLE		2. MIDDLE W.		3. LAST (FAMILY) CURTY			
4. DATE OF BIRTH MM/DD/CCYY 08/14/1901		5. AGE YRS. 101		6. SEX F		7. DATE OF DEATH MM/DD/CCYY 12/12/2002	
8. HOURS 2330		9. STATE OF BIRTH OKLAHOMA		10. SOCIAL SECURITY NO. [REDACTED]		11. MILITARY SERVICE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNK	
12. MARITAL STATUS WIDOWED		13. EDUCATION—YEARS COMPLETED 8		14. RACE WHITE		15. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
16. USUAL EMPLOYER BROOKSIDE WINERY		17. OCCUPATION BOTTLER		18. KIND OF BUSINESS WINE PRODUCTION		19. YEARS IN OCCUPATION 15	
20. RESIDENCE—(STREET AND NUMBER OR LOCATION) 1228 NANCY CT.							
21. CITY UPLAND		22. COUNTY SAN BERNARDINO		23. ZIP CODE 91786		24. YRS IN COUNTY 55	
25. STATE OR FOREIGN COUNTRY CALIFORNIA		26. NAME, RELATIONSHIP BETTY MYERS - DAUGHTER					
27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP) 1228 NANCY CT., UPLAND, CA 91786						28. NAME OF SURVIVING SPOUSE—FIRST -	
29. MIDDLE -		30. LAST (MAIDEN NAME) -				31. NAME OF FATHER—FIRST WILLIAM	
32. MIDDLE -		33. LAST WYNN		34. BIRTH STATE AL		35. NAME OF MOTHER—FIRST ANNE	
36. MIDDLE -		37. LAST (MAIDEN) COOK		38. BIRTH STATE AR		39. DATE MM/DD/CCYY 12/23/2002	
40. PLACE OF FINAL DISPOSITION BELLEVUE MEMORIAL PARK, 1240 W. "G" ST., ONTARIO, CA 91762		41. TYPE OF DISPOSITION(S) BURIAL		42. SIGNATURE OF EMBALMER NOT EMBALMED		43. LICENSE NO. -	
44. NAME OF FUNERAL DIRECTOR DRAPER MORTUARY		45. LICENSE NO. FD392		46. SIGNATURE OF LOCAL REGISTRAR <i>Thomas J. Prendergast</i>		47. DATE MM/DD/CCYY 12/17/2002	
101. PLACE OF DEATH UPLAND REHAB. & CARE CENTER		102. IF HOSPITAL, SPECIFY ONE: <input type="checkbox"/> IP <input type="checkbox"/> ER/OP <input type="checkbox"/> DOA <input checked="" type="checkbox"/> CONV. HOSP.		103. FACILITY OTHER THAN HOSPITAL: <input type="checkbox"/> RES. CARE <input type="checkbox"/> OTHER		104. COUNTY SAN BERNARDINO	
105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION) 1221 E. ARROW HWY.		106. CITY UPLAND				107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D) IMMEDIATE CAUSE (A) HYPOTENSION	
DUE TO (B) ASPIRATION PNEUMONIA		DUE TO (C) DEMENTIA - ALZHEIMER'S		DUE TO (D) CVA		108. DEATH REPORTED TO CORONER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO REFERRAL NUMBER 02-8418 GM	
109. BIOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		110. AUTOPSY PERFORMED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		111. USED IN DETERMINING CAUSE <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107 RAYNAUD'S DISEASE							
113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE. NO							
114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. 11/18/2002 11/18/2002		115. SIGNATURE AND TITLE OF CERTIFIER <i>Sharan Hadji</i>		116. LICENSE NO. A052261		117. DATE MM/DD/CCYY 12/17/2002	
118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP GHASSAN HADI, MD 1060 E. FOOTHILL BLVD. STE. 103, UPLAND, CA 91786							
119. MANNER OF DEATH <input type="checkbox"/> NATURAL <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> ACCIDENT <input type="checkbox"/> PENDING INVESTIGATION <input type="checkbox"/> COULD NOT BE DETERMINED		120. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO		121. INJURY DATE MM/DD/CCYY		122. HOUR	
123. PLACE OF INJURY		124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)					
125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)							
126. SIGNATURE OF CORONER OR DEPUTY CORONER		127. DATE MM/DD/CCYY		128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER			
STATE REGISTRAR	A 3-12-24	B	C	D	E	F	G
	2						
						FAX AUTH. # 6492891	CENSUS TRACT

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CERTIFIED COPY OF VITAL RECORDS

STATE OF CALIFORNIA

COUNTY OF SAN BERNARDINO

} SS

DATE ISSUED 12/26/2002

This is a true and exact reproduction of the document officially registered and placed on file in the VITAL RECORDS SECTION, SAN BERNARDINO DEPARTMENT OF PUBLIC HEALTH.

THOMAS J. PRENDERGAST, M.D.
COUNTY HEALTH OFFICER
REGISTRAR OF VITAL STATISTICS

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

